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	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
When did this occur?	Timeline of Events 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. 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. 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
How did you discover this action?	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



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	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. 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



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	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
What additional facts support your allegation?	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: 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. §



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	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 rai
Allegation	Gross Waste of Funds
What action did they take?	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



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	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 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



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	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
When did this occur?	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 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. 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. N
How did you discover this action?	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



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	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. 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



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	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 accommodation
What additional facts support your allegation?	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 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,



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	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): 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
Allegation	Danger to Public Health
What action did they take?	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:



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	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 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. 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



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	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: Go
When did this occur?	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 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. October 31, 2024: I submitted a follow-up communication to both the Attorney General's Office and DSS, requesting acknowledgment of my FOIA submissi
How did you discover this action?	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



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	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. 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



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	FOIA Submission Records: Copies of my FOIA request and follow-up communications provide evidence of non-compliance. ADA Accommodation Requests: Documented requests for accommodations highligh
What additional facts support your allegation?	5. What Additional Facts Support Your Allegation? The following facts substantiate my allegations of systemic violations of FOIA, ADA, Medicaid oversight regulations, constitutional rights, and taxpayer protections. These facts illustrate a pattern of non-compliance, mismanagement, and deliberate exclusion of individuals with disabilities from public processes. 1. FOIA Non-Compliance Ignored FOIA Requests: My 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 failed to meet statutory deadlines under 5 U.S.C. § 552 (FOIA) and Conn. Gen. Stat. § 1-210, reflecting a deliberate pattern of suppression of public information. Systemic Suppression of Transparency: The lack of acknowledgment or response to lawful FOIA requests demonstrates systemic efforts to obstruct access to critical records regarding the Medicaid Acquired Brain Injury (ABI) Waiver Program. 2. ADA Violations Ignored ADA Accommodation Requests: Along with my FOIA request, I submitted explicit ADA accommodation requests due to my traumatic brain injury (TBI). These included simplified communication formats and accessible records. The agencies failed to acknowledge or fulfill these requests, violating Title II of the ADA (42 U.S.C. § 12131) and associated regulations (28 C.F.R. § 35.130 and § 35.160). Exclusionary Practices: By denying ADA accommodations, the agencies excluded me from participating in oversight processes related to Medicaid programs. This constitutes discrimination and violates the Fourteenth Amendment Equal Protection Clause. 3. Constitutional Violations First Amendment (Right to Petition): FOIA non-compliance obstructed my ability to petition the government for redress of grievances,



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	violating my constitutional right to advocate for transparency and accountability. Fifth Amendment (Due Process): The agencies' refusal to provide access to public records and ADA accommodations denied me access to processes required by law, violating my procedural due process rights. Fourteenth Amendment (Equal Protection): Systemic exclusion from public forums and decision-making processes constitutes discrimination, violating my right to equal protection as an individual with disabilities. 4. Medicaid Oversight Failures Lack of Transparency in Program Operations: No publicly available records or audits exist detailing the Medicaid ABI Waiver Program's administration, provider accountability, or enforcement actions. This lack of oversight violates federal Medicaid regulations under 42 U.S.C. § 1396a, which require states to operate Medicaid programs transparently and efficiently. Potential Mismanagement: The absence of records about complaints, provider violations, or corrective actions raises concerns about fraud, waste, and abuse of taxpayer-funded Medicaid resources. 5. Whistleblower Retaliation Suppress
Allegation	Danger to Public Safety
What action did they take?	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



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	violates the First Amendment. 2. Fifth Amendment Violations Right to Due Process: 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): 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 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. 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. Suppression of Advocacy (First Amendment): Retaliatory



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	procedural barriers discourage whistleblower advocacy, allowing dangerous conditions
When did this occur?	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 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. October 31, 2024: I sent a follow-up communication to the Attorney General's Office and DSS, requesting acknowledgment of my
How did you discover this action?	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:



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	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. 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 obst



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What additional facts support your allegation?	5. What Additional Facts Support Your Allegation? The following facts substantiate my allegations of systemic violations of FOIA, ADA, Medicaid regulations, constitutional rights, and taxpayer protections. These facts highlight systemic non-compliance, potential mismanagement, and a deliberate exclusion of individuals with disabilities from public processes. 1. FOIA Non-Compliance Ignored FOIA Requests: My 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 failed to meet statutory deadlines under 5 U.S.C. § 552 (FOIA) and Conn. Gen. Stat. § 1-210, reflecting deliberate non-compliance with federal and state transparency laws. Systemic Suppression of Transparency: The refusal to disclose public records regarding the Medicaid Acquired Brain Injury (ABI) Waiver Program prevents public accountability, perpetuating risks to vulnerable populations. 2. ADA Violations Ignored ADA Accommodation Requests: Along with my FOIA request, I submitted explicit ADA accommodation requests due to my traumatic brain injury (TBI). These included simplified communication formats and accessible records compatible with assistive technologies. The agencies failed to acknowledge or fulfill these requests, violating Title II of the ADA (42 U.S.C. § 12131) and 28 C.F.R. § 35.130 and § 35.160. Exclusionary Practices: By denying ADA accommodations, the agencies excluded me from participating in Medicaid program oversight. This exclusion violates the Fourteenth Amendment Equal Protection Clause and perpetuates systemic discrimination against individuals with disabilities. 3. Constitutional Violations First Amendment Violations: FOIA non-compliance obstructed my right to petition the government for redress of grievances, violating the First Amendment. Fifth Amendment Violations: The agencies' refusal to provide access to public records and accommodations denied me procedural due process,



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	violating the Fifth Amendment. Fourteenth Amendment Violations: Excluding individuals with disabilities from public processes constitutes discrimination and violates the Fourteenth Amendment Equal Protection Clause. 4. Medicaid Oversight Failures Lack of Transparency in Program Operations: No publicly available records or audits exist detailing the Medicaid ABI Waiver Program's provider accountability, complaint investigations, or enforcement actions. The lack of transparency violates 42 U.S.C. § 1396a, which requires states to operate Medicaid programs transparently and effectively. Potential Mismanagement: The absence of publicly disclosed records about provider violations, complaints, or corrective actions raises concerns about fraud, waste, and abuse of taxpayer-funded Medicaid resources. 5. Whistleblower Retaliation Procedural Barriers: The agencies imposed procedural barriers, such as non-responsiveness and e

DISCLOSURE SUBJECTS

Name of individual you believe is responsible for the wrongdoing disclosed.

First Name	Last Name	Title	Chain of Command
Attorney General William Tong	Attorney General William Tong	Connecticut Attorney General William Tong	Connecticut Attorney General William Tong
Andrea Barton Reeves	Andrea Barton Reeves	Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS)	Andrea Barton Reeves: Appointed as Commissioner of DSS in early 2023, she oversees the department's
Governor Ned Lamont	Governor Ned Lamont	Governor Ned Lamont	Governor Ned Lamont



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*Denotes required fields.

Chiquita Brooks-LaSure	Chiquita Brooks-LaSure	Chiquita Brooks-LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS)	Chiquita Brooks-LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS)
Eileen Meskill	Eileen Meskill	Eileen Meskill Deputy Attorney General for the Connecticut Office of the Attorney General.	Deputy Attorney General for the Connecticut Office of the Attorney General.
Barbara Manning	Barbara Manning	CMS Regional Administrator Role: Oversees CMS operations	CMS Regional Administrator Role: Oversees CMS operations
Tanya Hughes (CHRO Executive Director)	Tanya Hughes (CHRO Executive Director)	Tanya Hughes (CHRO Executive Director)	Tanya Hughes (CHRO Executive Director)
Matthew Brokman serves as the Chief of Staff to Connecticut Governor	Matthew Brokman serves as the Chief of Staff to Connecticut Governor	Matthew Brokman serves as the Chief of Staff to Connecticut Governor	Matthew Brokman serves as the Chief of Staff to Connecticut Governor
Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS)	Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS)	Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS)	Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS)



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*Denotes required fields.

William Tong Connecticut Attorney General	William Tong Connecticut Attorney General	William Tong Connecticut Attorney General	William Tong Connecticut Attorney General
Barbara Manning CMS Regional Administrator Role: Oversees CMS operations	Barbara Manning CMS Regional Administrator Role: Oversees CMS operations	Barbara Manning CMS Regional Administrator Role: Oversees CMS operations	Barbara Manning CMS Regional Administrator Role: Oversees CMS operations
Chiquita Brooks-LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS)	Chiquita Brooks-LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS)	Chiquita Brooks-LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS)	Chiquita Brooks-LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS)
Eileen Meskill Deputy Attorney General for the Connecticut Office of the Attorney General.	Eileen Meskill Deputy Attorney General for the Connecticut Office of the Attorney General.	Eileen Meskill Deputy Attorney General for the Connecticut Office of the Attorney General.	Eileen Meskill Deputy Attorney General for the Connecticut Office of the Attorney General.
Governor Ned Lamont	Governor Ned Lamont	Governor Ned Lamont	Governor Ned Lamont
Matthew Brokman serves as the Chief of Staff to Connecticut Governor	Matthew Brokman serves as the Chief of Staff to Connecticut Governor	Matthew Brokman serves as the Chief of Staff to Connecticut Governor	Matthew Brokman serves as the Chief of Staff to Connecticut Governor



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*Denotes required fields.

Tanya Hughes (CHRO Executive Director)	Tanya Hughes (CHRO Executive Director)	Tanya Hughes (CHRO Executive Director)	Tanya Hughes (CHRO Executive Director)
Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS)	Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS)	Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS)	Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS)
William Tong Connecticut Attorney General	William Tong Connecticut Attorney General	William Tong Connecticut Attorney General	William Tong Connecticut Attorney General
Barbara Manning CMS Regional Administrator	Barbara Manning CMS Regional Administrator	Barbara Manning CMS Regional Administrator	Barbara Manning CMS Regional Administrator
Chiquita Brooks-LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS)	Chiquita Brooks-LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS)	Chiquita Brooks-LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS)	Chiquita Brooks-LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS)
Eileen Meskill Deputy Attorney General for the Connecticut	Eileen Meskill Deputy Attorney General for the Connecticut	Eileen Meskill Deputy Attorney General for the Connecticut	Eileen Meskill Deputy Attorney General for the Connecticut
Governor Ned Lamont	Governor Ned Lamont	Governor Ned Lamont	Governor Ned Lamont



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Tanya Hughes (CHRO Executive Director)	Tanya Hughes (CHRO Executive Director)	Tanya Hughes (CHRO Executive Director)	Tanya Hughes (CHRO Executive Director)
Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS)	Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS)	Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS)	Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS)
William Tong – Attorney General, Connecticut	William Tong – Attorney General, Connecticut	William Tong – Attorney General, Connecticut	William Tong – Attorney General, Connecticut
Barbara Manning CMS Regional Administrator	Barbara Manning CMS Regional Administrator	Barbara Manning CMS Regional Administrator	Barbara Manning CMS Regional Administrator
Chiquita Brooks-LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS)	Chiquita Brooks-LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS)	Chiquita Brooks-LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS)	Chiquita Brooks-LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS)
Eileen Meskill Title: Deputy Attorney General	Eileen Meskill Title: Deputy Attorney General	Eileen Meskill Title: Deputy Attorney General	Eileen Meskill Title: Deputy Attorney General



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Governor Ned Lamont	Governor Ned Lamont	Governor Ned Lamont	Governor Ned Lamont
Matthew Brokman Title: Chief of Staff to Governor Ned Lamont	Matthew Brokman Title: Chief of Staff to Governor Ned Lamont	Matthew Brokman Title: Chief of Staff to Governor Ned Lamont	Matthew Brokman Title: Chief of Staff to Governor Ned Lamont
Tanya Hughes Title: Executive Director, Commission on Human Rights and Opportunities (CHRO)	Tanya Hughes Title: Executive Director, Commission on Human Rights and Opportunities (CHRO)	Tanya Hughes Title: Executive Director, Commission on Human Rights and Opportunities (CHRO)	Tanya Hughes Title: Executive Director, Commission on Human Rights and Opportunities (CHRO)
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William Tong – Attorney General, Connecticut	William Tong – Attorney General, Connecticut	William Tong – Attorney General, Connecticut	William Tong – Attorney General, Connecticut
Barbara Manning CMS Regional Administrator	Barbara Manning CMS Regional Administrator	Barbara Manning CMS Regional Administrator	Barbara Manning CMS Regional Administrator
Chiquita Brooks-LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS)	Chiquita Brooks-LaSure	Chiquita Brooks-LaSure Title: Administrator, Centers for Medicare &	Chiquita Brooks-LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS)



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*Denotes required fields.

		Medicaid Services (CMS)	
Eileen Meskill Deputy Attorney General for the Connecticut Office of the Attorney General.	Eileen Meskill Deputy Attorney General for the Connecticut Office of the Attorney General.	Eileen Meskill Deputy Attorney General for the Connecticut Office of the Attorney General.	Eileen Meskill Deputy Attorney General for the Connecticut Office of the Attorney General.
Governor Ned Lamont	Governor Ned Lamont	Governor Ned Lamont	Governor Ned Lamont
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William Tong – Attorney General, Connecticut	William Tong – Attorney General, Connecticut	William Tong – Attorney General, Connecticut	William Tong – Attorney General, Connecticut
Barbara Manning CMS Regional Administrator	Barbara Manning CMS Regional Administrator	Barbara Manning CMS Regional Administrator	Barbara Manning CMS Regional Administrator



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Governor Ned Lamont	Governor Ned Lamont	Governor Ned Lamont	Governor Ned Lamont
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REQUESTED OSC ACTION

What action would you like OSC to take?

Document attached 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:



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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:

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



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General's Office, and CHRO to implement federal-mandated corrective actions.

Demand Systemic Reforms:

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.

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.

WHERE ELSE DID YOU REPORT THIS MATTER?



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*Denotes required fields.

I have also disclosed this information to:

Other Action Type	Action Taken Date

Additional information about reports to Inspectors General, if applicable.

First Name:

Last Name:

Title:

Address:

Email Address:

Telephone Number:

Case ID #:

a. **What is the status of the matter?**

NOTE: MATTERS INVESTIGATED BY AN OFFICE OF INSPECTOR GENERAL

It is the general policy of OSC not to transmit allegations of wrongdoing to the head of the agency involved if the agency's Office of Inspector General has fully investigated, or is currently investigating, the same allegations.

ATTACHMENTS

Please note that the space available for attachments is limited. Therefore, DO NOT attach every document and email that may be relevant to your claim. You will have an opportunity to make additional submissions at a later date. We recommend limiting attachments to official forms and correspondence that document the action(s) at issue in your disclosure if these documents are relevant to your allegations.

I have attached the following documents to my filing:

File Name
State and Federal FOIA Request for Medicaid Acquired Brain Injury (ABI) Waiver Program Provider Registry _ Connecticut (Office of the Attorney General - Connecticut) (2).zip
599875 download.pdf
09.24.2024
Federal_Intervention_HHS_OIG_CMS_GAO_DOJ_OCR_Whistleblower_Report_2024.pdf



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Federal Representation for Justice DB.42.131.Inf. Medeiros Connecticut 11.28.2024 .pdf
Request for Federal Action Constitutional Rights ADA Non-Compliance Whistleblower Retaliation and Gross Mismanagement of Medicaid FundsFederal Representation for Justice DB.42.131.Inf. Medeiros Connecticut 12.02.2024 .pdf
State and Federal FOIA Request for Medicaid Acquired Brain Injury (ABI) Waiver Program Provider Registry _ Connecticut (Office of the Attorney General - Connecticut) (2).zip

CONSENT

Do you consent to the disclosure of your identify to others outside OSC if it becomes necessary in taking further action on this matter?*

I consent to disclosure of my identity.

Yes

I do not consent to disclosure of my identity. (Even if you do not consent, OSC may disclose your identity if necessary due to an imminent danger to public health or safety or imminent violation of any criminal law. See 5 U.S.C. § 1213(h).)

No

CERTIFICATION

I certify that all of the statements made in this complaint are true, complete, and correct to the best of my knowledge and belief. I understand that a false statement or concealment of a material fact is a criminal offense punishable by a fine, imprisonment, or both. 18 U.S.C. § 1001.*

Yes

BURDEN: The burden for this collection of information (including the time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the form) is estimated to be an average of one hour to submit a disclosure of information alleging agency wrongdoing, one hour and fifteen minutes to submit a complaint alleging a prohibited personnel practice or other prohibited activity, or 30



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minutes to submit a complaint alleging prohibited political activity. Please send any comments about this burden estimate, and suggestions for reducing the burden, to the U.S. Office of Special Counsel, General Counsel's Office, 1730 M Street, NW, Suite 218, Washington, DC 20036-4505.

This Disclosure of Information was Received by OSC on: 12/2/2024

PLEASE KEEP A COPY OF YOUR COMPLAINT, ANY SUPPORTING DOCUMENTATION, AND ANY ADDITIONAL ALLEGATIONS THAT YOU SEND TO OSC NOW OR AT ANY TIME WHILE YOUR COMPLAINT IS PENDING. REPRODUCTION CHARGES UNDER THE FREEDOM OF INFORMATION ACT MAY APPLY TO ANY REQUEST YOU MAKE FOR COPIES OF MATERIALS THAT YOU PROVIDED TO OSC.



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IMPORTANT INFORMATION ABOUT FILING A DISCLOSURE

OSC WHISTLEBLOWER DISCLOSURE CHANNEL

Under 5 U.S.C. § 1213 and related provisions, the Office of Special Counsel (OSC) serves as a secure channel for federal employees, former federal employees, and applicants for federal employment with reliable knowledge of the wrongdoing to disclose:

- a violation of law, rule or regulation;
- gross mismanagement;
- gross waste of funds;
- an abuse of authority;
- a substantial and specific danger to public health or safety; and/or
- censorship related to scientific research.

OSC JURISDICTION

OSC has no jurisdiction over disclosures filed by:

- employees of the U.S. Postal Service and the Postal Regulatory Commission;
- members of the armed forces of the United States (*i.e.*, non-civilian military employees);
- state employees operating under federal grants;
- employees of federal contractors;
- other employees or federal agencies that are exempt under federal law; and
- Congressional or judicial branch employees.

ANONYMOUS SOURCES

While OSC will protect the identity of persons who make disclosures, it will not consider anonymous disclosures. If a disclosure is filed by an anonymous source, the disclosure will be referred to the Office of Inspector General in the appropriate agency. OSC will take no further action.

RETALIATION

Do you believe you suffered retaliation by your agency for disclosing wrongdoing? If yes, you may file a complaint of retaliation by navigating back to "My Cases" and selecting "New Complaint." Select Option 1 to complete and submit a Complaint of Prohibited Personnel Practice or other Prohibited Activity (PPPs). *If you have already completed the Complaint of Prohibited Personnel Practice or other Prohibited Activity above, please continue with this Disclosure.* PPPs are employment-related activities that are banned in the federal workforce.



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PPPs generally involve some type of personnel decision or action and may result in personal relief for people who have been subject to a PPP. For example, if we find that you were removed from federal service in retaliation for whistleblowing, OSC may act to get your job back. PPPs can also include allegations of harassment, failure to issue appraisals, and improper hiring. Do not file a disclosure to report retaliation or other PPPs.

CONTACT INFORMATION

Title:

First Name:* David

Middle Initial:

Last Name:* Medeiros

International Address?: No

Address:*

215 Mountain St
Willimantic, CT 06226

Cell Phone Number:

Home Phone Number:

Office Phone Number:

Ext.

Email Address:* aabiwr@live.com

Preferred means of contact:

Email: Yes

Cell phone: No

Home phone: No

Office phone: No

REPRESENTATIVE INFORMATION

Do you have representation? No

Information about representative, if applicable.

First Name:*

Middle Initial:

Last Name:*

International Address?:

Address: *



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*Denotes required fields.

Office Phone Number:

Ext.

Cell Phone Number:

Home Phone Number:

Email Address:

EMPLOYMENT INFORMATION

Name of Department/Agency about which you are making a disclosure.

Department:* Justice

Agency:* Office Of The Inspector General

Agency subcomponent: Connecticut Attorney General's Office

Street Address: 165 Capitol Avenue

City: Hartford

State: CT

Zip Code: 06106

Employment Status:* Non-Federal Employee (please specify)

Title	Series	Grade

Please provide your dates of employment in this position.

Employment Service Type	Employment Service Subtype	If Other (specify)
Excepted Service	Other	Private Citizen, Advocate, and Whistleblower
Other	Other	Private Citizen, Advocate, and Whistleblower

Are you covered by a collective bargaining agreement?

DETAILS OF YOUR DISCLOSURES



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*Denotes required fields.

Please identify the type of wrongdoing that you are alleging. You can make multiple disclosures, but you **MUST** choose one option. If you check "violation of law, rule, or regulation," specify, if you can, the particular law, rule or regulation violated (by name, subject, and/or legal citation). For each allegation, please answer the following questions (be as specific as possible). Please keep in mind that you will have an opportunity to provide more information and someone from OSC will contact you.

If OSC determines there is a substantial likelihood of wrongdoing, OSC will refer your disclosures to the involved agency for an investigation and report. To meet the substantial likelihood standard, there must be a significant probability that the information reveals wrongdoing that falls within one or more of the categories above. In its evaluation, OSC considers the strength, reliability, and credibility of the disclosures. If the substantial likelihood determination cannot be made, OSC will determine whether there is sufficient information to exercise its discretion to refer the allegations.

DISCLOSURES

Allegation	Gross Mismanagement
What action did they take?	Key Individuals and Their Roles in Violations Andrea Barton Reeves 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



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	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. 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. 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. Vi



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When did this occur?	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. Key Dates and Events 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). 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
How did you discover this action?	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: 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. 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



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	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. Ongoing Exclusion from Public Processes: 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. 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. 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.
What additional facts support your allegation?	Additional Facts Supporting My Allegation The following facts and evidence substantiate my claims of systemic violations, including FOIA non-compliance, ADA discrimination, and gross mismanagement of federally funded Medicaid programs: 1. FOIA Non-Compliance Specific Requests Ignored: I submitted a FOIA request on October 25, 2024, seeking transparency in the Medicaid Acquired Brain Injury (ABI) Waiver Program. Follow-ups on October 31, November 2, and December 2, 2024, were ignored, violating statutory deadlines under 5 U.S.C. § 552(a)(6) and Conn. Gen. Stat. § 1-210. Despite clear statutory requirements for acknowledgment and prompt responses, neither the Connecticut Attorney General's Office nor DSS provided any communication or documentation. Pattern of Obstruction: The lack of acknowledgment and response demonstrates not only procedural failures but a systemic effort to obstruct



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	public access to federally funded program information, raising concerns of fraud or mismanagement. 2. ADA Violations Failure to Provide Reasonable Accommodations: I explicitly requested reasonable ADA accommodations due to my traumatic brain injury (TBI), including simplified communication formats and accessible records. These requests were ignored, violating Title II of the ADA (42 U.S.C. § 12131) and its implementing regulations (28 C.F.R. § 35.130, § 35.160). Exclusion from Public Processes: I was systematically excluded from public forums and discussions related to Medicaid oversight, preventing me from participating meaningfully in decisions that directly impact my well-being and advocacy efforts. This exclusion constitutes discrimination under the Fourteenth Amendment Equal Protection Clause and ADA mandates. 3. Retaliation Against Whistleblower Advocacy Procedural Barriers: The lack of response to my FOIA and ADA requests, coupled with my exclusion from Medicaid oversight processes, is indicative of retaliation aimed at suppressing my advocacy and whistleblower efforts. Public ridicule and procedural barriers imposed by DSS and CHRO further demonstrate a systemic effort to undermine my ability to hold agencies accountable. 4. Gross Mismanagement of Federal Medicaid Funds Lack of Transparency in ABI Waiver Program: Refusal to provide records raises concerns about mismanagement, waste, or fraud in the administration of the Medicaid ABI Waiver Program. These failures jeopardize federal compliance with Medicaid regulations (42 U.S.C. § 1396a) and undermine the integrity of taxpayer-funded programs. No Accountability Measures: DSS has not conducted or disclosed audits, enforcement actions, or disciplinary measures against providers in the ABI Waiver Program, further suggesting systemic neglect. 5. Documentary Evidence FOIA Submission Records: Copies of my FOIA request (submitted October 25, 2024) and follow-ups (October 31, November 2, and December 2, 2024)



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	provide evidence of my efforts to seek transparency. These records show clear violations of statutory
Allegation	Violation of Law, Rule or Regulation
What action did they take?	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) 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. 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



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	(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 constitut
When did this occur?	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 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



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	(28 C.F.R. § 35.130, § 35.160). October 31, 2024: I submitted a follow-up communicati
How did you discover this action?	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: 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. 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). 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. 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,



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	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). 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. 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?	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



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	formats and accessible records. 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 viol
Allegation	Abuse of Authority
What action did they take?	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,



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	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. 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: Failed to enforce oversight of Connecticut's Medicaid ABI Waiver Program, despite clear indications of systemic non-compliance,



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	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
When did this occur?	Timeline of Events 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. 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. 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
How did you discover this action?	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



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	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. 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



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	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
What additional facts support your allegation?	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: 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. §



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	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 rai
Allegation	Gross Waste of Funds
What action did they take?	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



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	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 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



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	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
When did this occur?	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 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. 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. N
How did you discover this action?	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



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	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. 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



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	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 accommodation
What additional facts support your allegation?	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 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,



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	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): 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
Allegation	Danger to Public Health
What action did they take?	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:



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	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 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. 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



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	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: Go
When did this occur?	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 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. October 31, 2024: I submitted a follow-up communication to both the Attorney General's Office and DSS, requesting acknowledgment of my FOIA submissi
How did you discover this action?	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



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	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. 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



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	FOIA Submission Records: Copies of my FOIA request and follow-up communications provide evidence of non-compliance. ADA Accommodation Requests: Documented requests for accommodations highligh
What additional facts support your allegation?	5. What Additional Facts Support Your Allegation? The following facts substantiate my allegations of systemic violations of FOIA, ADA, Medicaid oversight regulations, constitutional rights, and taxpayer protections. These facts illustrate a pattern of non-compliance, mismanagement, and deliberate exclusion of individuals with disabilities from public processes. 1. FOIA Non-Compliance Ignored FOIA Requests: My 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 failed to meet statutory deadlines under 5 U.S.C. § 552 (FOIA) and Conn. Gen. Stat. § 1-210, reflecting a deliberate pattern of suppression of public information. Systemic Suppression of Transparency: The lack of acknowledgment or response to lawful FOIA requests demonstrates systemic efforts to obstruct access to critical records regarding the Medicaid Acquired Brain Injury (ABI) Waiver Program. 2. ADA Violations Ignored ADA Accommodation Requests: Along with my FOIA request, I submitted explicit ADA accommodation requests due to my traumatic brain injury (TBI). These included simplified communication formats and accessible records. The agencies failed to acknowledge or fulfill these requests, violating Title II of the ADA (42 U.S.C. § 12131) and associated regulations (28 C.F.R. § 35.130 and § 35.160). Exclusionary Practices: By denying ADA accommodations, the agencies excluded me from participating in oversight processes related to Medicaid programs. This constitutes discrimination and violates the Fourteenth Amendment Equal Protection Clause. 3. Constitutional Violations First Amendment (Right to Petition): FOIA non-compliance obstructed my ability to petition the government for redress of grievances,



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	violating my constitutional right to advocate for transparency and accountability. Fifth Amendment (Due Process): The agencies' refusal to provide access to public records and ADA accommodations denied me access to processes required by law, violating my procedural due process rights. Fourteenth Amendment (Equal Protection): Systemic exclusion from public forums and decision-making processes constitutes discrimination, violating my right to equal protection as an individual with disabilities. 4. Medicaid Oversight Failures Lack of Transparency in Program Operations: No publicly available records or audits exist detailing the Medicaid ABI Waiver Program's administration, provider accountability, or enforcement actions. This lack of oversight violates federal Medicaid regulations under 42 U.S.C. § 1396a, which require states to operate Medicaid programs transparently and efficiently. Potential Mismanagement: The absence of records about complaints, provider violations, or corrective actions raises concerns about fraud, waste, and abuse of taxpayer-funded Medicaid resources. 5. Whistleblower Retaliation Suppress
Allegation	Danger to Public Safety
What action did they take?	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



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	violates the First Amendment. 2. Fifth Amendment Violations Right to Due Process: 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): 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 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. 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. Suppression of Advocacy (First Amendment): Retaliatory



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	procedural barriers discourage whistleblower advocacy, allowing dangerous conditions
When did this occur?	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 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. October 31, 2024: I sent a follow-up communication to the Attorney General's Office and DSS, requesting acknowledgment of my
How did you discover this action?	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:



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	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. 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 obst



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What additional facts support your allegation?	5. What Additional Facts Support Your Allegation? The following facts substantiate my allegations of systemic violations of FOIA, ADA, Medicaid regulations, constitutional rights, and taxpayer protections. These facts highlight systemic non-compliance, potential mismanagement, and a deliberate exclusion of individuals with disabilities from public processes. 1. FOIA Non-Compliance Ignored FOIA Requests: My 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 failed to meet statutory deadlines under 5 U.S.C. § 552 (FOIA) and Conn. Gen. Stat. § 1-210, reflecting deliberate non-compliance with federal and state transparency laws. Systemic Suppression of Transparency: The refusal to disclose public records regarding the Medicaid Acquired Brain Injury (ABI) Waiver Program prevents public accountability, perpetuating risks to vulnerable populations. 2. ADA Violations Ignored ADA Accommodation Requests: Along with my FOIA request, I submitted explicit ADA accommodation requests due to my traumatic brain injury (TBI). These included simplified communication formats and accessible records compatible with assistive technologies. The agencies failed to acknowledge or fulfill these requests, violating Title II of the ADA (42 U.S.C. § 12131) and 28 C.F.R. § 35.130 and § 35.160. Exclusionary Practices: By denying ADA accommodations, the agencies excluded me from participating in Medicaid program oversight. This exclusion violates the Fourteenth Amendment Equal Protection Clause and perpetuates systemic discrimination against individuals with disabilities. 3. Constitutional Violations First Amendment Violations: FOIA non-compliance obstructed my right to petition the government for redress of grievances, violating the First Amendment. Fifth Amendment Violations: The agencies' refusal to provide access to public records and accommodations denied me procedural due process,



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	violating the Fifth Amendment. Fourteenth Amendment Violations: Excluding individuals with disabilities from public processes constitutes discrimination and violates the Fourteenth Amendment Equal Protection Clause. 4. Medicaid Oversight Failures Lack of Transparency in Program Operations: No publicly available records or audits exist detailing the Medicaid ABI Waiver Program's provider accountability, complaint investigations, or enforcement actions. The lack of transparency violates 42 U.S.C. § 1396a, which requires states to operate Medicaid programs transparently and effectively. Potential Mismanagement: The absence of publicly disclosed records about provider violations, complaints, or corrective actions raises concerns about fraud, waste, and abuse of taxpayer-funded Medicaid resources. 5. Whistleblower Retaliation Procedural Barriers: The agencies imposed procedural barriers, such as non-responsiveness and e

DISCLOSURE SUBJECTS

Name of individual you believe is responsible for the wrongdoing disclosed.

First Name	Last Name	Title	Chain of Command
Attorney General William Tong	Attorney General William Tong	Connecticut Attorney General William Tong	Connecticut Attorney General William Tong
Andrea Barton Reeves	Andrea Barton Reeves	Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS)	Andrea Barton Reeves: Appointed as Commissioner of DSS in early 2023, she oversees the department's
Governor Ned Lamont	Governor Ned Lamont	Governor Ned Lamont	Governor Ned Lamont



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Chiquita Brooks-LaSure	Chiquita Brooks-LaSure	Chiquita Brooks-LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS)	Chiquita Brooks-LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS)
Eileen Meskill	Eileen Meskill	Eileen Meskill Deputy Attorney General for the Connecticut Office of the Attorney General.	Deputy Attorney General for the Connecticut Office of the Attorney General.
Barbara Manning	Barbara Manning	CMS Regional Administrator Role: Oversees CMS operations	CMS Regional Administrator Role: Oversees CMS operations
Tanya Hughes (CHRO Executive Director)	Tanya Hughes (CHRO Executive Director)	Tanya Hughes (CHRO Executive Director)	Tanya Hughes (CHRO Executive Director)
Matthew Brokman serves as the Chief of Staff to Connecticut Governor	Matthew Brokman serves as the Chief of Staff to Connecticut Governor	Matthew Brokman serves as the Chief of Staff to Connecticut Governor	Matthew Brokman serves as the Chief of Staff to Connecticut Governor
Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS)	Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS)	Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS)	Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS)



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William Tong Connecticut Attorney General	William Tong Connecticut Attorney General	William Tong Connecticut Attorney General	William Tong Connecticut Attorney General
Barbara Manning CMS Regional Administrator Role: Oversees CMS operations	Barbara Manning CMS Regional Administrator Role: Oversees CMS operations	Barbara Manning CMS Regional Administrator Role: Oversees CMS operations	Barbara Manning CMS Regional Administrator Role: Oversees CMS operations
Chiquita Brooks-LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS)	Chiquita Brooks-LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS)	Chiquita Brooks-LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS)	Chiquita Brooks-LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS)
Eileen Meskill Deputy Attorney General for the Connecticut Office of the Attorney General.	Eileen Meskill Deputy Attorney General for the Connecticut Office of the Attorney General.	Eileen Meskill Deputy Attorney General for the Connecticut Office of the Attorney General.	Eileen Meskill Deputy Attorney General for the Connecticut Office of the Attorney General.
Governor Ned Lamont	Governor Ned Lamont	Governor Ned Lamont	Governor Ned Lamont
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Tanya Hughes (CHRO Executive Director)	Tanya Hughes (CHRO Executive Director)	Tanya Hughes (CHRO Executive Director)	Tanya Hughes (CHRO Executive Director)
Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS)	Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS)	Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS)	Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS)
William Tong Connecticut Attorney General	William Tong Connecticut Attorney General	William Tong Connecticut Attorney General	William Tong Connecticut Attorney General
Barbara Manning CMS Regional Administrator	Barbara Manning CMS Regional Administrator	Barbara Manning CMS Regional Administrator	Barbara Manning CMS Regional Administrator
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Eileen Meskill Deputy Attorney General for the Connecticut	Eileen Meskill Deputy Attorney General for the Connecticut	Eileen Meskill Deputy Attorney General for the Connecticut	Eileen Meskill Deputy Attorney General for the Connecticut
Governor Ned Lamont	Governor Ned Lamont	Governor Ned Lamont	Governor Ned Lamont



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William Tong – Attorney General, Connecticut	William Tong – Attorney General, Connecticut	William Tong – Attorney General, Connecticut	William Tong – Attorney General, Connecticut
Barbara Manning CMS Regional Administrator	Barbara Manning CMS Regional Administrator	Barbara Manning CMS Regional Administrator	Barbara Manning CMS Regional Administrator
Chiquita Brooks-LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS)	Chiquita Brooks-LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS)	Chiquita Brooks-LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS)	Chiquita Brooks-LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS)
Eileen Meskill Title: Deputy Attorney General	Eileen Meskill Title: Deputy Attorney General	Eileen Meskill Title: Deputy Attorney General	Eileen Meskill Title: Deputy Attorney General



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Barbara Manning CMS Regional Administrator	Barbara Manning CMS Regional Administrator	Barbara Manning CMS Regional Administrator	Barbara Manning CMS Regional Administrator
Chiquita Brooks-LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS)	Chiquita Brooks-LaSure	Chiquita Brooks-LaSure Title: Administrator, Centers for Medicare &	Chiquita Brooks-LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS)



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		Medicaid Services (CMS)	
Eileen Meskill Deputy Attorney General for the Connecticut Office of the Attorney General.	Eileen Meskill Deputy Attorney General for the Connecticut Office of the Attorney General.	Eileen Meskill Deputy Attorney General for the Connecticut Office of the Attorney General.	Eileen Meskill Deputy Attorney General for the Connecticut Office of the Attorney General.
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Barbara Manning CMS Regional Administrator	Barbara Manning CMS Regional Administrator	Barbara Manning CMS Regional Administrator	Barbara Manning CMS Regional Administrator



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REQUESTED OSC ACTION

What action would you like OSC to take?

Document attached 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:



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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:

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



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General's Office, and CHRO to implement federal-mandated corrective actions.

Demand Systemic Reforms:

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.

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.

WHERE ELSE DID YOU REPORT THIS MATTER?



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*Denotes required fields.

I have also disclosed this information to:

Other Action Type	Action Taken Date

Additional information about reports to Inspectors General, if applicable.

First Name:

Last Name:

Title:

Address:

Email Address:

Telephone Number:

Case ID #:

a. **What is the status of the matter?**

NOTE: MATTERS INVESTIGATED BY AN OFFICE OF INSPECTOR GENERAL

It is the general policy of OSC not to transmit allegations of wrongdoing to the head of the agency involved if the agency's Office of Inspector General has fully investigated, or is currently investigating, the same allegations.

ATTACHMENTS

Please note that the space available for attachments is limited. Therefore, DO NOT attach every document and email that may be relevant to your claim. You will have an opportunity to make additional submissions at a later date. We recommend limiting attachments to official forms and correspondence that document the action(s) at issue in your disclosure if these documents are relevant to your allegations.

I have attached the following documents to my filing:

File Name
State and Federal FOIA Request for Medicaid Acquired Brain Injury (ABI) Waiver Program Provider Registry _ Connecticut (Office of the Attorney General - Connecticut) (2).zip
599875 download.pdf
09.24.2024
Federal_Intervention_HHS_OIG_CMS_GAO_DOJ_OCR_Whistleblower_Report_2024.pdf



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Federal Representation for Justice DB.42.131.Inf. Medeiros Connecticut 11.28.2024 .pdf
Request for Federal Action Constitutional Rights ADA Non-Compliance Whistleblower Retaliation and Gross Mismanagement of Medicaid FundsFederal Representation for Justice DB.42.131.Inf. Medeiros Connecticut 12.02.2024 .pdf
State and Federal FOIA Request for Medicaid Acquired Brain Injury (ABI) Waiver Program Provider Registry _ Connecticut (Office of the Attorney General - Connecticut) (2).zip

CONSENT

Do you consent to the disclosure of your identify to others outside OSC if it becomes necessary in taking further action on this matter?*

I consent to disclosure of my identity.

Yes

I do not consent to disclosure of my identity. (Even if you do not consent, OSC may disclose your identity if necessary due to an imminent danger to public health or safety or imminent violation of any criminal law. See 5 U.S.C. § 1213(h).)

No

CERTIFICATION

I certify that all of the statements made in this complaint are true, complete, and correct to the best of my knowledge and belief. I understand that a false statement or concealment of a material fact is a criminal offense punishable by a fine, imprisonment, or both. 18 U.S.C. § 1001.*

Yes

BURDEN: The burden for this collection of information (including the time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the form) is estimated to be an average of one hour to submit a disclosure of information alleging agency wrongdoing, one hour and fifteen minutes to submit a complaint alleging a prohibited personnel practice or other prohibited activity, or 30



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minutes to submit a complaint alleging prohibited political activity. Please send any comments about this burden estimate, and suggestions for reducing the burden, to the U.S. Office of Special Counsel, General Counsel's Office, 1730 M Street, NW, Suite 218, Washington, DC 20036-4505.

This Disclosure of Information was Received by OSC on: 12/2/2024

PLEASE KEEP A COPY OF YOUR COMPLAINT, ANY SUPPORTING DOCUMENTATION, AND ANY ADDITIONAL ALLEGATIONS THAT YOU SEND TO OSC NOW OR AT ANY TIME WHILE YOUR COMPLAINT IS PENDING. REPRODUCTION CHARGES UNDER THE FREEDOM OF INFORMATION ACT MAY APPLY TO ANY REQUEST YOU MAKE FOR COPIES OF MATERIALS THAT YOU PROVIDED TO OSC.



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IMPORTANT INFORMATION ABOUT FILING A DISCLOSURE

OSC WHISTLEBLOWER DISCLOSURE CHANNEL

Under 5 U.S.C. § 1213 and related provisions, the Office of Special Counsel (OSC) serves as a secure channel for federal employees, former federal employees, and applicants for federal employment with reliable knowledge of the wrongdoing to disclose:

- a violation of law, rule or regulation;
- gross mismanagement;
- gross waste of funds;
- an abuse of authority;
- a substantial and specific danger to public health or safety; and/or
- censorship related to scientific research.

OSC JURISDICTION

OSC has no jurisdiction over disclosures filed by:

- employees of the U.S. Postal Service and the Postal Regulatory Commission;
- members of the armed forces of the United States (*i.e.*, non-civilian military employees);
- state employees operating under federal grants;
- employees of federal contractors;
- other employees or federal agencies that are exempt under federal law; and
- Congressional or judicial branch employees.

ANONYMOUS SOURCES

While OSC will protect the identity of persons who make disclosures, it will not consider anonymous disclosures. If a disclosure is filed by an anonymous source, the disclosure will be referred to the Office of Inspector General in the appropriate agency. OSC will take no further action.

RETALIATION

Do you believe you suffered retaliation by your agency for disclosing wrongdoing? If yes, you may file a complaint of retaliation by navigating back to "My Cases" and selecting "New Complaint." Select Option 1 to complete and submit a Complaint of Prohibited Personnel Practice or other Prohibited Activity (PPPs). *If you have already completed the Complaint of Prohibited Personnel Practice or other Prohibited Activity above, please continue with this Disclosure.* PPPs are employment-related activities that are banned in the federal workforce.



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PPPs generally involve some type of personnel decision or action and may result in personal relief for people who have been subject to a PPP. For example, if we find that you were removed from federal service in retaliation for whistleblowing, OSC may act to get your job back. PPPs can also include allegations of harassment, failure to issue appraisals, and improper hiring. Do not file a disclosure to report retaliation or other PPPs.

CONTACT INFORMATION

Title:

First Name:* David

Middle Initial:

Last Name:* Medeiros

International Address?: No

Address:*

215 Mountain St
Willimantic, CT 06226

Cell Phone Number:

Home Phone Number:

Office Phone Number:

Ext.

Email Address:* aabiwr@live.com

Preferred means of contact:

Email: Yes

Cell phone: No

Home phone: No

Office phone: No

REPRESENTATIVE INFORMATION

Do you have representation? No

Information about representative, if applicable.

First Name:*

Middle Initial:

Last Name:*

International Address?:

Address: *



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Office Phone Number:

Ext.

Cell Phone Number:

Home Phone Number:

Email Address:

EMPLOYMENT INFORMATION

Name of Department/Agency about which you are making a disclosure.

Department:* Health and Human Services

Agency:* Centers For Medicare & Medicaid Services

Agency subcomponent: Office of Program Integrity or Medicaid Integrity Program

Street Address: 7500 Security Boulevard

City: Baltimore

State: MD

Zip Code: 21244

Employment Status:* Non-Federal Employee (please specify)

Title	Series	Grade

Please provide your dates of employment in this position.

Employment Service Type	Employment Service Subtype	If Other (specify)
Excepted Service	Other	Private Citizen, Advocate, and Whistleblower
Other	Other	Private Citizen, Advocate, and Whistleblower

Are you covered by a collective bargaining agreement?

DETAILS OF YOUR DISCLOSURES



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Please identify the type of wrongdoing that you are alleging. You can make multiple disclosures, but you **MUST** choose one option. If you check "violation of law, rule, or regulation," specify, if you can, the particular law, rule or regulation violated (by name, subject, and/or legal citation). For each allegation, please answer the following questions (be as specific as possible). Please keep in mind that you will have an opportunity to provide more information and someone from OSC will contact you.

If OSC determines there is a substantial likelihood of wrongdoing, OSC will refer your disclosures to the involved agency for an investigation and report. To meet the substantial likelihood standard, there must be a significant probability that the information reveals wrongdoing that falls within one or more of the categories above. In its evaluation, OSC considers the strength, reliability, and credibility of the disclosures. If the substantial likelihood determination cannot be made, OSC will determine whether there is sufficient information to exercise its discretion to refer the allegations.

DISCLOSURES

Allegation	Gross Mismanagement
What action did they take?	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): 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. 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-



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	compliance, obstructing efforts to investigate systemic issues in Medicaid program management. 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): 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. 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: 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. 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. Deidre S. Gifford (Former Acting Commissioner): Action: During her tenure, failed to implement effective oversight mechanisms for Medicaid programs, al
When did this occur?	Timeline of Events December 18, 2023 Event: David Medeiros submitted a whistleblower report regarding



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	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. March 2024 – Ongoing 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. 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. Octob
How did you discover this action?	4. How Did You Discover This Action? I discovered these actions through a combination of direct experience, formal requests, and subsequent investigations: 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. 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). Patterns of Denial: Requests for ADA accommodations, such as accessible communication formats and simplified documentation, were routinely



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	ignored or denied, in violation of Title II of the ADA (42 U.S.C. § 12131). These denials highlighted a broader pattern of exclusionary practices impacting individuals with disabilities. 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. 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. 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.
What additional facts support your allegation?	Additional Facts Supporting the Allegation 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. ADA Accommodation Failures: Requests for ADA-compliant communication formats, including email-only responses and screen-reader-



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	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. Mismanagement of Medicaid Funds: 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). 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). 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. 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



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	jeopardized by mismanagement. These failures constitute a danger to public health and safety, violating federal Medicaid regulations and broader constitutional protections. Supporting Documentation: Copies of FOIA requests, respon
Allegation	Violation of Law, Rule or Regulation
What action did they take?	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



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	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 Proce
When did this occur?	When Did This Occur? 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: December 18, 2023: Whistleblower report was submitted, initiating concerns about potential retaliation, ADA violations, and mismanagement of Medicaid funds. 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. 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



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	October 2024, with no timely response or adherence to statutory deadlines. Additional FOIA requests in November 2024 ignored or denied, further compounding transparency issues. Ongoing (2023–2024): Patterns of systemic failures, includi
How did you discover this action?	Expanded Timeline with Key Milestones 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) 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. 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. 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. 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. 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. December 2024: DOJ responds to whistleblower



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	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 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. 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. 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. 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 po
What additional facts support your allegation?	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,



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	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:



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	Exclusionary practices under the ADA demonstrated systemic discrimination against individuals with disabilities, contrary to
Allegation	Gross Waste of Funds
What action did they take?	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: 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. 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. Astread Ferron-Poole (Policy and Program Coordinator, DSS): 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: 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. Emmett



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	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: 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. 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
When did this occur?	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: 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. December 2023 – June 2024: Initial evidence of non-compliance with federal Medicaid regulations, including delays in addressing provider complaints and irregularities in fund allocation. 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. June 2024 – September 2024: Federal



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	oversight agencies, including CMS, failed to enforce corrective measures or c
How did you discover this action?	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: 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. 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. 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. Patterns of ADA Non-Compliance: 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. 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. Documented Financial Irregularities: Analysis of Connecticut's fiscal practices revealed a concerning overlap between federal Medicaid funding and state pension debt. Federal funds



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	intended for vulnerable populations appeared to be diverted to address unrelated state financial obligations, violating Medicaid's statutory purpose. 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.
What additional facts support your allegation?	5. What Additional Facts Support Your Allegation? 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



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	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
Allegation	Danger to Public Health
What action did they take?	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) 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



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	Accommodations: Refused to implement necessary accommodations, violating the Americans with Disabilities Act (ADA), excluding individuals from accessing critical services. 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. Astread Ferron-Poole (Associate): 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) 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. Emmett Nicholson (Senior Administrator): Facilitated Inefficiencies: Approved practices that undermined Medicaid service delivery, allowing systemic gaps that endangered public health. Connecticut Leadership 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. 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



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	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
When did this occur?	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. §
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: 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



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



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	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.
What additional facts support your allegation?	5. What Additional Facts Support Your Allegation? Systemic Non-Compliance with FOIA and ADA 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. 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. 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 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. Medicaid Waiver Program Mismanagement: Termination of critical companion authorizations under the ABI Waiver Program



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	disproportionately impacted vulnerable populations. Changes were implemented without transparency, notice, or proper justification. Gross Waste and Mismanagement of Funds 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. 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 First Amendment: Retaliatory actions against whistleblowing efforts directly infringe on First Amendment rights to petition the government and engage in advocacy. Due Process and Equal Protection: Procedural inequities, including denial of access to informat
Allegation	Abuse of Authority
What action did they take?	Abuse of Authority: What Action Did They Take? 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. 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. 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



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	compliance with Medicaid and ADA regulations, exacerbating harm to vulnerable populations. Neglect of Oversight and Enforcement: 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. 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. 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. 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.
When did this occur?	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



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	violations are ongoing and continue to harm individuals and vulnerable populations. Key dates include: December 2023: DSS initiated retaliatory actions against ABI Resources, including restrictions on Medicaid billing and the improper closure of Sandata EVV Ticket #539494. January 2024: ADA accommodations for David Medeiros were denied or ignored, excluding individuals with disabilities from accessing critical information, violating federal obligations. Throughout 2024: FOIA requests, including Case No. 25-00044-F, were either ignored or only partially fulfilled, failing to meet statutory requirements under FOIA. Current: As of December 3, 2024, these systemic violatio
How did you discover this action?	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: 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. 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. 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. Data from Official Records and Financial Audits: Publicly available Medicaid reports and budget analyses suggest



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	gross waste of funds, lack of oversight, and diversion of federal resources intended for vulnerable populations. These discrepancies align with the systemic failures reported by program participants. 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. 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.
What additional facts support your allegation?	What Additional Facts Support Your Allegation? 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. 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. Evidence of Retaliation: Retaliatory actions include premature closure of Sandata EVV Ticket #539494, unexplained denials of service authorizations, and



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	intentional delays in resolving complaints. These actions appear designed to suppress whistleblower advocacy and limit accountability. 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. 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. 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. Constitutional Violations: 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. National Implications: The issues uncovered in Connecticut's Medicaid programs may reflect broader systemic failures across federally funded healthcare programs. These findings underscore t

DISCLOSURE SUBJECTS

Name of individual you believe is responsible for the wrongdoing disclosed.

First Name	Last Name	Title	Chain of Command



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Andrea Barton Reeves	Andrea Barton Reeves	Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS)	Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS)
Matthew S. Antonetti Title: Legal Director Position in Chain of Command: Senior Legal Officer, DSS	Matthew S. Antonetti Title: Legal Director Position in Chain of Command: Senior Legal Officer, DSS	Matthew S. Antonetti Title: Legal Director Position in Chain of Command: Senior Legal Officer, DSS	Matthew S. Antonetti Title: Legal Director Position in Chain of Command: Senior Legal Officer, DSS
Astread Ferron-Poole Title: Associate Position in Chain of Command: Policy and Program Coordinator,	Astread Ferron-Poole Title: Associate Position in Chain of Command: Policy and Program Coordinator,	Astread Ferron-Poole Title: Associate Position in Chain of Command: Policy and Program Coordinator,	Astread Ferron-Poole Title: Associate Position in Chain of Command: Policy and Program Coordinator,
Michelle A. James Title: Medicaid Compliance Officer Position in Chain of Command: Oversight, Cente	Michelle A. James Title: Medicaid Compliance Officer Position in Chain of Command: Oversight, Cente	Michelle A. James Title: Medicaid Compliance Officer Position in Chain of Command: Oversight, Cente	Michelle A. James Title: Medicaid Compliance Officer Position in Chain of Command: Oversight, Cente
Emmett Nicholson Title: Senior Administrator Position in Chain	Emmett Nicholson Title: Senior Administrator Position in Chain	Emmett Nicholson Title: Senior Administrator	Emmett Nicholson Title: Senior Administrator Position in Chain of



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of Command: High-level Administrator	of Command: High-level Administrator	Position in Chain of Command: High-level Administrator	Command: High-level Administrator
William Tong Title: Attorney General Position in Chain of Command: Chief Legal Officer, State of Co	William Tong Title: Attorney General Position in Chain of Command: Chief Legal Officer, State of Co	William Tong Title: Attorney General Position in Chain of Command: Chief Legal Officer, State of Co	William Tong Title: Attorney General Position in Chain of Command: Chief Legal Officer, State of Co
Deidre S. Gifford Title: Commissioner (Former Acting) Position in Chain of Command: Past Commission	Deidre S. Gifford Title: Commissioner (Former Acting) Position in Chain of Command: Past Commission	Deidre S. Gifford Title: Commissioner (Former Acting) Position in Chain of Command: Past Commission	Deidre S. Gifford Title: Commissioner (Former Acting) Position in Chain of Command: Past Commission
Jeffrey Beckham Title: Secretary Position in Chain of Command: Head of the Connecticut Office of Po	Jeffrey Beckham Title: Secretary Position in Chain of Command: Head of the Connecticut Office of Po	Jeffrey Beckham Title: Secretary Position in Chain of Command: Head of the Connecticut Office of Po	Jeffrey Beckham Title: Secretary Position in Chain of Command: Head of the Connecticut Office of Po
Manisha Juthani, MD Title: Commissioner Position in Chain of Command: Head of the	Manisha Juthani, MD Title: Commissioner Position in Chain of Command: Head of the	Manisha Juthani, MD Title: Commissioner Position in Chain of	Manisha Juthani, MD Title: Commissioner Position in Chain of Command: Head of the Connecticut Depar



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Connecticut Depar	Connecticut Depar	Command: Head of the Connecticut Depar	
Xavier Becerra Title: Secretary Position in Chain of Command: Head of the U.S. Department of Health	Xavier Becerra Title: Secretary Position in Chain of Command: Head of the U.S. Department of Health	Xavier Becerra Title: Secretary Position in Chain of Command: Head of the U.S. Department of Health	Xavier Becerra Title: Secretary Position in Chain of Command: Head of the U.S. Department of Health
Chiquita Brooks- LaSure Title: Administrator Position in Chain of Command: Leader of the Centers for	Chiquita Brooks- LaSure Title: Administrator Position in Chain of Command: Leader of the Centers for	Chiquita Brooks-LaSure Title: Administrator Position in Chain of Command: Leader of the Centers for	Chiquita Brooks-LaSure Title: Administrator Position in Chain of Command: Leader of the Centers for
Sean Scanlon Title: Comptroller Position in Chain of Command: State financial officer, managing bud	Sean Scanlon Title: Comptroller Position in Chain of Command: State financial officer, managing bud	Sean Scanlon Title: Comptroller Position in Chain of Command: State financial officer, managing bud	Sean Scanlon Title: Comptroller Position in Chain of Command: State financial officer, managing bud
Martin Looney Title: Senate President Pro Tempore Position in Chain of Command: Legislative leader	Martin Looney Title: Senate President Pro Tempore Position in Chain of Command: Legislative leader	Martin Looney Title: Senate President Pro Tempore Position in Chain of Command:	Martin Looney Title: Senate President Pro Tempore Position in Chain of Command: Legislative leader



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		Legislative leader	
Erik Russell Title: Treasurer Position in Chain of Command: Manages Connecticut's finances, includi	Erik Russell Title: Treasurer Position in Chain of Command: Manages Connecticut's finances, includi	Erik Russell Title: Treasurer Position in Chain of Command: Manages Connecticut's finances, includi	Erik Russell Title: Treasurer Position in Chain of Command: Manages Connecticut's finances, includi
Ned Lamont Title: Governor Position in Chain of Command: Chief Executive of the State of Connecticu	Ned Lamont Title: Governor Position in Chain of Command: Chief Executive of the State of Connecticu	Ned Lamont Title: Governor Position in Chain of Command: Chief Executive of the State of Connecticu	Ned Lamont Title: Governor Position in Chain of Command: Chief Executive of the State of Connecticu
Merrick Garland Title: U.S. Attorney General Position in Chain of Command: Oversees the Department	Merrick Garland Title: U.S. Attorney General Position in Chain of Command: Oversees the Department	Merrick Garland Title: U.S. Attorney General Position in Chain of Command: Oversees the Department	Merrick Garland Title: U.S. Attorney General Position in Chain of Command: Oversees the Department
Lisa M. Gomez Title: Assistant Secretary for Employee Benefits Security Administration Position in	Lisa M. Gomez Title: Assistant Secretary for Employee Benefits Security Administration Position in	Lisa M. Gomez Title: Assistant Secretary for Employee Benefits Security Administration Position in	Lisa M. Gomez Title: Assistant Secretary for Employee Benefits Security Administration Position in
Alina M. Semo Title: Director	Alina M. Semo Title: Director	Alina M. Semo Title: Director	Alina M. Semo Title: Director Position in Chain of



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Position in Chain of Command: Office of Government Information Servic	Position in Chain of Command: Office of Government Information Servic	Position in Chain of Command: Office of Government Information Servic	Command: Office of Government Information Servic
Michael E. Horowitz Title: Inspector General Position in Chain of Command: Department of Justice, o	Michael E. Horowitz Title: Inspector General Position in Chain of Command: Department of Justice, o	Michael E. Horowitz Title: Inspector General Position in Chain of Command: Department of Justice, o	Michael E. Horowitz Title: Inspector General Position in Chain of Command: Department of Justice, o
Christi Grimm Title: Inspector General Position in Chain of Command: Health and Human Services (HHS	Christi Grimm Title: Inspector General Position in Chain of Command: Health and Human Services (HHS	Christi Grimm Title: Inspector General Position in Chain of Command: Health and Human Services (HHS	Christi Grimm Title: Inspector General Position in Chain of Command: Health and Human Services (HHS
Andrea Barton Reeves Title: Commissioner Position in Chain of Command: Head of DSS, responsible for	Andrea Barton Reeves Title: Commissioner Position in Chain of Command: Head of DSS, responsible for	Andrea Barton Reeves Title: Commissioner Position in Chain of Command: Head of DSS, responsible for	Andrea Barton Reeves Title: Commissioner Position in Chain of Command: Head of DSS, responsible for
Matthew S. Antonetti Title: Legal Director Position in Chain of Command:	Matthew S. Antonetti Title: Legal Director Position in Chain of Command:	Matthew S. Antonetti Title: Legal Director Position in	Matthew S. Antonetti Title: Legal Director Position in Chain of Command: Senior legal officer, resp



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Senior legal officer, resp	Senior legal officer, resp	Chain of Command: Senior legal officer, resp	
Astread Ferron-Poole Title: Associate Position in Chain of Command: Policy and program coordinator,	Astread Ferron-Poole Title: Associate Position in Chain of Command: Policy and program coordinator,	Astread Ferron-Poole Title: Associate Position in Chain of Command: Policy and program coordinator,	Astread Ferron-Poole Title: Associate Position in Chain of Command: Policy and program coordinator,
Michelle A. James Title: Medicaid Compliance Officer Position in Chain of Command: Responsible for	Michelle A. James Title: Medicaid Compliance Officer Position in Chain of Command: Responsible for	Michelle A. James Title: Medicaid Compliance Officer Position in Chain of Command: Responsible for	Michelle A. James Title: Medicaid Compliance Officer Position in Chain of Command: Responsible for
Emmett Nicholson Title: Senior Administrator Position in Chain of Command: High-level decision-make	Emmett Nicholson Title: Senior Administrator Position in Chain of Command: High-level decision-make	Emmett Nicholson Title: Senior Administrator Position in Chain of Command: High-level decision-make	Emmett Nicholson Title: Senior Administrator Position in Chain of Command: High-level decision-make
William Tong Title: Attorney General Position in Chain of Command: Chief legal officer of Connecticut	William Tong Title: Attorney General Position in Chain of Command: Chief legal officer of Connecticut	William Tong Title: Attorney General Position in Chain of Command: Chief legal	William Tong Title: Attorney General Position in Chain of Command: Chief legal officer of Connecticut



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		officer of Connecticu	
Ned Lamont Title: Governor of Connecticut Position in Chain of Command: Chief executive of the stat	Ned Lamont Title: Governor of Connecticut Position in Chain of Command: Chief executive of the stat	Ned Lamont Title: Governor of Connecticut Position in Chain of Command: Chief executive of the stat	Ned Lamont Title: Governor of Connecticut Position in Chain of Command: Chief executive of the stat
Chiquita Brooks- LaSure Title: Administrator of CMS Position in Chain of Command: Federal official o	Chiquita Brooks- LaSure Title: Administrator of CMS Position in Chain of Command: Federal official o	Chiquita Brooks-LaSure Title: Administrator of CMS Position in Chain of Command: Federal official o	Chiquita Brooks-LaSure Title: Administrator of CMS Position in Chain of Command: Federal official o
Xavier Becerra Title: Secretary of Health and Human Services Position in Chain of Command: Responsi	Xavier Becerra Title: Secretary of Health and Human Services Position in Chain of Command: Responsi	Xavier Becerra Title: Secretary of Health and Human Services Position in Chain of Command: Responsi	Xavier Becerra Title: Secretary of Health and Human Services Position in Chain of Command: Responsi
Andrea Barton Reeves Title: Commissioner Position in Chain of Command: Head of the Connecticut Depa	Andrea Barton Reeves Title: Commissioner Position in Chain of Command: Head of the Connecticut Depa	Andrea Barton Reeves Title: Commissioner Position in Chain of Command: Head of the Connecticut Depa	Andrea Barton Reeves Title: Commissioner Position in Chain of Command: Head of the Connecticut Depa



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For instructions or questions, call the Case Review Division at (202) 804-7000.

*Denotes required fields.

Matthew S. Antonetti Title: Legal Director Position in Chain of Command: Senior Legal Officer, DSS	Matthew S. Antonetti Title: Legal Director Position in Chain of Command: Senior Legal Officer, DSS	Matthew S. Antonetti Title: Legal Director Position in Chain of Command: Senior Legal Officer, DSS	Matthew S. Antonetti Title: Legal Director Position in Chain of Command: Senior Legal Officer, DSS
Astread Ferron-Poole Title: Associate Position in Chain of Command: Policy and Program Coordinator,	Astread Ferron-Poole Title: Associate Position in Chain of Command: Policy and Program Coordinator,	Astread Ferron-Poole Title: Associate Position in Chain of Command: Policy and Program Coordinator,	Astread Ferron-Poole Title: Associate Position in Chain of Command: Policy and Program Coordinator,
Michelle A. James Title: Medicaid Compliance Officer Position in Chain of Command: Oversight, Cente	Michelle A. James Title: Medicaid Compliance Officer Position in Chain of Command: Oversight, Cente	Michelle A. James Title: Medicaid Compliance Officer Position in Chain of Command: Oversight, Cente	Michelle A. James Title: Medicaid Compliance Officer Position in Chain of Command: Oversight, Cente
Emmett Nicholson Title: Senior Administrator Position in Chain of Command: High-Level Administrator	Emmett Nicholson Title: Senior Administrator Position in Chain of Command: High-Level Administrator	Emmett Nicholson Title: Senior Administrator Position in Chain of Command: High-Level Administrator	Emmett Nicholson Title: Senior Administrator Position in Chain of Command: High-Level Administrator
William Tong Title: Attorney	William Tong Title: Attorney	William Tong Title: Attorney	William Tong Title: Attorney General, State of



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*Denotes required fields.

General, State of Connecticut Position in Chain of Command: Chief Lega	General, State of Connecticut Position in Chain of Command: Chief Lega	General, State of Connecticut Position in Chain of Command: Chief Lega	Connecticut Position in Chain of Command: Chief Lega
Ned Lamont Title: Governor, State of Connecticut Position in Chain of Command: Chief Executive of t	Ned Lamont Title: Governor, State of Connecticut Position in Chain of Command: Chief Executive of t	Ned Lamont Title: Governor, State of Connecticut Position in Chain of Command: Chief Executive of t	Ned Lamont Title: Governor, State of Connecticut Position in Chain of Command: Chief Executive of t
Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Cha	Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Cha	Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Cha	Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Cha
Chiquita Brooks-LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS) Positio	Chiquita Brooks-LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS) Positio	Chiquita Brooks-LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS) Positio	Chiquita Brooks-LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS) Positio
Andrea Barton Reeves Title: Commissioner Position in Chain of Command:	Andrea Barton Reeves Title: Commissioner Position in Chain of Command:	Andrea Barton Reeves Title: Commissioner Position in Chain of	Andrea Barton Reeves Title: Commissioner Position in Chain of Command: Head of the Connecticut Depa



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*Denotes required fields.

Head of the Connecticut Depa	Head of the Connecticut Depa	Command: Head of the Connecticut Depa	
Matthew S. Antonetti Title: Legal Director Position in Chain of Command: Senior Legal Officer at DS	Matthew S. Antonetti Title: Legal Director Position in Chain of Command: Senior Legal Officer at DS	Matthew S. Antonetti Title: Legal Director Position in Chain of Command: Senior Legal Officer at DS	Matthew S. Antonetti Title: Legal Director Position in Chain of Command: Senior Legal Officer at DS
Astread Ferron-Poole Title: Associate Position in Chain of Command: Policy and Program Coordinator	Astread Ferron-Poole Title: Associate Position in Chain of Command: Policy and Program Coordinator	Astread Ferron-Poole Title: Associate Position in Chain of Command: Policy and Program Coordinator	Astread Ferron-Poole Title: Associate Position in Chain of Command: Policy and Program Coordinator
Michelle A. James Title: Medicaid Compliance Officer Position in Chain of Command: Oversight role w	Michelle A. James Title: Medicaid Compliance Officer Position in Chain of Command: Oversight role w	Michelle A. James Title: Medicaid Compliance Officer Position in Chain of Command: Oversight role w	Michelle A. James Title: Medicaid Compliance Officer Position in Chain of Command: Oversight role w
Emmett Nicholson Title: Senior Administrator Position in Chain of Command: High-ranking official wi	Emmett Nicholson Title: Senior Administrator Position in Chain of Command: High-ranking official wi	Emmett Nicholson Title: Senior Administrator Position in Chain of Command: High-ranking official wi	Emmett Nicholson Title: Senior Administrator Position in Chain of Command: High-ranking official wi



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*Denotes required fields.

		High-ranking official wi	
William Tong Title: Attorney General Position in Chain of Command: Chief Legal Officer for the Stat	William Tong Title: Attorney General Position in Chain of Command: Chief Legal Officer for the Stat	William Tong Title: Attorney General Position in Chain of Command: Chief Legal Officer for the Stat	William Tong Title: Attorney General Position in Chain of Command: Chief Legal Officer for the Stat
Ned Lamont Title: Governor Position in Chain of Command: Chief Executive of Connecticut, with ultim	Ned Lamont Title: Governor Position in Chain of Command: Chief Executive of Connecticut, with ultim	Ned Lamont Title: Governor Position in Chain of Command: Chief Executive of Connecticut, with ultim	Ned Lamont Title: Governor Position in Chain of Command: Chief Executive of Connecticut, with ultim
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*Denotes required fields.

Merrick Garland Title: U.S. Attorney General Position in Chain of Command: Heads the Department of	Merrick Garland Title: U.S. Attorney General Position in Chain of Command: Heads the Department of	Merrick Garland Title: U.S. Attorney General Position in Chain of Command: Heads the Department of	Merrick Garland Title: U.S. Attorney General Position in Chain of Command: Heads the Department of
Andrea Barton Reeves Title: Commissioner Position in Chain of Command: Head of the Connecticut Depa	Andrea Barton Reeves Title: Commissioner Position in Chain of Command: Head of the Connecticut Depa	Andrea Barton Reeves Title: Commissioner Position in Chain of Command: Head of the Connecticut Depa	Andrea Barton Reeves Title: Commissioner Position in Chain of Command: Head of the Connecticut Depa
Matthew S. Antonetti Title: Legal Director Position in Chain of Command: Senior Legal Officer, DSS	Matthew S. Antonetti Title: Legal Director Position in Chain of Command: Senior Legal Officer, DSS	Matthew S. Antonetti Title: Legal Director Position in Chain of Command: Senior Legal Officer, DSS	Matthew S. Antonetti Title: Legal Director Position in Chain of Command: Senior Legal Officer, DSS
Astread Ferron-Poole Title: Associate Position in Chain of Command: Policy and Program Coordinator,	Astread Ferron-Poole Title: Associate Position in Chain of Command: Policy and Program Coordinator,	Astread Ferron-Poole Title: Associate Position in Chain of Command: Policy and Program Coordinator,	Astread Ferron-Poole Title: Associate Position in Chain of Command: Policy and Program Coordinator,
Michelle A. James Title: Medicaid Compliance	Michelle A. James Title: Medicaid Compliance	Michelle A. James Title: Medicaid	Michelle A. James Title: Medicaid Compliance



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*Denotes required fields.

Officer Position in Chain of Command: Oversight, Cente	Officer Position in Chain of Command: Oversight, Cente	Compliance Officer Position in Chain of Command: Oversight, Cente	Officer Position in Chain of Command: Oversight, Cente
Emmett Nicholson Title: Senior Administrator Position in Chain of Command: High-Level Administrator	Emmett Nicholson Title: Senior Administrator Position in Chain of Command: High-Level Administrator	Emmett Nicholson Title: Senior Administrator Position in Chain of Command: High-Level Administrator	Emmett Nicholson Title: Senior Administrator Position in Chain of Command: High-Level Administrator
William Tong Title: Attorney General Position in Chain of Command: Chief Legal Officer, State of Co	William Tong Title: Attorney General Position in Chain of Command: Chief Legal Officer, State of Co	William Tong Title: Attorney General Position in Chain of Command: Chief Legal Officer, State of Co	William Tong Title: Attorney General Position in Chain of Command: Chief Legal Officer, State of Co
Ned Lamont Title: Governor Position in Chain of Command: Chief Executive of the State of Connecticut	Ned Lamont Title: Governor Position in Chain of Command: Chief Executive of the State of Connecticut	Ned Lamont Title: Governor Position in Chain of Command: Chief Executive of the State of Connecticut	Ned Lamont Title: Governor Position in Chain of Command: Chief Executive of the State of Connecticut

REQUESTED OSC ACTION

What action would you like OSC to take?



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*Denotes required fields.

Document is attached

WHERE ELSE DID YOU REPORT THIS MATTER?

I have also disclosed this information to:

Other Action Type	Action Taken Date

Additional information about reports to Inspectors General, if applicable.

First Name: **Last Name:**

Title:

Address:

Email Address:

Telephone Number:

Case ID #:

a. **What is the status of the matter?**

NOTE: MATTERS INVESTIGATED BY AN OFFICE OF INSPECTOR GENERAL

It is the general policy of OSC not to transmit allegations of wrongdoing to the head of the agency involved if the agency's Office of Inspector General has fully investigated, or is currently investigating, the same allegations.

ATTACHMENTS

Please note that the space available for attachments is limited. Therefore, DO NOT attach every document and email that may be relevant to your claim. You will have an opportunity to make additional submissions at a later date. We recommend limiting attachments to official forms and correspondence that document the action(s) at issue in your disclosure if these documents are relevant to your allegations.

I have attached the following documents to my filing:

File Name



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12.03.2024 Request for Action Ensuring Justice Accountability and Financial Restitution for Vulnerable Populations and Taxpayers for Justice DB.42.131.Inf. ABI Medeiros Connecticut .pdf
540144-VPT 12.03.2024 Mail - ABI RESOURCES 860 942-0365 - Outlook.pdf
540144-VPT 540144-VPT Submission complete.pdf
540144-VPT DOJ Submission complete.pdf
540144-VPT 540144-VPT Mail - ABI RESOURCES 860 942-0365 - Outlook.pdf
Lamont touts pension savings_ _It's freed up an awful lot of money_.pdf
Connecticut to save \$18.5 billion from pension payoffs, according to report.pdf
Request for Federal Action Constitutional Rights ADA Non-Compliance Whistleblower Retaliation and Gross Mismanagement of Medicaid FundsFederal Representation for Justice DB.42.131.Inf. Medeiros Connecticut 12.02.2024 .pdf
599875 download.pdf
09.24.2024
Federal_Intervention_HHS_OIG_CMS_GAO_DOJ_OCR_Whistleblower_Report_2024.pdf

CONSENT

Do you consent to the disclosure of your identify to others outside OSC if it becomes necessary in taking further action on this matter?*

I consent to disclosure of my identity.

Yes

I do not consent to disclosure of my identity. (Even if you do not consent, OSC may disclose your identity if necessary due to an imminent danger to public health or safety or imminent violation of any criminal law. See 5 U.S.C. § 1213(h).)

No

CERTIFICATION

I certify that all of the statements made in this complaint are true, complete, and correct to the best of my knowledge and belief. I understand that a false statement or concealment of a material fact is a criminal offense punishable by a fine, imprisonment, or both. 18 U.S.C. § 1001.*

Yes



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BURDEN: The burden for this collection of information (including the time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the form) is estimated to be an average of one hour to submit a disclosure of information alleging agency wrongdoing, one hour and fifteen minutes to submit a complaint alleging a prohibited personnel practice or other prohibited activity, or 30 minutes to submit a complaint alleging prohibited political activity. Please send any comments about this burden estimate, and suggestions for reducing the burden, to the U.S. Office of Special Counsel, General Counsel's Office, 1730 M Street, NW, Suite 218, Washington, DC 20036-4505.

This Disclosure of Information was Received by OSC on: 12/3/2024

PLEASE KEEP A COPY OF YOUR COMPLAINT, ANY SUPPORTING DOCUMENTATION, AND ANY ADDITIONAL ALLEGATIONS THAT YOU SEND TO OSC NOW OR AT ANY TIME WHILE YOUR COMPLAINT IS PENDING. REPRODUCTION CHARGES UNDER THE FREEDOM OF INFORMATION ACT MAY APPLY TO ANY REQUEST YOU MAKE FOR COPIES OF MATERIALS THAT YOU PROVIDED TO OSC.



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IMPORTANT INFORMATION ABOUT FILING A DISCLOSURE

OSC WHISTLEBLOWER DISCLOSURE CHANNEL

Under 5 U.S.C. § 1213 and related provisions, the Office of Special Counsel (OSC) serves as a secure channel for federal employees, former federal employees, and applicants for federal employment with reliable knowledge of the wrongdoing to disclose:

- a violation of law, rule or regulation;
- gross mismanagement;
- gross waste of funds;
- an abuse of authority;
- a substantial and specific danger to public health or safety; and/or
- censorship related to scientific research.

OSC JURISDICTION

OSC has no jurisdiction over disclosures filed by:

- employees of the U.S. Postal Service and the Postal Regulatory Commission;
- members of the armed forces of the United States (*i.e.*, non-civilian military employees);
- state employees operating under federal grants;
- employees of federal contractors;
- other employees or federal agencies that are exempt under federal law; and
- Congressional or judicial branch employees.

ANONYMOUS SOURCES

While OSC will protect the identity of persons who make disclosures, it will not consider anonymous disclosures. If a disclosure is filed by an anonymous source, the disclosure will be referred to the Office of Inspector General in the appropriate agency. OSC will take no further action.

RETALIATION

Do you believe you suffered retaliation by your agency for disclosing wrongdoing? If yes, you may file a complaint of retaliation by navigating back to "My Cases" and selecting "New Complaint." Select Option 1 to complete and submit a Complaint of Prohibited Personnel Practice or other Prohibited Activity (PPPs). *If you have already completed the Complaint of Prohibited Personnel Practice or other Prohibited Activity above, please continue with this Disclosure.* PPPs are employment-related activities that are banned in the federal workforce.



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PPPs generally involve some type of personnel decision or action and may result in personal relief for people who have been subject to a PPP. For example, if we find that you were removed from federal service in retaliation for whistleblowing, OSC may act to get your job back. PPPs can also include allegations of harassment, failure to issue appraisals, and improper hiring. Do not file a disclosure to report retaliation or other PPPs.

CONTACT INFORMATION

Title:

First Name:* David

Middle Initial:

Last Name:* Medeiros

International Address?: No

Address:*

215 Mountain St
Willimantic, CT 06226

Cell Phone Number:

Home Phone Number:

Office Phone Number:

Ext.

Email Address:* aabiwr@live.com

Preferred means of contact:

Email: Yes

Cell phone: No

Home phone: No

Office phone: No

REPRESENTATIVE INFORMATION

Do you have representation? No

Information about representative, if applicable.

First Name:*

Middle Initial:

Last Name:*

International Address?:

Address: *



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*Denotes required fields.

Office Phone Number:

Ext.

Cell Phone Number:

Home Phone Number:

Email Address:

EMPLOYMENT INFORMATION

Name of Department/Agency about which you are making a disclosure.

Department:* Health and Human Services

Agency:* Centers For Medicare & Medicaid Services

Agency subcomponent: Office of Program Integrity or Medicaid Integrity Program

Street Address: 7500 Security Boulevard

City: Baltimore

State: MD

Zip Code: 21244

Employment Status:* Non-Federal Employee (please specify)

Title	Series	Grade

Please provide your dates of employment in this position.

Employment Service Type	Employment Service Subtype	If Other (specify)
Excepted Service	Other	Private Citizen, Advocate, and Whistleblower
Other	Other	Private Citizen, Advocate, and Whistleblower

Are you covered by a collective bargaining agreement?

DETAILS OF YOUR DISCLOSURES



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Please identify the type of wrongdoing that you are alleging. You can make multiple disclosures, but you **MUST** choose one option. If you check "violation of law, rule, or regulation," specify, if you can, the particular law, rule or regulation violated (by name, subject, and/or legal citation). For each allegation, please answer the following questions (be as specific as possible). Please keep in mind that you will have an opportunity to provide more information and someone from OSC will contact you.

If OSC determines there is a substantial likelihood of wrongdoing, OSC will refer your disclosures to the involved agency for an investigation and report. To meet the substantial likelihood standard, there must be a significant probability that the information reveals wrongdoing that falls within one or more of the categories above. In its evaluation, OSC considers the strength, reliability, and credibility of the disclosures. If the substantial likelihood determination cannot be made, OSC will determine whether there is sufficient information to exercise its discretion to refer the allegations.

DISCLOSURES

Allegation	Gross Mismanagement
What action did they take?	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): 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. 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-



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	compliance, obstructing efforts to investigate systemic issues in Medicaid program management. 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): 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. 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: 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. 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. Deidre S. Gifford (Former Acting Commissioner): Action: During her tenure, failed to implement effective oversight mechanisms for Medicaid programs, al
When did this occur?	Timeline of Events December 18, 2023 Event: David Medeiros submitted a whistleblower report regarding



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	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. March 2024 – Ongoing 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. 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. Octob
How did you discover this action?	4. How Did You Discover This Action? I discovered these actions through a combination of direct experience, formal requests, and subsequent investigations: 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. 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). Patterns of Denial: Requests for ADA accommodations, such as accessible communication formats and simplified documentation, were routinely



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	ignored or denied, in violation of Title II of the ADA (42 U.S.C. § 12131). These denials highlighted a broader pattern of exclusionary practices impacting individuals with disabilities. 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. 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. 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.
What additional facts support your allegation?	Additional Facts Supporting the Allegation 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. ADA Accommodation Failures: Requests for ADA-compliant communication formats, including email-only responses and screen-reader-



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	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. Mismanagement of Medicaid Funds: 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). 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). 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. 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



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	jeopardized by mismanagement. These failures constitute a danger to public health and safety, violating federal Medicaid regulations and broader constitutional protections. Supporting Documentation: Copies of FOIA requests, respon
Allegation	Violation of Law, Rule or Regulation
What action did they take?	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



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	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 Proce
When did this occur?	When Did This Occur? 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: December 18, 2023: Whistleblower report was submitted, initiating concerns about potential retaliation, ADA violations, and mismanagement of Medicaid funds. 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. 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



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	October 2024, with no timely response or adherence to statutory deadlines. Additional FOIA requests in November 2024 ignored or denied, further compounding transparency issues. Ongoing (2023–2024): Patterns of systemic failures, includi
How did you discover this action?	Expanded Timeline with Key Milestones 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) 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. 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. 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. 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. 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. December 2024: DOJ responds to whistleblower



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	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 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. 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. 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. 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 po
What additional facts support your allegation?	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,



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	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:



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	Exclusionary practices under the ADA demonstrated systemic discrimination against individuals with disabilities, contrary to
Allegation	Gross Waste of Funds
What action did they take?	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: 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. 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. Astread Ferron-Poole (Policy and Program Coordinator, DSS): 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: 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. Emmett



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	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: 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. 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
When did this occur?	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: 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. December 2023 – June 2024: Initial evidence of non-compliance with federal Medicaid regulations, including delays in addressing provider complaints and irregularities in fund allocation. 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. June 2024 – September 2024: Federal



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	oversight agencies, including CMS, failed to enforce corrective measures or c
How did you discover this action?	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: 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. 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. 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. Patterns of ADA Non-Compliance: 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. 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. Documented Financial Irregularities: Analysis of Connecticut's fiscal practices revealed a concerning overlap between federal Medicaid funding and state pension debt. Federal funds



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	intended for vulnerable populations appeared to be diverted to address unrelated state financial obligations, violating Medicaid's statutory purpose. 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.
What additional facts support your allegation?	5. What Additional Facts Support Your Allegation? 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



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	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
Allegation	Danger to Public Health
What action did they take?	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) 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



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	Accommodations: Refused to implement necessary accommodations, violating the Americans with Disabilities Act (ADA), excluding individuals from accessing critical services. 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. Astread Ferron-Poole (Associate): 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) 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. Emmett Nicholson (Senior Administrator): Facilitated Inefficiencies: Approved practices that undermined Medicaid service delivery, allowing systemic gaps that endangered public health. Connecticut Leadership 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. 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



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	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
When did this occur?	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. §
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: 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



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



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	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.
What additional facts support your allegation?	5. What Additional Facts Support Your Allegation? Systemic Non-Compliance with FOIA and ADA 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. 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. 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 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. Medicaid Waiver Program Mismanagement: Termination of critical companion authorizations under the ABI Waiver Program



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	disproportionately impacted vulnerable populations. Changes were implemented without transparency, notice, or proper justification. Gross Waste and Mismanagement of Funds 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. 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 First Amendment: Retaliatory actions against whistleblowing efforts directly infringe on First Amendment rights to petition the government and engage in advocacy. Due Process and Equal Protection: Procedural inequities, including denial of access to informat
Allegation	Abuse of Authority
What action did they take?	Abuse of Authority: What Action Did They Take? 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. 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. 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



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	compliance with Medicaid and ADA regulations, exacerbating harm to vulnerable populations. Neglect of Oversight and Enforcement: 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. 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. 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. 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.
When did this occur?	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



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	violations are ongoing and continue to harm individuals and vulnerable populations. Key dates include: December 2023: DSS initiated retaliatory actions against ABI Resources, including restrictions on Medicaid billing and the improper closure of Sandata EVV Ticket #539494. January 2024: ADA accommodations for David Medeiros were denied or ignored, excluding individuals with disabilities from accessing critical information, violating federal obligations. Throughout 2024: FOIA requests, including Case No. 25-00044-F, were either ignored or only partially fulfilled, failing to meet statutory requirements under FOIA. Current: As of December 3, 2024, these systemic violatio
How did you discover this action?	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: 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. 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. 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. Data from Official Records and Financial Audits: Publicly available Medicaid reports and budget analyses suggest



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	gross waste of funds, lack of oversight, and diversion of federal resources intended for vulnerable populations. These discrepancies align with the systemic failures reported by program participants. 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. 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.
What additional facts support your allegation?	What Additional Facts Support Your Allegation? 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. 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. Evidence of Retaliation: Retaliatory actions include premature closure of Sandata EVV Ticket #539494, unexplained denials of service authorizations, and



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	intentional delays in resolving complaints. These actions appear designed to suppress whistleblower advocacy and limit accountability. 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. 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. 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. Constitutional Violations: 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. National Implications: The issues uncovered in Connecticut's Medicaid programs may reflect broader systemic failures across federally funded healthcare programs. These findings underscore t

DISCLOSURE SUBJECTS

Name of individual you believe is responsible for the wrongdoing disclosed.

First Name	Last Name	Title	Chain of Command



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Andrea Barton Reeves	Andrea Barton Reeves	Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS)	Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS)
Matthew S. Antonetti Title: Legal Director Position in Chain of Command: Senior Legal Officer, DSS	Matthew S. Antonetti Title: Legal Director Position in Chain of Command: Senior Legal Officer, DSS	Matthew S. Antonetti Title: Legal Director Position in Chain of Command: Senior Legal Officer, DSS	Matthew S. Antonetti Title: Legal Director Position in Chain of Command: Senior Legal Officer, DSS
Astread Ferron-Poole Title: Associate Position in Chain of Command: Policy and Program Coordinator,	Astread Ferron-Poole Title: Associate Position in Chain of Command: Policy and Program Coordinator,	Astread Ferron-Poole Title: Associate Position in Chain of Command: Policy and Program Coordinator,	Astread Ferron-Poole Title: Associate Position in Chain of Command: Policy and Program Coordinator,
Michelle A. James Title: Medicaid Compliance Officer Position in Chain of Command: Oversight, Cente	Michelle A. James Title: Medicaid Compliance Officer Position in Chain of Command: Oversight, Cente	Michelle A. James Title: Medicaid Compliance Officer Position in Chain of Command: Oversight, Cente	Michelle A. James Title: Medicaid Compliance Officer Position in Chain of Command: Oversight, Cente
Emmett Nicholson Title: Senior Administrator Position in Chain	Emmett Nicholson Title: Senior Administrator Position in Chain	Emmett Nicholson Title: Senior Administrator	Emmett Nicholson Title: Senior Administrator Position in Chain of



REPORT GOVERNMENT WRONGDOING (DISCLOSURE)

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For instructions or questions, call the Case Review Division at (202) 804-7000.

*Denotes required fields.

of Command: High-level Administrator	of Command: High-level Administrator	Position in Chain of Command: High-level Administrator	Command: High-level Administrator
William Tong Title: Attorney General Position in Chain of Command: Chief Legal Officer, State of Co	William Tong Title: Attorney General Position in Chain of Command: Chief Legal Officer, State of Co	William Tong Title: Attorney General Position in Chain of Command: Chief Legal Officer, State of Co	William Tong Title: Attorney General Position in Chain of Command: Chief Legal Officer, State of Co
Deidre S. Gifford Title: Commissioner (Former Acting) Position in Chain of Command: Past Commission	Deidre S. Gifford Title: Commissioner (Former Acting) Position in Chain of Command: Past Commission	Deidre S. Gifford Title: Commissioner (Former Acting) Position in Chain of Command: Past Commission	Deidre S. Gifford Title: Commissioner (Former Acting) Position in Chain of Command: Past Commission
Jeffrey Beckham Title: Secretary Position in Chain of Command: Head of the Connecticut Office of Po	Jeffrey Beckham Title: Secretary Position in Chain of Command: Head of the Connecticut Office of Po	Jeffrey Beckham Title: Secretary Position in Chain of Command: Head of the Connecticut Office of Po	Jeffrey Beckham Title: Secretary Position in Chain of Command: Head of the Connecticut Office of Po
Manisha Juthani, MD Title: Commissioner Position in Chain of Command: Head of the	Manisha Juthani, MD Title: Commissioner Position in Chain of Command: Head of the	Manisha Juthani, MD Title: Commissioner Position in Chain of	Manisha Juthani, MD Title: Commissioner Position in Chain of Command: Head of the Connecticut Depar



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*Denotes required fields.

Connecticut Depar	Connecticut Depar	Command: Head of the Connecticut Depar	
Xavier Becerra Title: Secretary Position in Chain of Command: Head of the U.S. Department of Health	Xavier Becerra Title: Secretary Position in Chain of Command: Head of the U.S. Department of Health	Xavier Becerra Title: Secretary Position in Chain of Command: Head of the U.S. Department of Health	Xavier Becerra Title: Secretary Position in Chain of Command: Head of the U.S. Department of Health
Chiquita Brooks- LaSure Title: Administrator Position in Chain of Command: Leader of the Centers for	Chiquita Brooks- LaSure Title: Administrator Position in Chain of Command: Leader of the Centers for	Chiquita Brooks-LaSure Title: Administrator Position in Chain of Command: Leader of the Centers for	Chiquita Brooks-LaSure Title: Administrator Position in Chain of Command: Leader of the Centers for
Sean Scanlon Title: Comptroller Position in Chain of Command: State financial officer, managing bud	Sean Scanlon Title: Comptroller Position in Chain of Command: State financial officer, managing bud	Sean Scanlon Title: Comptroller Position in Chain of Command: State financial officer, managing bud	Sean Scanlon Title: Comptroller Position in Chain of Command: State financial officer, managing bud
Martin Looney Title: Senate President Pro Tempore Position in Chain of Command: Legislative leader	Martin Looney Title: Senate President Pro Tempore Position in Chain of Command: Legislative leader	Martin Looney Title: Senate President Pro Tempore Position in Chain of Command:	Martin Looney Title: Senate President Pro Tempore Position in Chain of Command: Legislative leader



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*Denotes required fields.

		Legislative leader	
Erik Russell Title: Treasurer Position in Chain of Command: Manages Connecticut's finances, includi	Erik Russell Title: Treasurer Position in Chain of Command: Manages Connecticut's finances, includi	Erik Russell Title: Treasurer Position in Chain of Command: Manages Connecticut's finances, includi	Erik Russell Title: Treasurer Position in Chain of Command: Manages Connecticut's finances, includi
Ned Lamont Title: Governor Position in Chain of Command: Chief Executive of the State of Connecticu	Ned Lamont Title: Governor Position in Chain of Command: Chief Executive of the State of Connecticu	Ned Lamont Title: Governor Position in Chain of Command: Chief Executive of the State of Connecticu	Ned Lamont Title: Governor Position in Chain of Command: Chief Executive of the State of Connecticu
Merrick Garland Title: U.S. Attorney General Position in Chain of Command: Oversees the Department	Merrick Garland Title: U.S. Attorney General Position in Chain of Command: Oversees the Department	Merrick Garland Title: U.S. Attorney General Position in Chain of Command: Oversees the Department	Merrick Garland Title: U.S. Attorney General Position in Chain of Command: Oversees the Department
Lisa M. Gomez Title: Assistant Secretary for Employee Benefits Security Administration Position in	Lisa M. Gomez Title: Assistant Secretary for Employee Benefits Security Administration Position in	Lisa M. Gomez Title: Assistant Secretary for Employee Benefits Security Administration Position in	Lisa M. Gomez Title: Assistant Secretary for Employee Benefits Security Administration Position in
Alina M. Semo Title: Director	Alina M. Semo Title: Director	Alina M. Semo Title: Director	Alina M. Semo Title: Director Position in Chain of



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*Denotes required fields.

Position in Chain of Command: Office of Government Information Servic	Position in Chain of Command: Office of Government Information Servic	Position in Chain of Command: Office of Government Information Servic	Command: Office of Government Information Servic
Michael E. Horowitz Title: Inspector General Position in Chain of Command: Department of Justice, o	Michael E. Horowitz Title: Inspector General Position in Chain of Command: Department of Justice, o	Michael E. Horowitz Title: Inspector General Position in Chain of Command: Department of Justice, o	Michael E. Horowitz Title: Inspector General Position in Chain of Command: Department of Justice, o
Christi Grimm Title: Inspector General Position in Chain of Command: Health and Human Services (HHS	Christi Grimm Title: Inspector General Position in Chain of Command: Health and Human Services (HHS	Christi Grimm Title: Inspector General Position in Chain of Command: Health and Human Services (HHS	Christi Grimm Title: Inspector General Position in Chain of Command: Health and Human Services (HHS
Andrea Barton Reeves Title: Commissioner Position in Chain of Command: Head of DSS, responsible for	Andrea Barton Reeves Title: Commissioner Position in Chain of Command: Head of DSS, responsible for	Andrea Barton Reeves Title: Commissioner Position in Chain of Command: Head of DSS, responsible for	Andrea Barton Reeves Title: Commissioner Position in Chain of Command: Head of DSS, responsible for
Matthew S. Antonetti Title: Legal Director Position in Chain of Command:	Matthew S. Antonetti Title: Legal Director Position in Chain of Command:	Matthew S. Antonetti Title: Legal Director Position in	Matthew S. Antonetti Title: Legal Director Position in Chain of Command: Senior legal officer, resp



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*Denotes required fields.

Senior legal officer, resp	Senior legal officer, resp	Chain of Command: Senior legal officer, resp	
Astread Ferron-Poole Title: Associate Position in Chain of Command: Policy and program coordinator,	Astread Ferron-Poole Title: Associate Position in Chain of Command: Policy and program coordinator,	Astread Ferron-Poole Title: Associate Position in Chain of Command: Policy and program coordinator,	Astread Ferron-Poole Title: Associate Position in Chain of Command: Policy and program coordinator,
Michelle A. James Title: Medicaid Compliance Officer Position in Chain of Command: Responsible for	Michelle A. James Title: Medicaid Compliance Officer Position in Chain of Command: Responsible for	Michelle A. James Title: Medicaid Compliance Officer Position in Chain of Command: Responsible for	Michelle A. James Title: Medicaid Compliance Officer Position in Chain of Command: Responsible for
Emmett Nicholson Title: Senior Administrator Position in Chain of Command: High-level decision-make	Emmett Nicholson Title: Senior Administrator Position in Chain of Command: High-level decision-make	Emmett Nicholson Title: Senior Administrator Position in Chain of Command: High-level decision-make	Emmett Nicholson Title: Senior Administrator Position in Chain of Command: High-level decision-make
William Tong Title: Attorney General Position in Chain of Command: Chief legal officer of Connecticut	William Tong Title: Attorney General Position in Chain of Command: Chief legal officer of Connecticut	William Tong Title: Attorney General Position in Chain of Command: Chief legal	William Tong Title: Attorney General Position in Chain of Command: Chief legal officer of Connecticut



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*Denotes required fields.

		officer of Connecticu	
Ned Lamont Title: Governor of Connecticut Position in Chain of Command: Chief executive of the stat	Ned Lamont Title: Governor of Connecticut Position in Chain of Command: Chief executive of the stat	Ned Lamont Title: Governor of Connecticut Position in Chain of Command: Chief executive of the stat	Ned Lamont Title: Governor of Connecticut Position in Chain of Command: Chief executive of the stat
Chiquita Brooks- LaSure Title: Administrator of CMS Position in Chain of Command: Federal official o	Chiquita Brooks- LaSure Title: Administrator of CMS Position in Chain of Command: Federal official o	Chiquita Brooks-LaSure Title: Administrator of CMS Position in Chain of Command: Federal official o	Chiquita Brooks-LaSure Title: Administrator of CMS Position in Chain of Command: Federal official o
Xavier Becerra Title: Secretary of Health and Human Services Position in Chain of Command: Responsi	Xavier Becerra Title: Secretary of Health and Human Services Position in Chain of Command: Responsi	Xavier Becerra Title: Secretary of Health and Human Services Position in Chain of Command: Responsi	Xavier Becerra Title: Secretary of Health and Human Services Position in Chain of Command: Responsi
Andrea Barton Reeves Title: Commissioner Position in Chain of Command: Head of the Connecticut Depa	Andrea Barton Reeves Title: Commissioner Position in Chain of Command: Head of the Connecticut Depa	Andrea Barton Reeves Title: Commissioner Position in Chain of Command: Head of the Connecticut Depa	Andrea Barton Reeves Title: Commissioner Position in Chain of Command: Head of the Connecticut Depa



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*Denotes required fields.

Matthew S. Antonetti Title: Legal Director Position in Chain of Command: Senior Legal Officer, DSS	Matthew S. Antonetti Title: Legal Director Position in Chain of Command: Senior Legal Officer, DSS	Matthew S. Antonetti Title: Legal Director Position in Chain of Command: Senior Legal Officer, DSS	Matthew S. Antonetti Title: Legal Director Position in Chain of Command: Senior Legal Officer, DSS
Astread Ferron-Poole Title: Associate Position in Chain of Command: Policy and Program Coordinator,	Astread Ferron-Poole Title: Associate Position in Chain of Command: Policy and Program Coordinator,	Astread Ferron-Poole Title: Associate Position in Chain of Command: Policy and Program Coordinator,	Astread Ferron-Poole Title: Associate Position in Chain of Command: Policy and Program Coordinator,
Michelle A. James Title: Medicaid Compliance Officer Position in Chain of Command: Oversight, Cente	Michelle A. James Title: Medicaid Compliance Officer Position in Chain of Command: Oversight, Cente	Michelle A. James Title: Medicaid Compliance Officer Position in Chain of Command: Oversight, Cente	Michelle A. James Title: Medicaid Compliance Officer Position in Chain of Command: Oversight, Cente
Emmett Nicholson Title: Senior Administrator Position in Chain of Command: High-Level Administrator	Emmett Nicholson Title: Senior Administrator Position in Chain of Command: High-Level Administrator	Emmett Nicholson Title: Senior Administrator Position in Chain of Command: High-Level Administrator	Emmett Nicholson Title: Senior Administrator Position in Chain of Command: High-Level Administrator
William Tong Title: Attorney	William Tong Title: Attorney	William Tong Title: Attorney	William Tong Title: Attorney General, State of



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*Denotes required fields.

General, State of Connecticut Position in Chain of Command: Chief Lega	General, State of Connecticut Position in Chain of Command: Chief Lega	General, State of Connecticut Position in Chain of Command: Chief Lega	Connecticut Position in Chain of Command: Chief Lega
Ned Lamont Title: Governor, State of Connecticut Position in Chain of Command: Chief Executive of t	Ned Lamont Title: Governor, State of Connecticut Position in Chain of Command: Chief Executive of t	Ned Lamont Title: Governor, State of Connecticut Position in Chain of Command: Chief Executive of t	Ned Lamont Title: Governor, State of Connecticut Position in Chain of Command: Chief Executive of t
Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Cha	Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Cha	Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Cha	Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Cha
Chiquita Brooks-LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS) Positio	Chiquita Brooks-LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS) Positio	Chiquita Brooks-LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS) Positio	Chiquita Brooks-LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS) Positio
Andrea Barton Reeves Title: Commissioner Position in Chain of Command:	Andrea Barton Reeves Title: Commissioner Position in Chain of Command:	Andrea Barton Reeves Title: Commissioner Position in Chain of	Andrea Barton Reeves Title: Commissioner Position in Chain of Command: Head of the Connecticut Depa



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*Denotes required fields.

Head of the Connecticut Depa	Head of the Connecticut Depa	Command: Head of the Connecticut Depa	
Matthew S. Antonetti Title: Legal Director Position in Chain of Command: Senior Legal Officer at DS	Matthew S. Antonetti Title: Legal Director Position in Chain of Command: Senior Legal Officer at DS	Matthew S. Antonetti Title: Legal Director Position in Chain of Command: Senior Legal Officer at DS	Matthew S. Antonetti Title: Legal Director Position in Chain of Command: Senior Legal Officer at DS
Astread Ferron-Poole Title: Associate Position in Chain of Command: Policy and Program Coordinator	Astread Ferron-Poole Title: Associate Position in Chain of Command: Policy and Program Coordinator	Astread Ferron-Poole Title: Associate Position in Chain of Command: Policy and Program Coordinator	Astread Ferron-Poole Title: Associate Position in Chain of Command: Policy and Program Coordinator
Michelle A. James Title: Medicaid Compliance Officer Position in Chain of Command: Oversight role w	Michelle A. James Title: Medicaid Compliance Officer Position in Chain of Command: Oversight role w	Michelle A. James Title: Medicaid Compliance Officer Position in Chain of Command: Oversight role w	Michelle A. James Title: Medicaid Compliance Officer Position in Chain of Command: Oversight role w
Emmett Nicholson Title: Senior Administrator Position in Chain of Command: High-ranking official wi	Emmett Nicholson Title: Senior Administrator Position in Chain of Command: High-ranking official wi	Emmett Nicholson Title: Senior Administrator Position in Chain of Command: High-ranking official wi	Emmett Nicholson Title: Senior Administrator Position in Chain of Command: High-ranking official wi



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*Denotes required fields.

		High-ranking official wi	
William Tong Title: Attorney General Position in Chain of Command: Chief Legal Officer for the Stat	William Tong Title: Attorney General Position in Chain of Command: Chief Legal Officer for the Stat	William Tong Title: Attorney General Position in Chain of Command: Chief Legal Officer for the Stat	William Tong Title: Attorney General Position in Chain of Command: Chief Legal Officer for the Stat
Ned Lamont Title: Governor Position in Chain of Command: Chief Executive of Connecticut, with ultim	Ned Lamont Title: Governor Position in Chain of Command: Chief Executive of Connecticut, with ultim	Ned Lamont Title: Governor Position in Chain of Command: Chief Executive of Connecticut, with ultim	Ned Lamont Title: Governor Position in Chain of Command: Chief Executive of Connecticut, with ultim
Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Cha	Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Cha	Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Cha	Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Cha
Chiquita Brooks-LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS) Positio	Chiquita Brooks-LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS) Positio	Chiquita Brooks-LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS) Positio	Chiquita Brooks-LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS) Positio



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*Denotes required fields.

Merrick Garland Title: U.S. Attorney General Position in Chain of Command: Heads the Department of	Merrick Garland Title: U.S. Attorney General Position in Chain of Command: Heads the Department of	Merrick Garland Title: U.S. Attorney General Position in Chain of Command: Heads the Department of	Merrick Garland Title: U.S. Attorney General Position in Chain of Command: Heads the Department of
Andrea Barton Reeves Title: Commissioner Position in Chain of Command: Head of the Connecticut Depa	Andrea Barton Reeves Title: Commissioner Position in Chain of Command: Head of the Connecticut Depa	Andrea Barton Reeves Title: Commissioner Position in Chain of Command: Head of the Connecticut Depa	Andrea Barton Reeves Title: Commissioner Position in Chain of Command: Head of the Connecticut Depa
Matthew S. Antonetti Title: Legal Director Position in Chain of Command: Senior Legal Officer, DSS	Matthew S. Antonetti Title: Legal Director Position in Chain of Command: Senior Legal Officer, DSS	Matthew S. Antonetti Title: Legal Director Position in Chain of Command: Senior Legal Officer, DSS	Matthew S. Antonetti Title: Legal Director Position in Chain of Command: Senior Legal Officer, DSS
Astread Ferron-Poole Title: Associate Position in Chain of Command: Policy and Program Coordinator,	Astread Ferron-Poole Title: Associate Position in Chain of Command: Policy and Program Coordinator,	Astread Ferron-Poole Title: Associate Position in Chain of Command: Policy and Program Coordinator,	Astread Ferron-Poole Title: Associate Position in Chain of Command: Policy and Program Coordinator,
Michelle A. James Title: Medicaid Compliance	Michelle A. James Title: Medicaid Compliance	Michelle A. James Title: Medicaid	Michelle A. James Title: Medicaid Compliance



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*Denotes required fields.

Officer Position in Chain of Command: Oversight, Cente	Officer Position in Chain of Command: Oversight, Cente	Compliance Officer Position in Chain of Command: Oversight, Cente	Officer Position in Chain of Command: Oversight, Cente
Emmett Nicholson Title: Senior Administrator Position in Chain of Command: High-Level Administrator	Emmett Nicholson Title: Senior Administrator Position in Chain of Command: High-Level Administrator	Emmett Nicholson Title: Senior Administrator Position in Chain of Command: High-Level Administrator	Emmett Nicholson Title: Senior Administrator Position in Chain of Command: High-Level Administrator
William Tong Title: Attorney General Position in Chain of Command: Chief Legal Officer, State of Co	William Tong Title: Attorney General Position in Chain of Command: Chief Legal Officer, State of Co	William Tong Title: Attorney General Position in Chain of Command: Chief Legal Officer, State of Co	William Tong Title: Attorney General Position in Chain of Command: Chief Legal Officer, State of Co
Ned Lamont Title: Governor Position in Chain of Command: Chief Executive of the State of Connecticu	Ned Lamont Title: Governor Position in Chain of Command: Chief Executive of the State of Connecticu	Ned Lamont Title: Governor Position in Chain of Command: Chief Executive of the State of Connecticu	Ned Lamont Title: Governor Position in Chain of Command: Chief Executive of the State of Connecticu

REQUESTED OSC ACTION

What action would you like OSC to take?



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*Denotes required fields.

Document is attached

WHERE ELSE DID YOU REPORT THIS MATTER?

I have also disclosed this information to:

Other Action Type	Action Taken Date

Additional information about reports to Inspectors General, if applicable.

First Name:

Last Name:

Title:

Address:

Email Address:

Telephone Number:

Case ID #:

a. **What is the status of the matter?**

NOTE: MATTERS INVESTIGATED BY AN OFFICE OF INSPECTOR GENERAL

It is the general policy of OSC not to transmit allegations of wrongdoing to the head of the agency involved if the agency's Office of Inspector General has fully investigated, or is currently investigating, the same allegations.

ATTACHMENTS

Please note that the space available for attachments is limited. Therefore, DO NOT attach every document and email that may be relevant to your claim. You will have an opportunity to make additional submissions at a later date. We recommend limiting attachments to official forms and correspondence that document the action(s) at issue in your disclosure if these documents are relevant to your allegations.

I have attached the following documents to my filing:

File Name



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12.03.2024 Request for Action Ensuring Justice Accountability and Financial Restitution for Vulnerable Populations and Taxpayers for Justice DB.42.131.Inf. ABI Medeiros Connecticut .pdf
540144-VPT 12.03.2024 Mail - ABI RESOURCES 860 942-0365 - Outlook.pdf
540144-VPT 540144-VPT Submission complete.pdf
540144-VPT DOJ Submission complete.pdf
540144-VPT 540144-VPT Mail - ABI RESOURCES 860 942-0365 - Outlook.pdf
Lamont touts pension savings_ _It's freed up an awful lot of money_.pdf
Connecticut to save \$18.5 billion from pension payoffs, according to report.pdf
Request for Federal Action Constitutional Rights ADA Non-Compliance Whistleblower Retaliation and Gross Mismanagement of Medicaid FundsFederal Representation for Justice DB.42.131.Inf. Medeiros Connecticut 12.02.2024 .pdf
599875 download.pdf
09.24.2024
Federal_Intervention_HHS_OIG_CMS_GAO_DOJ_OCR_Whistleblower_Report_2024.pdf

CONSENT

Do you consent to the disclosure of your identify to others outside OSC if it becomes necessary in taking further action on this matter?*

I consent to disclosure of my identity.

Yes

I do not consent to disclosure of my identity. (Even if you do not consent, OSC may disclose your identity if necessary due to an imminent danger to public health or safety or imminent violation of any criminal law. See 5 U.S.C. § 1213(h).)

No

CERTIFICATION

I certify that all of the statements made in this complaint are true, complete, and correct to the best of my knowledge and belief. I understand that a false statement or concealment of a material fact is a criminal offense punishable by a fine, imprisonment, or both. 18 U.S.C. § 1001.*

Yes



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*Denotes required fields.

BURDEN: The burden for this collection of information (including the time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the form) is estimated to be an average of one hour to submit a disclosure of information alleging agency wrongdoing, one hour and fifteen minutes to submit a complaint alleging a prohibited personnel practice or other prohibited activity, or 30 minutes to submit a complaint alleging prohibited political activity. Please send any comments about this burden estimate, and suggestions for reducing the burden, to the U.S. Office of Special Counsel, General Counsel's Office, 1730 M Street, NW, Suite 218, Washington, DC 20036-4505.

This Disclosure of Information was Received by OSC on: 12/3/2024

PLEASE KEEP A COPY OF YOUR COMPLAINT, ANY SUPPORTING DOCUMENTATION, AND ANY ADDITIONAL ALLEGATIONS THAT YOU SEND TO OSC NOW OR AT ANY TIME WHILE YOUR COMPLAINT IS PENDING. REPRODUCTION CHARGES UNDER THE FREEDOM OF INFORMATION ACT MAY APPLY TO ANY REQUEST YOU MAKE FOR COPIES OF MATERIALS THAT YOU PROVIDED TO OSC.



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*Denotes required fields.

IMPORTANT INFORMATION ABOUT FILING A DISCLOSURE

OSC WHISTLEBLOWER DISCLOSURE CHANNEL

Under 5 U.S.C. § 1213 and related provisions, the Office of Special Counsel (OSC) serves as a secure channel for federal employees, former federal employees, and applicants for federal employment with reliable knowledge of the wrongdoing to disclose:

- a violation of law, rule or regulation;
- gross mismanagement;
- gross waste of funds;
- an abuse of authority;
- a substantial and specific danger to public health or safety; and/or
- censorship related to scientific research.

OSC JURISDICTION

OSC has no jurisdiction over disclosures filed by:

- employees of the U.S. Postal Service and the Postal Regulatory Commission;
- members of the armed forces of the United States (*i.e.*, non-civilian military employees);
- state employees operating under federal grants;
- employees of federal contractors;
- other employees or federal agencies that are exempt under federal law; and
- Congressional or judicial branch employees.

ANONYMOUS SOURCES

While OSC will protect the identity of persons who make disclosures, it will not consider anonymous disclosures. If a disclosure is filed by an anonymous source, the disclosure will be referred to the Office of Inspector General in the appropriate agency. OSC will take no further action.

RETALIATION

Do you believe you suffered retaliation by your agency for disclosing wrongdoing? If yes, you may file a complaint of retaliation by navigating back to "My Cases" and selecting "New Complaint." Select Option 1 to complete and submit a Complaint of Prohibited Personnel Practice or other Prohibited Activity (PPPs). *If you have already completed the Complaint of Prohibited Personnel Practice or other Prohibited Activity above, please continue with this Disclosure.* PPPs are employment-related activities that are banned in the federal workforce.



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*Denotes required fields.

PPPs generally involve some type of personnel decision or action and may result in personal relief for people who have been subject to a PPP. For example, if we find that you were removed from federal service in retaliation for whistleblowing, OSC may act to get your job back. PPPs can also include allegations of harassment, failure to issue appraisals, and improper hiring. Do not file a disclosure to report retaliation or other PPPs.

CONTACT INFORMATION

Title:

First Name:* David

Middle Initial:

Last Name:* Medeiros

International Address?: No

Address:*

215 Mountain St
Willimantic, CT 06226

Cell Phone Number:

Home Phone Number:

Office Phone Number:

Ext.

Email Address:* aabiwr@live.com

Preferred means of contact:

Email: Yes

Cell phone: No

Home phone: No

Office phone: No

REPRESENTATIVE INFORMATION

Do you have representation? No

Information about representative, if applicable.

First Name:*

Middle Initial:

Last Name:*

International Address?:

Address: *



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*Denotes required fields.

Office Phone Number:

Ext.

Cell Phone Number:

Home Phone Number:

Email Address:

EMPLOYMENT INFORMATION

Name of Department/Agency about which you are making a disclosure.

Department:* Health and Human Services

Agency:* Centers For Medicare & Medicaid Services

Agency subcomponent: Connecticut Department of Public Health (DPH)

Street Address: 7500 Security Boulevard

City: Baltimore

State: MD

Zip Code: 21244

Employment Status:* Non-Federal Employee (please specify)

Title	Series	Grade

Please provide your dates of employment in this position.

Employment Service Type	Employment Service Subtype	If Other (specify)
Excepted Service	Other	Private Citizen, Advocate, and Whistleblower
Other	Other	Private Citizen, Advocate, and Whistleblower

Are you covered by a collective bargaining agreement?

DETAILS OF YOUR DISCLOSURES



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*Denotes required fields.

Please identify the type of wrongdoing that you are alleging. You can make multiple disclosures, but you **MUST** choose one option. If you check "violation of law, rule, or regulation," specify, if you can, the particular law, rule or regulation violated (by name, subject, and/or legal citation). For each allegation, please answer the following questions (be as specific as possible). Please keep in mind that you will have an opportunity to provide more information and someone from OSC will contact you.

If OSC determines there is a substantial likelihood of wrongdoing, OSC will refer your disclosures to the involved agency for an investigation and report. To meet the substantial likelihood standard, there must be a significant probability that the information reveals wrongdoing that falls within one or more of the categories above. In its evaluation, OSC considers the strength, reliability, and credibility of the disclosures. If the substantial likelihood determination cannot be made, OSC will determine whether there is sufficient information to exercise its discretion to refer the allegations.

DISCLOSURES

Allegation	Violation of Law, Rule or Regulation
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.) 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. 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



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	possession. 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) 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. 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) 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. 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 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. C
When did this occur?	When Did This Occur? The violations occurred over an extended period, reflecting a pattern of systemic non-



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	compliance and neglect: 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. Acknowledgment of Receipt: The Department acknowledged receipt of the request on November 4, 2024 (Reference #: R000770-110424), initiating statutory deadlines for compliance. 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: 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
How did you discover this action?	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: 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. 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



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	on external portals and password-protected links excluded me from full and equal participation. 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. 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.
What additional facts support your allegation?	Additional Facts Supporting the Allegation 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. 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). Untimely Responses: FOIA requires agencies to respond promptly (5 U.S.C. § 552(a)(6)(A)(i)), and Connecticut FOIA statutes



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	mandate a response within four business days (Conn. Gen. Stat. § 1-210(a)). Despite these obligations, significant delays have occurred with no justification provided. Harm to Vulnerable Populations: 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. 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. 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. 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. 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.
Allegation	Gross Mismanagement
What action did they take?	2. What Action Did They Take? The identified individuals engaged in or allowed actions that constitute gross mismanagement of Medicaid oversight and



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	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): 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. 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): Manisha Juthani, MD (Commissioner): 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: 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): 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. Chiquita Brooks-LaSure (CMS Administrator): Action: Allowed systemic inefficiencies in Medicaid program operations, ignoring whistleblower allegations



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	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): 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): 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 perpe
When did this occur?	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: 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. 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). November 2, 2024: FOIA Request Submitted: Specific records requested from the Connecticut Department of Public Health (DPH) and other agencies regarding Medicaid services tied to NPIs 1962278119 and
How did you discover this action?	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.



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	Specifically: 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. 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. 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. Analysis of Regulatory Non-Compliance: 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: 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 <i>U.S. DOJ v. Reporters Committee for Freedom of the Press</i> (1989), which emphasized the public's right to know about government operations. ADA Title II: Title II of the ADA (42 U.S.C. § 12132)



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	requires public entities to ensure effective communication and prohibit discrimination. In <i>Tennessee v. Lane</i> (2004), the Supreme Court affirmed the constitutional validity of Title II as it relates to accessibility and due process for individuals with disabilities. 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. Supremacy Clause: Under the
What additional facts support your allegation?	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: 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. 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. 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. Procedural Failures and Constitutional Concerns: Due



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	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. 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. Mismanagement of Medicaid Funds: 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. 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. 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 Preceden
Allegation	Abuse of Authority
What action did they take?	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



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	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: 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: 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



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	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.
When did this occur?	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: 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. ADA Violations: Refusal to honor explicitly requested ADA accommodations began with initial correspondence and has persisted in subsequent responses and communications. 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 compl
How did you discover this 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: 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



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	requested records, leaving critical gaps in accountability. 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. Reports and Testimonies from Affected Communities: 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. 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. 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. 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. 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



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	formal complaints submitted to federal oversight agencies, including the DOJ and CMS.
What additional facts support your allegation?	Additional Facts Supporting the Allegation 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 <i>Tennessee v. Lane</i> (2004). 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. 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. Harm to Vulnerable Populations: 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. 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



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	notifications of deficiencies. This systemic neglect undermines public trust in government programs. 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. 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. Impact on Whistleblower Protections: 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 comprom
Allegation	Gross Waste of Funds
What action did they take?	2. What Action Did They Take? Description of Actions Taken: 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. 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). 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. Denial of ADA Accommodations: Ignored or inadequately fulfilled



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	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). 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. 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. 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). Improper Awarding of Medicaid Contracts: Engaged in questionable procurement practices, awarding contracts without sufficient transparency or competitive bidding processes, potentially violating federal procurement standards. 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 A
When did this occur?	3. When Did This Occur? The timeline of these actions spans several years, with critical violations occurring



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	within the following periods: Initial Violations (2013 - Present): Beginning in January 2013, systemic issues in Medicaid administration and compliance failures emerged, linked to oversight and financial management deficiencies for NPIs 1962278119 and 1023012345. Specific FOIA Violations: The Department of Public Health (DPH) failed to provide adequate responses to FOIA Request #R000770-110424 submitted on November 2, 2024, and acknowledged on November 4, 2024. Despite statutory deadlines requiring a response within four business days, the request remains unresolved as of December 4, 2024. Ongoing ADA Violations: Persistent non-compliance with ADA accommodation requests has been evident throughout the FOIA process. These violations include the refusal to provide accessible document formats, summaries for complex records, and exclusive communication through the MuckRock plat
How did you discover this action?	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: 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. 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. Discrepancies in Public Records: Reviews of financial audits, regulatory filings, and state compliance reports



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	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]. 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. 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?	What Additional Facts Support Your Allegation? 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. 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. Discrepancies in Medicaid Expenditures: Audits and financial reviews revealed significant inconsistencies in the allocation of



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	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. 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)). 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. 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. 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.
Allegation	Danger to Public Health
What action did they take?	2. What action did they take? The Connecticut Department of Public Health (DPH), in collaboration with the Department of Social Services (DSS), engaged in



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	systemic actions that jeopardize public health by failing to enforce adequate oversight, transparency, and regulatory compliance within Medicaid programs. Specifically: 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. 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. 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 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. 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. Disregard for Whistleblower Reports: Failed to act on whistleblower reports highlighting systemic risks to public health, including allegations of Medicaid fraud,



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	gross mismanagement, and abuse of authority within the program. 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 benefic
When did this occur?	Timeline of Events: 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. 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. 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. Current and Ongo
How did you discover this action?	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



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	communities. Specific sources of discovery include: 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. 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. 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. Independent Audits and Media Investigations: 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. 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?	What additional facts support your allegation? Additional Facts Supporting Allegations Documented Patterns of Non-Compliance Records indicate repeated failures to adhere to ADA Title II mandates (42 U.S.C. §



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	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. 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. 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. Public Harm Amplified by Non-Compliance 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. 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. 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



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	(1989), reinforce the necessity of prompt and complete access to public records for accountability. Lack of Accountability in Personnel Actions 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. 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. Federal Supremacy Obligations Ignored Under the Supremacy Clause of the U.S. Constitutio

DISCLOSURE SUBJECTS

Name of individual you believe is responsible for the wrongdoing disclosed.

First Name	Last Name	Title	Chain of Command
Manisha Juthani, MD Title: Commissioner Position in Chain of Command: Head of the Connecticut Depar	Manisha Juthani, MD Title: Commissioner Position in Chain of Command: Head of the Connecticut Depar	Manisha Juthani, MD Title: Commissioner Position in Chain of Command: Head of the Connecticut Depar	Manisha Juthani, MD Title: Commissioner Position in Chain of Command: Head of the Connecticut Depar
[FOIA Officer's Name or "Unknown"] Title: FOIA Officer, Connecticut Department of Public Health Pos	[FOIA Officer's Name or "Unknown"] Title: FOIA Officer, Connecticut Department of Public Health Pos	[FOIA Officer's Name or "Unknown"] Title: FOIA Officer, Connecticut Department of Public Health Pos	[FOIA Officer's Name or "Unknown"] Title: FOIA Officer, Connecticut Department of Public Health Pos
Andrea Barton Reeves Title: Commissioner,	Andrea Barton Reeves Title: Commissioner,	Andrea Barton Reeves Title: Commissioner,	Andrea Barton Reeves Title: Commissioner, Connecticut



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Connecticut Department of Social Services (DSS) Position	Connecticut Department of Social Services (DSS) Position	Connecticut Department of Social Services (DSS) Position	Department of Social Services (DSS) Position
Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Cha	Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Cha	Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Cha	Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Cha
Matthew S. Antonetti Title: Legal Director, Connecticut Department of Social Services (DSS) Positio	Matthew S. Antonetti Title: Legal Director, Connecticut Department of Social Services (DSS) Positio	Matthew S. Antonetti Title: Legal Director, Connecticut Department of Social Services (DSS) Positio	Matthew S. Antonetti Title: Legal Director, Connecticut Department of Social Services (DSS) Positio
Astread Ferron- Poole Title: Associate, Connecticut Department of Social Services (DSS) Position in	Astread Ferron- Poole Title: Associate, Connecticut Department of Social Services (DSS) Position in	Astread Ferron- Poole Title: Associate, Connecticut Department of Social Services (DSS) Position in	Astread Ferron-Poole Title: Associate, Connecticut Department of Social Services (DSS) Position in
Chiquita Brooks- LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS) Positio	Chiquita Brooks- LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS) Positio	Chiquita Brooks- LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS) Positio	Chiquita Brooks-LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS) Positio
William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Chief lega	William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Chief lega	William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Chief lega	William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Chief lega



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Jeffrey Beckham Title: Secretary, Connecticut Office of Policy and Management (OPM) Position in Cha	Jeffrey Beckham Title: Secretary, Connecticut Office of Policy and Management (OPM) Position in Cha	Jeffrey Beckham Title: Secretary, Connecticut Office of Policy and Management (OPM) Position in Cha	Jeffrey Beckham Title: Secretary, Connecticut Office of Policy and Management (OPM) Position in Cha
Michael E. Horowitz Title: Inspector General, U.S. Department of Justice (DOJ) Position in Chain of	Michael E. Horowitz Title: Inspector General, U.S. Department of Justice (DOJ) Position in Chain of	Michael E. Horowitz Title: Inspector General, U.S. Department of Justice (DOJ) Position in Chain of	Michael E. Horowitz Title: Inspector General, U.S. Department of Justice (DOJ) Position in Chain of
Christi Grimm Title: Inspector General, U.S. Department of Health and Human Services (HHS) Position	Christi Grimm Title: Inspector General, U.S. Department of Health and Human Services (HHS) Position	Christi Grimm Title: Inspector General, U.S. Department of Health and Human Services (HHS) Position	Christi Grimm Title: Inspector General, U.S. Department of Health and Human Services (HHS) Position
Ned Lamont Title: Governor, State of Connecticut Position in Chain of Command: Chief executive offi	Ned Lamont Title: Governor, State of Connecticut Position in Chain of Command: Chief executive offi	Ned Lamont Title: Governor, State of Connecticut Position in Chain of Command: Chief executive offi	Ned Lamont Title: Governor, State of Connecticut Position in Chain of Command: Chief executive offi
Andrea Barton Reeves Title: Commissioner Position in Chain of Command: Head of the Connecticut Depa	Andrea Barton Reeves Title: Commissioner Position in Chain of Command: Head of the Connecticut Depa	Andrea Barton Reeves Title: Commissioner Position in Chain of Command: Head of the Connecticut Depa	Andrea Barton Reeves Title: Commissioner Position in Chain of Command: Head of the Connecticut Depa
Manisha Juthani, MD Title: Commissioner	Manisha Juthani, MD Title: Commissioner	Manisha Juthani, MD Title: Commissioner	Manisha Juthani, MD Title: Commissioner Position in



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Position in Chain of Command: Head of the Connecticut Depar	Position in Chain of Command: Head of the Connecticut Depar	Position in Chain of Command: Head of the Connecticut Depar	Chain of Command: Head of the Connecticut Depar
William Tong Title: Attorney General Position in Chain of Command: Chief Legal Officer of Connectic	William Tong Title: Attorney General Position in Chain of Command: Chief Legal Officer of Connectic	William Tong Title: Attorney General Position in Chain of Command: Chief Legal Officer of Connectic	William Tong Title: Attorney General Position in Chain of Command: Chief Legal Officer of Connectic
Xavier Becerra Title: Secretary Position in Chain of Command: Head of the U.S. Department of Health	Xavier Becerra Title: Secretary Position in Chain of Command: Head of the U.S. Department of Health	Xavier Becerra Title: Secretary Position in Chain of Command: Head of the U.S. Department of Health	Xavier Becerra Title: Secretary Position in Chain of Command: Head of the U.S. Department of Health
Chiquita Brooks-LaSure Title: Administrator Position in Chain of Command: Leader of the Centers for	Chiquita Brooks-LaSure Title: Administrator Position in Chain of Command: Leader of the Centers for	Chiquita Brooks-LaSure Title: Administrator Position in Chain of Command: Leader of the Centers for	Chiquita Brooks-LaSure Title: Administrator Position in Chain of Command: Leader of the Centers for
Jeffrey Beckham Title: Secretary Position in Chain of Command: Head of the Connecticut Office of Po	Jeffrey Beckham Title: Secretary Position in Chain of Command: Head of the Connecticut Office of Po	Jeffrey Beckham Title: Secretary Position in Chain of Command: Head of the Connecticut Office of Po	Jeffrey Beckham Title: Secretary Position in Chain of Command: Head of the Connecticut Office of Po
Kristen Clarke Title: Assistant Attorney General for Civil Rights Division, U.S. DOJ Position in Ch	Kristen Clarke Title: Assistant Attorney General for Civil Rights Division, U.S. DOJ Position in Ch	Kristen Clarke Title: Assistant Attorney General for Civil Rights Division, U.S. DOJ Position in Ch	Kristen Clarke Title: Assistant Attorney General for Civil Rights Division, U.S. DOJ Position in Ch



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Manisha Juthani, MD Title: Commissioner Position in Chain of Command: Head of the Connecticut Depar	Manisha Juthani, MD Title: Commissioner Position in Chain of Command: Head of the Connecticut Depar	Manisha Juthani, MD Title: Commissioner Position in Chain of Command: Head of the Connecticut Depar	Manisha Juthani, MD Title: Commissioner Position in Chain of Command: Head of the Connecticut Depar
Senior FOIA Officers (Specific names may be added upon request acknowledgment): Title: FOIA Coordin	Senior FOIA Officers (Specific names may be added upon request acknowledgment): Title: FOIA Coordin	Senior FOIA Officers (Specific names may be added upon request acknowledgment): Title: FOIA Coordin	Senior FOIA Officers (Specific names may be added upon request acknowledgment): Title: FOIA Coordin
Andrea Barton Reeves Title: Commissioner Position in Chain of Command: Head of the Connecticut Depa	Andrea Barton Reeves Title: Commissioner Position in Chain of Command: Head of the Connecticut Depa	Andrea Barton Reeves Title: Commissioner Position in Chain of Command: Head of the Connecticut Depa	Andrea Barton Reeves Title: Commissioner Position in Chain of Command: Head of the Connecticut Depa
Matthew S. Antonetti Title: Legal Director Position in Chain of Command: Senior Legal Officer, DSS	Matthew S. Antonetti Title: Legal Director Position in Chain of Command: Senior Legal Officer, DSS	Matthew S. Antonetti Title: Legal Director Position in Chain of Command: Senior Legal Officer, DSS	Matthew S. Antonetti Title: Legal Director Position in Chain of Command: Senior Legal Officer, DSS
Astread Ferron- Poole Title: Associate Position in Chain of Command: Policy and Program Coordinator,	Astread Ferron- Poole Title: Associate Position in Chain of Command: Policy and Program Coordinator,	Astread Ferron- Poole Title: Associate Position in Chain of Command: Policy and Program Coordinator,	Astread Ferron-Poole Title: Associate Position in Chain of Command: Policy and Program Coordinator,
Manisha Juthani, MD Title:	Manisha Juthani, MD Title:	Manisha Juthani, MD Title:	Manisha Juthani, MD Title: Commissioner Position in



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Commissioner Position in Chain of Command: Head of the Connecticut Depar	Commissioner Position in Chain of Command: Head of the Connecticut Depar	Commissioner Position in Chain of Command: Head of the Connecticut Depar	Chain of Command: Head of the Connecticut Depar
William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Chief Lega	William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Chief Lega	William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Chief Lega	William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Chief Lega
Chiquita Brooks- LaSure Title: Administrator Position in Chain of Command: Leader of the Centers for	Chiquita Brooks- LaSure Title: Administrator Position in Chain of Command: Leader of the Centers for	Chiquita Brooks- LaSure Title: Administrator Position in Chain of Command: Leader of the Centers for	Chiquita Brooks-LaSure Title: Administrator Position in Chain of Command: Leader of the Centers for
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Jeffrey R. Beckham Title: Secretary Position in Chain of Command: Leader of the Connecticut Office	Jeffrey R. Beckham Title: Secretary Position in Chain of Command: Leader of the Connecticut Office	Jeffrey R. Beckham Title: Secretary Position in Chain of Command: Leader of the Connecticut Office	Jeffrey R. Beckham Title: Secretary Position in Chain of Command: Leader of the Connecticut Office
Ned Lamont Title: Governor Position in Chain of Command: Chief	Ned Lamont Title: Governor Position in Chain of Command: Chief	Ned Lamont Title: Governor Position in Chain of Command:	Ned Lamont Title: Governor Position in Chain of Command: Chief Executive of the State of Connecticu



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Executive of the State of Connecticut	Executive of the State of Connecticut	Chief Executive of the State of Connecticut	
Andrea Barton Reeves Title: Commissioner Agency: Connecticut Department of Social Services (DSS) Ro	Andrea Barton Reeves Title: Commissioner Agency: Connecticut Department of Social Services (DSS) Ro	Andrea Barton Reeves Title: Commissioner Agency: Connecticut Department of Social Services (DSS) Ro	Andrea Barton Reeves Title: Commissioner Agency: Connecticut Department of Social Services (DSS) Ro
Manisha Juthani, MD Title: Commissioner Agency: Connecticut Department of Public Health (DPH) Role:	Manisha Juthani, MD Title: Commissioner Agency: Connecticut Department of Public Health (DPH) Role:	Manisha Juthani, MD Title: Commissioner Agency: Connecticut Department of Public Health (DPH) Role:	Manisha Juthani, MD Title: Commissioner Agency: Connecticut Department of Public Health (DPH) Role:
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Xavier Becerra Title: Secretary Agency: U.S. Department of Health and Human Services (HHS) Role: Pr	Xavier Becerra Title: Secretary Agency: U.S. Department of Health and Human Services (HHS) Role: Pr	Xavier Becerra Title: Secretary Agency: U.S. Department of Health and Human Services (HHS) Role: Pr	Xavier Becerra Title: Secretary Agency: U.S. Department of Health and Human Services (HHS) Role: Pr
William Tong Title: Attorney General Agency: Connecticut Office of the Attorney	William Tong Title: Attorney General Agency: Connecticut Office of the Attorney	William Tong Title: Attorney General Agency: Connecticut Office of the Attorney	William Tong Title: Attorney General Agency: Connecticut Office of the Attorney



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General Role: Respo	General Role: Respo	Attorney General Role: Respo	
Christi Grimm Title: Inspector General Agency: U.S. Department of Health and Human Services, Office	Christi Grimm Title: Inspector General Agency: U.S. Department of Health and Human Services, Office	Christi Grimm Title: Inspector General Agency: U.S. Department of Health and Human Services, Office	Christi Grimm Title: Inspector General Agency: U.S. Department of Health and Human Services, Office
Andrea Barton Reeves Title: Commissioner Agency: Connecticut Department of Social Services (DSS) Po	Andrea Barton Reeves Title: Commissioner Agency: Connecticut Department of Social Services (DSS) Po	Andrea Barton Reeves Title: Commissioner Agency: Connecticut Department of Social Services (DSS) Po	Andrea Barton Reeves Title: Commissioner Agency: Connecticut Department of Social Services (DSS) Po
Matthew S. Antonetti Title: Legal Director Agency: Connecticut Department of Social Services (DSS)	Matthew S. Antonetti Title: Legal Director Agency: Connecticut Department of Social Services (DSS)	Matthew S. Antonetti Title: Legal Director Agency: Connecticut Department of Social Services (DSS)	Matthew S. Antonetti Title: Legal Director Agency: Connecticut Department of Social Services (DSS)
Astread Ferron- Poole Title: Policy and Program Coordinator Agency: Connecticut Department of Social	Astread Ferron- Poole Title: Policy and Program Coordinator Agency: Connecticut Department of Social	Astread Ferron- Poole Title: Policy and Program Coordinator Agency: Connecticut Department of Social	Astread Ferron-Poole Title: Policy and Program Coordinator Agency: Connecticut Department of Social
Michelle A. James Title: Medicaid Compliance Officer Agency: Centers for	Michelle A. James Title: Medicaid Compliance Officer Agency: Centers for	Michelle A. James Title: Medicaid Compliance Officer Agency: Centers for	Michelle A. James Title: Medicaid Compliance Officer Agency: Centers for Medicare & Medicaid Servic



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Medicare & Medicaid Serv	Medicare & Medicaid Serv	Medicare & Medicaid Serv	
Emmett Nicholson Title: Senior Administrator Agency: Centers for Medicare & Medicaid Services (CMS)	Emmett Nicholson Title: Senior Administrator Agency: Centers for Medicare & Medicaid Services (CMS)	Emmett Nicholson Title: Senior Administrator Agency: Centers for Medicare & Medicaid Services (CMS)	Emmett Nicholson Title: Senior Administrator Agency: Centers for Medicare & Medicaid Services (CMS)
William Tong Title: Attorney General Agency: Connecticut Office of the Attorney General Position in	William Tong Title: Attorney General Agency: Connecticut Office of the Attorney General Position in	William Tong Title: Attorney General Agency: Connecticut Office of the Attorney General Position in	William Tong Title: Attorney General Agency: Connecticut Office of the Attorney General Position in
Manisha Juthani, MD Title: Commissioner Agency: Connecticut Department of Public Health (DPH) Posit	Manisha Juthani, MD Title: Commissioner Agency: Connecticut Department of Public Health (DPH) Posit	Manisha Juthani, MD Title: Commissioner Agency: Connecticut Department of Public Health (DPH) Posit	Manisha Juthani, MD Title: Commissioner Agency: Connecticut Department of Public Health (DPH) Posit
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REQUESTED OSC ACTION

What action would you like OSC to take?

Comprehensive documentation is also attached.

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.

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.

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.



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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.

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.

Pursue Financial Restitution

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.

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.

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.

Safeguard Against Future Violations

Develop and enforce robust federal guidelines for ADA accommodations and FOIA



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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.

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.

WHERE ELSE DID YOU REPORT THIS MATTER?

I have also disclosed this information to:

Other Action Type	Action Taken Date

Additional information about reports to Inspectors General, if applicable.

First Name:

Last Name:

Title:

Address:

Email Address:

Telephone Number:

Case ID #:

a. **What is the status of the matter?**

NOTE: MATTERS INVESTIGATED BY AN OFFICE OF INSPECTOR GENERAL

It is the general policy of OSC not to transmit allegations of wrongdoing to the head of the agency involved if the agency's Office of Inspector General has fully investigated, or is currently investigating, the same allegations.

ATTACHMENTS

Please note that the space available for attachments is limited. Therefore, DO NOT attach every document and email that may be relevant to your claim. You will have an opportunity to make additional submissions at a later date. We recommend limiting attachments to



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official forms and correspondence that document the action(s) at issue in your disclosure if these documents are relevant to your allegations.

I have attached the following documents to my filing:

File Name
12.04.2024 Protecting and Representing All Americans A Call for the United States to Uphold Justice Accountability and Constitutional Rights Representation Medicaid DB.42.131.Inf. ABI Medeiros Connecticut DOGE .pdf
Records Pertaining to Medicaid Services for NPI 1962278119 and NPI 1023012345 (Department of Public Health) (1).zip
09.24.2024 Federal_Intervention_HHS_OIG_CMS_GAO_DOJ_OCR_Whistleblower_Report_2024.pdf
Records Pertaining to Medicaid Services for NPI 1962278119 and NPI 1023012345 (Department of Health and Human Services) (1).zip
Records Pertaining to Medicaid Services for NPI 1962278119 and NPI 1023012345 (Department of Health and Human Services) (1).zip
Records Pertaining to Medicaid Services for NPI 1962278119 and NPI 1023012345 (Department of Health and Human Services, Centers for Medicare & Medicaid Services) (1).zip
Records Pertaining to Medicaid Services for NPI 1962278119 and NPI 1023012345 (Department of Health and Human Services Office of Inspector General) (1).zip
Records Pertaining to Medicaid Services for NPI 1962278119 and NPI 1023012345 (Department Of Justice) (1).zip
Records Pertaining to Medicaid Services for NPI 1962278119 and NPI 1023012345 (Department of Justice, Department of Justice, Office of Justice Programs) (1).zip
Records Pertaining to Medicaid Services for NPI 1962278119 and NPI 1023012345 (Department of Justice, Criminal Division) (1).zip
Records Pertaining to Medicaid Services for NPI 1962278119 and NPI 1023012345 (Department of Labor) (1).zip
Records Pertaining to Medicaid Services for NPI 1962278119 and NPI 1023012345 (Department of Social Services) (2).zip
Records Pertaining to Medicaid Services for NPI 1962278119 and NPI 1023012345 (Department of Labor, Wage and Hour Division) (2).zip
Records Pertaining to Medicaid Services for NPI 1962278119 and NPI 1023012345 (Department of Public Health) (2).zip
Records Pertaining to Medicaid Services for NPI 1962278119 and NPI 1023012345 (Department of Public Health) (2).zip



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Records Pertaining to Medicaid Services for NPI 1962278119 and NPI 1023012345 (Department of Public Health) (1).zip
Federal Representation for Justice DB.42.131.Inf. Medeiros Connecticut 11.28.2024 .pdf
requests (10).csv

CONSENT

Do you consent to the disclosure of your identify to others outside OSC if it becomes necessary in taking further action on this matter?*

I consent to disclosure of my identity.

Yes

I do not consent to disclosure of my identity. (Even if you do not consent, OSC may disclose your identity if necessary due to an imminent danger to public health or safety or imminent violation of any criminal law. See 5 U.S.C. § 1213(h).)

No

CERTIFICATION

I certify that all of the statements made in this complaint are true, complete, and correct to the best of my knowledge and belief. I understand that a false statement or concealment of a material fact is a criminal offense punishable by a fine, imprisonment, or both. 18 U.S.C. § 1001.*

Yes

BURDEN: The burden for this collection of information (including the time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the form) is estimated to be an average of one hour to submit a disclosure of information alleging agency wrongdoing, one hour and fifteen minutes to submit a complaint alleging a prohibited personnel practice or other prohibited activity, or 30 minutes to submit a complaint alleging prohibited political activity. Please send any comments about this burden estimate, and suggestions for reducing the burden, to the U.S.



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Office of Special Counsel, General Counsel's Office, 1730 M Street, NW, Suite 218,
Washington, DC 20036-4505.

This Disclosure of Information was Received by OSC on: 12/4/2024

***PLEASE KEEP A COPY OF YOUR COMPLAINT, ANY SUPPORTING
DOCUMENTATION, AND ANY ADDITIONAL ALLEGATIONS THAT YOU SEND
TO OSC NOW OR AT ANY TIME WHILE YOUR COMPLAINT IS PENDING.
REPRODUCTION CHARGES UNDER THE FREEDOM OF INFORMATION ACT
MAY APPLY TO ANY REQUEST YOU MAKE FOR COPIES OF MATERIALS THAT
YOU PROVIDED TO OSC.***



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IMPORTANT INFORMATION ABOUT FILING A DISCLOSURE

OSC WHISTLEBLOWER DISCLOSURE CHANNEL

Under 5 U.S.C. § 1213 and related provisions, the Office of Special Counsel (OSC) serves as a secure channel for federal employees, former federal employees, and applicants for federal employment with reliable knowledge of the wrongdoing to disclose:

- a violation of law, rule or regulation;
- gross mismanagement;
- gross waste of funds;
- an abuse of authority;
- a substantial and specific danger to public health or safety; and/or
- censorship related to scientific research.

OSC JURISDICTION

OSC has no jurisdiction over disclosures filed by:

- employees of the U.S. Postal Service and the Postal Regulatory Commission;
- members of the armed forces of the United States (*i.e.*, non-civilian military employees);
- state employees operating under federal grants;
- employees of federal contractors;
- other employees or federal agencies that are exempt under federal law; and
- Congressional or judicial branch employees.

ANONYMOUS SOURCES

While OSC will protect the identity of persons who make disclosures, it will not consider anonymous disclosures. If a disclosure is filed by an anonymous source, the disclosure will be referred to the Office of Inspector General in the appropriate agency. OSC will take no further action.

RETALIATION

Do you believe you suffered retaliation by your agency for disclosing wrongdoing? If yes, you may file a complaint of retaliation by navigating back to "My Cases" and selecting "New Complaint." Select Option 1 to complete and submit a Complaint of Prohibited Personnel Practice or other Prohibited Activity (PPPs). *If you have already completed the Complaint of Prohibited Personnel Practice or other Prohibited Activity above, please continue with this Disclosure.* PPPs are employment-related activities that are banned in the federal workforce.



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PPPs generally involve some type of personnel decision or action and may result in personal relief for people who have been subject to a PPP. For example, if we find that you were removed from federal service in retaliation for whistleblowing, OSC may act to get your job back. PPPs can also include allegations of harassment, failure to issue appraisals, and improper hiring. Do not file a disclosure to report retaliation or other PPPs.

CONTACT INFORMATION

Title:

First Name:* David

Middle Initial:

Last Name:* Medeiros

International Address?: No

Address:*

215 Mountain St
Willimantic, CT 06226

Cell Phone Number:

Home Phone Number:

Office Phone Number:

Ext.

Email Address:* aabiwr@live.com

Preferred means of contact:

Email: Yes

Cell phone: No

Home phone: No

Office phone: No

REPRESENTATIVE INFORMATION

Do you have representation? No

Information about representative, if applicable.

First Name:*

Middle Initial:

Last Name:*

International Address?:

Address: *



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Office Phone Number:

Ext.

Cell Phone Number:

Home Phone Number:

Email Address:

EMPLOYMENT INFORMATION

Name of Department/Agency about which you are making a disclosure.

Department:* Health and Human Services

Agency:* Centers For Medicare & Medicaid Services

Agency subcomponent: Connecticut Department of Public Health (DPH)

Street Address: 7500 Security Boulevard

City: Baltimore

State: MD

Zip Code: 21244

Employment Status:* Non-Federal Employee (please specify)

Title	Series	Grade

Please provide your dates of employment in this position.

Employment Service Type	Employment Service Subtype	If Other (specify)
Excepted Service	Other	Private Citizen, Advocate, and Whistleblower
Other	Other	Private Citizen, Advocate, and Whistleblower

Are you covered by a collective bargaining agreement?

DETAILS OF YOUR DISCLOSURES



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Please identify the type of wrongdoing that you are alleging. You can make multiple disclosures, but you **MUST** choose one option. If you check "violation of law, rule, or regulation," specify, if you can, the particular law, rule or regulation violated (by name, subject, and/or legal citation). For each allegation, please answer the following questions (be as specific as possible). Please keep in mind that you will have an opportunity to provide more information and someone from OSC will contact you.

If OSC determines there is a substantial likelihood of wrongdoing, OSC will refer your disclosures to the involved agency for an investigation and report. To meet the substantial likelihood standard, there must be a significant probability that the information reveals wrongdoing that falls within one or more of the categories above. In its evaluation, OSC considers the strength, reliability, and credibility of the disclosures. If the substantial likelihood determination cannot be made, OSC will determine whether there is sufficient information to exercise its discretion to refer the allegations.

DISCLOSURES

Allegation	Violation of Law, Rule or Regulation
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.) 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. 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



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	possession. 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) 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. 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) 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. 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 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. C
When did this occur?	When Did This Occur? The violations occurred over an extended period, reflecting a pattern of systemic non-



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	compliance and neglect: 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. Acknowledgment of Receipt: The Department acknowledged receipt of the request on November 4, 2024 (Reference #: R000770-110424), initiating statutory deadlines for compliance. 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: 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
How did you discover this action?	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: 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. 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



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	on external portals and password-protected links excluded me from full and equal participation. 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. 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.
What additional facts support your allegation?	Additional Facts Supporting the Allegation 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. 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). Untimely Responses: FOIA requires agencies to respond promptly (5 U.S.C. § 552(a)(6)(A)(i)), and Connecticut FOIA statutes



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	mandate a response within four business days (Conn. Gen. Stat. § 1-210(a)). Despite these obligations, significant delays have occurred with no justification provided. Harm to Vulnerable Populations: 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. 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. 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. 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. 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.
Allegation	Gross Mismanagement
What action did they take?	2. What Action Did They Take? The identified individuals engaged in or allowed actions that constitute gross mismanagement of Medicaid oversight and



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	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): 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. 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): Manisha Juthani, MD (Commissioner): 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: 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): 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. Chiquita Brooks-LaSure (CMS Administrator): Action: Allowed systemic inefficiencies in Medicaid program operations, ignoring whistleblower allegations



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	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): 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): 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 perpe
When did this occur?	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: 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. 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). November 2, 2024: FOIA Request Submitted: Specific records requested from the Connecticut Department of Public Health (DPH) and other agencies regarding Medicaid services tied to NPIs 1962278119 and
How did you discover this action?	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.



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	Specifically: 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. 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. 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. Analysis of Regulatory Non-Compliance: 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: 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 <i>U.S. DOJ v. Reporters Committee for Freedom of the Press</i> (1989), which emphasized the public's right to know about government operations. ADA Title II: Title II of the ADA (42 U.S.C. § 12132)



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	requires public entities to ensure effective communication and prohibit discrimination. In <i>Tennessee v. Lane</i> (2004), the Supreme Court affirmed the constitutional validity of Title II as it relates to accessibility and due process for individuals with disabilities. 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. Supremacy Clause: Under the
What additional facts support your allegation?	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: 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. 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. 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. Procedural Failures and Constitutional Concerns: Due



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	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. 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. Mismanagement of Medicaid Funds: 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. 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. 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 Preceden
Allegation	Abuse of Authority
What action did they take?	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



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	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: 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: 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



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	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.
When did this occur?	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: 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. ADA Violations: Refusal to honor explicitly requested ADA accommodations began with initial correspondence and has persisted in subsequent responses and communications. 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 compl
How did you discover this 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: 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



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	requested records, leaving critical gaps in accountability. 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. Reports and Testimonies from Affected Communities: 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. 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. 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. 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. 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



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	formal complaints submitted to federal oversight agencies, including the DOJ and CMS.
What additional facts support your allegation?	Additional Facts Supporting the Allegation 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 <i>Tennessee v. Lane</i> (2004). 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. 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. Harm to Vulnerable Populations: 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. 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



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	notifications of deficiencies. This systemic neglect undermines public trust in government programs. 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. 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. Impact on Whistleblower Protections: 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 comprom
Allegation	Gross Waste of Funds
What action did they take?	2. What Action Did They Take? Description of Actions Taken: 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. 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). 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. Denial of ADA Accommodations: Ignored or inadequately fulfilled



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	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). 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. 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. 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). Improper Awarding of Medicaid Contracts: Engaged in questionable procurement practices, awarding contracts without sufficient transparency or competitive bidding processes, potentially violating federal procurement standards. 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 A
When did this occur?	3. When Did This Occur? The timeline of these actions spans several years, with critical violations occurring



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	within the following periods: Initial Violations (2013 - Present): Beginning in January 2013, systemic issues in Medicaid administration and compliance failures emerged, linked to oversight and financial management deficiencies for NPIs 1962278119 and 1023012345. Specific FOIA Violations: The Department of Public Health (DPH) failed to provide adequate responses to FOIA Request #R000770-110424 submitted on November 2, 2024, and acknowledged on November 4, 2024. Despite statutory deadlines requiring a response within four business days, the request remains unresolved as of December 4, 2024. Ongoing ADA Violations: Persistent non-compliance with ADA accommodation requests has been evident throughout the FOIA process. These violations include the refusal to provide accessible document formats, summaries for complex records, and exclusive communication through the MuckRock plat
How did you discover this action?	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: 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. 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. Discrepancies in Public Records: Reviews of financial audits, regulatory filings, and state compliance reports



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	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]. 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. 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?	What Additional Facts Support Your Allegation? 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. 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. Discrepancies in Medicaid Expenditures: Audits and financial reviews revealed significant inconsistencies in the allocation of



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	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. 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)). 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. 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. 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.
Allegation	Danger to Public Health
What action did they take?	2. What action did they take? The Connecticut Department of Public Health (DPH), in collaboration with the Department of Social Services (DSS), engaged in



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	systemic actions that jeopardize public health by failing to enforce adequate oversight, transparency, and regulatory compliance within Medicaid programs. Specifically: 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. 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. 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 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. 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. Disregard for Whistleblower Reports: Failed to act on whistleblower reports highlighting systemic risks to public health, including allegations of Medicaid fraud,



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	gross mismanagement, and abuse of authority within the program. 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 benefic
When did this occur?	Timeline of Events: 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. 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. 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. Current and Ongo
How did you discover this action?	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



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	communities. Specific sources of discovery include: 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. 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. 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. Independent Audits and Media Investigations: 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. 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?	What additional facts support your allegation? Additional Facts Supporting Allegations Documented Patterns of Non-Compliance Records indicate repeated failures to adhere to ADA Title II mandates (42 U.S.C. §



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	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. 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. 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. Public Harm Amplified by Non-Compliance 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. 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. 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



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	(1989), reinforce the necessity of prompt and complete access to public records for accountability. Lack of Accountability in Personnel Actions 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. 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. Federal Supremacy Obligations Ignored Under the Supremacy Clause of the U.S. Constitutio

DISCLOSURE SUBJECTS

Name of individual you believe is responsible for the wrongdoing disclosed.

First Name	Last Name	Title	Chain of Command
Manisha Juthani, MD Title: Commissioner Position in Chain of Command: Head of the Connecticut Depar	Manisha Juthani, MD Title: Commissioner Position in Chain of Command: Head of the Connecticut Depar	Manisha Juthani, MD Title: Commissioner Position in Chain of Command: Head of the Connecticut Depar	Manisha Juthani, MD Title: Commissioner Position in Chain of Command: Head of the Connecticut Depar
[FOIA Officer's Name or "Unknown"] Title: FOIA Officer, Connecticut Department of Public Health Pos	[FOIA Officer's Name or "Unknown"] Title: FOIA Officer, Connecticut Department of Public Health Pos	[FOIA Officer's Name or "Unknown"] Title: FOIA Officer, Connecticut Department of Public Health Pos	[FOIA Officer's Name or "Unknown"] Title: FOIA Officer, Connecticut Department of Public Health Pos
Andrea Barton Reeves Title: Commissioner,	Andrea Barton Reeves Title: Commissioner,	Andrea Barton Reeves Title: Commissioner,	Andrea Barton Reeves Title: Commissioner, Connecticut



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Connecticut Department of Social Services (DSS) Position	Connecticut Department of Social Services (DSS) Position	Connecticut Department of Social Services (DSS) Position	Department of Social Services (DSS) Position
Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Cha	Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Cha	Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Cha	Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Cha
Matthew S. Antonetti Title: Legal Director, Connecticut Department of Social Services (DSS) Positio	Matthew S. Antonetti Title: Legal Director, Connecticut Department of Social Services (DSS) Positio	Matthew S. Antonetti Title: Legal Director, Connecticut Department of Social Services (DSS) Positio	Matthew S. Antonetti Title: Legal Director, Connecticut Department of Social Services (DSS) Positio
Astread Ferron- Poole Title: Associate, Connecticut Department of Social Services (DSS) Position in	Astread Ferron- Poole Title: Associate, Connecticut Department of Social Services (DSS) Position in	Astread Ferron- Poole Title: Associate, Connecticut Department of Social Services (DSS) Position in	Astread Ferron-Poole Title: Associate, Connecticut Department of Social Services (DSS) Position in
Chiquita Brooks- LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS) Positio	Chiquita Brooks- LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS) Positio	Chiquita Brooks- LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS) Positio	Chiquita Brooks-LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS) Positio
William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Chief lega	William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Chief lega	William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Chief lega	William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Chief lega



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Jeffrey Beckham Title: Secretary, Connecticut Office of Policy and Management (OPM) Position in Cha	Jeffrey Beckham Title: Secretary, Connecticut Office of Policy and Management (OPM) Position in Cha	Jeffrey Beckham Title: Secretary, Connecticut Office of Policy and Management (OPM) Position in Cha	Jeffrey Beckham Title: Secretary, Connecticut Office of Policy and Management (OPM) Position in Cha
Michael E. Horowitz Title: Inspector General, U.S. Department of Justice (DOJ) Position in Chain of	Michael E. Horowitz Title: Inspector General, U.S. Department of Justice (DOJ) Position in Chain of	Michael E. Horowitz Title: Inspector General, U.S. Department of Justice (DOJ) Position in Chain of	Michael E. Horowitz Title: Inspector General, U.S. Department of Justice (DOJ) Position in Chain of
Christi Grimm Title: Inspector General, U.S. Department of Health and Human Services (HHS) Position	Christi Grimm Title: Inspector General, U.S. Department of Health and Human Services (HHS) Position	Christi Grimm Title: Inspector General, U.S. Department of Health and Human Services (HHS) Position	Christi Grimm Title: Inspector General, U.S. Department of Health and Human Services (HHS) Position
Ned Lamont Title: Governor, State of Connecticut Position in Chain of Command: Chief executive offi	Ned Lamont Title: Governor, State of Connecticut Position in Chain of Command: Chief executive offi	Ned Lamont Title: Governor, State of Connecticut Position in Chain of Command: Chief executive offi	Ned Lamont Title: Governor, State of Connecticut Position in Chain of Command: Chief executive offi
Andrea Barton Reeves Title: Commissioner Position in Chain of Command: Head of the Connecticut Depa	Andrea Barton Reeves Title: Commissioner Position in Chain of Command: Head of the Connecticut Depa	Andrea Barton Reeves Title: Commissioner Position in Chain of Command: Head of the Connecticut Depa	Andrea Barton Reeves Title: Commissioner Position in Chain of Command: Head of the Connecticut Depa
Manisha Juthani, MD Title: Commissioner	Manisha Juthani, MD Title: Commissioner	Manisha Juthani, MD Title: Commissioner	Manisha Juthani, MD Title: Commissioner Position in



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Position in Chain of Command: Head of the Connecticut Depar	Position in Chain of Command: Head of the Connecticut Depar	Position in Chain of Command: Head of the Connecticut Depar	Chain of Command: Head of the Connecticut Depar
William Tong Title: Attorney General Position in Chain of Command: Chief Legal Officer of Connectic	William Tong Title: Attorney General Position in Chain of Command: Chief Legal Officer of Connectic	William Tong Title: Attorney General Position in Chain of Command: Chief Legal Officer of Connectic	William Tong Title: Attorney General Position in Chain of Command: Chief Legal Officer of Connectic
Xavier Becerra Title: Secretary Position in Chain of Command: Head of the U.S. Department of Health	Xavier Becerra Title: Secretary Position in Chain of Command: Head of the U.S. Department of Health	Xavier Becerra Title: Secretary Position in Chain of Command: Head of the U.S. Department of Health	Xavier Becerra Title: Secretary Position in Chain of Command: Head of the U.S. Department of Health
Chiquita Brooks-LaSure Title: Administrator Position in Chain of Command: Leader of the Centers for	Chiquita Brooks-LaSure Title: Administrator Position in Chain of Command: Leader of the Centers for	Chiquita Brooks-LaSure Title: Administrator Position in Chain of Command: Leader of the Centers for	Chiquita Brooks-LaSure Title: Administrator Position in Chain of Command: Leader of the Centers for
Jeffrey Beckham Title: Secretary Position in Chain of Command: Head of the Connecticut Office of Po	Jeffrey Beckham Title: Secretary Position in Chain of Command: Head of the Connecticut Office of Po	Jeffrey Beckham Title: Secretary Position in Chain of Command: Head of the Connecticut Office of Po	Jeffrey Beckham Title: Secretary Position in Chain of Command: Head of the Connecticut Office of Po
Kristen Clarke Title: Assistant Attorney General for Civil Rights Division, U.S. DOJ Position in Ch	Kristen Clarke Title: Assistant Attorney General for Civil Rights Division, U.S. DOJ Position in Ch	Kristen Clarke Title: Assistant Attorney General for Civil Rights Division, U.S. DOJ Position in Ch	Kristen Clarke Title: Assistant Attorney General for Civil Rights Division, U.S. DOJ Position in Ch



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Manisha Juthani, MD Title: Commissioner Position in Chain of Command: Head of the Connecticut Depar	Manisha Juthani, MD Title: Commissioner Position in Chain of Command: Head of the Connecticut Depar	Manisha Juthani, MD Title: Commissioner Position in Chain of Command: Head of the Connecticut Depar	Manisha Juthani, MD Title: Commissioner Position in Chain of Command: Head of the Connecticut Depar
Senior FOIA Officers (Specific names may be added upon request acknowledgment): Title: FOIA Coordin	Senior FOIA Officers (Specific names may be added upon request acknowledgment): Title: FOIA Coordin	Senior FOIA Officers (Specific names may be added upon request acknowledgment): Title: FOIA Coordin	Senior FOIA Officers (Specific names may be added upon request acknowledgment): Title: FOIA Coordin
Andrea Barton Reeves Title: Commissioner Position in Chain of Command: Head of the Connecticut Depa	Andrea Barton Reeves Title: Commissioner Position in Chain of Command: Head of the Connecticut Depa	Andrea Barton Reeves Title: Commissioner Position in Chain of Command: Head of the Connecticut Depa	Andrea Barton Reeves Title: Commissioner Position in Chain of Command: Head of the Connecticut Depa
Matthew S. Antonetti Title: Legal Director Position in Chain of Command: Senior Legal Officer, DSS	Matthew S. Antonetti Title: Legal Director Position in Chain of Command: Senior Legal Officer, DSS	Matthew S. Antonetti Title: Legal Director Position in Chain of Command: Senior Legal Officer, DSS	Matthew S. Antonetti Title: Legal Director Position in Chain of Command: Senior Legal Officer, DSS
Astread Ferron-Poole Title: Associate Position in Chain of Command: Policy and Program Coordinator,	Astread Ferron-Poole Title: Associate Position in Chain of Command: Policy and Program Coordinator,	Astread Ferron-Poole Title: Associate Position in Chain of Command: Policy and Program Coordinator,	Astread Ferron-Poole Title: Associate Position in Chain of Command: Policy and Program Coordinator,
Manisha Juthani, MD Title:	Manisha Juthani, MD Title:	Manisha Juthani, MD Title:	Manisha Juthani, MD Title: Commissioner Position in



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*Denotes required fields.

Commissioner Position in Chain of Command: Head of the Connecticut Depar	Commissioner Position in Chain of Command: Head of the Connecticut Depar	Commissioner Position in Chain of Command: Head of the Connecticut Depar	Chain of Command: Head of the Connecticut Depar
William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Chief Lega	William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Chief Lega	William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Chief Lega	William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Chief Lega
Chiquita Brooks- LaSure Title: Administrator Position in Chain of Command: Leader of the Centers for	Chiquita Brooks- LaSure Title: Administrator Position in Chain of Command: Leader of the Centers for	Chiquita Brooks- LaSure Title: Administrator Position in Chain of Command: Leader of the Centers for	Chiquita Brooks-LaSure Title: Administrator Position in Chain of Command: Leader of the Centers for
Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Cha	Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Cha	Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Cha	Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Cha
Jeffrey R. Beckham Title: Secretary Position in Chain of Command: Leader of the Connecticut Office	Jeffrey R. Beckham Title: Secretary Position in Chain of Command: Leader of the Connecticut Office	Jeffrey R. Beckham Title: Secretary Position in Chain of Command: Leader of the Connecticut Office	Jeffrey R. Beckham Title: Secretary Position in Chain of Command: Leader of the Connecticut Office
Ned Lamont Title: Governor Position in Chain of Command: Chief	Ned Lamont Title: Governor Position in Chain of Command: Chief	Ned Lamont Title: Governor Position in Chain of Command:	Ned Lamont Title: Governor Position in Chain of Command: Chief Executive of the State of Connecticu



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*Denotes required fields.

Executive of the State of Connecticut	Executive of the State of Connecticut	Chief Executive of the State of Connecticut	
Andrea Barton Reeves Title: Commissioner Agency: Connecticut Department of Social Services (DSS) Ro	Andrea Barton Reeves Title: Commissioner Agency: Connecticut Department of Social Services (DSS) Ro	Andrea Barton Reeves Title: Commissioner Agency: Connecticut Department of Social Services (DSS) Ro	Andrea Barton Reeves Title: Commissioner Agency: Connecticut Department of Social Services (DSS) Ro
Manisha Juthani, MD Title: Commissioner Agency: Connecticut Department of Public Health (DPH) Role:	Manisha Juthani, MD Title: Commissioner Agency: Connecticut Department of Public Health (DPH) Role:	Manisha Juthani, MD Title: Commissioner Agency: Connecticut Department of Public Health (DPH) Role:	Manisha Juthani, MD Title: Commissioner Agency: Connecticut Department of Public Health (DPH) Role:
Chiquita Brooks-LaSure Title: Administrator Agency: Centers for Medicare & Medicaid Services (CMS)	Chiquita Brooks-LaSure Title: Administrator Agency: Centers for Medicare & Medicaid Services (CMS)	Chiquita Brooks-LaSure Title: Administrator Agency: Centers for Medicare & Medicaid Services (CMS)	Chiquita Brooks-LaSure Title: Administrator Agency: Centers for Medicare & Medicaid Services (CMS)
Xavier Becerra Title: Secretary Agency: U.S. Department of Health and Human Services (HHS) Role: Pr	Xavier Becerra Title: Secretary Agency: U.S. Department of Health and Human Services (HHS) Role: Pr	Xavier Becerra Title: Secretary Agency: U.S. Department of Health and Human Services (HHS) Role: Pr	Xavier Becerra Title: Secretary Agency: U.S. Department of Health and Human Services (HHS) Role: Pr
William Tong Title: Attorney General Agency: Connecticut Office of the Attorney	William Tong Title: Attorney General Agency: Connecticut Office of the Attorney	William Tong Title: Attorney General Agency: Connecticut Office of the Attorney	William Tong Title: Attorney General Agency: Connecticut Office of the Attorney



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*Denotes required fields.

General Role: Respo	General Role: Respo	Attorney General Role: Respo	
Christi Grimm Title: Inspector General Agency: U.S. Department of Health and Human Services, Office	Christi Grimm Title: Inspector General Agency: U.S. Department of Health and Human Services, Office	Christi Grimm Title: Inspector General Agency: U.S. Department of Health and Human Services, Office	Christi Grimm Title: Inspector General Agency: U.S. Department of Health and Human Services, Office
Andrea Barton Reeves Title: Commissioner Agency: Connecticut Department of Social Services (DSS) Po	Andrea Barton Reeves Title: Commissioner Agency: Connecticut Department of Social Services (DSS) Po	Andrea Barton Reeves Title: Commissioner Agency: Connecticut Department of Social Services (DSS) Po	Andrea Barton Reeves Title: Commissioner Agency: Connecticut Department of Social Services (DSS) Po
Matthew S. Antonetti Title: Legal Director Agency: Connecticut Department of Social Services (DSS)	Matthew S. Antonetti Title: Legal Director Agency: Connecticut Department of Social Services (DSS)	Matthew S. Antonetti Title: Legal Director Agency: Connecticut Department of Social Services (DSS)	Matthew S. Antonetti Title: Legal Director Agency: Connecticut Department of Social Services (DSS)
Astread Ferron- Poole Title: Policy and Program Coordinator Agency: Connecticut Department of Social	Astread Ferron- Poole Title: Policy and Program Coordinator Agency: Connecticut Department of Social	Astread Ferron- Poole Title: Policy and Program Coordinator Agency: Connecticut Department of Social	Astread Ferron-Poole Title: Policy and Program Coordinator Agency: Connecticut Department of Social
Michelle A. James Title: Medicaid Compliance Officer Agency: Centers for	Michelle A. James Title: Medicaid Compliance Officer Agency: Centers for	Michelle A. James Title: Medicaid Compliance Officer Agency: Centers for	Michelle A. James Title: Medicaid Compliance Officer Agency: Centers for Medicare & Medicaid Servic



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*Denotes required fields.

Medicare & Medicaid Serv	Medicare & Medicaid Serv	Medicare & Medicaid Serv	
Emmett Nicholson Title: Senior Administrator Agency: Centers for Medicare & Medicaid Services (CMS)	Emmett Nicholson Title: Senior Administrator Agency: Centers for Medicare & Medicaid Services (CMS)	Emmett Nicholson Title: Senior Administrator Agency: Centers for Medicare & Medicaid Services (CMS)	Emmett Nicholson Title: Senior Administrator Agency: Centers for Medicare & Medicaid Services (CMS)
William Tong Title: Attorney General Agency: Connecticut Office of the Attorney General Position in	William Tong Title: Attorney General Agency: Connecticut Office of the Attorney General Position in	William Tong Title: Attorney General Agency: Connecticut Office of the Attorney General Position in	William Tong Title: Attorney General Agency: Connecticut Office of the Attorney General Position in
Manisha Juthani, MD Title: Commissioner Agency: Connecticut Department of Public Health (DPH) Posit	Manisha Juthani, MD Title: Commissioner Agency: Connecticut Department of Public Health (DPH) Posit	Manisha Juthani, MD Title: Commissioner Agency: Connecticut Department of Public Health (DPH) Posit	Manisha Juthani, MD Title: Commissioner Agency: Connecticut Department of Public Health (DPH) Posit
Xavier Becerra Title: Secretary Agency: U.S. Department of Health and Human Services (HHS) Position	Xavier Becerra Title: Secretary Agency: U.S. Department of Health and Human Services (HHS) Position	Xavier Becerra Title: Secretary Agency: U.S. Department of Health and Human Services (HHS) Position	Xavier Becerra Title: Secretary Agency: U.S. Department of Health and Human Services (HHS) Position
Chiquita Brooks-LaSure Title: Administrator Agency: Centers for Medicare & Medicaid Services (CMS)	Chiquita Brooks-LaSure Title: Administrator Agency: Centers for Medicare & Medicaid Services (CMS)	Chiquita Brooks-LaSure Title: Administrator Agency: Centers for Medicare & Medicaid Services (CMS)	Chiquita Brooks-LaSure Title: Administrator Agency: Centers for Medicare & Medicaid Services (CMS)



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REQUESTED OSC ACTION

What action would you like OSC to take?

Comprehensive documentation is also attached.

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.

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.

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.



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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.

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.

Pursue Financial Restitution

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.

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.

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.

Safeguard Against Future Violations

Develop and enforce robust federal guidelines for ADA accommodations and FOIA



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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.

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.

WHERE ELSE DID YOU REPORT THIS MATTER?

I have also disclosed this information to:

Other Action Type	Action Taken Date

Additional information about reports to Inspectors General, if applicable.

First Name:

Last Name:

Title:

Address:

Email Address:

Telephone Number:

Case ID #:

a. **What is the status of the matter?**

NOTE: MATTERS INVESTIGATED BY AN OFFICE OF INSPECTOR GENERAL

It is the general policy of OSC not to transmit allegations of wrongdoing to the head of the agency involved if the agency's Office of Inspector General has fully investigated, or is currently investigating, the same allegations.

ATTACHMENTS

Please note that the space available for attachments is limited. Therefore, DO NOT attach every document and email that may be relevant to your claim. You will have an opportunity to make additional submissions at a later date. We recommend limiting attachments to



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official forms and correspondence that document the action(s) at issue in your disclosure if these documents are relevant to your allegations.

I have attached the following documents to my filing:

File Name
12.04.2024 Protecting and Representing All Americans A Call for the United States to Uphold Justice Accountability and Constitutional Rights Representation Medicaid DB.42.131.Inf. ABI Medeiros Connecticut DOGE .pdf
Records Pertaining to Medicaid Services for NPI 1962278119 and NPI 1023012345 (Department of Public Health) (1).zip
09.24.2024 Federal_Intervention_HHS_OIG_CMS_GAO_DOJ_OCR_Whistleblower_Report_2024.pdf
Records Pertaining to Medicaid Services for NPI 1962278119 and NPI 1023012345 (Department of Health and Human Services) (1).zip
Records Pertaining to Medicaid Services for NPI 1962278119 and NPI 1023012345 (Department of Health and Human Services) (1).zip
Records Pertaining to Medicaid Services for NPI 1962278119 and NPI 1023012345 (Department of Health and Human Services, Centers for Medicare & Medicaid Services) (1).zip
Records Pertaining to Medicaid Services for NPI 1962278119 and NPI 1023012345 (Department of Health and Human Services Office of Inspector General) (1).zip
Records Pertaining to Medicaid Services for NPI 1962278119 and NPI 1023012345 (Department Of Justice) (1).zip
Records Pertaining to Medicaid Services for NPI 1962278119 and NPI 1023012345 (Department of Justice, Department of Justice, Office of Justice Programs) (1).zip
Records Pertaining to Medicaid Services for NPI 1962278119 and NPI 1023012345 (Department of Justice, Criminal Division) (1).zip
Records Pertaining to Medicaid Services for NPI 1962278119 and NPI 1023012345 (Department of Labor) (1).zip
Records Pertaining to Medicaid Services for NPI 1962278119 and NPI 1023012345 (Department of Social Services) (2).zip
Records Pertaining to Medicaid Services for NPI 1962278119 and NPI 1023012345 (Department of Labor, Wage and Hour Division) (2).zip
Records Pertaining to Medicaid Services for NPI 1962278119 and NPI 1023012345 (Department of Public Health) (2).zip
Records Pertaining to Medicaid Services for NPI 1962278119 and NPI 1023012345 (Department of Public Health) (2).zip



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Records Pertaining to Medicaid Services for NPI 1962278119 and NPI 1023012345 (Department of Public Health) (1).zip
Federal Representation for Justice DB.42.131.Inf. Medeiros Connecticut 11.28.2024 .pdf
requests (10).csv

CONSENT

Do you consent to the disclosure of your identify to others outside OSC if it becomes necessary in taking further action on this matter?*

I consent to disclosure of my identity.

Yes

I do not consent to disclosure of my identity. (Even if you do not consent, OSC may disclose your identity if necessary due to an imminent danger to public health or safety or imminent violation of any criminal law. See 5 U.S.C. § 1213(h).)

No

CERTIFICATION

I certify that all of the statements made in this complaint are true, complete, and correct to the best of my knowledge and belief. I understand that a false statement or concealment of a material fact is a criminal offense punishable by a fine, imprisonment, or both. 18 U.S.C. § 1001.*

Yes

BURDEN: The burden for this collection of information (including the time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the form) is estimated to be an average of one hour to submit a disclosure of information alleging agency wrongdoing, one hour and fifteen minutes to submit a complaint alleging a prohibited personnel practice or other prohibited activity, or 30 minutes to submit a complaint alleging prohibited political activity. Please send any comments about this burden estimate, and suggestions for reducing the burden, to the U.S.



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Office of Special Counsel, General Counsel's Office, 1730 M Street, NW, Suite 218,
Washington, DC 20036-4505.

This Disclosure of Information was Received by OSC on: 12/4/2024

***PLEASE KEEP A COPY OF YOUR COMPLAINT, ANY SUPPORTING
DOCUMENTATION, AND ANY ADDITIONAL ALLEGATIONS THAT YOU SEND
TO OSC NOW OR AT ANY TIME WHILE YOUR COMPLAINT IS PENDING.
REPRODUCTION CHARGES UNDER THE FREEDOM OF INFORMATION ACT
MAY APPLY TO ANY REQUEST YOU MAKE FOR COPIES OF MATERIALS THAT
YOU PROVIDED TO OSC.***



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IMPORTANT INFORMATION ABOUT FILING A DISCLOSURE

OSC WHISTLEBLOWER DISCLOSURE CHANNEL

Under 5 U.S.C. § 1213 and related provisions, the Office of Special Counsel (OSC) serves as a secure channel for federal employees, former federal employees, and applicants for federal employment with reliable knowledge of the wrongdoing to disclose:

- a violation of law, rule or regulation;
- gross mismanagement;
- gross waste of funds;
- an abuse of authority;
- a substantial and specific danger to public health or safety; and/or
- censorship related to scientific research.

OSC JURISDICTION

OSC has no jurisdiction over disclosures filed by:

- employees of the U.S. Postal Service and the Postal Regulatory Commission;
- members of the armed forces of the United States (*i.e.*, non-civilian military employees);
- state employees operating under federal grants;
- employees of federal contractors;
- other employees or federal agencies that are exempt under federal law; and
- Congressional or judicial branch employees.

ANONYMOUS SOURCES

While OSC will protect the identity of persons who make disclosures, it will not consider anonymous disclosures. If a disclosure is filed by an anonymous source, the disclosure will be referred to the Office of Inspector General in the appropriate agency. OSC will take no further action.

RETALIATION

Do you believe you suffered retaliation by your agency for disclosing wrongdoing? If yes, you may file a complaint of retaliation by navigating back to "My Cases" and selecting "New Complaint." Select Option 1 to complete and submit a Complaint of Prohibited Personnel Practice or other Prohibited Activity (PPPs). *If you have already completed the Complaint of Prohibited Personnel Practice or other Prohibited Activity above, please continue with this Disclosure.* PPPs are employment-related activities that are banned in the federal workforce.



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PPPs generally involve some type of personnel decision or action and may result in personal relief for people who have been subject to a PPP. For example, if we find that you were removed from federal service in retaliation for whistleblowing, OSC may act to get your job back. PPPs can also include allegations of harassment, failure to issue appraisals, and improper hiring. Do not file a disclosure to report retaliation or other PPPs.

CONTACT INFORMATION

Title:

First Name:* David

Middle Initial:

Last Name:* Medeiros

International Address?: No

Address:*

215 Mountain St
Willimantic, CT 06226

Cell Phone Number:

Home Phone Number:

Office Phone Number:

Ext.

Email Address:* aabiwr@live.com

Preferred means of contact:

Email: Yes

Cell phone: No

Home phone: No

Office phone: No

REPRESENTATIVE INFORMATION

Do you have representation? No

Information about representative, if applicable.

First Name:*

Middle Initial:

Last Name:*

International Address?:

Address: *



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Office Phone Number:

Ext.

Cell Phone Number:

Home Phone Number:

Email Address:

EMPLOYMENT INFORMATION

Name of Department/Agency about which you are making a disclosure.

Department:* Health and Human Services

Agency:* Centers For Medicare & Medicaid Services

Agency subcomponent: Connecticut Department of Public Health (DPH)

Street Address: 7500 Security Boulevard

City: Baltimore

State: MD

Zip Code: 21244

Employment Status:* Non-Federal Employee (please specify)

Title	Series	Grade

Please provide your dates of employment in this position.

Employment Service Type	Employment Service Subtype	If Other (specify)
Excepted Service	Other	Private Citizen, Advocate, and Whistleblower
Other	Other	Private Citizen, Advocate, and Whistleblower

Are you covered by a collective bargaining agreement?

DETAILS OF YOUR DISCLOSURES



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*Denotes required fields.

Please identify the type of wrongdoing that you are alleging. You can make multiple disclosures, but you **MUST** choose one option. If you check "violation of law, rule, or regulation," specify, if you can, the particular law, rule or regulation violated (by name, subject, and/or legal citation). For each allegation, please answer the following questions (be as specific as possible). Please keep in mind that you will have an opportunity to provide more information and someone from OSC will contact you.

If OSC determines there is a substantial likelihood of wrongdoing, OSC will refer your disclosures to the involved agency for an investigation and report. To meet the substantial likelihood standard, there must be a significant probability that the information reveals wrongdoing that falls within one or more of the categories above. In its evaluation, OSC considers the strength, reliability, and credibility of the disclosures. If the substantial likelihood determination cannot be made, OSC will determine whether there is sufficient information to exercise its discretion to refer the allegations.

DISCLOSURES

Allegation	Violation of Law, Rule or Regulation
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.) 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. 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



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	possession. 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) 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. 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) 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. 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 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. C
When did this occur?	When Did This Occur? The violations occurred over an extended period, reflecting a pattern of systemic non-



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	compliance and neglect: 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. Acknowledgment of Receipt: The Department acknowledged receipt of the request on November 4, 2024 (Reference #: R000770-110424), initiating statutory deadlines for compliance. 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: 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
How did you discover this action?	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: 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. 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



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	on external portals and password-protected links excluded me from full and equal participation. 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. 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.
What additional facts support your allegation?	Additional Facts Supporting the Allegation 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. 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). Untimely Responses: FOIA requires agencies to respond promptly (5 U.S.C. § 552(a)(6)(A)(i)), and Connecticut FOIA statutes



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	mandate a response within four business days (Conn. Gen. Stat. § 1-210(a)). Despite these obligations, significant delays have occurred with no justification provided. Harm to Vulnerable Populations: 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. 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. 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. 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. 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.
Allegation	Gross Mismanagement
What action did they take?	2. What Action Did They Take? The identified individuals engaged in or allowed actions that constitute gross mismanagement of Medicaid oversight and



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	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): 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. 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): Manisha Juthani, MD (Commissioner): 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: 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): 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. Chiquita Brooks-LaSure (CMS Administrator): Action: Allowed systemic inefficiencies in Medicaid program operations, ignoring whistleblower allegations



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	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): 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): 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 perpe
When did this occur?	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: 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. 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). November 2, 2024: FOIA Request Submitted: Specific records requested from the Connecticut Department of Public Health (DPH) and other agencies regarding Medicaid services tied to NPIs 1962278119 and
How did you discover this action?	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.



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	Specifically: 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. 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. 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. Analysis of Regulatory Non-Compliance: 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: 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 <i>U.S. DOJ v. Reporters Committee for Freedom of the Press</i> (1989), which emphasized the public's right to know about government operations. ADA Title II: Title II of the ADA (42 U.S.C. § 12132)



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	requires public entities to ensure effective communication and prohibit discrimination. In <i>Tennessee v. Lane</i> (2004), the Supreme Court affirmed the constitutional validity of Title II as it relates to accessibility and due process for individuals with disabilities. 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. Supremacy Clause: Under the
What additional facts support your allegation?	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: 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. 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. 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. Procedural Failures and Constitutional Concerns: Due



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	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. 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. Mismanagement of Medicaid Funds: 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. 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. 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 Preceden
Allegation	Abuse of Authority
What action did they take?	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



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	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: 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: 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



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	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.
When did this occur?	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: 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. ADA Violations: Refusal to honor explicitly requested ADA accommodations began with initial correspondence and has persisted in subsequent responses and communications. 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 compl
How did you discover this 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: 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



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	requested records, leaving critical gaps in accountability. 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. Reports and Testimonies from Affected Communities: 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. 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. 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. 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. 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



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	formal complaints submitted to federal oversight agencies, including the DOJ and CMS.
What additional facts support your allegation?	Additional Facts Supporting the Allegation 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 <i>Tennessee v. Lane</i> (2004). 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. 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. Harm to Vulnerable Populations: 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. 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



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	notifications of deficiencies. This systemic neglect undermines public trust in government programs. 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. 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. Impact on Whistleblower Protections: 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 comprom
Allegation	Gross Waste of Funds
What action did they take?	2. What Action Did They Take? Description of Actions Taken: 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. 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). 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. Denial of ADA Accommodations: Ignored or inadequately fulfilled



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	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). 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. 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. 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). Improper Awarding of Medicaid Contracts: Engaged in questionable procurement practices, awarding contracts without sufficient transparency or competitive bidding processes, potentially violating federal procurement standards. 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 A
When did this occur?	3. When Did This Occur? The timeline of these actions spans several years, with critical violations occurring



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	within the following periods: Initial Violations (2013 - Present): Beginning in January 2013, systemic issues in Medicaid administration and compliance failures emerged, linked to oversight and financial management deficiencies for NPIs 1962278119 and 1023012345. Specific FOIA Violations: The Department of Public Health (DPH) failed to provide adequate responses to FOIA Request #R000770-110424 submitted on November 2, 2024, and acknowledged on November 4, 2024. Despite statutory deadlines requiring a response within four business days, the request remains unresolved as of December 4, 2024. Ongoing ADA Violations: Persistent non-compliance with ADA accommodation requests has been evident throughout the FOIA process. These violations include the refusal to provide accessible document formats, summaries for complex records, and exclusive communication through the MuckRock plat
How did you discover this action?	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: 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. 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. Discrepancies in Public Records: Reviews of financial audits, regulatory filings, and state compliance reports



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	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]. 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. 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?	What Additional Facts Support Your Allegation? 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. 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. Discrepancies in Medicaid Expenditures: Audits and financial reviews revealed significant inconsistencies in the allocation of



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	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. 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)). 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. 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. 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.
Allegation	Danger to Public Health
What action did they take?	2. What action did they take? The Connecticut Department of Public Health (DPH), in collaboration with the Department of Social Services (DSS), engaged in



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	systemic actions that jeopardize public health by failing to enforce adequate oversight, transparency, and regulatory compliance within Medicaid programs. Specifically: 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. 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. 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 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. 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. Disregard for Whistleblower Reports: Failed to act on whistleblower reports highlighting systemic risks to public health, including allegations of Medicaid fraud,



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	gross mismanagement, and abuse of authority within the program. 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 benefic
When did this occur?	Timeline of Events: 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. 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. 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. Current and Ongo
How did you discover this action?	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



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	communities. Specific sources of discovery include: 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. 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. 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. Independent Audits and Media Investigations: 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. 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?	What additional facts support your allegation? Additional Facts Supporting Allegations Documented Patterns of Non-Compliance Records indicate repeated failures to adhere to ADA Title II mandates (42 U.S.C. §



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	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. 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. 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. Public Harm Amplified by Non-Compliance 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. 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. 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



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	(1989), reinforce the necessity of prompt and complete access to public records for accountability. Lack of Accountability in Personnel Actions 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. 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. Federal Supremacy Obligations Ignored Under the Supremacy Clause of the U.S. Constitutio

DISCLOSURE SUBJECTS

Name of individual you believe is responsible for the wrongdoing disclosed.

First Name	Last Name	Title	Chain of Command
Manisha Juthani, MD Title: Commissioner Position in Chain of Command: Head of the Connecticut Depar	Manisha Juthani, MD Title: Commissioner Position in Chain of Command: Head of the Connecticut Depar	Manisha Juthani, MD Title: Commissioner Position in Chain of Command: Head of the Connecticut Depar	Manisha Juthani, MD Title: Commissioner Position in Chain of Command: Head of the Connecticut Depar
[FOIA Officer's Name or "Unknown"] Title: FOIA Officer, Connecticut Department of Public Health Pos	[FOIA Officer's Name or "Unknown"] Title: FOIA Officer, Connecticut Department of Public Health Pos	[FOIA Officer's Name or "Unknown"] Title: FOIA Officer, Connecticut Department of Public Health Pos	[FOIA Officer's Name or "Unknown"] Title: FOIA Officer, Connecticut Department of Public Health Pos
Andrea Barton Reeves Title: Commissioner,	Andrea Barton Reeves Title: Commissioner,	Andrea Barton Reeves Title: Commissioner,	Andrea Barton Reeves Title: Commissioner, Connecticut



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Connecticut Department of Social Services (DSS) Position	Connecticut Department of Social Services (DSS) Position	Connecticut Department of Social Services (DSS) Position	Department of Social Services (DSS) Position
Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Cha	Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Cha	Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Cha	Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Cha
Matthew S. Antonetti Title: Legal Director, Connecticut Department of Social Services (DSS) Positio	Matthew S. Antonetti Title: Legal Director, Connecticut Department of Social Services (DSS) Positio	Matthew S. Antonetti Title: Legal Director, Connecticut Department of Social Services (DSS) Positio	Matthew S. Antonetti Title: Legal Director, Connecticut Department of Social Services (DSS) Positio
Astread Ferron- Poole Title: Associate, Connecticut Department of Social Services (DSS) Position in	Astread Ferron- Poole Title: Associate, Connecticut Department of Social Services (DSS) Position in	Astread Ferron- Poole Title: Associate, Connecticut Department of Social Services (DSS) Position in	Astread Ferron-Poole Title: Associate, Connecticut Department of Social Services (DSS) Position in
Chiquita Brooks- LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS) Positio	Chiquita Brooks- LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS) Positio	Chiquita Brooks- LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS) Positio	Chiquita Brooks-LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS) Positio
William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Chief lega	William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Chief lega	William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Chief lega	William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Chief lega



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*Denotes required fields.

Jeffrey Beckham Title: Secretary, Connecticut Office of Policy and Management (OPM) Position in Cha	Jeffrey Beckham Title: Secretary, Connecticut Office of Policy and Management (OPM) Position in Cha	Jeffrey Beckham Title: Secretary, Connecticut Office of Policy and Management (OPM) Position in Cha	Jeffrey Beckham Title: Secretary, Connecticut Office of Policy and Management (OPM) Position in Cha
Michael E. Horowitz Title: Inspector General, U.S. Department of Justice (DOJ) Position in Chain of	Michael E. Horowitz Title: Inspector General, U.S. Department of Justice (DOJ) Position in Chain of	Michael E. Horowitz Title: Inspector General, U.S. Department of Justice (DOJ) Position in Chain of	Michael E. Horowitz Title: Inspector General, U.S. Department of Justice (DOJ) Position in Chain of
Christi Grimm Title: Inspector General, U.S. Department of Health and Human Services (HHS) Position	Christi Grimm Title: Inspector General, U.S. Department of Health and Human Services (HHS) Position	Christi Grimm Title: Inspector General, U.S. Department of Health and Human Services (HHS) Position	Christi Grimm Title: Inspector General, U.S. Department of Health and Human Services (HHS) Position
Ned Lamont Title: Governor, State of Connecticut Position in Chain of Command: Chief executive offi	Ned Lamont Title: Governor, State of Connecticut Position in Chain of Command: Chief executive offi	Ned Lamont Title: Governor, State of Connecticut Position in Chain of Command: Chief executive offi	Ned Lamont Title: Governor, State of Connecticut Position in Chain of Command: Chief executive offi
Andrea Barton Reeves Title: Commissioner Position in Chain of Command: Head of the Connecticut Depa	Andrea Barton Reeves Title: Commissioner Position in Chain of Command: Head of the Connecticut Depa	Andrea Barton Reeves Title: Commissioner Position in Chain of Command: Head of the Connecticut Depa	Andrea Barton Reeves Title: Commissioner Position in Chain of Command: Head of the Connecticut Depa
Manisha Juthani, MD Title: Commissioner	Manisha Juthani, MD Title: Commissioner	Manisha Juthani, MD Title: Commissioner	Manisha Juthani, MD Title: Commissioner Position in



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*Denotes required fields.

Position in Chain of Command: Head of the Connecticut Depar	Position in Chain of Command: Head of the Connecticut Depar	Position in Chain of Command: Head of the Connecticut Depar	Chain of Command: Head of the Connecticut Depar
William Tong Title: Attorney General Position in Chain of Command: Chief Legal Officer of Connectic	William Tong Title: Attorney General Position in Chain of Command: Chief Legal Officer of Connectic	William Tong Title: Attorney General Position in Chain of Command: Chief Legal Officer of Connectic	William Tong Title: Attorney General Position in Chain of Command: Chief Legal Officer of Connectic
Xavier Becerra Title: Secretary Position in Chain of Command: Head of the U.S. Department of Health	Xavier Becerra Title: Secretary Position in Chain of Command: Head of the U.S. Department of Health	Xavier Becerra Title: Secretary Position in Chain of Command: Head of the U.S. Department of Health	Xavier Becerra Title: Secretary Position in Chain of Command: Head of the U.S. Department of Health
Chiquita Brooks-LaSure Title: Administrator Position in Chain of Command: Leader of the Centers for	Chiquita Brooks-LaSure Title: Administrator Position in Chain of Command: Leader of the Centers for	Chiquita Brooks-LaSure Title: Administrator Position in Chain of Command: Leader of the Centers for	Chiquita Brooks-LaSure Title: Administrator Position in Chain of Command: Leader of the Centers for
Jeffrey Beckham Title: Secretary Position in Chain of Command: Head of the Connecticut Office of Po	Jeffrey Beckham Title: Secretary Position in Chain of Command: Head of the Connecticut Office of Po	Jeffrey Beckham Title: Secretary Position in Chain of Command: Head of the Connecticut Office of Po	Jeffrey Beckham Title: Secretary Position in Chain of Command: Head of the Connecticut Office of Po
Kristen Clarke Title: Assistant Attorney General for Civil Rights Division, U.S. DOJ Position in Ch	Kristen Clarke Title: Assistant Attorney General for Civil Rights Division, U.S. DOJ Position in Ch	Kristen Clarke Title: Assistant Attorney General for Civil Rights Division, U.S. DOJ Position in Ch	Kristen Clarke Title: Assistant Attorney General for Civil Rights Division, U.S. DOJ Position in Ch



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Manisha Juthani, MD Title: Commissioner Position in Chain of Command: Head of the Connecticut Depar	Manisha Juthani, MD Title: Commissioner Position in Chain of Command: Head of the Connecticut Depar	Manisha Juthani, MD Title: Commissioner Position in Chain of Command: Head of the Connecticut Depar	Manisha Juthani, MD Title: Commissioner Position in Chain of Command: Head of the Connecticut Depar
Senior FOIA Officers (Specific names may be added upon request acknowledgment): Title: FOIA Coordin	Senior FOIA Officers (Specific names may be added upon request acknowledgment): Title: FOIA Coordin	Senior FOIA Officers (Specific names may be added upon request acknowledgment): Title: FOIA Coordin	Senior FOIA Officers (Specific names may be added upon request acknowledgment): Title: FOIA Coordin
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Matthew S. Antonetti Title: Legal Director Position in Chain of Command: Senior Legal Officer, DSS	Matthew S. Antonetti Title: Legal Director Position in Chain of Command: Senior Legal Officer, DSS	Matthew S. Antonetti Title: Legal Director Position in Chain of Command: Senior Legal Officer, DSS	Matthew S. Antonetti Title: Legal Director Position in Chain of Command: Senior Legal Officer, DSS
Astread Ferron- Poole Title: Associate Position in Chain of Command: Policy and Program Coordinator,	Astread Ferron- Poole Title: Associate Position in Chain of Command: Policy and Program Coordinator,	Astread Ferron- Poole Title: Associate Position in Chain of Command: Policy and Program Coordinator,	Astread Ferron-Poole Title: Associate Position in Chain of Command: Policy and Program Coordinator,
Manisha Juthani, MD Title:	Manisha Juthani, MD Title:	Manisha Juthani, MD Title:	Manisha Juthani, MD Title: Commissioner Position in



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*Denotes required fields.

Commissioner Position in Chain of Command: Head of the Connecticut Depar	Commissioner Position in Chain of Command: Head of the Connecticut Depar	Commissioner Position in Chain of Command: Head of the Connecticut Depar	Chain of Command: Head of the Connecticut Depar
William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Chief Lega	William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Chief Lega	William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Chief Lega	William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Chief Lega
Chiquita Brooks- LaSure Title: Administrator Position in Chain of Command: Leader of the Centers for	Chiquita Brooks- LaSure Title: Administrator Position in Chain of Command: Leader of the Centers for	Chiquita Brooks- LaSure Title: Administrator Position in Chain of Command: Leader of the Centers for	Chiquita Brooks-LaSure Title: Administrator Position in Chain of Command: Leader of the Centers for
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Ned Lamont Title: Governor Position in Chain of Command: Chief	Ned Lamont Title: Governor Position in Chain of Command: Chief	Ned Lamont Title: Governor Position in Chain of Command:	Ned Lamont Title: Governor Position in Chain of Command: Chief Executive of the State of Connecticu



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*Denotes required fields.

Executive of the State of Connecticut	Executive of the State of Connecticut	Chief Executive of the State of Connecticut	
Andrea Barton Reeves Title: Commissioner Agency: Connecticut Department of Social Services (DSS) Ro	Andrea Barton Reeves Title: Commissioner Agency: Connecticut Department of Social Services (DSS) Ro	Andrea Barton Reeves Title: Commissioner Agency: Connecticut Department of Social Services (DSS) Ro	Andrea Barton Reeves Title: Commissioner Agency: Connecticut Department of Social Services (DSS) Ro
Manisha Juthani, MD Title: Commissioner Agency: Connecticut Department of Public Health (DPH) Role:	Manisha Juthani, MD Title: Commissioner Agency: Connecticut Department of Public Health (DPH) Role:	Manisha Juthani, MD Title: Commissioner Agency: Connecticut Department of Public Health (DPH) Role:	Manisha Juthani, MD Title: Commissioner Agency: Connecticut Department of Public Health (DPH) Role:
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William Tong Title: Attorney General Agency: Connecticut Office of the Attorney	William Tong Title: Attorney General Agency: Connecticut Office of the Attorney	William Tong Title: Attorney General Agency: Connecticut Office of the Attorney	William Tong Title: Attorney General Agency: Connecticut Office of the Attorney



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*Denotes required fields.

General Role: Respo	General Role: Respo	Attorney General Role: Respo	
Christi Grimm Title: Inspector General Agency: U.S. Department of Health and Human Services, Office	Christi Grimm Title: Inspector General Agency: U.S. Department of Health and Human Services, Office	Christi Grimm Title: Inspector General Agency: U.S. Department of Health and Human Services, Office	Christi Grimm Title: Inspector General Agency: U.S. Department of Health and Human Services, Office
Andrea Barton Reeves Title: Commissioner Agency: Connecticut Department of Social Services (DSS) Po	Andrea Barton Reeves Title: Commissioner Agency: Connecticut Department of Social Services (DSS) Po	Andrea Barton Reeves Title: Commissioner Agency: Connecticut Department of Social Services (DSS) Po	Andrea Barton Reeves Title: Commissioner Agency: Connecticut Department of Social Services (DSS) Po
Matthew S. Antonetti Title: Legal Director Agency: Connecticut Department of Social Services (DSS)	Matthew S. Antonetti Title: Legal Director Agency: Connecticut Department of Social Services (DSS)	Matthew S. Antonetti Title: Legal Director Agency: Connecticut Department of Social Services (DSS)	Matthew S. Antonetti Title: Legal Director Agency: Connecticut Department of Social Services (DSS)
Astread Ferron- Poole Title: Policy and Program Coordinator Agency: Connecticut Department of Social	Astread Ferron- Poole Title: Policy and Program Coordinator Agency: Connecticut Department of Social	Astread Ferron- Poole Title: Policy and Program Coordinator Agency: Connecticut Department of Social	Astread Ferron-Poole Title: Policy and Program Coordinator Agency: Connecticut Department of Social
Michelle A. James Title: Medicaid Compliance Officer Agency: Centers for	Michelle A. James Title: Medicaid Compliance Officer Agency: Centers for	Michelle A. James Title: Medicaid Compliance Officer Agency: Centers for	Michelle A. James Title: Medicaid Compliance Officer Agency: Centers for Medicare & Medicaid Servic



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Medicare & Medicaid Serv	Medicare & Medicaid Serv	Medicare & Medicaid Serv	
Emmett Nicholson Title: Senior Administrator Agency: Centers for Medicare & Medicaid Services (CMS)	Emmett Nicholson Title: Senior Administrator Agency: Centers for Medicare & Medicaid Services (CMS)	Emmett Nicholson Title: Senior Administrator Agency: Centers for Medicare & Medicaid Services (CMS)	Emmett Nicholson Title: Senior Administrator Agency: Centers for Medicare & Medicaid Services (CMS)
William Tong Title: Attorney General Agency: Connecticut Office of the Attorney General Position in	William Tong Title: Attorney General Agency: Connecticut Office of the Attorney General Position in	William Tong Title: Attorney General Agency: Connecticut Office of the Attorney General Position in	William Tong Title: Attorney General Agency: Connecticut Office of the Attorney General Position in
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REQUESTED OSC ACTION

What action would you like OSC to take?

Comprehensive documentation is also attached.

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.

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.

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.



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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.

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.

Pursue Financial Restitution

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.

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.

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.

Safeguard Against Future Violations

Develop and enforce robust federal guidelines for ADA accommodations and FOIA



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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.

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.

WHERE ELSE DID YOU REPORT THIS MATTER?

I have also disclosed this information to:

Other Action Type	Action Taken Date

Additional information about reports to Inspectors General, if applicable.

First Name:

Last Name:

Title:

Address:

Email Address:

Telephone Number:

Case ID #:

a. **What is the status of the matter?**

NOTE: MATTERS INVESTIGATED BY AN OFFICE OF INSPECTOR GENERAL

It is the general policy of OSC not to transmit allegations of wrongdoing to the head of the agency involved if the agency's Office of Inspector General has fully investigated, or is currently investigating, the same allegations.

ATTACHMENTS

Please note that the space available for attachments is limited. Therefore, DO NOT attach every document and email that may be relevant to your claim. You will have an opportunity to make additional submissions at a later date. We recommend limiting attachments to



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official forms and correspondence that document the action(s) at issue in your disclosure if these documents are relevant to your allegations.

I have attached the following documents to my filing:

File Name
12.04.2024 Protecting and Representing All Americans A Call for the United States to Uphold Justice Accountability and Constitutional Rights Representation Medicaid DB.42.131.Inf. ABI Medeiros Connecticut DOGE .pdf
Records Pertaining to Medicaid Services for NPI 1962278119 and NPI 1023012345 (Department of Public Health) (1).zip
09.24.2024 Federal_Intervention_HHS_OIG_CMS_GAO_DOJ_OCR_Whistleblower_Report_2024.pdf
Records Pertaining to Medicaid Services for NPI 1962278119 and NPI 1023012345 (Department of Health and Human Services) (1).zip
Records Pertaining to Medicaid Services for NPI 1962278119 and NPI 1023012345 (Department of Health and Human Services) (1).zip
Records Pertaining to Medicaid Services for NPI 1962278119 and NPI 1023012345 (Department of Health and Human Services, Centers for Medicare & Medicaid Services) (1).zip
Records Pertaining to Medicaid Services for NPI 1962278119 and NPI 1023012345 (Department of Health and Human Services Office of Inspector General) (1).zip
Records Pertaining to Medicaid Services for NPI 1962278119 and NPI 1023012345 (Department Of Justice) (1).zip
Records Pertaining to Medicaid Services for NPI 1962278119 and NPI 1023012345 (Department of Justice, Department of Justice, Office of Justice Programs) (1).zip
Records Pertaining to Medicaid Services for NPI 1962278119 and NPI 1023012345 (Department of Justice, Criminal Division) (1).zip
Records Pertaining to Medicaid Services for NPI 1962278119 and NPI 1023012345 (Department of Labor) (1).zip
Records Pertaining to Medicaid Services for NPI 1962278119 and NPI 1023012345 (Department of Social Services) (2).zip
Records Pertaining to Medicaid Services for NPI 1962278119 and NPI 1023012345 (Department of Labor, Wage and Hour Division) (2).zip
Records Pertaining to Medicaid Services for NPI 1962278119 and NPI 1023012345 (Department of Public Health) (2).zip
Records Pertaining to Medicaid Services for NPI 1962278119 and NPI 1023012345 (Department of Public Health) (2).zip



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Records Pertaining to Medicaid Services for NPI 1962278119 and NPI 1023012345 (Department of Public Health) (1).zip
Federal Representation for Justice DB.42.131.Inf. Medeiros Connecticut 11.28.2024 .pdf
requests (10).csv

CONSENT

Do you consent to the disclosure of your identify to others outside OSC if it becomes necessary in taking further action on this matter?*

I consent to disclosure of my identity.

Yes

I do not consent to disclosure of my identity. (Even if you do not consent, OSC may disclose your identity if necessary due to an imminent danger to public health or safety or imminent violation of any criminal law. See 5 U.S.C. § 1213(h).)

No

CERTIFICATION

I certify that all of the statements made in this complaint are true, complete, and correct to the best of my knowledge and belief. I understand that a false statement or concealment of a material fact is a criminal offense punishable by a fine, imprisonment, or both. 18 U.S.C. § 1001.*

Yes

BURDEN: The burden for this collection of information (including the time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the form) is estimated to be an average of one hour to submit a disclosure of information alleging agency wrongdoing, one hour and fifteen minutes to submit a complaint alleging a prohibited personnel practice or other prohibited activity, or 30 minutes to submit a complaint alleging prohibited political activity. Please send any comments about this burden estimate, and suggestions for reducing the burden, to the U.S.



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Office of Special Counsel, General Counsel's Office, 1730 M Street, NW, Suite 218,
Washington, DC 20036-4505.

This Disclosure of Information was Received by OSC on: 12/4/2024

***PLEASE KEEP A COPY OF YOUR COMPLAINT, ANY SUPPORTING
DOCUMENTATION, AND ANY ADDITIONAL ALLEGATIONS THAT YOU SEND
TO OSC NOW OR AT ANY TIME WHILE YOUR COMPLAINT IS PENDING.
REPRODUCTION CHARGES UNDER THE FREEDOM OF INFORMATION ACT
MAY APPLY TO ANY REQUEST YOU MAKE FOR COPIES OF MATERIALS THAT
YOU PROVIDED TO OSC.***



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IMPORTANT INFORMATION ABOUT FILING A DISCLOSURE

OSC WHISTLEBLOWER DISCLOSURE CHANNEL

Under 5 U.S.C. § 1213 and related provisions, the Office of Special Counsel (OSC) serves as a secure channel for federal employees, former federal employees, and applicants for federal employment with reliable knowledge of the wrongdoing to disclose:

- a violation of law, rule or regulation;
- gross mismanagement;
- gross waste of funds;
- an abuse of authority;
- a substantial and specific danger to public health or safety; and/or
- censorship related to scientific research.

OSC JURISDICTION

OSC has no jurisdiction over disclosures filed by:

- employees of the U.S. Postal Service and the Postal Regulatory Commission;
- members of the armed forces of the United States (*i.e.*, non-civilian military employees);
- state employees operating under federal grants;
- employees of federal contractors;
- other employees or federal agencies that are exempt under federal law; and
- Congressional or judicial branch employees.

ANONYMOUS SOURCES

While OSC will protect the identity of persons who make disclosures, it will not consider anonymous disclosures. If a disclosure is filed by an anonymous source, the disclosure will be referred to the Office of Inspector General in the appropriate agency. OSC will take no further action.

RETALIATION

Do you believe you suffered retaliation by your agency for disclosing wrongdoing? If yes, you may file a complaint of retaliation by navigating back to "My Cases" and selecting "New Complaint." Select Option 1 to complete and submit a Complaint of Prohibited Personnel Practice or other Prohibited Activity (PPPs). *If you have already completed the Complaint of Prohibited Personnel Practice or other Prohibited Activity above, please continue with this Disclosure.* PPPs are employment-related activities that are banned in the federal workforce.



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PPPs generally involve some type of personnel decision or action and may result in personal relief for people who have been subject to a PPP. For example, if we find that you were removed from federal service in retaliation for whistleblowing, OSC may act to get your job back. PPPs can also include allegations of harassment, failure to issue appraisals, and improper hiring. Do not file a disclosure to report retaliation or other PPPs.

CONTACT INFORMATION

Title:

First Name:* David

Middle Initial:

Last Name:* Medeiros

International Address?: No

Address:*

215 Mountain St
Willimantic, CT 06226

Cell Phone Number:

Home Phone Number:

Office Phone Number:

Ext.

Email Address:* aabiwr@live.com

Preferred means of contact:

Email: Yes

Cell phone: No

Home phone: No

Office phone: No

REPRESENTATIVE INFORMATION

Do you have representation? No

Information about representative, if applicable.

First Name:*

Middle Initial:

Last Name:*

International Address?:

Address: *



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Office Phone Number:

Ext.

Cell Phone Number:

Home Phone Number:

Email Address:

EMPLOYMENT INFORMATION

Name of Department/Agency about which you are making a disclosure.

Department:* Health and Human Services

Agency:* Centers For Medicare & Medicaid Services

Agency subcomponent: Connecticut Department of Public Health (DPH)

Street Address: 7500 Security Boulevard

City: Baltimore

State: MD

Zip Code: 21244

Employment Status:* Non-Federal Employee (please specify)

Title	Series	Grade

Please provide your dates of employment in this position.

Employment Service Type	Employment Service Subtype	If Other (specify)
Excepted Service	Other	Private Citizen, Advocate, and Whistleblower
Other	Other	Private Citizen, Advocate, and Whistleblower

Are you covered by a collective bargaining agreement?

DETAILS OF YOUR DISCLOSURES



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Please identify the type of wrongdoing that you are alleging. You can make multiple disclosures, but you **MUST** choose one option. If you check "violation of law, rule, or regulation," specify, if you can, the particular law, rule or regulation violated (by name, subject, and/or legal citation). For each allegation, please answer the following questions (be as specific as possible). Please keep in mind that you will have an opportunity to provide more information and someone from OSC will contact you.

If OSC determines there is a substantial likelihood of wrongdoing, OSC will refer your disclosures to the involved agency for an investigation and report. To meet the substantial likelihood standard, there must be a significant probability that the information reveals wrongdoing that falls within one or more of the categories above. In its evaluation, OSC considers the strength, reliability, and credibility of the disclosures. If the substantial likelihood determination cannot be made, OSC will determine whether there is sufficient information to exercise its discretion to refer the allegations.

DISCLOSURES

Allegation	Violation of Law, Rule or Regulation
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.) 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. 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



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	possession. 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) 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. 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) 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. 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 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. C
When did this occur?	When Did This Occur? The violations occurred over an extended period, reflecting a pattern of systemic non-



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	compliance and neglect: 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. Acknowledgment of Receipt: The Department acknowledged receipt of the request on November 4, 2024 (Reference #: R000770-110424), initiating statutory deadlines for compliance. 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: 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
How did you discover this action?	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: 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. 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



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	on external portals and password-protected links excluded me from full and equal participation. 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. 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.
What additional facts support your allegation?	Additional Facts Supporting the Allegation 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. 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). Untimely Responses: FOIA requires agencies to respond promptly (5 U.S.C. § 552(a)(6)(A)(i)), and Connecticut FOIA statutes



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	mandate a response within four business days (Conn. Gen. Stat. § 1-210(a)). Despite these obligations, significant delays have occurred with no justification provided. Harm to Vulnerable Populations: 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. 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. 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. 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. 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.
Allegation	Gross Mismanagement
What action did they take?	2. What Action Did They Take? The identified individuals engaged in or allowed actions that constitute gross mismanagement of Medicaid oversight and



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	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): 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. 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): Manisha Juthani, MD (Commissioner): 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: 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): 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. Chiquita Brooks-LaSure (CMS Administrator): Action: Allowed systemic inefficiencies in Medicaid program operations, ignoring whistleblower allegations



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	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): 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): 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 perpe
When did this occur?	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: 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. 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). November 2, 2024: FOIA Request Submitted: Specific records requested from the Connecticut Department of Public Health (DPH) and other agencies regarding Medicaid services tied to NPIs 1962278119 and
How did you discover this action?	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.



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	Specifically: 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. 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. 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. Analysis of Regulatory Non-Compliance: 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: 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 <i>U.S. DOJ v. Reporters Committee for Freedom of the Press</i> (1989), which emphasized the public's right to know about government operations. ADA Title II: Title II of the ADA (42 U.S.C. § 12132)



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	requires public entities to ensure effective communication and prohibit discrimination. In <i>Tennessee v. Lane</i> (2004), the Supreme Court affirmed the constitutional validity of Title II as it relates to accessibility and due process for individuals with disabilities. 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. Supremacy Clause: Under the
What additional facts support your allegation?	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: 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. 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. 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. Procedural Failures and Constitutional Concerns: Due



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	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. 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. Mismanagement of Medicaid Funds: 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. 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. 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 Preceden
Allegation	Abuse of Authority
What action did they take?	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



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	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: 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: 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



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	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.
When did this occur?	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: 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. ADA Violations: Refusal to honor explicitly requested ADA accommodations began with initial correspondence and has persisted in subsequent responses and communications. 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 compl
How did you discover this 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: 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



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	requested records, leaving critical gaps in accountability. 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. Reports and Testimonies from Affected Communities: 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. 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. 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. 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. 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



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	formal complaints submitted to federal oversight agencies, including the DOJ and CMS.
What additional facts support your allegation?	Additional Facts Supporting the Allegation 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 <i>Tennessee v. Lane</i> (2004). 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. 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. Harm to Vulnerable Populations: 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. 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



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	notifications of deficiencies. This systemic neglect undermines public trust in government programs. 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. 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. Impact on Whistleblower Protections: 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 comprom
Allegation	Gross Waste of Funds
What action did they take?	2. What Action Did They Take? Description of Actions Taken: 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. 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). 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. Denial of ADA Accommodations: Ignored or inadequately fulfilled



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	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). 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. 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. 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). Improper Awarding of Medicaid Contracts: Engaged in questionable procurement practices, awarding contracts without sufficient transparency or competitive bidding processes, potentially violating federal procurement standards. 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 A
When did this occur?	3. When Did This Occur? The timeline of these actions spans several years, with critical violations occurring



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	within the following periods: Initial Violations (2013 - Present): Beginning in January 2013, systemic issues in Medicaid administration and compliance failures emerged, linked to oversight and financial management deficiencies for NPIs 1962278119 and 1023012345. Specific FOIA Violations: The Department of Public Health (DPH) failed to provide adequate responses to FOIA Request #R000770-110424 submitted on November 2, 2024, and acknowledged on November 4, 2024. Despite statutory deadlines requiring a response within four business days, the request remains unresolved as of December 4, 2024. Ongoing ADA Violations: Persistent non-compliance with ADA accommodation requests has been evident throughout the FOIA process. These violations include the refusal to provide accessible document formats, summaries for complex records, and exclusive communication through the MuckRock plat
How did you discover this action?	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: 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. 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. Discrepancies in Public Records: Reviews of financial audits, regulatory filings, and state compliance reports



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	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]. 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. 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?	What Additional Facts Support Your Allegation? 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. 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. Discrepancies in Medicaid Expenditures: Audits and financial reviews revealed significant inconsistencies in the allocation of



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	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. 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)). 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. 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. 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.
Allegation	Danger to Public Health
What action did they take?	2. What action did they take? The Connecticut Department of Public Health (DPH), in collaboration with the Department of Social Services (DSS), engaged in



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	systemic actions that jeopardize public health by failing to enforce adequate oversight, transparency, and regulatory compliance within Medicaid programs. Specifically: 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. 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. 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 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. 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. Disregard for Whistleblower Reports: Failed to act on whistleblower reports highlighting systemic risks to public health, including allegations of Medicaid fraud,



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	gross mismanagement, and abuse of authority within the program. 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 benefic
When did this occur?	Timeline of Events: 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. 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. 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. Current and Ongo
How did you discover this action?	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



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	communities. Specific sources of discovery include: 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. 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. 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. Independent Audits and Media Investigations: 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. 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?	What additional facts support your allegation? Additional Facts Supporting Allegations Documented Patterns of Non-Compliance Records indicate repeated failures to adhere to ADA Title II mandates (42 U.S.C. §



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	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. 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. 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. Public Harm Amplified by Non-Compliance 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. 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. 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



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	(1989), reinforce the necessity of prompt and complete access to public records for accountability. Lack of Accountability in Personnel Actions 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. 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. Federal Supremacy Obligations Ignored Under the Supremacy Clause of the U.S. Constitutio

DISCLOSURE SUBJECTS

Name of individual you believe is responsible for the wrongdoing disclosed.

First Name	Last Name	Title	Chain of Command
Manisha Juthani, MD Title: Commissioner Position in Chain of Command: Head of the Connecticut Depar	Manisha Juthani, MD Title: Commissioner Position in Chain of Command: Head of the Connecticut Depar	Manisha Juthani, MD Title: Commissioner Position in Chain of Command: Head of the Connecticut Depar	Manisha Juthani, MD Title: Commissioner Position in Chain of Command: Head of the Connecticut Depar
[FOIA Officer's Name or "Unknown"] Title: FOIA Officer, Connecticut Department of Public Health Pos	[FOIA Officer's Name or "Unknown"] Title: FOIA Officer, Connecticut Department of Public Health Pos	[FOIA Officer's Name or "Unknown"] Title: FOIA Officer, Connecticut Department of Public Health Pos	[FOIA Officer's Name or "Unknown"] Title: FOIA Officer, Connecticut Department of Public Health Pos
Andrea Barton Reeves Title: Commissioner,	Andrea Barton Reeves Title: Commissioner,	Andrea Barton Reeves Title: Commissioner,	Andrea Barton Reeves Title: Commissioner, Connecticut



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Connecticut Department of Social Services (DSS) Position	Connecticut Department of Social Services (DSS) Position	Connecticut Department of Social Services (DSS) Position	Department of Social Services (DSS) Position
Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Cha	Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Cha	Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Cha	Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Cha
Matthew S. Antonetti Title: Legal Director, Connecticut Department of Social Services (DSS) Positio	Matthew S. Antonetti Title: Legal Director, Connecticut Department of Social Services (DSS) Positio	Matthew S. Antonetti Title: Legal Director, Connecticut Department of Social Services (DSS) Positio	Matthew S. Antonetti Title: Legal Director, Connecticut Department of Social Services (DSS) Positio
Astread Ferron- Poole Title: Associate, Connecticut Department of Social Services (DSS) Position in	Astread Ferron- Poole Title: Associate, Connecticut Department of Social Services (DSS) Position in	Astread Ferron- Poole Title: Associate, Connecticut Department of Social Services (DSS) Position in	Astread Ferron-Poole Title: Associate, Connecticut Department of Social Services (DSS) Position in
Chiquita Brooks- LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS) Positio	Chiquita Brooks- LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS) Positio	Chiquita Brooks- LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS) Positio	Chiquita Brooks-LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS) Positio
William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Chief lega	William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Chief lega	William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Chief lega	William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Chief lega



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Jeffrey Beckham Title: Secretary, Connecticut Office of Policy and Management (OPM) Position in Cha	Jeffrey Beckham Title: Secretary, Connecticut Office of Policy and Management (OPM) Position in Cha	Jeffrey Beckham Title: Secretary, Connecticut Office of Policy and Management (OPM) Position in Cha	Jeffrey Beckham Title: Secretary, Connecticut Office of Policy and Management (OPM) Position in Cha
Michael E. Horowitz Title: Inspector General, U.S. Department of Justice (DOJ) Position in Chain of	Michael E. Horowitz Title: Inspector General, U.S. Department of Justice (DOJ) Position in Chain of	Michael E. Horowitz Title: Inspector General, U.S. Department of Justice (DOJ) Position in Chain of	Michael E. Horowitz Title: Inspector General, U.S. Department of Justice (DOJ) Position in Chain of
Christi Grimm Title: Inspector General, U.S. Department of Health and Human Services (HHS) Position	Christi Grimm Title: Inspector General, U.S. Department of Health and Human Services (HHS) Position	Christi Grimm Title: Inspector General, U.S. Department of Health and Human Services (HHS) Position	Christi Grimm Title: Inspector General, U.S. Department of Health and Human Services (HHS) Position
Ned Lamont Title: Governor, State of Connecticut Position in Chain of Command: Chief executive offi	Ned Lamont Title: Governor, State of Connecticut Position in Chain of Command: Chief executive offi	Ned Lamont Title: Governor, State of Connecticut Position in Chain of Command: Chief executive offi	Ned Lamont Title: Governor, State of Connecticut Position in Chain of Command: Chief executive offi
Andrea Barton Reeves Title: Commissioner Position in Chain of Command: Head of the Connecticut Depa	Andrea Barton Reeves Title: Commissioner Position in Chain of Command: Head of the Connecticut Depa	Andrea Barton Reeves Title: Commissioner Position in Chain of Command: Head of the Connecticut Depa	Andrea Barton Reeves Title: Commissioner Position in Chain of Command: Head of the Connecticut Depa
Manisha Juthani, MD Title: Commissioner	Manisha Juthani, MD Title: Commissioner	Manisha Juthani, MD Title: Commissioner	Manisha Juthani, MD Title: Commissioner Position in



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Position in Chain of Command: Head of the Connecticut Depar	Position in Chain of Command: Head of the Connecticut Depar	Position in Chain of Command: Head of the Connecticut Depar	Chain of Command: Head of the Connecticut Depar
William Tong Title: Attorney General Position in Chain of Command: Chief Legal Officer of Connectic	William Tong Title: Attorney General Position in Chain of Command: Chief Legal Officer of Connectic	William Tong Title: Attorney General Position in Chain of Command: Chief Legal Officer of Connectic	William Tong Title: Attorney General Position in Chain of Command: Chief Legal Officer of Connectic
Xavier Becerra Title: Secretary Position in Chain of Command: Head of the U.S. Department of Health	Xavier Becerra Title: Secretary Position in Chain of Command: Head of the U.S. Department of Health	Xavier Becerra Title: Secretary Position in Chain of Command: Head of the U.S. Department of Health	Xavier Becerra Title: Secretary Position in Chain of Command: Head of the U.S. Department of Health
Chiquita Brooks-LaSure Title: Administrator Position in Chain of Command: Leader of the Centers for	Chiquita Brooks-LaSure Title: Administrator Position in Chain of Command: Leader of the Centers for	Chiquita Brooks-LaSure Title: Administrator Position in Chain of Command: Leader of the Centers for	Chiquita Brooks-LaSure Title: Administrator Position in Chain of Command: Leader of the Centers for
Jeffrey Beckham Title: Secretary Position in Chain of Command: Head of the Connecticut Office of Po	Jeffrey Beckham Title: Secretary Position in Chain of Command: Head of the Connecticut Office of Po	Jeffrey Beckham Title: Secretary Position in Chain of Command: Head of the Connecticut Office of Po	Jeffrey Beckham Title: Secretary Position in Chain of Command: Head of the Connecticut Office of Po
Kristen Clarke Title: Assistant Attorney General for Civil Rights Division, U.S. DOJ Position in Ch	Kristen Clarke Title: Assistant Attorney General for Civil Rights Division, U.S. DOJ Position in Ch	Kristen Clarke Title: Assistant Attorney General for Civil Rights Division, U.S. DOJ Position in Ch	Kristen Clarke Title: Assistant Attorney General for Civil Rights Division, U.S. DOJ Position in Ch



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Manisha Juthani, MD Title: Commissioner Position in Chain of Command: Head of the Connecticut Depar	Manisha Juthani, MD Title: Commissioner Position in Chain of Command: Head of the Connecticut Depar	Manisha Juthani, MD Title: Commissioner Position in Chain of Command: Head of the Connecticut Depar	Manisha Juthani, MD Title: Commissioner Position in Chain of Command: Head of the Connecticut Depar
Senior FOIA Officers (Specific names may be added upon request acknowledgment): Title: FOIA Coordin	Senior FOIA Officers (Specific names may be added upon request acknowledgment): Title: FOIA Coordin	Senior FOIA Officers (Specific names may be added upon request acknowledgment): Title: FOIA Coordin	Senior FOIA Officers (Specific names may be added upon request acknowledgment): Title: FOIA Coordin
Andrea Barton Reeves Title: Commissioner Position in Chain of Command: Head of the Connecticut Depa	Andrea Barton Reeves Title: Commissioner Position in Chain of Command: Head of the Connecticut Depa	Andrea Barton Reeves Title: Commissioner Position in Chain of Command: Head of the Connecticut Depa	Andrea Barton Reeves Title: Commissioner Position in Chain of Command: Head of the Connecticut Depa
Matthew S. Antonetti Title: Legal Director Position in Chain of Command: Senior Legal Officer, DSS	Matthew S. Antonetti Title: Legal Director Position in Chain of Command: Senior Legal Officer, DSS	Matthew S. Antonetti Title: Legal Director Position in Chain of Command: Senior Legal Officer, DSS	Matthew S. Antonetti Title: Legal Director Position in Chain of Command: Senior Legal Officer, DSS
Astread Ferron-Poole Title: Associate Position in Chain of Command: Policy and Program Coordinator,	Astread Ferron-Poole Title: Associate Position in Chain of Command: Policy and Program Coordinator,	Astread Ferron-Poole Title: Associate Position in Chain of Command: Policy and Program Coordinator,	Astread Ferron-Poole Title: Associate Position in Chain of Command: Policy and Program Coordinator,
Manisha Juthani, MD Title:	Manisha Juthani, MD Title:	Manisha Juthani, MD Title:	Manisha Juthani, MD Title: Commissioner Position in



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Commissioner Position in Chain of Command: Head of the Connecticut Depar	Commissioner Position in Chain of Command: Head of the Connecticut Depar	Commissioner Position in Chain of Command: Head of the Connecticut Depar	Chain of Command: Head of the Connecticut Depar
William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Chief Lega	William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Chief Lega	William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Chief Lega	William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Chief Lega
Chiquita Brooks- LaSure Title: Administrator Position in Chain of Command: Leader of the Centers for	Chiquita Brooks- LaSure Title: Administrator Position in Chain of Command: Leader of the Centers for	Chiquita Brooks- LaSure Title: Administrator Position in Chain of Command: Leader of the Centers for	Chiquita Brooks-LaSure Title: Administrator Position in Chain of Command: Leader of the Centers for
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Jeffrey R. Beckham Title: Secretary Position in Chain of Command: Leader of the Connecticut Office	Jeffrey R. Beckham Title: Secretary Position in Chain of Command: Leader of the Connecticut Office	Jeffrey R. Beckham Title: Secretary Position in Chain of Command: Leader of the Connecticut Office	Jeffrey R. Beckham Title: Secretary Position in Chain of Command: Leader of the Connecticut Office
Ned Lamont Title: Governor Position in Chain of Command: Chief	Ned Lamont Title: Governor Position in Chain of Command: Chief	Ned Lamont Title: Governor Position in Chain of Command:	Ned Lamont Title: Governor Position in Chain of Command: Chief Executive of the State of Connecticu



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Executive of the State of Connecticut	Executive of the State of Connecticut	Chief Executive of the State of Connecticut	
Andrea Barton Reeves Title: Commissioner Agency: Connecticut Department of Social Services (DSS) Ro	Andrea Barton Reeves Title: Commissioner Agency: Connecticut Department of Social Services (DSS) Ro	Andrea Barton Reeves Title: Commissioner Agency: Connecticut Department of Social Services (DSS) Ro	Andrea Barton Reeves Title: Commissioner Agency: Connecticut Department of Social Services (DSS) Ro
Manisha Juthani, MD Title: Commissioner Agency: Connecticut Department of Public Health (DPH) Role:	Manisha Juthani, MD Title: Commissioner Agency: Connecticut Department of Public Health (DPH) Role:	Manisha Juthani, MD Title: Commissioner Agency: Connecticut Department of Public Health (DPH) Role:	Manisha Juthani, MD Title: Commissioner Agency: Connecticut Department of Public Health (DPH) Role:
Chiquita Brooks-LaSure Title: Administrator Agency: Centers for Medicare & Medicaid Services (CMS)	Chiquita Brooks-LaSure Title: Administrator Agency: Centers for Medicare & Medicaid Services (CMS)	Chiquita Brooks-LaSure Title: Administrator Agency: Centers for Medicare & Medicaid Services (CMS)	Chiquita Brooks-LaSure Title: Administrator Agency: Centers for Medicare & Medicaid Services (CMS)
Xavier Becerra Title: Secretary Agency: U.S. Department of Health and Human Services (HHS) Role: Pr	Xavier Becerra Title: Secretary Agency: U.S. Department of Health and Human Services (HHS) Role: Pr	Xavier Becerra Title: Secretary Agency: U.S. Department of Health and Human Services (HHS) Role: Pr	Xavier Becerra Title: Secretary Agency: U.S. Department of Health and Human Services (HHS) Role: Pr
William Tong Title: Attorney General Agency: Connecticut Office of the Attorney	William Tong Title: Attorney General Agency: Connecticut Office of the Attorney	William Tong Title: Attorney General Agency: Connecticut Office of the Attorney	William Tong Title: Attorney General Agency: Connecticut Office of the Attorney



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General Role: Respo	General Role: Respo	Attorney General Role: Respo	
Christi Grimm Title: Inspector General Agency: U.S. Department of Health and Human Services, Office	Christi Grimm Title: Inspector General Agency: U.S. Department of Health and Human Services, Office	Christi Grimm Title: Inspector General Agency: U.S. Department of Health and Human Services, Office	Christi Grimm Title: Inspector General Agency: U.S. Department of Health and Human Services, Office
Andrea Barton Reeves Title: Commissioner Agency: Connecticut Department of Social Services (DSS) Po	Andrea Barton Reeves Title: Commissioner Agency: Connecticut Department of Social Services (DSS) Po	Andrea Barton Reeves Title: Commissioner Agency: Connecticut Department of Social Services (DSS) Po	Andrea Barton Reeves Title: Commissioner Agency: Connecticut Department of Social Services (DSS) Po
Matthew S. Antonetti Title: Legal Director Agency: Connecticut Department of Social Services (DSS)	Matthew S. Antonetti Title: Legal Director Agency: Connecticut Department of Social Services (DSS)	Matthew S. Antonetti Title: Legal Director Agency: Connecticut Department of Social Services (DSS)	Matthew S. Antonetti Title: Legal Director Agency: Connecticut Department of Social Services (DSS)
Astread Ferron- Poole Title: Policy and Program Coordinator Agency: Connecticut Department of Social	Astread Ferron- Poole Title: Policy and Program Coordinator Agency: Connecticut Department of Social	Astread Ferron- Poole Title: Policy and Program Coordinator Agency: Connecticut Department of Social	Astread Ferron-Poole Title: Policy and Program Coordinator Agency: Connecticut Department of Social
Michelle A. James Title: Medicaid Compliance Officer Agency: Centers for	Michelle A. James Title: Medicaid Compliance Officer Agency: Centers for	Michelle A. James Title: Medicaid Compliance Officer Agency: Centers for	Michelle A. James Title: Medicaid Compliance Officer Agency: Centers for Medicare & Medicaid Servic



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Medicare & Medicaid Serv	Medicare & Medicaid Serv	Medicare & Medicaid Serv	
Emmett Nicholson Title: Senior Administrator Agency: Centers for Medicare & Medicaid Services (CMS)	Emmett Nicholson Title: Senior Administrator Agency: Centers for Medicare & Medicaid Services (CMS)	Emmett Nicholson Title: Senior Administrator Agency: Centers for Medicare & Medicaid Services (CMS)	Emmett Nicholson Title: Senior Administrator Agency: Centers for Medicare & Medicaid Services (CMS)
William Tong Title: Attorney General Agency: Connecticut Office of the Attorney General Position in	William Tong Title: Attorney General Agency: Connecticut Office of the Attorney General Position in	William Tong Title: Attorney General Agency: Connecticut Office of the Attorney General Position in	William Tong Title: Attorney General Agency: Connecticut Office of the Attorney General Position in
Manisha Juthani, MD Title: Commissioner Agency: Connecticut Department of Public Health (DPH) Posit	Manisha Juthani, MD Title: Commissioner Agency: Connecticut Department of Public Health (DPH) Posit	Manisha Juthani, MD Title: Commissioner Agency: Connecticut Department of Public Health (DPH) Posit	Manisha Juthani, MD Title: Commissioner Agency: Connecticut Department of Public Health (DPH) Posit
Xavier Becerra Title: Secretary Agency: U.S. Department of Health and Human Services (HHS) Position	Xavier Becerra Title: Secretary Agency: U.S. Department of Health and Human Services (HHS) Position	Xavier Becerra Title: Secretary Agency: U.S. Department of Health and Human Services (HHS) Position	Xavier Becerra Title: Secretary Agency: U.S. Department of Health and Human Services (HHS) Position
Chiquita Brooks-LaSure Title: Administrator Agency: Centers for Medicare & Medicaid Services (CMS)	Chiquita Brooks-LaSure Title: Administrator Agency: Centers for Medicare & Medicaid Services (CMS)	Chiquita Brooks-LaSure Title: Administrator Agency: Centers for Medicare & Medicaid Services (CMS)	Chiquita Brooks-LaSure Title: Administrator Agency: Centers for Medicare & Medicaid Services (CMS)



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REQUESTED OSC ACTION

What action would you like OSC to take?

Comprehensive documentation is also attached.

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.

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.

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.



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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.

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.

Pursue Financial Restitution

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.

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.

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.

Safeguard Against Future Violations

Develop and enforce robust federal guidelines for ADA accommodations and FOIA



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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.

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.

WHERE ELSE DID YOU REPORT THIS MATTER?

I have also disclosed this information to:

Other Action Type	Action Taken Date

Additional information about reports to Inspectors General, if applicable.

First Name:

Last Name:

Title:

Address:

Email Address:

Telephone Number:

Case ID #:

a. **What is the status of the matter?**

NOTE: MATTERS INVESTIGATED BY AN OFFICE OF INSPECTOR GENERAL

It is the general policy of OSC not to transmit allegations of wrongdoing to the head of the agency involved if the agency's Office of Inspector General has fully investigated, or is currently investigating, the same allegations.

ATTACHMENTS

Please note that the space available for attachments is limited. Therefore, DO NOT attach every document and email that may be relevant to your claim. You will have an opportunity to make additional submissions at a later date. We recommend limiting attachments to



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official forms and correspondence that document the action(s) at issue in your disclosure if these documents are relevant to your allegations.

I have attached the following documents to my filing:

File Name
12.04.2024 Protecting and Representing All Americans A Call for the United States to Uphold Justice Accountability and Constitutional Rights Representation Medicaid DB.42.131.Inf. ABI Medeiros Connecticut DOGE .pdf
Records Pertaining to Medicaid Services for NPI 1962278119 and NPI 1023012345 (Department of Public Health) (1).zip
09.24.2024 Federal_Intervention_HHS_OIG_CMS_GAO_DOJ_OCR_Whistleblower_Report_2024.pdf
Records Pertaining to Medicaid Services for NPI 1962278119 and NPI 1023012345 (Department of Health and Human Services) (1).zip
Records Pertaining to Medicaid Services for NPI 1962278119 and NPI 1023012345 (Department of Health and Human Services) (1).zip
Records Pertaining to Medicaid Services for NPI 1962278119 and NPI 1023012345 (Department of Health and Human Services, Centers for Medicare & Medicaid Services) (1).zip
Records Pertaining to Medicaid Services for NPI 1962278119 and NPI 1023012345 (Department of Health and Human Services Office of Inspector General) (1).zip
Records Pertaining to Medicaid Services for NPI 1962278119 and NPI 1023012345 (Department Of Justice) (1).zip
Records Pertaining to Medicaid Services for NPI 1962278119 and NPI 1023012345 (Department of Justice, Department of Justice, Office of Justice Programs) (1).zip
Records Pertaining to Medicaid Services for NPI 1962278119 and NPI 1023012345 (Department of Justice, Criminal Division) (1).zip
Records Pertaining to Medicaid Services for NPI 1962278119 and NPI 1023012345 (Department of Labor) (1).zip
Records Pertaining to Medicaid Services for NPI 1962278119 and NPI 1023012345 (Department of Social Services) (2).zip
Records Pertaining to Medicaid Services for NPI 1962278119 and NPI 1023012345 (Department of Labor, Wage and Hour Division) (2).zip
Records Pertaining to Medicaid Services for NPI 1962278119 and NPI 1023012345 (Department of Public Health) (2).zip
Records Pertaining to Medicaid Services for NPI 1962278119 and NPI 1023012345 (Department of Public Health) (2).zip



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Records Pertaining to Medicaid Services for NPI 1962278119 and NPI 1023012345 (Department of Public Health) (1).zip
Federal Representation for Justice DB.42.131.Inf. Medeiros Connecticut 11.28.2024 .pdf
requests (10).csv

CONSENT

Do you consent to the disclosure of your identify to others outside OSC if it becomes necessary in taking further action on this matter?*

I consent to disclosure of my identity.

Yes

I do not consent to disclosure of my identity. (Even if you do not consent, OSC may disclose your identity if necessary due to an imminent danger to public health or safety or imminent violation of any criminal law. See 5 U.S.C. § 1213(h).)

No

CERTIFICATION

I certify that all of the statements made in this complaint are true, complete, and correct to the best of my knowledge and belief. I understand that a false statement or concealment of a material fact is a criminal offense punishable by a fine, imprisonment, or both. 18 U.S.C. § 1001.*

Yes

BURDEN: The burden for this collection of information (including the time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the form) is estimated to be an average of one hour to submit a disclosure of information alleging agency wrongdoing, one hour and fifteen minutes to submit a complaint alleging a prohibited personnel practice or other prohibited activity, or 30 minutes to submit a complaint alleging prohibited political activity. Please send any comments about this burden estimate, and suggestions for reducing the burden, to the U.S.



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Office of Special Counsel, General Counsel's Office, 1730 M Street, NW, Suite 218,
Washington, DC 20036-4505.

This Disclosure of Information was Received by OSC on: 12/4/2024

***PLEASE KEEP A COPY OF YOUR COMPLAINT, ANY SUPPORTING
DOCUMENTATION, AND ANY ADDITIONAL ALLEGATIONS THAT YOU SEND
TO OSC NOW OR AT ANY TIME WHILE YOUR COMPLAINT IS PENDING.***

*REPRODUCTION CHARGES UNDER THE FREEDOM OF INFORMATION ACT
MAY APPLY TO ANY REQUEST YOU MAKE FOR COPIES OF MATERIALS THAT
YOU PROVIDED TO OSC.*



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IMPORTANT INFORMATION ABOUT FILING A DISCLOSURE

OSC WHISTLEBLOWER DISCLOSURE CHANNEL

Under 5 U.S.C. § 1213 and related provisions, the Office of Special Counsel (OSC) serves as a secure channel for federal employees, former federal employees, and applicants for federal employment with reliable knowledge of the wrongdoing to disclose:

- a violation of law, rule or regulation;
- gross mismanagement;
- gross waste of funds;
- an abuse of authority;
- a substantial and specific danger to public health or safety; and/or
- censorship related to scientific research.

OSC JURISDICTION

OSC has no jurisdiction over disclosures filed by:

- employees of the U.S. Postal Service and the Postal Regulatory Commission;
- members of the armed forces of the United States (*i.e.*, non-civilian military employees);
- state employees operating under federal grants;
- employees of federal contractors;
- other employees or federal agencies that are exempt under federal law; and
- Congressional or judicial branch employees.

ANONYMOUS SOURCES

While OSC will protect the identity of persons who make disclosures, it will not consider anonymous disclosures. If a disclosure is filed by an anonymous source, the disclosure will be referred to the Office of Inspector General in the appropriate agency. OSC will take no further action.

RETALIATION

Do you believe you suffered retaliation by your agency for disclosing wrongdoing? If yes, you may file a complaint of retaliation by navigating back to "My Cases" and selecting "New Complaint." Select Option 1 to complete and submit a Complaint of Prohibited Personnel Practice or other Prohibited Activity (PPPs). *If you have already completed the Complaint of Prohibited Personnel Practice or other Prohibited Activity above, please continue with this Disclosure.* PPPs are employment-related activities that are banned in the federal workforce.



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PPPs generally involve some type of personnel decision or action and may result in personal relief for people who have been subject to a PPP. For example, if we find that you were removed from federal service in retaliation for whistleblowing, OSC may act to get your job back. PPPs can also include allegations of harassment, failure to issue appraisals, and improper hiring. Do not file a disclosure to report retaliation or other PPPs.

CONTACT INFORMATION

Title:

First Name:* David

Middle Initial:

Last Name:* Medeiros

International Address?: No

Address:*

215 Mountain St
Willimantic, CT 06226

Cell Phone Number:

Home Phone Number:

Office Phone Number:

Ext.

Email Address:* aabiwr@live.com

Preferred means of contact:

Email: Yes

Cell phone: No

Home phone: No

Office phone: No

REPRESENTATIVE INFORMATION

Do you have representation? No

Information about representative, if applicable.

First Name:*

Middle Initial:

Last Name:*

International Address?:

Address: *



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Office Phone Number:

Ext.

Cell Phone Number:

Home Phone Number:

Email Address:

EMPLOYMENT INFORMATION

Name of Department/Agency about which you are making a disclosure.

Department:* Justice

Agency:* Office Of The Inspector General

Agency subcomponent: Office of Information Policy (OIP)

Street Address: 441 G Street NW, Sixth Floor

City: Washington

State: DC

Zip Code: 20530

Employment Status:* Non-Federal Employee (please specify)

Title	Series	Grade

Please provide your dates of employment in this position.

Employment Service Type	Employment Service Subtype	If Other (specify)
Excepted Service	Other	Private Citizen, Advocate, and Whistleblower
Other	Other	Private Citizen, Advocate, and Whistleblower

Are you covered by a collective bargaining agreement?

DETAILS OF YOUR DISCLOSURES



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Please identify the type of wrongdoing that you are alleging. You can make multiple disclosures, but you **MUST** choose one option. If you check "violation of law, rule, or regulation," specify, if you can, the particular law, rule or regulation violated (by name, subject, and/or legal citation). For each allegation, please answer the following questions (be as specific as possible). Please keep in mind that you will have an opportunity to provide more information and someone from OSC will contact you.

If OSC determines there is a substantial likelihood of wrongdoing, OSC will refer your disclosures to the involved agency for an investigation and report. To meet the substantial likelihood standard, there must be a significant probability that the information reveals wrongdoing that falls within one or more of the categories above. In its evaluation, OSC considers the strength, reliability, and credibility of the disclosures. If the substantial likelihood determination cannot be made, OSC will determine whether there is sufficient information to exercise its discretion to refer the allegations.

DISCLOSURES

Allegation	Violation of Law, Rule or Regulation
What action did they take?	2. What action did they take? The responsible individuals and entities engaged in actions that violate federal statutes, constitutional obligations, and administrative policies, including but not limited to the following: Violation of Federal Transparency Laws: Failed to conduct a thorough and reasonable search for responsive records under the Freedom of Information Act (FOIA) (5 U.S.C. § 552), despite explicit instructions and detailed scope provided in the request. Refused to provide legally required ADA accommodations under Title II of the Americans with Disabilities Act (42 U.S.C. § 12132) and Section 504 of the Rehabilitation Act (29 U.S.C. § 794), creating accessibility barriers. Gross Mismanagement and Abuse of Authority: Systematically ignored procedural deadlines mandated under FOIA (5 U.S.C. § 552(a)(6)), resulting in undue delays that obstruct transparency and accountability. Demonstrated a pattern of withholding critical records related to Medicaid oversight and ADA enforcement without providing valid statutory



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	justifications, in violation of FOIA Exemption Guidelines (5 U.S.C. § 552(b)). Obstruction of Justice and Accountability: Failed to provide detailed statutory justifications for redactions and denials, preventing the requester from exercising their legal right to judicial review under FOIA (5 U.S.C. § 552(a)(4)(B)). Repeatedly directed the requester to inaccessible or non-compliant communication platforms (e.g., external portals or password-protected links), violating established ADA accommodation requirements. Endangerment to Public Interest and Safety: Withheld information critical to the oversight of Medicaid programs, potentially concealing systemic mismanagement and misuse of taxpayer funds. Ignored the public's right to understand government actions affecting vulnerable populations, undermining the principles of equality and justice enshrined in the Constitution. These actions represent a deliberate pattern of non-compliance with federal and constitutional obligations, obstructing public accountability and the ability to identify systemic abuses within government programs.
When did this occur?	3. When Did This Occur? This systemic issue spans several years, with key incidents, failures, and actions occurring on specific dates, culminating in urgent concerns as of 12.05.2024. Below is a timeline and framework tying together all related events to substantiate the overarching claim: Timeline of Incidents and Failures Phase 1: Emergence of ADA and FOIA Compliance Failures 2015–2022: Early reports and complaints regarding ADA non-compliance and systemic Medicaid mismanagement under Connecticut's Acquired Brain Injury (ABI) Waiver Program. Lack of accessibility for individuals with disabilities under the ADA. Widespread mismanagement of public funds, as highlighted in CMS and OIG reports. 2022–2023: Escalated FOIA requests and whistleblower disclosures aimed at exposing Medicaid oversight failures and ADA violations. Denial of access to critical information under FOIA. Refusal to acknowledge



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	or accommodate ADA-compliant requests, perpetuating barriers for disabled individuals a
How did you discover this action?	4. How Did You Discover This Action? The systemic issues, non-compliance, and misconduct were discovered through a combination of personal experience, formal FOIA requests, whistleblower reports, and independent research. The key events leading to the discovery include: Direct Experience with ADA Violations: Barriers encountered while accessing government records and communications. Persistent failure to fulfill reasonable ADA accommodation requests, such as screen-reader-compatible formats, communication via MuckRock, and simplified summaries. FOIA Requests and Responses: Patterns of non-compliance became evident through inadequate responses to FOIA requests submitted over the years. Specific examples include DOJ FOIA requests #534659-XGL, #539298-RJM, #534060-HWM, and #539330-JBZ, which revealed systemic delays, incomplete searches, and procedural violations. Review of Medicaid Oversight Practices: Examination of Medicaid's Acquired Brain Injury (ABI) Waiver Program highlighted gross mismanagement, lack of transparency, and misuse of public funds. Reports of Medicaid provider violations and inadequate state and federal oversight further confirmed systemic issues. Whistleblower Disclosures and Advocacy Efforts: Reports from whistleblowers and advocacy organizations unveiled patterns of retaliation, obstruction, and negligence by state and federal agencies. Independent investigations corroborated claims of systemic non-compliance and mismanagement. Analysis of Agency Correspondence and Public Records: Communications and public documents revealed discrepancies, omissions, and failures to comply with federal laws, including the ADA, FOIA, and whistleblower protection statutes. Formal Reports and Grievances Submitted: Comprehensive grievance reports and requests for clarity submitted on September 24, 2024, and November 22, 2024, highlighted unresolved issues and non-compliance. Lack of adequate responses to



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	these reports confirmed widespread institutional failures. Through these methods, it became clear that the systemic issues were not isolated incidents but part of a broader pattern of negligence, obstruction, and mismanagement affecting vulnerable populations and undermining public trust in government institutions.
What additional facts support your allegation?	5. What additional facts support your allegation? The following additional facts substantiate the allegations, ensuring alignment with constitutional, statutory, and procedural standards as per DB.42.131.Inf. principles: 1. Documented Patterns of Systemic Non-Compliance FOIA Failures: Repeated delays and denials of FOIA requests, including failure to process expedited requests and provide statutorily required ADA accommodations. Example: DOJ FOIA Cases (e.g., #534659-XGL and #539298-RJM) show a pattern of delayed responses without statutory justifications for redactions or denials. ADA Violations: Ignored requests for accessible formats, summaries, and identification of personnel responsible for responses. Statutory Basis: Violates 42 U.S.C. § 12132 (ADA Title II) and Section 504 of the Rehabilitation Act. 2. Agency Mismanagement and Oversight Failures Lack of Coordination: Agencies such as the DOJ, CMS, and Connecticut state entities failed to coordinate efforts to ensure Medicaid oversight and ADA compliance. Specific Example: Medicaid ABI Waiver Program exhibits systemic non-compliance, with no evidence of proper investigation or corrective action despite numerous whistleblower reports. Gross Mismanagement: Evidence of internal disorganization, lack of training on FOIA/ADA compliance, and improper handling of whistleblower disclosures. Supporting Records: Internal audits and communications, highlighted in prior FOIA responses, reveal procedural gaps. 3. Misuse of Taxpayer Funds Fraudulent and Inefficient Use: Documentation shows Medicaid funds potentially mismanaged through the ABI Waiver Program, with discrepancies in provider records and oversight reports. Statutory Connection: Violates 31 U.S.C. §§ 3729-3733 (False Claims Act) by enabling fraud



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	and waste of public funds. Public Interest Concern: The lack of transparency undermines public trust and violates federal standards for the proper use of taxpayer dollars. 4. Whistleblower Retaliation and Barriers Failure to Address Retaliation: Whistleblowers reporting systemic failures faced retaliatory actions and procedural barriers. Example: Whistleblowers highlighted FOIA/ADA non-compliance and systemic Medicaid mismanagement, but their concerns were ignored or met with inadequate responses. Statutory Protection: Violates 5 U.S.C. § 2302(b)(8), protecting employees who disclose information on fraud, waste, or abuse. 5. Constitutional Violations First Amendment: Undermines the right to petition the government for redress of grievances by failing to respond adequately to FOIA requests. Fifth and Fourteenth Amendments: Denial of procedural fairness and equal protection by creating barriers to ADA accommodations and transparent records access. Supremacy Clause: Federal law preempts state practices; federal agencies have failed to enforce compliance with 42 U.S.C. § 12132 and other federal statutes. 6. Supporting Evidence Whistleblower Reports: Detailed whistleblower reports (e.g., 09.24.2024 Whis
Allegation	Gross Mismanagement
What action did they take?	2. What action did they take? The individuals and entities responsible engaged in gross mismanagement by failing to adhere to federal and state legal obligations, including: Failure to Process FOIA Requests in Compliance with Statutory Obligations: Statutory Violation: Non-compliance with the Freedom of Information Act (5 U.S.C. § 552) by denying or improperly processing requests related to ADA compliance, whistleblower protections, and Medicaid oversight. Examples: Inadequate or incomplete searches for requested records. Failure to meet response deadlines under 5 U.S.C. § 552(a)(6). Omission of legally required justifications for redactions or denials. Neglect of Americans with Disabilities Act (ADA) Accommodations: Statutory Violation: Refusal to provide reasonable



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	accommodations required under the ADA Title II (42 U.S.C. § 12132) and Section 504 of the Rehabilitation Act (29 U.S.C. § 794). Examples: Ignoring explicit requests for ADA-compliant communication, such as exclusive use of the MuckRock platform and screen-reader compatible formats. Failure to include simplified summaries for complex records, creating accessibility barriers. Systemic Oversight Failures in Medicaid Programs: Programmatic Failures: Gross mismanagement of the Connecticut Medicaid Acquired Brain Injury (ABI) Waiver Program, resulting in a lack of transparency, accountability, and compliance with federal standards. Examples: Non-disclosure of provider registries and related oversight data. Lack of inter-agency coordination between DOJ, CMS, and state agencies (e.g., DSS, OPM) to address ADA and Medicaid compliance failures. Retaliation and Neglect of Whistleblower Protections: Statutory Violation: Failure to protect whistleblowers under the Whistleblower Protection Act (5 U.S.C. § 2302(b)(8)), enabling systemic discrimination and retaliation. Examples: Refusal to investigate credible reports of ADA non-compliance and Medicaid fraud. Creating or allowing conditions that deter individuals from reporting systemic failures. Mismanagement of Public Resources: Fiscal Irresponsibility: Gross waste of taxpayer funds through inefficiencies and lack of accountability in Medicaid administration and ADA enforcement. Examples: Spending on programs without ensuring compliance with federal mandates. Failure to audit or rectify deficiencies identified in Medicaid and FOIA processes. Erosion of Public Trust Through Lack of Transparency: Institutional Failure: Undermining the public's trust by failing to uphold transparency and accountability in response to FOIA requests and ADA compliance concerns. Examples: Withholding or redacting information critical to public oversight of government programs. Misrepresenting the scope of records available, resulting in unjustified denials of information. These actions represent a systemic pattern of negligence, non-compliance, and



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	mismanagement, impacting public confidence, vulnerable populations, and the integrity of federal and state program
When did this occur?	When Did This Occur? The violations and systemic mismanagement described occurred continuously over an extended period, starting as early as January 2017 and persisting to the present date, December 5, 2024. These issues include: Specific Instances of Violation: January 2017 to December 2024: Failure to process ADA accommodation requests for FOIA requests, impacting accessibility for individuals with disabilities, in direct violation of 42 U.S.C. § 12132 and 5 U.S.C. § 552. May 2021 to Present: Systemic mismanagement and delays in addressing complaints tied to Medicaid oversight, particularly under the Connecticut ABI Waiver Program, impacting transparency and patient rights. November 2024: Specific failure to fulfill FOIA requests #534659-XGL and #539298-RJM, despite statutory deadlines under 5 U.S.C. § 552(a)(6)(A). Ongoing Nature: These issues are continuing in nature, representing a pattern of gross mismanagement, regulatory non-compliance, and systemic failure to meet legal ob
How did you discover this action?	How Did You Discover This Action? The discovery of these systemic failures and gross mismanagement occurred through a combination of direct experience, official correspondence, and extensive documentation spanning multiple years. Key discoveries include: Direct Experience and Advocacy Work: As a whistleblower, I encountered systemic failures while advocating for accountability and justice within programs like the Connecticut Medicaid Acquired Brain Injury (ABI) Waiver Program. Persistent denials of ADA accommodations, delays in FOIA compliance, and lack of transparency highlighted widespread administrative issues. Official Communications and Records: Repeatedly receiving incomplete, noncompliant, or dismissive responses to Freedom of Information Act (FOIA) requests. Letters and decisions from federal agencies, including the Department of Justice (DOJ), failed to address legal and



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	procedural obligations. Pattern Recognition Over Time: Analysis of agency actions over years, including denial of ADA accommodations and mishandling of complaints such as DOJ Complaints #534659-XGL, #539298-RJM, #534060-HWM, and #539330-JBZ. Inconsistent responses and refusals to provide accessible documentation exposed systematic non-compliance. Public Records and Reports: Reviewing state and federal records revealed discrepancies, including missing oversight mechanisms and a lack of accountability in Medicaid and civil rights enforcement. Third-Party Verifications: Consultations with legal experts, advocates, and third-party organizations confirmed systemic patterns of misconduct, mismanagement, and non-compliance across multiple agencies. These discoveries collectively demonstrated a consistent failure to uphold constitutional, statutory, and regulatory requirements, necessitating immediate action to protect rights, ensure accountability, and restore public trust.
What additional facts support your allegation?	Here's a comprehensive response for "What additional facts support your allegation?" that aligns with the DB.42.131.Inf. framework without explicitly referencing it: Additional Facts Supporting Allegations of Gross Mismanagement Documented Patterns of Non-Compliance: Freedom of Information Act (FOIA): Multiple delays, incomplete responses, and inadequate searches for records associated with DOJ Complaint Numbers (#534659-XGL, #539298-RJM, #534060-HWM, and #539330-JBZ). These actions violate 5 U.S.C. § 552, which mandates timely and transparent responses to FOIA requests. Americans with Disabilities Act (ADA): Persistent failure to implement requested accommodations, such as exclusive use of the MuckRock platform and screen-reader-compatible formats. These violations contravene 42 U.S.C. § 12132 and 29 U.S.C. § 794, which ensure equitable access for individuals with disabilities. Interference with Whistleblower Protections: Direct evidence of retaliation against whistleblower activities, including unwarranted delays, procedural obstacles, and



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	redirection of requests to inappropriate offices. These actions undermine 5 U.S.C. § 2302(b)(8), which prohibits retaliation against employees or individuals disclosing systemic mismanagement or legal violations. Evasion of Accountability: Agencies failed to provide the names, roles, and contact information of responsible personnel as required under FOIA. This lack of transparency further obscures accountability and impedes oversight. Systemic Patterns of Gross Mismanagement: Failure to coordinate between federal and state agencies, including DOJ, CMS, and Connecticut's DSS. These gaps have resulted in mismanagement of Medicaid funds under the Acquired Brain Injury Waiver Program, risking harm to vulnerable populations and violating fiduciary obligations under 31 U.S.C. §§ 3729-3733 (False Claims Act). Public Harm and Taxpayer Loss: Ineffective oversight and non-compliance with statutory obligations have resulted in significant public harm, including: Barriers to accessing healthcare for individuals under Medicaid's ABI Waiver Program. Wasted taxpayer funds on non-compliant administrative practices. Diminished public trust in government transparency and accountability. Independent Evidence: Multiple FOIA responses, internal communications, and agency acknowledgments (or lack thereof) corroborate these allegations. Independent reviews, such as oversight reports and public records, reveal systemic failures. Legal Framework Violations: 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. 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 systemi
Allegation	Abuse of Authority
What action did they take?	2. What action did they take? The identified individuals and entities engaged in the following actions that



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	constitute abuse of authority, undermining constitutional laws, ADA protections, whistleblower safeguards, and taxpayer accountability: 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. Obstructed Access to Critical Records: Impeded access to records of significant public interest concerning Medicaid oversight, ADA enforcement, and whistleblower disclosures. This obstruction includes: 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. 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. 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



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	to improve agency disclosure of information. Created Systemic Barriers: 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). 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. 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 acco
When did this occur?	3. When did this occur? The abuse of authority has occurred and continues to occur over an extended timeline. Key instances include: 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. 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. Ongoing Impact: As of December 5, 2024, agencies persist in failing to provide lawful responses to whistleblower complaints, FOIA requests, and ADA accommodation nee
How did you discover this action?	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



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	period. Specifically: 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. 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. 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. Inter-agency Failures: 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. 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. 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.
What additional facts support your allegation?	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: Historical



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	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. 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. 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. 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. 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,



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	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. 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. Failed Remediation Efforts: Numerous attempts to seek resolution through proper channels, including appeals, requests for media
Allegation	Gross Waste of Funds
What action did they take?	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: 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. 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. Lack of Enforcement for Non-Compliance: Federal agencies, including the Centers for Medicare & Medicaid Services (CMS) and the Department of Justice (DOJ), failed to enforce compliance with federal



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	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. 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. 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. 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. 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 acce
When did this occur?	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: 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



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	decade, indicating an entrenched failure to meet federal and constitutional standards. 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. Recent Escalations: Between October 2024 and December 2024, federal and state agencies failed to coordinate or provide transparency regarding Medicaid oversight a
How did you discover this action?	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: 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. 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. 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. 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



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	Medicaid. 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. 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.
What additional facts support your allegation?	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



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	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 resolut
Allegation	Danger to Public Health
What action did they take?	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



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	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



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	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 collaborati
When did this occur?	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: 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. 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
How did you discover this action?	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: Direct Correspondence: Received responses from the DOJ, CMS, OPM, DSS, and other related agencies that either failed to provide the requested information or did



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	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. 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. Document Review and Analysis: 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. 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. 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



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	treatment of individuals requiring ADA accommodations and Medicaid services.
What additional facts support your allegation?	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



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	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

DISCLOSURE SUBJECTS

Name of individual you believe is responsible for the wrongdoing disclosed.

First Name	Last Name	Title	Chain of Command
Merrick B. Garland Title: U.S. Attorney General Position in Chain of Command: Head of the Department	Merrick B. Garland Title: U.S. Attorney General Position in Chain of Command: Head of the Department	Merrick B. Garland Title: U.S. Attorney General Position in Chain of Command: Head of the Department	Merrick B. Garland Title: U.S. Attorney General Position in Chain of Command: Head of the Department
Kristen Clarke Title: Assistant Attorney General, Civil Rights	Kristen Clarke Title: Assistant Attorney General, Civil Rights	Kristen Clarke Title: Assistant Attorney General, Civil Rights	Kristen Clarke Title: Assistant Attorney General, Civil Rights



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Division Position in Chain of Command	Division Position in Chain of Command	Division Position in Chain of Command	Division Position in Chain of Command
Douglas R. Hibbard Title: Chief, Initial Request Staff, Office of Information Policy Position in Cha	Douglas R. Hibbard Title: Chief, Initial Request Staff, Office of Information Policy Position in Cha	Douglas R. Hibbard Title: Chief, Initial Request Staff, Office of Information Policy Position in Cha	Douglas R. Hibbard Title: Chief, Initial Request Staff, Office of Information Policy Position in Cha
Valeree Villanueva Title: FOIA Public Liaison, Office of Information Policy Position in Chain of Com	Valeree Villanueva Title: FOIA Public Liaison, Office of Information Policy Position in Chain of Com	Valeree Villanueva Title: FOIA Public Liaison, Office of Information Policy Position in Chain of Com	Valeree Villanueva Title: FOIA Public Liaison, Office of Information Policy Position in Chain of Com
Michael E. Horowitz Title: Inspector General, U.S. Department of Justice Position in Chain of Comman	Michael E. Horowitz Title: Inspector General, U.S. Department of Justice Position in Chain of Comman	Michael E. Horowitz Title: Inspector General, U.S. Department of Justice Position in Chain of Comman	Michael E. Horowitz Title: Inspector General, U.S. Department of Justice Position in Chain of Comman
Eric F. Stein Title: Director, Office of Information Programs and Services Position in Chain of Comm	Eric F. Stein Title: Director, Office of Information Programs and Services Position in Chain of Comm	Eric F. Stein Title: Director, Office of Information Programs and Services Position in Chain of Comm	Eric F. Stein Title: Director, Office of Information Programs and Services Position in Chain of Comm
Lori Hartmann Title: Appeals Officer, Office of Information Programs and Services Position in Chain	Lori Hartmann Title: Appeals Officer, Office of Information Programs and Services Position in Chain	Lori Hartmann Title: Appeals Officer, Office of Information Programs and Services Position in Chain	Lori Hartmann Title: Appeals Officer, Office of Information Programs and Services Position in Chain
William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Chief legal	William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Chief legal	William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Chief legal	William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Chief legal



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Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services Position in Chain	Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services Position in Chain	Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services Position in Chain	Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services Position in Chain
Manisha Juthani, MD Title: Commissioner, Connecticut Department of Public Health Position in Chain o	Manisha Juthani, MD Title: Commissioner, Connecticut Department of Public Health Position in Chain o	Manisha Juthani, MD Title: Commissioner, Connecticut Department of Public Health Position in Chain o	Manisha Juthani, MD Title: Commissioner, Connecticut Department of Public Health Position in Chain o
Jeffrey Beckham Title: Secretary, Connecticut Office of Policy and Management Position in Chain of C	Jeffrey Beckham Title: Secretary, Connecticut Office of Policy and Management Position in Chain of C	Jeffrey Beckham Title: Secretary, Connecticut Office of Policy and Management Position in Chain of C	Jeffrey Beckham Title: Secretary, Connecticut Office of Policy and Management Position in Chain of C
Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in	Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in	Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in	Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in
Alina M. Semo Title: Director, Office of Government Information Services (OGIS) Position in Chain o	Alina M. Semo Title: Director, Office of Government Information Services (OGIS) Position in Chain o	Alina M. Semo Title: Director, Office of Government Information Services (OGIS) Position in Chain o	Alina M. Semo Title: Director, Office of Government Information Services (OGIS) Position in Chain o
Merrick Garland U.S. Attorney General Head of the Department of Justice (DOJ)	Merrick Garland U.S. Attorney General Head of the Department of Justice (DOJ)	Merrick Garland U.S. Attorney General Head of the Department of Justice (DOJ)	Merrick Garland U.S. Attorney General Head of the Department of Justice (DOJ)



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Kristen Clarke Assistant Attorney General, Civil Rights Division Oversees ADA compliance and civil r	Kristen Clarke Assistant Attorney General, Civil Rights Division Oversees ADA compliance and civil r	Kristen Clarke Assistant Attorney General, Civil Rights Division Oversees ADA compliance and civil r	Kristen Clarke Assistant Attorney General, Civil Rights Division Oversees ADA compliance and civil r
Douglas R. Hibbard Chief, Initial Request Staff, Office of Information Policy Responsible for FOIA p	Douglas R. Hibbard Chief, Initial Request Staff, Office of Information Policy Responsible for FOIA p	Douglas R. Hibbard Chief, Initial Request Staff, Office of Information Policy Responsible for FOIA p	Douglas R. Hibbard Chief, Initial Request Staff, Office of Information Policy Responsible for FOIA p
Valeree Villanueva FOIA Public Liaison, Office of Information Policy Intermediary for unresolved FOI	Valeree Villanueva FOIA Public Liaison, Office of Information Policy Intermediary for unresolved FOI	Valeree Villanueva FOIA Public Liaison, Office of Information Policy Intermediary for unresolved FOI	Valeree Villanueva FOIA Public Liaison, Office of Information Policy Intermediary for unresolved FOI
Alina M. Semo Director, Office of Government Information Services (OGIS) Independent FOIA mediator u	Alina M. Semo Director, Office of Government Information Services (OGIS) Independent FOIA mediator u	Alina M. Semo Director, Office of Government Information Services (OGIS) Independent FOIA mediator u	Alina M. Semo Director, Office of Government Information Services (OGIS) Independent FOIA mediator u
Michael E. Horowitz Inspector General, DOJ Oversees DOJ integrity and investigations	Michael E. Horowitz Inspector General, DOJ Oversees DOJ integrity and investigations	Michael E. Horowitz Inspector General, DOJ Oversees DOJ integrity and investigations	Michael E. Horowitz Inspector General, DOJ Oversees DOJ integrity and investigations
Chiquita Brooks- LaSure Administrator	Chiquita Brooks- LaSure Administrator	Chiquita Brooks- LaSure Administrator	Chiquita Brooks- LaSure Administrator



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*Denotes required fields.

, Centers for Medicare & Medicaid Services (CMS) Responsible for	, Centers for Medicare & Medicaid Services (CMS) Responsible for	, Centers for Medicare & Medicaid Services (CMS) Responsible for	, Centers for Medicare & Medicaid Services (CMS) Responsible for
William Tong Attorney General, State of Connecticut Head of state legal enforcement for FOIA and ADA	William Tong Attorney General, State of Connecticut Head of state legal enforcement for FOIA and ADA	William Tong Attorney General, State of Connecticut Head of state legal enforcement for FOIA and ADA	William Tong Attorney General, State of Connecticut Head of state legal enforcement for FOIA and ADA
Andrea Barton Reeves Commissioner, Connecticut Department of Social Services (DSS) Manages Medicaid	Andrea Barton Reeves Commissioner, Connecticut Department of Social Services (DSS) Manages Medicaid	Andrea Barton Reeves Commissioner, Connecticut Department of Social Services (DSS) Manages Medicaid	Andrea Barton Reeves Commissioner, Connecticut Department of Social Services (DSS) Manages Medicaid
Manisha Juthani Commissioner, Connecticut Department of Public Health Oversees public health and rel	Manisha Juthani Commissioner, Connecticut Department of Public Health Oversees public health and rel	Manisha Juthani Commissioner, Connecticut Department of Public Health Oversees public health and rel	Manisha Juthani Commissioner, Connecticut Department of Public Health Oversees public health and rel
Jeffrey Beckham Secretary, Connecticut Office of Policy and Management Coordinates state-level compl	Jeffrey Beckham Secretary, Connecticut Office of Policy and Management Coordinates state-level compl	Jeffrey Beckham Secretary, Connecticut Office of Policy and Management Coordinates state-level compl	Jeffrey Beckham Secretary, Connecticut Office of Policy and Management Coordinates state-level compl
Eric F. Stein Director, Office of Information Programs and Services (State)	Eric F. Stein Director, Office of Information Programs and Services (State)	Eric F. Stein Director, Office of Information Programs and Services (State)	Eric F. Stein Director, Office of Information Programs and Services (State)



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Oversees FOIA processing	Oversees FOIA processing	Oversees FOIA processing	Oversees FOIA processing
Xavier Becerra Secretary, U.S. Department of Health and Human Services (HHS) Responsible for Medicaid	Xavier Becerra Secretary, U.S. Department of Health and Human Services (HHS) Responsible for Medicaid	Secretary, U.S. Department of Health and Human Services (HHS)	Responsible for Medicaid and ADA- related federal policies
Gene L. Dodaro	Gene L. Dodaro	Comptroller General, Government Accountability Office (GAO)	Investigates federal programs for waste, fraud, and abuse
Christi Grimm Title: Inspector General Position in Chain of Command: Health and Human Services (HHS)	Christi A. Grimm – Inspector General, HHS	Christi A. Grimm – Inspector General, HHS	Investigates Medicaid and ADA compliance issues
Julie Su	Julie Su	Acting Secretary, U.S. Department of Labor	Oversees ADA workplace compliance
Lina M. Khan	Lina M. Khan	Chair, Federal Trade Commission (FTC)	Monitors systemic discrimination and public accountability
James Comer	James Comer	Chair, House Oversight Committee	Oversees government accountability and FOIA compliance
Gary Peters	Gary Peters	Chair, Senate Homeland Security Committee	Investigates systemic federal program mismanagement
Jamie Raskin	Jamie Raskin	Chair, House Subcommittee on Civil Rights and Civil Liberties	Oversees ADA and civil rights enforcement



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Dick Durbin	Dick Durbin	Chair, Senate Judiciary Committee	Ensures federal law compliance, including FOIA and ADA
Douglas R. Hibbard Title: Chief, Initial Request Staff Position in Chain of Command: Oversight of FO	Douglas R. Hibbard Title: Chief, Initial Request Staff Position in Chain of Command: Oversight of FO	Douglas R. Hibbard Title: Chief, Initial Request Staff Position in Chain of Command: Oversight of FO	Douglas R. Hibbard Title: Chief, Initial Request Staff Position in Chain of Command: Oversight of FO
Sean R. O'Neill Title: Director, Office of Information Policy (OIP) Position in Chain of Command: Re	Sean R. O'Neill Title: Director, Office of Information Policy (OIP) Position in Chain of Command: Re	Sean R. O'Neill Title: Director, Office of Information Policy (OIP) Position in Chain of Command: Re	Sean R. O'Neill Title: Director, Office of Information Policy (OIP) Position in Chain of Command: Re
Merrick B. Garland Title: Attorney General of the United States Position in Chain of Command: Ultima	Merrick B. Garland Title: Attorney General of the United States Position in Chain of Command: Ultima	Merrick B. Garland Title: Attorney General of the United States Position in Chain of Command: Ultima	Merrick B. Garland Title: Attorney General of the United States Position in Chain of Command: Ultima
Valeree Villanueva Title: FOIA Public Liaison, Office of Information Policy Position in Chain of Co	Valeree Villanueva Title: FOIA Public Liaison, Office of Information Policy Position in Chain of Co	Valeree Villanueva Title: FOIA Public Liaison, Office of Information Policy Position in Chain of Co	Valeree Villanueva Title: FOIA Public Liaison, Office of Information Policy Position in Chain of Co
Kristen Clarke Title: Assistant Attorney General, Civil Rights Division Position in Chain of Comman	Kristen Clarke Title: Assistant Attorney General, Civil Rights Division Position in Chain of Comman	Kristen Clarke Title: Assistant Attorney General, Civil Rights Division Position in Chain of Comman	Kristen Clarke Title: Assistant Attorney General, Civil Rights Division Position in Chain of Comman
Michael E. Horowitz Title: Inspector General, DOJ Position in Chain of	Michael E. Horowitz Title: Inspector General, DOJ Position in Chain of	Michael E. Horowitz Title: Inspector General, DOJ Position in Chain of	Michael E. Horowitz Title: Inspector General, DOJ Position in Chain of



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Command: Monitors misconduct,	Command: Monitors misconduct,	Command: Monitors misconduct,	Command: Monitors misconduct,
William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Coordinate	William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Coordinate	William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Coordinate	William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Coordinate
Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services Position in Cha	Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services Position in Cha	Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services Position in Cha	Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services Position in Cha
Alina M. Semo Title: Director, Office of Government Information Services (OGIS) Position in Chain of	Alina M. Semo Title: Director, Office of Government Information Services (OGIS) Position in Chain of	Alina M. Semo Title: Director, Office of Government Information Services (OGIS) Position in Chain of	Alina M. Semo Title: Director, Office of Government Information Services (OGIS) Position in Chain of
Chiquita Brooks-LaSure Title: Administrator, CMS Position in Chain of Command: Oversight of Medicaid	Chiquita Brooks-LaSure Title: Administrator, CMS Position in Chain of Command: Oversight of Medicaid	Chiquita Brooks-LaSure Title: Administrator, CMS Position in Chain of Command: Oversight of Medicaid	Chiquita Brooks-LaSure Title: Administrator, CMS Position in Chain of Command: Oversight of Medicaid
Manisha Juthani, MD Title: Commissioner, Connecticut Department of Public Health Position in Chain	Manisha Juthani, MD Title: Commissioner, Connecticut Department of Public Health Position in Chain	Manisha Juthani, MD Title: Commissioner, Connecticut Department of Public Health Position in Chain	Manisha Juthani, MD Title: Commissioner, Connecticut Department of Public Health Position in Chain
Jeffrey Beckham Title: Secretary, Connecticut Office of Policy and	Jeffrey Beckham Title: Secretary, Connecticut Office of Policy and	Jeffrey Beckham Title: Secretary, Connecticut Office of Policy and	Jeffrey Beckham Title: Secretary, Connecticut Office of Policy and



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*Denotes required fields.

Management Position in Chain of	Management Position in Chain of	Management Position in Chain of	Management Position in Chain of
Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Cha	Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Cha	Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Cha	Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Cha
Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in	Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in	Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in	Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in
James Comer Title: Chair, House Committee on Oversight and Accountability Position in Chain of Comm	James Comer Title: Chair, House Committee on Oversight and Accountability Position in Chain of Comm	James Comer Title: Chair, House Committee on Oversight and Accountability Position in Chain of Comm	James Comer Title: Chair, House Committee on Oversight and Accountability Position in Chain of Comm
Gary Peters Title: Chair, Senate Committee on Homeland Security and Governmental Affairs Position i	Gary Peters Title: Chair, Senate Committee on Homeland Security and Governmental Affairs Position i	Gary Peters Title: Chair, Senate Committee on Homeland Security and Governmental Affairs Position i	Gary Peters Title: Chair, Senate Committee on Homeland Security and Governmental Affairs Position i
Jamie Raskin Title: Chair, House Subcommittee on Civil Rights and Civil Liberties Position in Chain	Jamie Raskin Title: Chair, House Subcommittee on Civil Rights and Civil Liberties Position in Chain	Jamie Raskin Title: Chair, House Subcommittee on Civil Rights and Civil Liberties Position in Chain	Jamie Raskin Title: Chair, House Subcommittee on Civil Rights and Civil Liberties Position in Chain
Dick Durbin Title: Chair, Senate Judiciary Committee Position in Chain of	Dick Durbin Title: Chair, Senate Judiciary Committee Position in Chain of	Dick Durbin Title: Chair, Senate Judiciary Committee Position in Chain of	Dick Durbin Title: Chair, Senate Judiciary Committee Position in Chain of



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Command: Supervises feder	Command: Supervises feder	Command: Supervises feder	Command: Supervises feder
Merrick B. Garland Title: U.S. Attorney General Position in Chain of Command: Top executive respons	Merrick B. Garland Title: U.S. Attorney General Position in Chain of Command: Top executive respons	Merrick B. Garland Title: U.S. Attorney General Position in Chain of Command: Top executive respons	Merrick B. Garland Title: U.S. Attorney General Position in Chain of Command: Top executive respons
Kristen Clarke Title: Assistant Attorney General, Civil Rights Division Position in Chain of Comman	Kristen Clarke Title: Assistant Attorney General, Civil Rights Division Position in Chain of Comman	Kristen Clarke Title: Assistant Attorney General, Civil Rights Division Position in Chain of Comman	Kristen Clarke Title: Assistant Attorney General, Civil Rights Division Position in Chain of Comman
Douglas R. Hibbard Title: Chief, Initial Request Staff, Office of Information Policy (OIP) Position	Douglas R. Hibbard Title: Chief, Initial Request Staff, Office of Information Policy (OIP) Position	Douglas R. Hibbard Title: Chief, Initial Request Staff, Office of Information Policy (OIP) Position	Douglas R. Hibbard Title: Chief, Initial Request Staff, Office of Information Policy (OIP) Position
Valeree Villanueva Title: FOIA Public Liaison, Office of Information Policy Position in Chain of Co	Valeree Villanueva Title: FOIA Public Liaison, Office of Information Policy Position in Chain of Co	Valeree Villanueva Title: FOIA Public Liaison, Office of Information Policy Position in Chain of Co	Valeree Villanueva Title: FOIA Public Liaison, Office of Information Policy Position in Chain of Co
Michael E. Horowitz Title: Inspector General, DOJ Position in Chain of Command: Responsible for ide	Michael E. Horowitz Title: Inspector General, DOJ Position in Chain of Command: Responsible for ide	Michael E. Horowitz Title: Inspector General, DOJ Position in Chain of Command: Responsible for ide	Michael E. Horowitz Title: Inspector General, DOJ Position in Chain of Command: Responsible for ide
Chiquita Brooks- LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS) Positio	Chiquita Brooks- LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS) Positio	Chiquita Brooks- LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS) Positio	Chiquita Brooks- LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS) Positio
Andrea Barton Reeves Title:	Andrea Barton Reeves Title:	Andrea Barton Reeves Title:	Andrea Barton Reeves Title:



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Commissioner, Connecticut Department of Social Services (DSS) Position	Commissioner, Connecticut Department of Social Services (DSS) Position	Commissioner, Connecticut Department of Social Services (DSS) Position	Commissioner, Connecticut Department of Social Services (DSS) Position
Jeffrey Beckham Title: Secretary, Connecticut Office of Policy and Management (OPM) Position in Cha	Jeffrey Beckham Title: Secretary, Connecticut Office of Policy and Management (OPM) Position in Cha	Jeffrey Beckham Title: Secretary, Connecticut Office of Policy and Management (OPM) Position in Cha	Jeffrey Beckham Title: Secretary, Connecticut Office of Policy and Management (OPM) Position in Cha
Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in	Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in	Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in	Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in
Alina M. Semo Title: Director, Office of Government Information Services (OGIS) Position in Chain o	Alina M. Semo Title: Director, Office of Government Information Services (OGIS) Position in Chain o	Alina M. Semo Title: Director, Office of Government Information Services (OGIS) Position in Chain o	Alina M. Semo Title: Director, Office of Government Information Services (OGIS) Position in Chain o
William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Responsibl	William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Responsibl	William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Responsibl	William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Responsibl
Manisha Juthani, MD Title: Commissioner, Connecticut Department of Public Health Position in Chain	Manisha Juthani, MD Title: Commissioner, Connecticut Department of Public Health Position in Chain	Manisha Juthani, MD Title: Commissioner, Connecticut Department of Public Health Position in Chain	Manisha Juthani, MD Title: Commissioner, Connecticut Department of Public Health Position in Chain
Julie Su Title: Acting Secretary, U.S. Department of	Julie Su Title: Acting Secretary, U.S. Department of	Julie Su Title: Acting Secretary, U.S. Department of	Julie Su Title: Acting Secretary, U.S. Department of



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Labor Position in Chain of Command: Ensures fe	Labor Position in Chain of Command: Ensures fe	Labor Position in Chain of Command: Ensures fe	Labor Position in Chain of Command: Ensures fe
Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Cha	Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Cha	Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Cha	Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Cha
Christi Grimm Title: Inspector General, HHS Position in Chain of Command: Responsible for investiga	Christi Grimm Title: Inspector General, HHS Position in Chain of Command: Responsible for investiga	Christi Grimm Title: Inspector General, HHS Position in Chain of Command: Responsible for investiga	Christi Grimm Title: Inspector General, HHS Position in Chain of Command: Responsible for investiga
Lisa M. Gomez Title: Assistant Secretary, Employee Benefits Security Administration (EBSA) Position	Lisa M. Gomez Title: Assistant Secretary, Employee Benefits Security Administration (EBSA) Position	Lisa M. Gomez Title: Assistant Secretary, Employee Benefits Security Administration (EBSA) Position	Lisa M. Gomez Title: Assistant Secretary, Employee Benefits Security Administration (EBSA) Position
Douglas O'Donnell Title: Acting Commissioner, Internal Revenue Service (IRS) Position in Chain of C	Douglas O'Donnell Title: Acting Commissioner, Internal Revenue Service (IRS) Position in Chain of C	Douglas O'Donnell Title: Acting Commissioner, Internal Revenue Service (IRS) Position in Chain of C	Douglas O'Donnell Title: Acting Commissioner, Internal Revenue Service (IRS) Position in Chain of C
Ned Lamont Title: Governor, State of Connecticut Position in Chain of Command: As Chief Executive o	Ned Lamont Title: Governor, State of Connecticut Position in Chain of Command: As Chief Executive o	Ned Lamont Title: Governor, State of Connecticut Position in Chain of Command: As Chief Executive o	Ned Lamont Title: Governor, State of Connecticut Position in Chain of Command: As Chief Executive o
Matthew Ritter Title: Speaker of the House, Connecticut General Assembly	Matthew Ritter Title: Speaker of the House, Connecticut General Assembly	Matthew Ritter Title: Speaker of the House, Connecticut General Assembly	Matthew Ritter Title: Speaker of the House, Connecticut General Assembly



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Position in Chain of Comma	Position in Chain of Comma	Position in Chain of Comma	Position in Chain of Comma
Martin M. Looney Title: President Pro Tempore, Connecticut Senate Position in Chain of Command: Pro	Martin M. Looney Title: President Pro Tempore, Connecticut Senate Position in Chain of Command: Pro	Martin M. Looney Title: President Pro Tempore, Connecticut Senate Position in Chain of Command: Pro	Martin M. Looney Title: President Pro Tempore, Connecticut Senate Position in Chain of Command: Pro
James Comer Title: Chair, House Committee on Oversight and Accountability Position in Chain of Comm	James Comer Title: Chair, House Committee on Oversight and Accountability Position in Chain of Comm	James Comer Title: Chair, House Committee on Oversight and Accountability Position in Chain of Comm	James Comer Title: Chair, House Committee on Oversight and Accountability Position in Chain of Comm
Gary Peters Title: Chair, Senate Committee on Homeland Security and Governmental Affairs Position i	Gary Peters Title: Chair, Senate Committee on Homeland Security and Governmental Affairs Position i	Gary Peters Title: Chair, Senate Committee on Homeland Security and Governmental Affairs Position i	Gary Peters Title: Chair, Senate Committee on Homeland Security and Governmental Affairs Position i
Jamie Raskin Title: Chair, House Subcommittee on Civil Rights and Civil Liberties Position in Chain	Jamie Raskin Title: Chair, House Subcommittee on Civil Rights and Civil Liberties Position in Chain	Jamie Raskin Title: Chair, House Subcommittee on Civil Rights and Civil Liberties Position in Chain	Jamie Raskin Title: Chair, House Subcommittee on Civil Rights and Civil Liberties Position in Chain
Dick Durbin Title: Chair, Senate Judiciary Committee Position in Chain of Command: Ensures DOJ comp	Dick Durbin Title: Chair, Senate Judiciary Committee Position in Chain of Command: Ensures DOJ comp	Dick Durbin Title: Chair, Senate Judiciary Committee Position in Chain of Command: Ensures DOJ comp	Dick Durbin Title: Chair, Senate Judiciary Committee Position in Chain of Command: Ensures DOJ comp
Merrick B. Garland Title: U.S. Attorney General Position in Chain of Command:	Merrick B. Garland Title: U.S. Attorney General Position in Chain of Command:	Merrick B. Garland Title: U.S. Attorney General Position in Chain of Command:	Merrick B. Garland Title: U.S. Attorney General Position in Chain of Command:



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Head of the U.S. Depa	Head of the U.S. Depa	Head of the U.S. Depa	Head of the U.S. Depa
Kristen Clarke Title: Assistant Attorney General, Civil Rights Division Position in Chain of Comman	Kristen Clarke Title: Assistant Attorney General, Civil Rights Division Position in Chain of Comman	Kristen Clarke Title: Assistant Attorney General, Civil Rights Division Position in Chain of Comman	Kristen Clarke Title: Assistant Attorney General, Civil Rights Division Position in Chain of Comman
Douglas R. Hibbard Title: Chief, Initial Request Staff, Office of Information Policy (OIP) Position	Douglas R. Hibbard Title: Chief, Initial Request Staff, Office of Information Policy (OIP) Position	Douglas R. Hibbard Title: Chief, Initial Request Staff, Office of Information Policy (OIP) Position	Douglas R. Hibbard Title: Chief, Initial Request Staff, Office of Information Policy (OIP) Position
Valeree Villanueva Title: FOIA Public Liaison, Office of Information Policy (OIP) Position in Chain	Valeree Villanueva Title: FOIA Public Liaison, Office of Information Policy (OIP) Position in Chain	Valeree Villanueva Title: FOIA Public Liaison, Office of Information Policy (OIP) Position in Chain	Valeree Villanueva Title: FOIA Public Liaison, Office of Information Policy (OIP) Position in Chain
Chiquita Brooks- LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS) Positio	Chiquita Brooks- LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS) Positio	Chiquita Brooks- LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS) Positio	Chiquita Brooks- LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS) Positio
Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Cha	Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Cha	Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Cha	Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Cha
William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Oversees I	William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Oversees I	William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Oversees I	William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Oversees I
Andrea Barton Reeves Title:	Andrea Barton Reeves Title:	Andrea Barton Reeves Title:	Andrea Barton Reeves Title:



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Commissioner, Connecticut Department of Social Services (DSS) Position	Commissioner, Connecticut Department of Social Services (DSS) Position	Commissioner, Connecticut Department of Social Services (DSS) Position	Commissioner, Connecticut Department of Social Services (DSS) Position
Manisha Juthani, MD Title: Commissioner, Connecticut Department of Public Health (DPH) Position in	Manisha Juthani, MD Title: Commissioner, Connecticut Department of Public Health (DPH) Position in	Manisha Juthani, MD Title: Commissioner, Connecticut Department of Public Health (DPH) Position in	Manisha Juthani, MD Title: Commissioner, Connecticut Department of Public Health (DPH) Position in
Michael E. Horowitz Title: Inspector General, U.S. Department of Justice Position in Chain of Comma	Michael E. Horowitz Title: Inspector General, U.S. Department of Justice Position in Chain of Comma	Michael E. Horowitz Title: Inspector General, U.S. Department of Justice Position in Chain of Comma	Michael E. Horowitz Title: Inspector General, U.S. Department of Justice Position in Chain of Comma
Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in	Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in	Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in	Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in
Alina M. Semo Title: Director, Office of Government Information Services (OGIS) Position in Chain o	Alina M. Semo Title: Director, Office of Government Information Services (OGIS) Position in Chain o	Alina M. Semo Title: Director, Office of Government Information Services (OGIS) Position in Chain o	Alina M. Semo Title: Director, Office of Government Information Services (OGIS) Position in Chain o
Lisa M. Gomez Title: Assistant Secretary, Employee Benefits Security Administration (EBSA), U.S. De	Lisa M. Gomez Title: Assistant Secretary, Employee Benefits Security Administration (EBSA), U.S. De	Lisa M. Gomez Title: Assistant Secretary, Employee Benefits Security Administration (EBSA), U.S. De	Lisa M. Gomez Title: Assistant Secretary, Employee Benefits Security Administration (EBSA), U.S. De
Christi Grimm Title: Inspector General, U.S. Department of	Christi Grimm Title: Inspector General, U.S. Department of	Christi Grimm Title: Inspector General, U.S. Department of	Christi Grimm Title: Inspector General, U.S. Department of



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*Denotes required fields.

Health and Human Services (HHS OIG) Posi	Health and Human Services (HHS OIG) Posi	Health and Human Services (HHS OIG) Posi	Health and Human Services (HHS OIG) Posi
Julie Su Title: Acting Secretary, U.S. Department of Labor (DOL) Position in Chain of Command: Over	Julie Su Title: Acting Secretary, U.S. Department of Labor (DOL) Position in Chain of Command: Over	Julie Su Title: Acting Secretary, U.S. Department of Labor (DOL) Position in Chain of Command: Over	Julie Su Title: Acting Secretary, U.S. Department of Labor (DOL) Position in Chain of Command: Over
Lori Hartmann Title: Appeals Officer, Office of Information Programs and Services, Department of St	Lori Hartmann Title: Appeals Officer, Office of Information Programs and Services, Department of St	Lori Hartmann Title: Appeals Officer, Office of Information Programs and Services, Department of St	Lori Hartmann Title: Appeals Officer, Office of Information Programs and Services, Department of St
Eric F. Stein Title: Director, Office of Information Programs and Services, Department of State Pos	Eric F. Stein Title: Director, Office of Information Programs and Services, Department of State Pos	Eric F. Stein Title: Director, Office of Information Programs and Services, Department of State Pos	Eric F. Stein Title: Director, Office of Information Programs and Services, Department of State Pos
Jeffrey Beckham Title: Secretary, Connecticut Office of Policy and Management (OPM) Position in Cha	Jeffrey Beckham Title: Secretary, Connecticut Office of Policy and Management (OPM) Position in Cha	Jeffrey Beckham Title: Secretary, Connecticut Office of Policy and Management (OPM) Position in Cha	Jeffrey Beckham Title: Secretary, Connecticut Office of Policy and Management (OPM) Position in Cha
Ned Lamont Title: Governor, State of Connecticut Position in Chain of Command: Holds ultimate respo	Ned Lamont Title: Governor, State of Connecticut Position in Chain of Command: Holds ultimate respo	Ned Lamont Title: Governor, State of Connecticut Position in Chain of Command: Holds ultimate respo	Ned Lamont Title: Governor, State of Connecticut Position in Chain of Command: Holds ultimate respo
James Comer Title: Chair, House Committee on Oversight and	James Comer Title: Chair, House Committee on Oversight and	James Comer Title: Chair, House Committee on Oversight and	James Comer Title: Chair, House Committee on Oversight and



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*Denotes required fields.

Accountability Position in Chain of Comm	Accountability Position in Chain of Comm	Accountability Position in Chain of Comm	Accountability Position in Chain of Comm
Gary Peters Title: Chair, Senate Committee on Homeland Security and Governmental Affairs Position i	Gary Peters Title: Chair, Senate Committee on Homeland Security and Governmental Affairs Position i	Gary Peters Title: Chair, Senate Committee on Homeland Security and Governmental Affairs Position i	Gary Peters Title: Chair, Senate Committee on Homeland Security and Governmental Affairs Position i
Jamie Raskin Title: Chair, House Subcommittee on Civil Rights and Civil Liberties Position in Chain	Jamie Raskin Title: Chair, House Subcommittee on Civil Rights and Civil Liberties Position in Chain	Jamie Raskin Title: Chair, House Subcommittee on Civil Rights and Civil Liberties Position in Chain	Jamie Raskin Title: Chair, House Subcommittee on Civil Rights and Civil Liberties Position in Chain
Dick Durbin Title: Chair, Senate Judiciary Committee Position in Chain of Command: Oversees the leg	Dick Durbin Title: Chair, Senate Judiciary Committee Position in Chain of Command: Oversees the leg	Dick Durbin Title: Chair, Senate Judiciary Committee Position in Chain of Command: Oversees the leg	Dick Durbin Title: Chair, Senate Judiciary Committee Position in Chain of Command: Oversees the leg

REQUESTED OSC ACTION

What action would you like OSC to take?

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



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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

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.

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:



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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:

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.

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.



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WHERE ELSE DID YOU REPORT THIS MATTER?

I have also disclosed this information to:

Other Action Type	Action Taken Date

Additional information about reports to Inspectors General, if applicable.

First Name:

Last Name:

Title:

Address:

Email Address:

Telephone Number:

Case ID #:

a. **What is the status of the matter?**

NOTE: MATTERS INVESTIGATED BY AN OFFICE OF INSPECTOR GENERAL

It is the general policy of OSC not to transmit allegations of wrongdoing to the head of the agency involved if the agency's Office of Inspector General has fully investigated, or is currently investigating, the same allegations.

ATTACHMENTS

Please note that the space available for attachments is limited. Therefore, DO NOT attach every document and email that may be relevant to your claim. You will have an opportunity to make additional submissions at a later date. We recommend limiting attachments to official forms and correspondence that document the action(s) at issue in your disclosure if these documents are relevant to your allegations.

I have attached the following documents to my filing:

File Name
12.05.2024 foia doj Binder1.pdf
12.05.2024 foia doj Binder1.docx



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Records Pertaining to Medicaid Services for NPI 1962278119 and NPI 1023012345 (Department of Public Health) (1).zip
ADA Accommodations and Handling of Complaints (DOJ Complaints #534659-XGL, #539298-RJM, #534060-HWM, and #539330-JBZ) (Department of Justice, Office of Information Policy) (1).zip
Request with ADA Accommodation Requirements (Case No. 25-00044-F) (U.S. Department of State) (2).zip
DOJ Complaints 534659-XGL and 539298-RJM, ADA Compliance, and Related Correspondence (Department of Justice, Office of the Attorney General) (2).zip
Request with ADA Accommodation Requirements (Case No. 25-00044-F) (U.S. Department of State) (3).zip
Subject_ Comprehensive FOIA Request for Connecticut Medicaid Acquired Brain Injury Waiver Program Records (Department Of Justice) (3).zip
ADA Accommodations and Handling of Complaints (DOJ Complaints #534659-XGL, #539298-RJM, #534060-HWM, and #539330-JBZ) (Department of Justice, Disability Rights Division) (1).zip
ADA Accommodations and Handling of Complaints (DOJ Complaints #534659-XGL, #539298-RJM, #534060-HWM, and #539330-JBZ) (Department Of Justice) (1).zip
Exposing Systemic Failures in Medicaid Oversight, ADA Enforcement, and Whistleblower Protections to Ensure Justice and Transparency for All Americans (Department of Justice, Office of Information Policy) (1).zip
DOJ Complaints 534659-XGL and 539298-RJM, ADA Compliance, and Related Correspondence (Department of Justice, Office of Information Policy) (1).zip
DOJ Complaints 534659-XGL and 539298-RJM, ADA Compliance, and Related Correspondence (Department Of Justice) (2).zip
DOJ Complaints 534659-XGL and 539298-RJM, ADA Compliance, and Related Correspondence (Department Of Justice) (2).zip
Exposing Systemic Failures in Medicaid Oversight, ADA Enforcement, and Whistleblower Protections to Ensure Justice and Transparency for All Americans (Department of Justice, Office of the Attorney General) (1).zip
DOJ Complaints 534659-XGL and 539298-RJM, ADA Compliance, and Related Correspondence (Department Of Justice) (3).zip
Comprehensive Grievance Report and Request for Clarity Whistleblower Report Mediciad ABI Waiver Programs.pdf
09.24.2024
Federal Intervention_HHS_OIG_CMS_GAO_DOJ_OCR_Whistleblower_Report_2024.pdf
540144-VPT 12.03.2024 Mail - ABI RESOURCES 860 942-0365 - Outlook.pdf



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09.24.2024
Federal_Intervention_HHS_OIG_CMS_GAO_DOJ_OCR_Whistleblower_Report_2024.pdf
Subject Freedom of Information Act Request DOJ Complaints 534659-XGL and 539298-RJM ADA Compliance and Related Correspondence Department Of Justice Final Response .pdf
12.05.2024 Request for OSC Action to Address Systemic Violations Impacting Medicaid Consumers Taxpayers Disability Rights and Constitutional Protections Urgent Appeal for Justice DB.42.131.Inf. ABI Medeiros Connecticut DOGE .pdf
12.05.2024 Request for OSC Action to Address Systemic Violations Impacting Medicaid Consumers Taxpayers Disability Rights and Constitutional Protections Urgent Appeal for Justice DB.42.131.Inf. ABI Medeiros Connecticut DOGE .docx
Admin-CL (1).pdf
FOIA_Acknowledgement_Letter_-_FIG_-_Medeiros.pdf
01.02.2024 TIMELINE BUILD .docx
Medeiros Response.pdf
03.06.2024 CHRO Case Mail - ABI RESOURCES 860 942-0365 - Outlook (2).pdf

CONSENT

Do you consent to the disclosure of your identify to others outside OSC if it becomes necessary in taking further action on this matter?*

I consent to disclosure of my identity.

Yes

I do not consent to disclosure of my identity. (Even if you do not consent, OSC may disclose your identity if necessary due to an imminent danger to public health or safety or imminent violation of any criminal law. See 5 U.S.C. § 1213(h).)

No

CERTIFICATION

I certify that all of the statements made in this complaint are true, complete, and correct to the best of my knowledge and belief. I understand that a false statement or concealment of a material fact is a criminal offense punishable by a fine, imprisonment, or both. 18 U.S.C. § 1001.*



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Yes

BURDEN: The burden for this collection of information (including the time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the form) is estimated to be an average of one hour to submit a disclosure of information alleging agency wrongdoing, one hour and fifteen minutes to submit a complaint alleging a prohibited personnel practice or other prohibited activity, or 30 minutes to submit a complaint alleging prohibited political activity. Please send any comments about this burden estimate, and suggestions for reducing the burden, to the U.S. Office of Special Counsel, General Counsel's Office, 1730 M Street, NW, Suite 218, Washington, DC 20036-4505.

This Disclosure of Information was Received by OSC on: 12/5/2024

PLEASE KEEP A COPY OF YOUR COMPLAINT, ANY SUPPORTING DOCUMENTATION, AND ANY ADDITIONAL ALLEGATIONS THAT YOU SEND TO OSC NOW OR AT ANY TIME WHILE YOUR COMPLAINT IS PENDING. REPRODUCTION CHARGES UNDER THE FREEDOM OF INFORMATION ACT MAY APPLY TO ANY REQUEST YOU MAKE FOR COPIES OF MATERIALS THAT YOU PROVIDED TO OSC.



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IMPORTANT INFORMATION ABOUT FILING A DISCLOSURE

OSC WHISTLEBLOWER DISCLOSURE CHANNEL

Under 5 U.S.C. § 1213 and related provisions, the Office of Special Counsel (OSC) serves as a secure channel for federal employees, former federal employees, and applicants for federal employment with reliable knowledge of the wrongdoing to disclose:

- a violation of law, rule or regulation;
- gross mismanagement;
- gross waste of funds;
- an abuse of authority;
- a substantial and specific danger to public health or safety; and/or
- censorship related to scientific research.

OSC JURISDICTION

OSC has no jurisdiction over disclosures filed by:

- employees of the U.S. Postal Service and the Postal Regulatory Commission;
- members of the armed forces of the United States (*i.e.*, non-civilian military employees);
- state employees operating under federal grants;
- employees of federal contractors;
- other employees or federal agencies that are exempt under federal law; and
- Congressional or judicial branch employees.

ANONYMOUS SOURCES

While OSC will protect the identity of persons who make disclosures, it will not consider anonymous disclosures. If a disclosure is filed by an anonymous source, the disclosure will be referred to the Office of Inspector General in the appropriate agency. OSC will take no further action.

RETALIATION

Do you believe you suffered retaliation by your agency for disclosing wrongdoing? If yes, you may file a complaint of retaliation by navigating back to "My Cases" and selecting "New Complaint." Select Option 1 to complete and submit a Complaint of Prohibited Personnel Practice or other Prohibited Activity (PPPs). *If you have already completed the Complaint of Prohibited Personnel Practice or other Prohibited Activity above, please continue with this Disclosure.* PPPs are employment-related activities that are banned in the federal workforce.



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PPPs generally involve some type of personnel decision or action and may result in personal relief for people who have been subject to a PPP. For example, if we find that you were removed from federal service in retaliation for whistleblowing, OSC may act to get your job back. PPPs can also include allegations of harassment, failure to issue appraisals, and improper hiring. Do not file a disclosure to report retaliation or other PPPs.

CONTACT INFORMATION

Title:

First Name:* David

Middle Initial:

Last Name:* Medeiros

International Address?: No

Address:*

215 Mountain St
Willimantic, CT 06226

Cell Phone Number:

Home Phone Number:

Office Phone Number:

Ext.

Email Address:* aabiwr@live.com

Preferred means of contact:

Email: Yes

Cell phone: No

Home phone: No

Office phone: No

REPRESENTATIVE INFORMATION

Do you have representation? No

Information about representative, if applicable.

First Name:*

Middle Initial:

Last Name:*

International Address?:

Address: *



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Office Phone Number:

Ext.

Cell Phone Number:

Home Phone Number:

Email Address:

EMPLOYMENT INFORMATION

Name of Department/Agency about which you are making a disclosure.

Department:* Justice

Agency:* Office Of The Inspector General

Agency subcomponent: Office of Information Policy (OIP)

Street Address: 441 G Street NW, Sixth Floor

City: Washington

State: DC

Zip Code: 20530

Employment Status:* Non-Federal Employee (please specify)

Title	Series	Grade

Please provide your dates of employment in this position.

Employment Service Type	Employment Service Subtype	If Other (specify)
Excepted Service	Other	Private Citizen, Advocate, and Whistleblower
Other	Other	Private Citizen, Advocate, and Whistleblower

Are you covered by a collective bargaining agreement?

DETAILS OF YOUR DISCLOSURES



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Please identify the type of wrongdoing that you are alleging. You can make multiple disclosures, but you **MUST** choose one option. If you check "violation of law, rule, or regulation," specify, if you can, the particular law, rule or regulation violated (by name, subject, and/or legal citation). For each allegation, please answer the following questions (be as specific as possible). Please keep in mind that you will have an opportunity to provide more information and someone from OSC will contact you.

If OSC determines there is a substantial likelihood of wrongdoing, OSC will refer your disclosures to the involved agency for an investigation and report. To meet the substantial likelihood standard, there must be a significant probability that the information reveals wrongdoing that falls within one or more of the categories above. In its evaluation, OSC considers the strength, reliability, and credibility of the disclosures. If the substantial likelihood determination cannot be made, OSC will determine whether there is sufficient information to exercise its discretion to refer the allegations.

DISCLOSURES

Allegation	Violation of Law, Rule or Regulation
What action did they take?	2. What action did they take? The responsible individuals and entities engaged in actions that violate federal statutes, constitutional obligations, and administrative policies, including but not limited to the following: Violation of Federal Transparency Laws: Failed to conduct a thorough and reasonable search for responsive records under the Freedom of Information Act (FOIA) (5 U.S.C. § 552), despite explicit instructions and detailed scope provided in the request. Refused to provide legally required ADA accommodations under Title II of the Americans with Disabilities Act (42 U.S.C. § 12132) and Section 504 of the Rehabilitation Act (29 U.S.C. § 794), creating accessibility barriers. Gross Mismanagement and Abuse of Authority: Systematically ignored procedural deadlines mandated under FOIA (5 U.S.C. § 552(a)(6)), resulting in undue delays that obstruct transparency and accountability. Demonstrated a pattern of withholding critical records related to Medicaid oversight and ADA enforcement without providing valid statutory



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	justifications, in violation of FOIA Exemption Guidelines (5 U.S.C. § 552(b)). Obstruction of Justice and Accountability: Failed to provide detailed statutory justifications for redactions and denials, preventing the requester from exercising their legal right to judicial review under FOIA (5 U.S.C. § 552(a)(4)(B)). Repeatedly directed the requester to inaccessible or non-compliant communication platforms (e.g., external portals or password-protected links), violating established ADA accommodation requirements. Endangerment to Public Interest and Safety: Withheld information critical to the oversight of Medicaid programs, potentially concealing systemic mismanagement and misuse of taxpayer funds. Ignored the public's right to understand government actions affecting vulnerable populations, undermining the principles of equality and justice enshrined in the Constitution. These actions represent a deliberate pattern of non-compliance with federal and constitutional obligations, obstructing public accountability and the ability to identify systemic abuses within government programs.
When did this occur?	3. When Did This Occur? This systemic issue spans several years, with key incidents, failures, and actions occurring on specific dates, culminating in urgent concerns as of 12.05.2024. Below is a timeline and framework tying together all related events to substantiate the overarching claim: Timeline of Incidents and Failures Phase 1: Emergence of ADA and FOIA Compliance Failures 2015–2022: Early reports and complaints regarding ADA non-compliance and systemic Medicaid mismanagement under Connecticut's Acquired Brain Injury (ABI) Waiver Program. Lack of accessibility for individuals with disabilities under the ADA. Widespread mismanagement of public funds, as highlighted in CMS and OIG reports. 2022–2023: Escalated FOIA requests and whistleblower disclosures aimed at exposing Medicaid oversight failures and ADA violations. Denial of access to critical information under FOIA. Refusal to acknowledge



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	or accommodate ADA-compliant requests, perpetuating barriers for disabled individuals a
How did you discover this action?	4. How Did You Discover This Action? The systemic issues, non-compliance, and misconduct were discovered through a combination of personal experience, formal FOIA requests, whistleblower reports, and independent research. The key events leading to the discovery include: Direct Experience with ADA Violations: Barriers encountered while accessing government records and communications. Persistent failure to fulfill reasonable ADA accommodation requests, such as screen-reader-compatible formats, communication via MuckRock, and simplified summaries. FOIA Requests and Responses: Patterns of non-compliance became evident through inadequate responses to FOIA requests submitted over the years. Specific examples include DOJ FOIA requests #534659-XGL, #539298-RJM, #534060-HWM, and #539330-JBZ, which revealed systemic delays, incomplete searches, and procedural violations. Review of Medicaid Oversight Practices: Examination of Medicaid's Acquired Brain Injury (ABI) Waiver Program highlighted gross mismanagement, lack of transparency, and misuse of public funds. Reports of Medicaid provider violations and inadequate state and federal oversight further confirmed systemic issues. Whistleblower Disclosures and Advocacy Efforts: Reports from whistleblowers and advocacy organizations unveiled patterns of retaliation, obstruction, and negligence by state and federal agencies. Independent investigations corroborated claims of systemic non-compliance and mismanagement. Analysis of Agency Correspondence and Public Records: Communications and public documents revealed discrepancies, omissions, and failures to comply with federal laws, including the ADA, FOIA, and whistleblower protection statutes. Formal Reports and Grievances Submitted: Comprehensive grievance reports and requests for clarity submitted on September 24, 2024, and November 22, 2024, highlighted unresolved issues and non-compliance. Lack of adequate responses to



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	these reports confirmed widespread institutional failures. Through these methods, it became clear that the systemic issues were not isolated incidents but part of a broader pattern of negligence, obstruction, and mismanagement affecting vulnerable populations and undermining public trust in government institutions.
What additional facts support your allegation?	5. What additional facts support your allegation? The following additional facts substantiate the allegations, ensuring alignment with constitutional, statutory, and procedural standards as per DB.42.131.Inf. principles: 1. Documented Patterns of Systemic Non-Compliance FOIA Failures: Repeated delays and denials of FOIA requests, including failure to process expedited requests and provide statutorily required ADA accommodations. Example: DOJ FOIA Cases (e.g., #534659-XGL and #539298-RJM) show a pattern of delayed responses without statutory justifications for redactions or denials. ADA Violations: Ignored requests for accessible formats, summaries, and identification of personnel responsible for responses. Statutory Basis: Violates 42 U.S.C. § 12132 (ADA Title II) and Section 504 of the Rehabilitation Act. 2. Agency Mismanagement and Oversight Failures Lack of Coordination: Agencies such as the DOJ, CMS, and Connecticut state entities failed to coordinate efforts to ensure Medicaid oversight and ADA compliance. Specific Example: Medicaid ABI Waiver Program exhibits systemic non-compliance, with no evidence of proper investigation or corrective action despite numerous whistleblower reports. Gross Mismanagement: Evidence of internal disorganization, lack of training on FOIA/ADA compliance, and improper handling of whistleblower disclosures. Supporting Records: Internal audits and communications, highlighted in prior FOIA responses, reveal procedural gaps. 3. Misuse of Taxpayer Funds Fraudulent and Inefficient Use: Documentation shows Medicaid funds potentially mismanaged through the ABI Waiver Program, with discrepancies in provider records and oversight reports. Statutory Connection: Violates 31 U.S.C. §§ 3729-3733 (False Claims Act) by enabling fraud



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	and waste of public funds. Public Interest Concern: The lack of transparency undermines public trust and violates federal standards for the proper use of taxpayer dollars. 4. Whistleblower Retaliation and Barriers Failure to Address Retaliation: Whistleblowers reporting systemic failures faced retaliatory actions and procedural barriers. Example: Whistleblowers highlighted FOIA/ADA non-compliance and systemic Medicaid mismanagement, but their concerns were ignored or met with inadequate responses. Statutory Protection: Violates 5 U.S.C. § 2302(b)(8), protecting employees who disclose information on fraud, waste, or abuse. 5. Constitutional Violations First Amendment: Undermines the right to petition the government for redress of grievances by failing to respond adequately to FOIA requests. Fifth and Fourteenth Amendments: Denial of procedural fairness and equal protection by creating barriers to ADA accommodations and transparent records access. Supremacy Clause: Federal law preempts state practices; federal agencies have failed to enforce compliance with 42 U.S.C. § 12132 and other federal statutes. 6. Supporting Evidence Whistleblower Reports: Detailed whistleblower reports (e.g., 09.24.2024 Whis
Allegation	Gross Mismanagement
What action did they take?	2. What action did they take? The individuals and entities responsible engaged in gross mismanagement by failing to adhere to federal and state legal obligations, including: Failure to Process FOIA Requests in Compliance with Statutory Obligations: Statutory Violation: Non-compliance with the Freedom of Information Act (5 U.S.C. § 552) by denying or improperly processing requests related to ADA compliance, whistleblower protections, and Medicaid oversight. Examples: Inadequate or incomplete searches for requested records. Failure to meet response deadlines under 5 U.S.C. § 552(a)(6). Omission of legally required justifications for redactions or denials. Neglect of Americans with Disabilities Act (ADA) Accommodations: Statutory Violation: Refusal to provide reasonable



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	accommodations required under the ADA Title II (42 U.S.C. § 12132) and Section 504 of the Rehabilitation Act (29 U.S.C. § 794). Examples: Ignoring explicit requests for ADA-compliant communication, such as exclusive use of the MuckRock platform and screen-reader compatible formats. Failure to include simplified summaries for complex records, creating accessibility barriers. Systemic Oversight Failures in Medicaid Programs: Programmatic Failures: Gross mismanagement of the Connecticut Medicaid Acquired Brain Injury (ABI) Waiver Program, resulting in a lack of transparency, accountability, and compliance with federal standards. Examples: Non-disclosure of provider registries and related oversight data. Lack of inter-agency coordination between DOJ, CMS, and state agencies (e.g., DSS, OPM) to address ADA and Medicaid compliance failures. Retaliation and Neglect of Whistleblower Protections: Statutory Violation: Failure to protect whistleblowers under the Whistleblower Protection Act (5 U.S.C. § 2302(b)(8)), enabling systemic discrimination and retaliation. Examples: Refusal to investigate credible reports of ADA non-compliance and Medicaid fraud. Creating or allowing conditions that deter individuals from reporting systemic failures. Mismanagement of Public Resources: Fiscal Irresponsibility: Gross waste of taxpayer funds through inefficiencies and lack of accountability in Medicaid administration and ADA enforcement. Examples: Spending on programs without ensuring compliance with federal mandates. Failure to audit or rectify deficiencies identified in Medicaid and FOIA processes. Erosion of Public Trust Through Lack of Transparency: Institutional Failure: Undermining the public's trust by failing to uphold transparency and accountability in response to FOIA requests and ADA compliance concerns. Examples: Withholding or redacting information critical to public oversight of government programs. Misrepresenting the scope of records available, resulting in unjustified denials of information. These actions represent a systemic pattern of negligence, non-compliance, and



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	mismanagement, impacting public confidence, vulnerable populations, and the integrity of federal and state program
When did this occur?	When Did This Occur? The violations and systemic mismanagement described occurred continuously over an extended period, starting as early as January 2017 and persisting to the present date, December 5, 2024. These issues include: Specific Instances of Violation: January 2017 to December 2024: Failure to process ADA accommodation requests for FOIA requests, impacting accessibility for individuals with disabilities, in direct violation of 42 U.S.C. § 12132 and 5 U.S.C. § 552. May 2021 to Present: Systemic mismanagement and delays in addressing complaints tied to Medicaid oversight, particularly under the Connecticut ABI Waiver Program, impacting transparency and patient rights. November 2024: Specific failure to fulfill FOIA requests #534659-XGL and #539298-RJM, despite statutory deadlines under 5 U.S.C. § 552(a)(6)(A). Ongoing Nature: These issues are continuing in nature, representing a pattern of gross mismanagement, regulatory non-compliance, and systemic failure to meet legal ob
How did you discover this action?	How Did You Discover This Action? The discovery of these systemic failures and gross mismanagement occurred through a combination of direct experience, official correspondence, and extensive documentation spanning multiple years. Key discoveries include: Direct Experience and Advocacy Work: As a whistleblower, I encountered systemic failures while advocating for accountability and justice within programs like the Connecticut Medicaid Acquired Brain Injury (ABI) Waiver Program. Persistent denials of ADA accommodations, delays in FOIA compliance, and lack of transparency highlighted widespread administrative issues. Official Communications and Records: Repeatedly receiving incomplete, noncompliant, or dismissive responses to Freedom of Information Act (FOIA) requests. Letters and decisions from federal agencies, including the Department of Justice (DOJ), failed to address legal and



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	procedural obligations. Pattern Recognition Over Time: Analysis of agency actions over years, including denial of ADA accommodations and mishandling of complaints such as DOJ Complaints #534659-XGL, #539298-RJM, #534060-HWM, and #539330-JBZ. Inconsistent responses and refusals to provide accessible documentation exposed systematic non-compliance. Public Records and Reports: Reviewing state and federal records revealed discrepancies, including missing oversight mechanisms and a lack of accountability in Medicaid and civil rights enforcement. Third-Party Verifications: Consultations with legal experts, advocates, and third-party organizations confirmed systemic patterns of misconduct, mismanagement, and non-compliance across multiple agencies. These discoveries collectively demonstrated a consistent failure to uphold constitutional, statutory, and regulatory requirements, necessitating immediate action to protect rights, ensure accountability, and restore public trust.
What additional facts support your allegation?	Here's a comprehensive response for "What additional facts support your allegation?" that aligns with the DB.42.131.Inf. framework without explicitly referencing it: Additional Facts Supporting Allegations of Gross Mismanagement Documented Patterns of Non-Compliance: Freedom of Information Act (FOIA): Multiple delays, incomplete responses, and inadequate searches for records associated with DOJ Complaint Numbers (#534659-XGL, #539298-RJM, #534060-HWM, and #539330-JBZ). These actions violate 5 U.S.C. § 552, which mandates timely and transparent responses to FOIA requests. Americans with Disabilities Act (ADA): Persistent failure to implement requested accommodations, such as exclusive use of the MuckRock platform and screen-reader-compatible formats. These violations contravene 42 U.S.C. § 12132 and 29 U.S.C. § 794, which ensure equitable access for individuals with disabilities. Interference with Whistleblower Protections: Direct evidence of retaliation against whistleblower activities, including unwarranted delays, procedural obstacles, and



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	redirection of requests to inappropriate offices. These actions undermine 5 U.S.C. § 2302(b)(8), which prohibits retaliation against employees or individuals disclosing systemic mismanagement or legal violations. Evasion of Accountability: Agencies failed to provide the names, roles, and contact information of responsible personnel as required under FOIA. This lack of transparency further obscures accountability and impedes oversight. Systemic Patterns of Gross Mismanagement: Failure to coordinate between federal and state agencies, including DOJ, CMS, and Connecticut's DSS. These gaps have resulted in mismanagement of Medicaid funds under the Acquired Brain Injury Waiver Program, risking harm to vulnerable populations and violating fiduciary obligations under 31 U.S.C. §§ 3729-3733 (False Claims Act). Public Harm and Taxpayer Loss: Ineffective oversight and non-compliance with statutory obligations have resulted in significant public harm, including: Barriers to accessing healthcare for individuals under Medicaid's ABI Waiver Program. Wasted taxpayer funds on non-compliant administrative practices. Diminished public trust in government transparency and accountability. Independent Evidence: Multiple FOIA responses, internal communications, and agency acknowledgments (or lack thereof) corroborate these allegations. Independent reviews, such as oversight reports and public records, reveal systemic failures. Legal Framework Violations: 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. 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 systemi
Allegation	Abuse of Authority
What action did they take?	2. What action did they take? The identified individuals and entities engaged in the following actions that



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	constitute abuse of authority, undermining constitutional laws, ADA protections, whistleblower safeguards, and taxpayer accountability: 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. Obstructed Access to Critical Records: Impeded access to records of significant public interest concerning Medicaid oversight, ADA enforcement, and whistleblower disclosures. This obstruction includes: 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. 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. 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



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	to improve agency disclosure of information. Created Systemic Barriers: 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 <i>Tennessee v. Lane</i> (2004) and <i>Alexander v. Choate</i> (1985). 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. 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 acco
When did this occur?	3. When did this occur? The abuse of authority has occurred and continues to occur over an extended timeline. Key instances include: 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. 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. Ongoing Impact: As of December 5, 2024, agencies persist in failing to provide lawful responses to whistleblower complaints, FOIA requests, and ADA accommodation nee
How did you discover this action?	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



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	period. Specifically: 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. 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. 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. Inter-agency Failures: 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. 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. 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.
What additional facts support your allegation?	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: Historical



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	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. 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. 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. 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. 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,



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	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. 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. Failed Remediation Efforts: Numerous attempts to seek resolution through proper channels, including appeals, requests for media
Allegation	Gross Waste of Funds
What action did they take?	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: 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. 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. Lack of Enforcement for Non-Compliance: Federal agencies, including the Centers for Medicare & Medicaid Services (CMS) and the Department of Justice (DOJ), failed to enforce compliance with federal



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	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. 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. 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. 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. 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 acce
When did this occur?	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: 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



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	decade, indicating an entrenched failure to meet federal and constitutional standards. 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. Recent Escalations: Between October 2024 and December 2024, federal and state agencies failed to coordinate or provide transparency regarding Medicaid oversight a
How did you discover this action?	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: 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. 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. 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. 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



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	Medicaid. 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. 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.
What additional facts support your allegation?	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



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	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 resolut
Allegation	Danger to Public Health
What action did they take?	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



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	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



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	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 collaborati
When did this occur?	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: 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. 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
How did you discover this action?	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: Direct Correspondence: Received responses from the DOJ, CMS, OPM, DSS, and other related agencies that either failed to provide the requested information or did



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	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. 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. Document Review and Analysis: 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. 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. 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



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	treatment of individuals requiring ADA accommodations and Medicaid services.
What additional facts support your allegation?	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



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	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

DISCLOSURE SUBJECTS

Name of individual you believe is responsible for the wrongdoing disclosed.

First Name	Last Name	Title	Chain of Command
Merrick B. Garland Title: U.S. Attorney General Position in Chain of Command: Head of the Department	Merrick B. Garland Title: U.S. Attorney General Position in Chain of Command: Head of the Department	Merrick B. Garland Title: U.S. Attorney General Position in Chain of Command: Head of the Department	Merrick B. Garland Title: U.S. Attorney General Position in Chain of Command: Head of the Department
Kristen Clarke Title: Assistant Attorney General, Civil Rights	Kristen Clarke Title: Assistant Attorney General, Civil Rights	Kristen Clarke Title: Assistant Attorney General, Civil Rights	Kristen Clarke Title: Assistant Attorney General, Civil Rights



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Division Position in Chain of Command	Division Position in Chain of Command	Division Position in Chain of Command	Division Position in Chain of Command
Douglas R. Hibbard Title: Chief, Initial Request Staff, Office of Information Policy Position in Cha	Douglas R. Hibbard Title: Chief, Initial Request Staff, Office of Information Policy Position in Cha	Douglas R. Hibbard Title: Chief, Initial Request Staff, Office of Information Policy Position in Cha	Douglas R. Hibbard Title: Chief, Initial Request Staff, Office of Information Policy Position in Cha
Valeree Villanueva Title: FOIA Public Liaison, Office of Information Policy Position in Chain of Com	Valeree Villanueva Title: FOIA Public Liaison, Office of Information Policy Position in Chain of Com	Valeree Villanueva Title: FOIA Public Liaison, Office of Information Policy Position in Chain of Com	Valeree Villanueva Title: FOIA Public Liaison, Office of Information Policy Position in Chain of Com
Michael E. Horowitz Title: Inspector General, U.S. Department of Justice Position in Chain of Comman	Michael E. Horowitz Title: Inspector General, U.S. Department of Justice Position in Chain of Comman	Michael E. Horowitz Title: Inspector General, U.S. Department of Justice Position in Chain of Comman	Michael E. Horowitz Title: Inspector General, U.S. Department of Justice Position in Chain of Comman
Eric F. Stein Title: Director, Office of Information Programs and Services Position in Chain of Comm	Eric F. Stein Title: Director, Office of Information Programs and Services Position in Chain of Comm	Eric F. Stein Title: Director, Office of Information Programs and Services Position in Chain of Comm	Eric F. Stein Title: Director, Office of Information Programs and Services Position in Chain of Comm
Lori Hartmann Title: Appeals Officer, Office of Information Programs and Services Position in Chain	Lori Hartmann Title: Appeals Officer, Office of Information Programs and Services Position in Chain	Lori Hartmann Title: Appeals Officer, Office of Information Programs and Services Position in Chain	Lori Hartmann Title: Appeals Officer, Office of Information Programs and Services Position in Chain
William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Chief legal	William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Chief legal	William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Chief legal	William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Chief legal



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Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services Position in Chain	Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services Position in Chain	Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services Position in Chain	Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services Position in Chain
Manisha Juthani, MD Title: Commissioner, Connecticut Department of Public Health Position in Chain o	Manisha Juthani, MD Title: Commissioner, Connecticut Department of Public Health Position in Chain o	Manisha Juthani, MD Title: Commissioner, Connecticut Department of Public Health Position in Chain o	Manisha Juthani, MD Title: Commissioner, Connecticut Department of Public Health Position in Chain o
Jeffrey Beckham Title: Secretary, Connecticut Office of Policy and Management Position in Chain of C	Jeffrey Beckham Title: Secretary, Connecticut Office of Policy and Management Position in Chain of C	Jeffrey Beckham Title: Secretary, Connecticut Office of Policy and Management Position in Chain of C	Jeffrey Beckham Title: Secretary, Connecticut Office of Policy and Management Position in Chain of C
Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in	Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in	Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in	Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in
Alina M. Semo Title: Director, Office of Government Information Services (OGIS) Position in Chain o	Alina M. Semo Title: Director, Office of Government Information Services (OGIS) Position in Chain o	Alina M. Semo Title: Director, Office of Government Information Services (OGIS) Position in Chain o	Alina M. Semo Title: Director, Office of Government Information Services (OGIS) Position in Chain o
Merrick Garland U.S. Attorney General Head of the Department of Justice (DOJ)	Merrick Garland U.S. Attorney General Head of the Department of Justice (DOJ)	Merrick Garland U.S. Attorney General Head of the Department of Justice (DOJ)	Merrick Garland U.S. Attorney General Head of the Department of Justice (DOJ)



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*Denotes required fields.

Kristen Clarke Assistant Attorney General, Civil Rights Division Oversees ADA compliance and civil r	Kristen Clarke Assistant Attorney General, Civil Rights Division Oversees ADA compliance and civil r	Kristen Clarke Assistant Attorney General, Civil Rights Division Oversees ADA compliance and civil r	Kristen Clarke Assistant Attorney General, Civil Rights Division Oversees ADA compliance and civil r
Douglas R. Hibbard Chief, Initial Request Staff, Office of Information Policy Responsible for FOIA p	Douglas R. Hibbard Chief, Initial Request Staff, Office of Information Policy Responsible for FOIA p	Douglas R. Hibbard Chief, Initial Request Staff, Office of Information Policy Responsible for FOIA p	Douglas R. Hibbard Chief, Initial Request Staff, Office of Information Policy Responsible for FOIA p
Valeree Villanueva FOIA Public Liaison, Office of Information Policy Intermediary for unresolved FOI	Valeree Villanueva FOIA Public Liaison, Office of Information Policy Intermediary for unresolved FOI	Valeree Villanueva FOIA Public Liaison, Office of Information Policy Intermediary for unresolved FOI	Valeree Villanueva FOIA Public Liaison, Office of Information Policy Intermediary for unresolved FOI
Alina M. Semo Director, Office of Government Information Services (OGIS) Independent FOIA mediator u	Alina M. Semo Director, Office of Government Information Services (OGIS) Independent FOIA mediator u	Alina M. Semo Director, Office of Government Information Services (OGIS) Independent FOIA mediator u	Alina M. Semo Director, Office of Government Information Services (OGIS) Independent FOIA mediator u
Michael E. Horowitz Inspector General, DOJ Oversees DOJ integrity and investigations	Michael E. Horowitz Inspector General, DOJ Oversees DOJ integrity and investigations	Michael E. Horowitz Inspector General, DOJ Oversees DOJ integrity and investigations	Michael E. Horowitz Inspector General, DOJ Oversees DOJ integrity and investigations
Chiquita Brooks- LaSure Administrator	Chiquita Brooks- LaSure Administrator	Chiquita Brooks- LaSure Administrator	Chiquita Brooks- LaSure Administrator



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, Centers for Medicare & Medicaid Services (CMS) Responsible for	, Centers for Medicare & Medicaid Services (CMS) Responsible for	, Centers for Medicare & Medicaid Services (CMS) Responsible for	, Centers for Medicare & Medicaid Services (CMS) Responsible for
William Tong Attorney General, State of Connecticut Head of state legal enforcement for FOIA and ADA	William Tong Attorney General, State of Connecticut Head of state legal enforcement for FOIA and ADA	William Tong Attorney General, State of Connecticut Head of state legal enforcement for FOIA and ADA	William Tong Attorney General, State of Connecticut Head of state legal enforcement for FOIA and ADA
Andrea Barton Reeves Commissioner, Connecticut Department of Social Services (DSS) Manages Medicaid	Andrea Barton Reeves Commissioner, Connecticut Department of Social Services (DSS) Manages Medicaid	Andrea Barton Reeves Commissioner, Connecticut Department of Social Services (DSS) Manages Medicaid	Andrea Barton Reeves Commissioner, Connecticut Department of Social Services (DSS) Manages Medicaid
Manisha Juthani Commissioner, Connecticut Department of Public Health Oversees public health and rel	Manisha Juthani Commissioner, Connecticut Department of Public Health Oversees public health and rel	Manisha Juthani Commissioner, Connecticut Department of Public Health Oversees public health and rel	Manisha Juthani Commissioner, Connecticut Department of Public Health Oversees public health and rel
Jeffrey Beckham Secretary, Connecticut Office of Policy and Management Coordinates state-level compl	Jeffrey Beckham Secretary, Connecticut Office of Policy and Management Coordinates state-level compl	Jeffrey Beckham Secretary, Connecticut Office of Policy and Management Coordinates state-level compl	Jeffrey Beckham Secretary, Connecticut Office of Policy and Management Coordinates state-level compl
Eric F. Stein Director, Office of Information Programs and Services (State)	Eric F. Stein Director, Office of Information Programs and Services (State)	Eric F. Stein Director, Office of Information Programs and Services (State)	Eric F. Stein Director, Office of Information Programs and Services (State)



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Oversees FOIA processing	Oversees FOIA processing	Oversees FOIA processing	Oversees FOIA processing
Xavier Becerra Secretary, U.S. Department of Health and Human Services (HHS) Responsible for Medicaid	Xavier Becerra Secretary, U.S. Department of Health and Human Services (HHS) Responsible for Medicaid	Secretary, U.S. Department of Health and Human Services (HHS)	Responsible for Medicaid and ADA- related federal policies
Gene L. Dodaro	Gene L. Dodaro	Comptroller General, Government Accountability Office (GAO)	Investigates federal programs for waste, fraud, and abuse
Christi Grimm Title: Inspector General Position in Chain of Command: Health and Human Services (HHS)	Christi A. Grimm – Inspector General, HHS	Christi A. Grimm – Inspector General, HHS	Investigates Medicaid and ADA compliance issues
Julie Su	Julie Su	Acting Secretary, U.S. Department of Labor	Oversees ADA workplace compliance
Lina M. Khan	Lina M. Khan	Chair, Federal Trade Commission (FTC)	Monitors systemic discrimination and public accountability
James Comer	James Comer	Chair, House Oversight Committee	Oversees government accountability and FOIA compliance
Gary Peters	Gary Peters	Chair, Senate Homeland Security Committee	Investigates systemic federal program mismanagement
Jamie Raskin	Jamie Raskin	Chair, House Subcommittee on Civil Rights and Civil Liberties	Oversees ADA and civil rights enforcement



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Dick Durbin	Dick Durbin	Chair, Senate Judiciary Committee	Ensures federal law compliance, including FOIA and ADA
Douglas R. Hibbard Title: Chief, Initial Request Staff Position in Chain of Command: Oversight of FO	Douglas R. Hibbard Title: Chief, Initial Request Staff Position in Chain of Command: Oversight of FO	Douglas R. Hibbard Title: Chief, Initial Request Staff Position in Chain of Command: Oversight of FO	Douglas R. Hibbard Title: Chief, Initial Request Staff Position in Chain of Command: Oversight of FO
Sean R. O'Neill Title: Director, Office of Information Policy (OIP) Position in Chain of Command: Re	Sean R. O'Neill Title: Director, Office of Information Policy (OIP) Position in Chain of Command: Re	Sean R. O'Neill Title: Director, Office of Information Policy (OIP) Position in Chain of Command: Re	Sean R. O'Neill Title: Director, Office of Information Policy (OIP) Position in Chain of Command: Re
Merrick B. Garland Title: Attorney General of the United States Position in Chain of Command: Ultima	Merrick B. Garland Title: Attorney General of the United States Position in Chain of Command: Ultima	Merrick B. Garland Title: Attorney General of the United States Position in Chain of Command: Ultima	Merrick B. Garland Title: Attorney General of the United States Position in Chain of Command: Ultima
Valeree Villanueva Title: FOIA Public Liaison, Office of Information Policy Position in Chain of Co	Valeree Villanueva Title: FOIA Public Liaison, Office of Information Policy Position in Chain of Co	Valeree Villanueva Title: FOIA Public Liaison, Office of Information Policy Position in Chain of Co	Valeree Villanueva Title: FOIA Public Liaison, Office of Information Policy Position in Chain of Co
Kristen Clarke Title: Assistant Attorney General, Civil Rights Division Position in Chain of Comman	Kristen Clarke Title: Assistant Attorney General, Civil Rights Division Position in Chain of Comman	Kristen Clarke Title: Assistant Attorney General, Civil Rights Division Position in Chain of Comman	Kristen Clarke Title: Assistant Attorney General, Civil Rights Division Position in Chain of Comman
Michael E. Horowitz Title: Inspector General, DOJ Position in Chain of	Michael E. Horowitz Title: Inspector General, DOJ Position in Chain of	Michael E. Horowitz Title: Inspector General, DOJ Position in Chain of	Michael E. Horowitz Title: Inspector General, DOJ Position in Chain of



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Command: Monitors misconduct,	Command: Monitors misconduct,	Command: Monitors misconduct,	Command: Monitors misconduct,
William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Coordinate	William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Coordinate	William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Coordinate	William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Coordinate
Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services Position in Cha	Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services Position in Cha	Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services Position in Cha	Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services Position in Cha
Alina M. Semo Title: Director, Office of Government Information Services (OGIS) Position in Chain of	Alina M. Semo Title: Director, Office of Government Information Services (OGIS) Position in Chain of	Alina M. Semo Title: Director, Office of Government Information Services (OGIS) Position in Chain of	Alina M. Semo Title: Director, Office of Government Information Services (OGIS) Position in Chain of
Chiquita Brooks-LaSure Title: Administrator, CMS Position in Chain of Command: Oversight of Medicaid	Chiquita Brooks-LaSure Title: Administrator, CMS Position in Chain of Command: Oversight of Medicaid	Chiquita Brooks-LaSure Title: Administrator, CMS Position in Chain of Command: Oversight of Medicaid	Chiquita Brooks-LaSure Title: Administrator, CMS Position in Chain of Command: Oversight of Medicaid
Manisha Juthani, MD Title: Commissioner, Connecticut Department of Public Health Position in Chain	Manisha Juthani, MD Title: Commissioner, Connecticut Department of Public Health Position in Chain	Manisha Juthani, MD Title: Commissioner, Connecticut Department of Public Health Position in Chain	Manisha Juthani, MD Title: Commissioner, Connecticut Department of Public Health Position in Chain
Jeffrey Beckham Title: Secretary, Connecticut Office of Policy and	Jeffrey Beckham Title: Secretary, Connecticut Office of Policy and	Jeffrey Beckham Title: Secretary, Connecticut Office of Policy and	Jeffrey Beckham Title: Secretary, Connecticut Office of Policy and



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Management Position in Chain of	Management Position in Chain of	Management Position in Chain of	Management Position in Chain of
Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Cha	Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Cha	Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Cha	Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Cha
Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in	Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in	Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in	Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in
James Comer Title: Chair, House Committee on Oversight and Accountability Position in Chain of Comm	James Comer Title: Chair, House Committee on Oversight and Accountability Position in Chain of Comm	James Comer Title: Chair, House Committee on Oversight and Accountability Position in Chain of Comm	James Comer Title: Chair, House Committee on Oversight and Accountability Position in Chain of Comm
Gary Peters Title: Chair, Senate Committee on Homeland Security and Governmental Affairs Position i	Gary Peters Title: Chair, Senate Committee on Homeland Security and Governmental Affairs Position i	Gary Peters Title: Chair, Senate Committee on Homeland Security and Governmental Affairs Position i	Gary Peters Title: Chair, Senate Committee on Homeland Security and Governmental Affairs Position i
Jamie Raskin Title: Chair, House Subcommittee on Civil Rights and Civil Liberties Position in Chain	Jamie Raskin Title: Chair, House Subcommittee on Civil Rights and Civil Liberties Position in Chain	Jamie Raskin Title: Chair, House Subcommittee on Civil Rights and Civil Liberties Position in Chain	Jamie Raskin Title: Chair, House Subcommittee on Civil Rights and Civil Liberties Position in Chain
Dick Durbin Title: Chair, Senate Judiciary Committee Position in Chain of	Dick Durbin Title: Chair, Senate Judiciary Committee Position in Chain of	Dick Durbin Title: Chair, Senate Judiciary Committee Position in Chain of	Dick Durbin Title: Chair, Senate Judiciary Committee Position in Chain of



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*Denotes required fields.

Command: Supervises feder	Command: Supervises feder	Command: Supervises feder	Command: Supervises feder
Merrick B. Garland Title: U.S. Attorney General Position in Chain of Command: Top executive respons	Merrick B. Garland Title: U.S. Attorney General Position in Chain of Command: Top executive respons	Merrick B. Garland Title: U.S. Attorney General Position in Chain of Command: Top executive respons	Merrick B. Garland Title: U.S. Attorney General Position in Chain of Command: Top executive respons
Kristen Clarke Title: Assistant Attorney General, Civil Rights Division Position in Chain of Comman	Kristen Clarke Title: Assistant Attorney General, Civil Rights Division Position in Chain of Comman	Kristen Clarke Title: Assistant Attorney General, Civil Rights Division Position in Chain of Comman	Kristen Clarke Title: Assistant Attorney General, Civil Rights Division Position in Chain of Comman
Douglas R. Hibbard Title: Chief, Initial Request Staff, Office of Information Policy (OIP) Position	Douglas R. Hibbard Title: Chief, Initial Request Staff, Office of Information Policy (OIP) Position	Douglas R. Hibbard Title: Chief, Initial Request Staff, Office of Information Policy (OIP) Position	Douglas R. Hibbard Title: Chief, Initial Request Staff, Office of Information Policy (OIP) Position
Valeree Villanueva Title: FOIA Public Liaison, Office of Information Policy Position in Chain of Co	Valeree Villanueva Title: FOIA Public Liaison, Office of Information Policy Position in Chain of Co	Valeree Villanueva Title: FOIA Public Liaison, Office of Information Policy Position in Chain of Co	Valeree Villanueva Title: FOIA Public Liaison, Office of Information Policy Position in Chain of Co
Michael E. Horowitz Title: Inspector General, DOJ Position in Chain of Command: Responsible for ide	Michael E. Horowitz Title: Inspector General, DOJ Position in Chain of Command: Responsible for ide	Michael E. Horowitz Title: Inspector General, DOJ Position in Chain of Command: Responsible for ide	Michael E. Horowitz Title: Inspector General, DOJ Position in Chain of Command: Responsible for ide
Chiquita Brooks- LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS) Positio	Chiquita Brooks- LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS) Positio	Chiquita Brooks- LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS) Positio	Chiquita Brooks- LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS) Positio
Andrea Barton Reeves Title:	Andrea Barton Reeves Title:	Andrea Barton Reeves Title:	Andrea Barton Reeves Title:



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Commissioner, Connecticut Department of Social Services (DSS) Position	Commissioner, Connecticut Department of Social Services (DSS) Position	Commissioner, Connecticut Department of Social Services (DSS) Position	Commissioner, Connecticut Department of Social Services (DSS) Position
Jeffrey Beckham Title: Secretary, Connecticut Office of Policy and Management (OPM) Position in Cha	Jeffrey Beckham Title: Secretary, Connecticut Office of Policy and Management (OPM) Position in Cha	Jeffrey Beckham Title: Secretary, Connecticut Office of Policy and Management (OPM) Position in Cha	Jeffrey Beckham Title: Secretary, Connecticut Office of Policy and Management (OPM) Position in Cha
Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in	Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in	Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in	Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in
Alina M. Semo Title: Director, Office of Government Information Services (OGIS) Position in Chain o	Alina M. Semo Title: Director, Office of Government Information Services (OGIS) Position in Chain o	Alina M. Semo Title: Director, Office of Government Information Services (OGIS) Position in Chain o	Alina M. Semo Title: Director, Office of Government Information Services (OGIS) Position in Chain o
William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Responsibl	William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Responsibl	William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Responsibl	William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Responsibl
Manisha Juthani, MD Title: Commissioner, Connecticut Department of Public Health Position in Chain	Manisha Juthani, MD Title: Commissioner, Connecticut Department of Public Health Position in Chain	Manisha Juthani, MD Title: Commissioner, Connecticut Department of Public Health Position in Chain	Manisha Juthani, MD Title: Commissioner, Connecticut Department of Public Health Position in Chain
Julie Su Title: Acting Secretary, U.S. Department of	Julie Su Title: Acting Secretary, U.S. Department of	Julie Su Title: Acting Secretary, U.S. Department of	Julie Su Title: Acting Secretary, U.S. Department of



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Labor Position in Chain of Command: Ensures fe	Labor Position in Chain of Command: Ensures fe	Labor Position in Chain of Command: Ensures fe	Labor Position in Chain of Command: Ensures fe
Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Cha	Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Cha	Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Cha	Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Cha
Christi Grimm Title: Inspector General, HHS Position in Chain of Command: Responsible for investiga	Christi Grimm Title: Inspector General, HHS Position in Chain of Command: Responsible for investiga	Christi Grimm Title: Inspector General, HHS Position in Chain of Command: Responsible for investiga	Christi Grimm Title: Inspector General, HHS Position in Chain of Command: Responsible for investiga
Lisa M. Gomez Title: Assistant Secretary, Employee Benefits Security Administration (EBSA) Position	Lisa M. Gomez Title: Assistant Secretary, Employee Benefits Security Administration (EBSA) Position	Lisa M. Gomez Title: Assistant Secretary, Employee Benefits Security Administration (EBSA) Position	Lisa M. Gomez Title: Assistant Secretary, Employee Benefits Security Administration (EBSA) Position
Douglas O'Donnell Title: Acting Commissioner, Internal Revenue Service (IRS) Position in Chain of C	Douglas O'Donnell Title: Acting Commissioner, Internal Revenue Service (IRS) Position in Chain of C	Douglas O'Donnell Title: Acting Commissioner, Internal Revenue Service (IRS) Position in Chain of C	Douglas O'Donnell Title: Acting Commissioner, Internal Revenue Service (IRS) Position in Chain of C
Ned Lamont Title: Governor, State of Connecticut Position in Chain of Command: As Chief Executive o	Ned Lamont Title: Governor, State of Connecticut Position in Chain of Command: As Chief Executive o	Ned Lamont Title: Governor, State of Connecticut Position in Chain of Command: As Chief Executive o	Ned Lamont Title: Governor, State of Connecticut Position in Chain of Command: As Chief Executive o
Matthew Ritter Title: Speaker of the House, Connecticut General Assembly	Matthew Ritter Title: Speaker of the House, Connecticut General Assembly	Matthew Ritter Title: Speaker of the House, Connecticut General Assembly	Matthew Ritter Title: Speaker of the House, Connecticut General Assembly



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Position in Chain of Comma	Position in Chain of Comma	Position in Chain of Comma	Position in Chain of Comma
Martin M. Looney Title: President Pro Tempore, Connecticut Senate Position in Chain of Command: Pro	Martin M. Looney Title: President Pro Tempore, Connecticut Senate Position in Chain of Command: Pro	Martin M. Looney Title: President Pro Tempore, Connecticut Senate Position in Chain of Command: Pro	Martin M. Looney Title: President Pro Tempore, Connecticut Senate Position in Chain of Command: Pro
James Comer Title: Chair, House Committee on Oversight and Accountability Position in Chain of Comm	James Comer Title: Chair, House Committee on Oversight and Accountability Position in Chain of Comm	James Comer Title: Chair, House Committee on Oversight and Accountability Position in Chain of Comm	James Comer Title: Chair, House Committee on Oversight and Accountability Position in Chain of Comm
Gary Peters Title: Chair, Senate Committee on Homeland Security and Governmental Affairs Position i	Gary Peters Title: Chair, Senate Committee on Homeland Security and Governmental Affairs Position i	Gary Peters Title: Chair, Senate Committee on Homeland Security and Governmental Affairs Position i	Gary Peters Title: Chair, Senate Committee on Homeland Security and Governmental Affairs Position i
Jamie Raskin Title: Chair, House Subcommittee on Civil Rights and Civil Liberties Position in Chain	Jamie Raskin Title: Chair, House Subcommittee on Civil Rights and Civil Liberties Position in Chain	Jamie Raskin Title: Chair, House Subcommittee on Civil Rights and Civil Liberties Position in Chain	Jamie Raskin Title: Chair, House Subcommittee on Civil Rights and Civil Liberties Position in Chain
Dick Durbin Title: Chair, Senate Judiciary Committee Position in Chain of Command: Ensures DOJ comp	Dick Durbin Title: Chair, Senate Judiciary Committee Position in Chain of Command: Ensures DOJ comp	Dick Durbin Title: Chair, Senate Judiciary Committee Position in Chain of Command: Ensures DOJ comp	Dick Durbin Title: Chair, Senate Judiciary Committee Position in Chain of Command: Ensures DOJ comp
Merrick B. Garland Title: U.S. Attorney General Position in Chain of Command:	Merrick B. Garland Title: U.S. Attorney General Position in Chain of Command:	Merrick B. Garland Title: U.S. Attorney General Position in Chain of Command:	Merrick B. Garland Title: U.S. Attorney General Position in Chain of Command:



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Head of the U.S. Depa	Head of the U.S. Depa	Head of the U.S. Depa	Head of the U.S. Depa
Kristen Clarke Title: Assistant Attorney General, Civil Rights Division Position in Chain of Comman	Kristen Clarke Title: Assistant Attorney General, Civil Rights Division Position in Chain of Comman	Kristen Clarke Title: Assistant Attorney General, Civil Rights Division Position in Chain of Comman	Kristen Clarke Title: Assistant Attorney General, Civil Rights Division Position in Chain of Comman
Douglas R. Hibbard Title: Chief, Initial Request Staff, Office of Information Policy (OIP) Position	Douglas R. Hibbard Title: Chief, Initial Request Staff, Office of Information Policy (OIP) Position	Douglas R. Hibbard Title: Chief, Initial Request Staff, Office of Information Policy (OIP) Position	Douglas R. Hibbard Title: Chief, Initial Request Staff, Office of Information Policy (OIP) Position
Valeree Villanueva Title: FOIA Public Liaison, Office of Information Policy (OIP) Position in Chain	Valeree Villanueva Title: FOIA Public Liaison, Office of Information Policy (OIP) Position in Chain	Valeree Villanueva Title: FOIA Public Liaison, Office of Information Policy (OIP) Position in Chain	Valeree Villanueva Title: FOIA Public Liaison, Office of Information Policy (OIP) Position in Chain
Chiquita Brooks- LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS) Positio	Chiquita Brooks- LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS) Positio	Chiquita Brooks- LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS) Positio	Chiquita Brooks- LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS) Positio
Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Cha	Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Cha	Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Cha	Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Cha
William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Oversees I	William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Oversees I	William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Oversees I	William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Oversees I
Andrea Barton Reeves Title:	Andrea Barton Reeves Title:	Andrea Barton Reeves Title:	Andrea Barton Reeves Title:



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Commissioner, Connecticut Department of Social Services (DSS) Position	Commissioner, Connecticut Department of Social Services (DSS) Position	Commissioner, Connecticut Department of Social Services (DSS) Position	Commissioner, Connecticut Department of Social Services (DSS) Position
Manisha Juthani, MD Title: Commissioner, Connecticut Department of Public Health (DPH) Position in	Manisha Juthani, MD Title: Commissioner, Connecticut Department of Public Health (DPH) Position in	Manisha Juthani, MD Title: Commissioner, Connecticut Department of Public Health (DPH) Position in	Manisha Juthani, MD Title: Commissioner, Connecticut Department of Public Health (DPH) Position in
Michael E. Horowitz Title: Inspector General, U.S. Department of Justice Position in Chain of Comma	Michael E. Horowitz Title: Inspector General, U.S. Department of Justice Position in Chain of Comma	Michael E. Horowitz Title: Inspector General, U.S. Department of Justice Position in Chain of Comma	Michael E. Horowitz Title: Inspector General, U.S. Department of Justice Position in Chain of Comma
Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in	Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in	Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in	Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in
Alina M. Semo Title: Director, Office of Government Information Services (OGIS) Position in Chain o	Alina M. Semo Title: Director, Office of Government Information Services (OGIS) Position in Chain o	Alina M. Semo Title: Director, Office of Government Information Services (OGIS) Position in Chain o	Alina M. Semo Title: Director, Office of Government Information Services (OGIS) Position in Chain o
Lisa M. Gomez Title: Assistant Secretary, Employee Benefits Security Administration (EBSA), U.S. De	Lisa M. Gomez Title: Assistant Secretary, Employee Benefits Security Administration (EBSA), U.S. De	Lisa M. Gomez Title: Assistant Secretary, Employee Benefits Security Administration (EBSA), U.S. De	Lisa M. Gomez Title: Assistant Secretary, Employee Benefits Security Administration (EBSA), U.S. De
Christi Grimm Title: Inspector General, U.S. Department of	Christi Grimm Title: Inspector General, U.S. Department of	Christi Grimm Title: Inspector General, U.S. Department of	Christi Grimm Title: Inspector General, U.S. Department of



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*Denotes required fields.

Health and Human Services (HHS OIG) Posi	Health and Human Services (HHS OIG) Posi	Health and Human Services (HHS OIG) Posi	Health and Human Services (HHS OIG) Posi
Julie Su Title: Acting Secretary, U.S. Department of Labor (DOL) Position in Chain of Command: Over	Julie Su Title: Acting Secretary, U.S. Department of Labor (DOL) Position in Chain of Command: Over	Julie Su Title: Acting Secretary, U.S. Department of Labor (DOL) Position in Chain of Command: Over	Julie Su Title: Acting Secretary, U.S. Department of Labor (DOL) Position in Chain of Command: Over
Lori Hartmann Title: Appeals Officer, Office of Information Programs and Services, Department of St	Lori Hartmann Title: Appeals Officer, Office of Information Programs and Services, Department of St	Lori Hartmann Title: Appeals Officer, Office of Information Programs and Services, Department of St	Lori Hartmann Title: Appeals Officer, Office of Information Programs and Services, Department of St
Eric F. Stein Title: Director, Office of Information Programs and Services, Department of State Pos	Eric F. Stein Title: Director, Office of Information Programs and Services, Department of State Pos	Eric F. Stein Title: Director, Office of Information Programs and Services, Department of State Pos	Eric F. Stein Title: Director, Office of Information Programs and Services, Department of State Pos
Jeffrey Beckham Title: Secretary, Connecticut Office of Policy and Management (OPM) Position in Cha	Jeffrey Beckham Title: Secretary, Connecticut Office of Policy and Management (OPM) Position in Cha	Jeffrey Beckham Title: Secretary, Connecticut Office of Policy and Management (OPM) Position in Cha	Jeffrey Beckham Title: Secretary, Connecticut Office of Policy and Management (OPM) Position in Cha
Ned Lamont Title: Governor, State of Connecticut Position in Chain of Command: Holds ultimate respo	Ned Lamont Title: Governor, State of Connecticut Position in Chain of Command: Holds ultimate respo	Ned Lamont Title: Governor, State of Connecticut Position in Chain of Command: Holds ultimate respo	Ned Lamont Title: Governor, State of Connecticut Position in Chain of Command: Holds ultimate respo
James Comer Title: Chair, House Committee on Oversight and	James Comer Title: Chair, House Committee on Oversight and	James Comer Title: Chair, House Committee on Oversight and	James Comer Title: Chair, House Committee on Oversight and



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*Denotes required fields.

Accountability Position in Chain of Comm	Accountability Position in Chain of Comm	Accountability Position in Chain of Comm	Accountability Position in Chain of Comm
Gary Peters Title: Chair, Senate Committee on Homeland Security and Governmental Affairs Position i	Gary Peters Title: Chair, Senate Committee on Homeland Security and Governmental Affairs Position i	Gary Peters Title: Chair, Senate Committee on Homeland Security and Governmental Affairs Position i	Gary Peters Title: Chair, Senate Committee on Homeland Security and Governmental Affairs Position i
Jamie Raskin Title: Chair, House Subcommittee on Civil Rights and Civil Liberties Position in Chain	Jamie Raskin Title: Chair, House Subcommittee on Civil Rights and Civil Liberties Position in Chain	Jamie Raskin Title: Chair, House Subcommittee on Civil Rights and Civil Liberties Position in Chain	Jamie Raskin Title: Chair, House Subcommittee on Civil Rights and Civil Liberties Position in Chain
Dick Durbin Title: Chair, Senate Judiciary Committee Position in Chain of Command: Oversees the leg	Dick Durbin Title: Chair, Senate Judiciary Committee Position in Chain of Command: Oversees the leg	Dick Durbin Title: Chair, Senate Judiciary Committee Position in Chain of Command: Oversees the leg	Dick Durbin Title: Chair, Senate Judiciary Committee Position in Chain of Command: Oversees the leg

REQUESTED OSC ACTION

What action would you like OSC to take?

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



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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

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.

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:



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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:

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.

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.



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WHERE ELSE DID YOU REPORT THIS MATTER?

I have also disclosed this information to:

Other Action Type	Action Taken Date

Additional information about reports to Inspectors General, if applicable.

First Name:

Last Name:

Title:

Address:

Email Address:

Telephone Number:

Case ID #:

a. **What is the status of the matter?**

NOTE: MATTERS INVESTIGATED BY AN OFFICE OF INSPECTOR GENERAL

It is the general policy of OSC not to transmit allegations of wrongdoing to the head of the agency involved if the agency's Office of Inspector General has fully investigated, or is currently investigating, the same allegations.

ATTACHMENTS

Please note that the space available for attachments is limited. Therefore, DO NOT attach every document and email that may be relevant to your claim. You will have an opportunity to make additional submissions at a later date. We recommend limiting attachments to official forms and correspondence that document the action(s) at issue in your disclosure if these documents are relevant to your allegations.

I have attached the following documents to my filing:

File Name
12.05.2024 foia doj Binder1.pdf
12.05.2024 foia doj Binder1.docx



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Records Pertaining to Medicaid Services for NPI 1962278119 and NPI 1023012345 (Department of Public Health) (1).zip
ADA Accommodations and Handling of Complaints (DOJ Complaints #534659-XGL, #539298-RJM, #534060-HWM, and #539330-JBZ) (Department of Justice, Office of Information Policy) (1).zip
Request with ADA Accommodation Requirements (Case No. 25-00044-F) (U.S. Department of State) (2).zip
DOJ Complaints 534659-XGL and 539298-RJM, ADA Compliance, and Related Correspondence (Department of Justice, Office of the Attorney General) (2).zip
Request with ADA Accommodation Requirements (Case No. 25-00044-F) (U.S. Department of State) (3).zip
Subject_ Comprehensive FOIA Request for Connecticut Medicaid Acquired Brain Injury Waiver Program Records (Department Of Justice) (3).zip
ADA Accommodations and Handling of Complaints (DOJ Complaints #534659-XGL, #539298-RJM, #534060-HWM, and #539330-JBZ) (Department of Justice, Disability Rights Division) (1).zip
ADA Accommodations and Handling of Complaints (DOJ Complaints #534659-XGL, #539298-RJM, #534060-HWM, and #539330-JBZ) (Department Of Justice) (1).zip
Exposing Systemic Failures in Medicaid Oversight, ADA Enforcement, and Whistleblower Protections to Ensure Justice and Transparency for All Americans (Department of Justice, Office of Information Policy) (1).zip
DOJ Complaints 534659-XGL and 539298-RJM, ADA Compliance, and Related Correspondence (Department of Justice, Office of Information Policy) (1).zip
DOJ Complaints 534659-XGL and 539298-RJM, ADA Compliance, and Related Correspondence (Department Of Justice) (2).zip
DOJ Complaints 534659-XGL and 539298-RJM, ADA Compliance, and Related Correspondence (Department Of Justice) (2).zip
Exposing Systemic Failures in Medicaid Oversight, ADA Enforcement, and Whistleblower Protections to Ensure Justice and Transparency for All Americans (Department of Justice, Office of the Attorney General) (1).zip
DOJ Complaints 534659-XGL and 539298-RJM, ADA Compliance, and Related Correspondence (Department Of Justice) (3).zip
Comprehensive Grievance Report and Request for Clarity Whistleblower Report Mediciad ABI Waiver Programs.pdf
09.24.2024
Federal Intervention_HHS_OIG_CMS_GAO_DOJ_OCR_Whistleblower_Report_2024.pdf
540144-VPT 12.03.2024 Mail - ABI RESOURCES 860 942-0365 - Outlook.pdf



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09.24.2024
Federal_Intervention_HHS_OIG_CMS_GAO_DOJ_OCR_Whistleblower_Report_2024.pdf
Subject Freedom of Information Act Request DOJ Complaints 534659-XGL and 539298-RJM ADA Compliance and Related Correspondence Department Of Justice Final Response .pdf
12.05.2024 Request for OSC Action to Address Systemic Violations Impacting Medicaid Consumers Taxpayers Disability Rights and Constitutional Protections Urgent Appeal for Justice DB.42.131.Inf. ABI Medeiros Connecticut DOGE .pdf
12.05.2024 Request for OSC Action to Address Systemic Violations Impacting Medicaid Consumers Taxpayers Disability Rights and Constitutional Protections Urgent Appeal for Justice DB.42.131.Inf. ABI Medeiros Connecticut DOGE .docx
Admin-CL (1).pdf
FOIA_Acknowledgement_Letter_-_FIG_-_Medeiros.pdf
01.02.2024 TIMELINE BUILD .docx
Medeiros Response.pdf
03.06.2024 CHRO Case Mail - ABI RESOURCES 860 942-0365 - Outlook (2).pdf

CONSENT

Do you consent to the disclosure of your identify to others outside OSC if it becomes necessary in taking further action on this matter?*

I consent to disclosure of my identity.

Yes

I do not consent to disclosure of my identity. (Even if you do not consent, OSC may disclose your identity if necessary due to an imminent danger to public health or safety or imminent violation of any criminal law. See 5 U.S.C. § 1213(h).)

No

CERTIFICATION

I certify that all of the statements made in this complaint are true, complete, and correct to the best of my knowledge and belief. I understand that a false statement or concealment of a material fact is a criminal offense punishable by a fine, imprisonment, or both. 18 U.S.C. § 1001.*



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Yes

BURDEN: The burden for this collection of information (including the time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the form) is estimated to be an average of one hour to submit a disclosure of information alleging agency wrongdoing, one hour and fifteen minutes to submit a complaint alleging a prohibited personnel practice or other prohibited activity, or 30 minutes to submit a complaint alleging prohibited political activity. Please send any comments about this burden estimate, and suggestions for reducing the burden, to the U.S. Office of Special Counsel, General Counsel's Office, 1730 M Street, NW, Suite 218, Washington, DC 20036-4505.

This Disclosure of Information was Received by OSC on: 12/5/2024

PLEASE KEEP A COPY OF YOUR COMPLAINT, ANY SUPPORTING DOCUMENTATION, AND ANY ADDITIONAL ALLEGATIONS THAT YOU SEND TO OSC NOW OR AT ANY TIME WHILE YOUR COMPLAINT IS PENDING. REPRODUCTION CHARGES UNDER THE FREEDOM OF INFORMATION ACT MAY APPLY TO ANY REQUEST YOU MAKE FOR COPIES OF MATERIALS THAT YOU PROVIDED TO OSC.



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IMPORTANT INFORMATION ABOUT FILING A DISCLOSURE

OSC WHISTLEBLOWER DISCLOSURE CHANNEL

Under 5 U.S.C. § 1213 and related provisions, the Office of Special Counsel (OSC) serves as a secure channel for federal employees, former federal employees, and applicants for federal employment with reliable knowledge of the wrongdoing to disclose:

- a violation of law, rule or regulation;
- gross mismanagement;
- gross waste of funds;
- an abuse of authority;
- a substantial and specific danger to public health or safety; and/or
- censorship related to scientific research.

OSC JURISDICTION

OSC has no jurisdiction over disclosures filed by:

- employees of the U.S. Postal Service and the Postal Regulatory Commission;
- members of the armed forces of the United States (*i.e.*, non-civilian military employees);
- state employees operating under federal grants;
- employees of federal contractors;
- other employees or federal agencies that are exempt under federal law; and
- Congressional or judicial branch employees.

ANONYMOUS SOURCES

While OSC will protect the identity of persons who make disclosures, it will not consider anonymous disclosures. If a disclosure is filed by an anonymous source, the disclosure will be referred to the Office of Inspector General in the appropriate agency. OSC will take no further action.

RETALIATION

Do you believe you suffered retaliation by your agency for disclosing wrongdoing? If yes, you may file a complaint of retaliation by navigating back to "My Cases" and selecting "New Complaint." Select Option 1 to complete and submit a Complaint of Prohibited Personnel Practice or other Prohibited Activity (PPPs). *If you have already completed the Complaint of Prohibited Personnel Practice or other Prohibited Activity above, please continue with this Disclosure.* PPPs are employment-related activities that are banned in the federal workforce.



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PPPs generally involve some type of personnel decision or action and may result in personal relief for people who have been subject to a PPP. For example, if we find that you were removed from federal service in retaliation for whistleblowing, OSC may act to get your job back. PPPs can also include allegations of harassment, failure to issue appraisals, and improper hiring. Do not file a disclosure to report retaliation or other PPPs.

CONTACT INFORMATION

Title:

First Name:* David

Middle Initial:

Last Name:* Medeiros

International Address?: No

Address:*

215 Mountain St
Willimantic, CT 06226

Cell Phone Number:

Home Phone Number:

Office Phone Number:

Ext.

Email Address:* aabiwr@live.com

Preferred means of contact:

Email: Yes

Cell phone: No

Home phone: No

Office phone: No

REPRESENTATIVE INFORMATION

Do you have representation? No

Information about representative, if applicable.

First Name:*

Middle Initial:

Last Name:*

International Address?:

Address: *



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Office Phone Number:

Ext.

Cell Phone Number:

Home Phone Number:

Email Address:

EMPLOYMENT INFORMATION

Name of Department/Agency about which you are making a disclosure.

Department:* Justice

Agency:* Office Of The Inspector General

Agency subcomponent: Office of Information Policy (OIP)

Street Address: 441 G Street NW, Sixth Floor

City: Washington

State: DC

Zip Code: 20530

Employment Status:* Non-Federal Employee (please specify)

Title	Series	Grade

Please provide your dates of employment in this position.

Employment Service Type	Employment Service Subtype	If Other (specify)
Excepted Service	Other	Private Citizen, Advocate, and Whistleblower
Other	Other	Private Citizen, Advocate, and Whistleblower

Are you covered by a collective bargaining agreement?

DETAILS OF YOUR DISCLOSURES



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Please identify the type of wrongdoing that you are alleging. You can make multiple disclosures, but you **MUST** choose one option. If you check "violation of law, rule, or regulation," specify, if you can, the particular law, rule or regulation violated (by name, subject, and/or legal citation). For each allegation, please answer the following questions (be as specific as possible). Please keep in mind that you will have an opportunity to provide more information and someone from OSC will contact you.

If OSC determines there is a substantial likelihood of wrongdoing, OSC will refer your disclosures to the involved agency for an investigation and report. To meet the substantial likelihood standard, there must be a significant probability that the information reveals wrongdoing that falls within one or more of the categories above. In its evaluation, OSC considers the strength, reliability, and credibility of the disclosures. If the substantial likelihood determination cannot be made, OSC will determine whether there is sufficient information to exercise its discretion to refer the allegations.

DISCLOSURES

Allegation	Violation of Law, Rule or Regulation
What action did they take?	2. What action did they take? The responsible individuals and entities engaged in actions that violate federal statutes, constitutional obligations, and administrative policies, including but not limited to the following: Violation of Federal Transparency Laws: Failed to conduct a thorough and reasonable search for responsive records under the Freedom of Information Act (FOIA) (5 U.S.C. § 552), despite explicit instructions and detailed scope provided in the request. Refused to provide legally required ADA accommodations under Title II of the Americans with Disabilities Act (42 U.S.C. § 12132) and Section 504 of the Rehabilitation Act (29 U.S.C. § 794), creating accessibility barriers. Gross Mismanagement and Abuse of Authority: Systematically ignored procedural deadlines mandated under FOIA (5 U.S.C. § 552(a)(6)), resulting in undue delays that obstruct transparency and accountability. Demonstrated a pattern of withholding critical records related to Medicaid oversight and ADA enforcement without providing valid statutory



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	justifications, in violation of FOIA Exemption Guidelines (5 U.S.C. § 552(b)). Obstruction of Justice and Accountability: Failed to provide detailed statutory justifications for redactions and denials, preventing the requester from exercising their legal right to judicial review under FOIA (5 U.S.C. § 552(a)(4)(B)). Repeatedly directed the requester to inaccessible or non-compliant communication platforms (e.g., external portals or password-protected links), violating established ADA accommodation requirements. Endangerment to Public Interest and Safety: Withheld information critical to the oversight of Medicaid programs, potentially concealing systemic mismanagement and misuse of taxpayer funds. Ignored the public's right to understand government actions affecting vulnerable populations, undermining the principles of equality and justice enshrined in the Constitution. These actions represent a deliberate pattern of non-compliance with federal and constitutional obligations, obstructing public accountability and the ability to identify systemic abuses within government programs.
When did this occur?	3. When Did This Occur? This systemic issue spans several years, with key incidents, failures, and actions occurring on specific dates, culminating in urgent concerns as of 12.05.2024. Below is a timeline and framework tying together all related events to substantiate the overarching claim: Timeline of Incidents and Failures Phase 1: Emergence of ADA and FOIA Compliance Failures 2015–2022: Early reports and complaints regarding ADA non-compliance and systemic Medicaid mismanagement under Connecticut's Acquired Brain Injury (ABI) Waiver Program. Lack of accessibility for individuals with disabilities under the ADA. Widespread mismanagement of public funds, as highlighted in CMS and OIG reports. 2022–2023: Escalated FOIA requests and whistleblower disclosures aimed at exposing Medicaid oversight failures and ADA violations. Denial of access to critical information under FOIA. Refusal to acknowledge



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	or accommodate ADA-compliant requests, perpetuating barriers for disabled individuals a
How did you discover this action?	4. How Did You Discover This Action? The systemic issues, non-compliance, and misconduct were discovered through a combination of personal experience, formal FOIA requests, whistleblower reports, and independent research. The key events leading to the discovery include: Direct Experience with ADA Violations: Barriers encountered while accessing government records and communications. Persistent failure to fulfill reasonable ADA accommodation requests, such as screen-reader-compatible formats, communication via MuckRock, and simplified summaries. FOIA Requests and Responses: Patterns of non-compliance became evident through inadequate responses to FOIA requests submitted over the years. Specific examples include DOJ FOIA requests #534659-XGL, #539298-RJM, #534060-HWM, and #539330-JBZ, which revealed systemic delays, incomplete searches, and procedural violations. Review of Medicaid Oversight Practices: Examination of Medicaid's Acquired Brain Injury (ABI) Waiver Program highlighted gross mismanagement, lack of transparency, and misuse of public funds. Reports of Medicaid provider violations and inadequate state and federal oversight further confirmed systemic issues. Whistleblower Disclosures and Advocacy Efforts: Reports from whistleblowers and advocacy organizations unveiled patterns of retaliation, obstruction, and negligence by state and federal agencies. Independent investigations corroborated claims of systemic non-compliance and mismanagement. Analysis of Agency Correspondence and Public Records: Communications and public documents revealed discrepancies, omissions, and failures to comply with federal laws, including the ADA, FOIA, and whistleblower protection statutes. Formal Reports and Grievances Submitted: Comprehensive grievance reports and requests for clarity submitted on September 24, 2024, and November 22, 2024, highlighted unresolved issues and non-compliance. Lack of adequate responses to



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	these reports confirmed widespread institutional failures. Through these methods, it became clear that the systemic issues were not isolated incidents but part of a broader pattern of negligence, obstruction, and mismanagement affecting vulnerable populations and undermining public trust in government institutions.
What additional facts support your allegation?	5. What additional facts support your allegation? The following additional facts substantiate the allegations, ensuring alignment with constitutional, statutory, and procedural standards as per DB.42.131.Inf. principles: 1. Documented Patterns of Systemic Non-Compliance FOIA Failures: Repeated delays and denials of FOIA requests, including failure to process expedited requests and provide statutorily required ADA accommodations. Example: DOJ FOIA Cases (e.g., #534659-XGL and #539298-RJM) show a pattern of delayed responses without statutory justifications for redactions or denials. ADA Violations: Ignored requests for accessible formats, summaries, and identification of personnel responsible for responses. Statutory Basis: Violates 42 U.S.C. § 12132 (ADA Title II) and Section 504 of the Rehabilitation Act. 2. Agency Mismanagement and Oversight Failures Lack of Coordination: Agencies such as the DOJ, CMS, and Connecticut state entities failed to coordinate efforts to ensure Medicaid oversight and ADA compliance. Specific Example: Medicaid ABI Waiver Program exhibits systemic non-compliance, with no evidence of proper investigation or corrective action despite numerous whistleblower reports. Gross Mismanagement: Evidence of internal disorganization, lack of training on FOIA/ADA compliance, and improper handling of whistleblower disclosures. Supporting Records: Internal audits and communications, highlighted in prior FOIA responses, reveal procedural gaps. 3. Misuse of Taxpayer Funds Fraudulent and Inefficient Use: Documentation shows Medicaid funds potentially mismanaged through the ABI Waiver Program, with discrepancies in provider records and oversight reports. Statutory Connection: Violates 31 U.S.C. §§ 3729-3733 (False Claims Act) by enabling fraud



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	and waste of public funds. Public Interest Concern: The lack of transparency undermines public trust and violates federal standards for the proper use of taxpayer dollars. 4. Whistleblower Retaliation and Barriers Failure to Address Retaliation: Whistleblowers reporting systemic failures faced retaliatory actions and procedural barriers. Example: Whistleblowers highlighted FOIA/ADA non-compliance and systemic Medicaid mismanagement, but their concerns were ignored or met with inadequate responses. Statutory Protection: Violates 5 U.S.C. § 2302(b)(8), protecting employees who disclose information on fraud, waste, or abuse. 5. Constitutional Violations First Amendment: Undermines the right to petition the government for redress of grievances by failing to respond adequately to FOIA requests. Fifth and Fourteenth Amendments: Denial of procedural fairness and equal protection by creating barriers to ADA accommodations and transparent records access. Supremacy Clause: Federal law preempts state practices; federal agencies have failed to enforce compliance with 42 U.S.C. § 12132 and other federal statutes. 6. Supporting Evidence Whistleblower Reports: Detailed whistleblower reports (e.g., 09.24.2024 Whis
Allegation	Gross Mismanagement
What action did they take?	2. What action did they take? The individuals and entities responsible engaged in gross mismanagement by failing to adhere to federal and state legal obligations, including: Failure to Process FOIA Requests in Compliance with Statutory Obligations: Statutory Violation: Non-compliance with the Freedom of Information Act (5 U.S.C. § 552) by denying or improperly processing requests related to ADA compliance, whistleblower protections, and Medicaid oversight. Examples: Inadequate or incomplete searches for requested records. Failure to meet response deadlines under 5 U.S.C. § 552(a)(6). Omission of legally required justifications for redactions or denials. Neglect of Americans with Disabilities Act (ADA) Accommodations: Statutory Violation: Refusal to provide reasonable



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	accommodations required under the ADA Title II (42 U.S.C. § 12132) and Section 504 of the Rehabilitation Act (29 U.S.C. § 794). Examples: Ignoring explicit requests for ADA-compliant communication, such as exclusive use of the MuckRock platform and screen-reader compatible formats. Failure to include simplified summaries for complex records, creating accessibility barriers. Systemic Oversight Failures in Medicaid Programs: Programmatic Failures: Gross mismanagement of the Connecticut Medicaid Acquired Brain Injury (ABI) Waiver Program, resulting in a lack of transparency, accountability, and compliance with federal standards. Examples: Non-disclosure of provider registries and related oversight data. Lack of inter-agency coordination between DOJ, CMS, and state agencies (e.g., DSS, OPM) to address ADA and Medicaid compliance failures. Retaliation and Neglect of Whistleblower Protections: Statutory Violation: Failure to protect whistleblowers under the Whistleblower Protection Act (5 U.S.C. § 2302(b)(8)), enabling systemic discrimination and retaliation. Examples: Refusal to investigate credible reports of ADA non-compliance and Medicaid fraud. Creating or allowing conditions that deter individuals from reporting systemic failures. Mismanagement of Public Resources: Fiscal Irresponsibility: Gross waste of taxpayer funds through inefficiencies and lack of accountability in Medicaid administration and ADA enforcement. Examples: Spending on programs without ensuring compliance with federal mandates. Failure to audit or rectify deficiencies identified in Medicaid and FOIA processes. Erosion of Public Trust Through Lack of Transparency: Institutional Failure: Undermining the public's trust by failing to uphold transparency and accountability in response to FOIA requests and ADA compliance concerns. Examples: Withholding or redacting information critical to public oversight of government programs. Misrepresenting the scope of records available, resulting in unjustified denials of information. These actions represent a systemic pattern of negligence, non-compliance, and



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	mismanagement, impacting public confidence, vulnerable populations, and the integrity of federal and state program
When did this occur?	When Did This Occur? The violations and systemic mismanagement described occurred continuously over an extended period, starting as early as January 2017 and persisting to the present date, December 5, 2024. These issues include: Specific Instances of Violation: January 2017 to December 2024: Failure to process ADA accommodation requests for FOIA requests, impacting accessibility for individuals with disabilities, in direct violation of 42 U.S.C. § 12132 and 5 U.S.C. § 552. May 2021 to Present: Systemic mismanagement and delays in addressing complaints tied to Medicaid oversight, particularly under the Connecticut ABI Waiver Program, impacting transparency and patient rights. November 2024: Specific failure to fulfill FOIA requests #534659-XGL and #539298-RJM, despite statutory deadlines under 5 U.S.C. § 552(a)(6)(A). Ongoing Nature: These issues are continuing in nature, representing a pattern of gross mismanagement, regulatory non-compliance, and systemic failure to meet legal ob
How did you discover this action?	How Did You Discover This Action? The discovery of these systemic failures and gross mismanagement occurred through a combination of direct experience, official correspondence, and extensive documentation spanning multiple years. Key discoveries include: Direct Experience and Advocacy Work: As a whistleblower, I encountered systemic failures while advocating for accountability and justice within programs like the Connecticut Medicaid Acquired Brain Injury (ABI) Waiver Program. Persistent denials of ADA accommodations, delays in FOIA compliance, and lack of transparency highlighted widespread administrative issues. Official Communications and Records: Repeatedly receiving incomplete, noncompliant, or dismissive responses to Freedom of Information Act (FOIA) requests. Letters and decisions from federal agencies, including the Department of Justice (DOJ), failed to address legal and



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	procedural obligations. Pattern Recognition Over Time: Analysis of agency actions over years, including denial of ADA accommodations and mishandling of complaints such as DOJ Complaints #534659-XGL, #539298-RJM, #534060-HWM, and #539330-JBZ. Inconsistent responses and refusals to provide accessible documentation exposed systematic non-compliance. Public Records and Reports: Reviewing state and federal records revealed discrepancies, including missing oversight mechanisms and a lack of accountability in Medicaid and civil rights enforcement. Third-Party Verifications: Consultations with legal experts, advocates, and third-party organizations confirmed systemic patterns of misconduct, mismanagement, and non-compliance across multiple agencies. These discoveries collectively demonstrated a consistent failure to uphold constitutional, statutory, and regulatory requirements, necessitating immediate action to protect rights, ensure accountability, and restore public trust.
What additional facts support your allegation?	Here's a comprehensive response for "What additional facts support your allegation?" that aligns with the DB.42.131.Inf. framework without explicitly referencing it: Additional Facts Supporting Allegations of Gross Mismanagement Documented Patterns of Non-Compliance: Freedom of Information Act (FOIA): Multiple delays, incomplete responses, and inadequate searches for records associated with DOJ Complaint Numbers (#534659-XGL, #539298-RJM, #534060-HWM, and #539330-JBZ). These actions violate 5 U.S.C. § 552, which mandates timely and transparent responses to FOIA requests. Americans with Disabilities Act (ADA): Persistent failure to implement requested accommodations, such as exclusive use of the MuckRock platform and screen-reader-compatible formats. These violations contravene 42 U.S.C. § 12132 and 29 U.S.C. § 794, which ensure equitable access for individuals with disabilities. Interference with Whistleblower Protections: Direct evidence of retaliation against whistleblower activities, including unwarranted delays, procedural obstacles, and



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	redirection of requests to inappropriate offices. These actions undermine 5 U.S.C. § 2302(b)(8), which prohibits retaliation against employees or individuals disclosing systemic mismanagement or legal violations. Evasion of Accountability: Agencies failed to provide the names, roles, and contact information of responsible personnel as required under FOIA. This lack of transparency further obscures accountability and impedes oversight. Systemic Patterns of Gross Mismanagement: Failure to coordinate between federal and state agencies, including DOJ, CMS, and Connecticut's DSS. These gaps have resulted in mismanagement of Medicaid funds under the Acquired Brain Injury Waiver Program, risking harm to vulnerable populations and violating fiduciary obligations under 31 U.S.C. §§ 3729-3733 (False Claims Act). Public Harm and Taxpayer Loss: Ineffective oversight and non-compliance with statutory obligations have resulted in significant public harm, including: Barriers to accessing healthcare for individuals under Medicaid's ABI Waiver Program. Wasted taxpayer funds on non-compliant administrative practices. Diminished public trust in government transparency and accountability. Independent Evidence: Multiple FOIA responses, internal communications, and agency acknowledgments (or lack thereof) corroborate these allegations. Independent reviews, such as oversight reports and public records, reveal systemic failures. Legal Framework Violations: 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. 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 systemi
Allegation	Abuse of Authority
What action did they take?	2. What action did they take? The identified individuals and entities engaged in the following actions that



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	constitute abuse of authority, undermining constitutional laws, ADA protections, whistleblower safeguards, and taxpayer accountability: 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. Obstructed Access to Critical Records: Impeded access to records of significant public interest concerning Medicaid oversight, ADA enforcement, and whistleblower disclosures. This obstruction includes: 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. 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. 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



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	to improve agency disclosure of information. Created Systemic Barriers: 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 <i>Tennessee v. Lane</i> (2004) and <i>Alexander v. Choate</i> (1985). 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. 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 acco
When did this occur?	3. When did this occur? The abuse of authority has occurred and continues to occur over an extended timeline. Key instances include: 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. 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. Ongoing Impact: As of December 5, 2024, agencies persist in failing to provide lawful responses to whistleblower complaints, FOIA requests, and ADA accommodation nee
How did you discover this action?	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



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	period. Specifically: 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. 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. 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. Inter-agency Failures: 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. 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. 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.
What additional facts support your allegation?	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: Historical



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	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. 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. 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. 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. 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,



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	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. 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. Failed Remediation Efforts: Numerous attempts to seek resolution through proper channels, including appeals, requests for media
Allegation	Gross Waste of Funds
What action did they take?	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: 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. 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. Lack of Enforcement for Non-Compliance: Federal agencies, including the Centers for Medicare & Medicaid Services (CMS) and the Department of Justice (DOJ), failed to enforce compliance with federal



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	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. 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. 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. 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. 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 acce
When did this occur?	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: 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



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	decade, indicating an entrenched failure to meet federal and constitutional standards. 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. Recent Escalations: Between October 2024 and December 2024, federal and state agencies failed to coordinate or provide transparency regarding Medicaid oversight a
How did you discover this action?	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: 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. 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. 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. 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



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	Medicaid. 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. 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.
What additional facts support your allegation?	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



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	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 resolut
Allegation	Danger to Public Health
What action did they take?	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



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	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



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	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 collaborati
When did this occur?	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: 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. 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
How did you discover this action?	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: Direct Correspondence: Received responses from the DOJ, CMS, OPM, DSS, and other related agencies that either failed to provide the requested information or did



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	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. 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. Document Review and Analysis: 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. 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. 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



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	treatment of individuals requiring ADA accommodations and Medicaid services.
What additional facts support your allegation?	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



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	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 nee

DISCLOSURE SUBJECTS

Name of individual you believe is responsible for the wrongdoing disclosed.

First Name	Last Name	Title	Chain of Command
Merrick B. Garland Title: U.S. Attorney General Position in Chain of Command: Head of the Department	Merrick B. Garland Title: U.S. Attorney General Position in Chain of Command: Head of the Department	Merrick B. Garland Title: U.S. Attorney General Position in Chain of Command: Head of the Department	Merrick B. Garland Title: U.S. Attorney General Position in Chain of Command: Head of the Department
Kristen Clarke Title: Assistant Attorney General, Civil Rights	Kristen Clarke Title: Assistant Attorney General, Civil Rights	Kristen Clarke Title: Assistant Attorney General, Civil Rights	Kristen Clarke Title: Assistant Attorney General, Civil Rights



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Division Position in Chain of Command	Division Position in Chain of Command	Division Position in Chain of Command	Division Position in Chain of Command
Douglas R. Hibbard Title: Chief, Initial Request Staff, Office of Information Policy Position in Cha	Douglas R. Hibbard Title: Chief, Initial Request Staff, Office of Information Policy Position in Cha	Douglas R. Hibbard Title: Chief, Initial Request Staff, Office of Information Policy Position in Cha	Douglas R. Hibbard Title: Chief, Initial Request Staff, Office of Information Policy Position in Cha
Valeree Villanueva Title: FOIA Public Liaison, Office of Information Policy Position in Chain of Com	Valeree Villanueva Title: FOIA Public Liaison, Office of Information Policy Position in Chain of Com	Valeree Villanueva Title: FOIA Public Liaison, Office of Information Policy Position in Chain of Com	Valeree Villanueva Title: FOIA Public Liaison, Office of Information Policy Position in Chain of Com
Michael E. Horowitz Title: Inspector General, U.S. Department of Justice Position in Chain of Comman	Michael E. Horowitz Title: Inspector General, U.S. Department of Justice Position in Chain of Comman	Michael E. Horowitz Title: Inspector General, U.S. Department of Justice Position in Chain of Comman	Michael E. Horowitz Title: Inspector General, U.S. Department of Justice Position in Chain of Comman
Eric F. Stein Title: Director, Office of Information Programs and Services Position in Chain of Comm	Eric F. Stein Title: Director, Office of Information Programs and Services Position in Chain of Comm	Eric F. Stein Title: Director, Office of Information Programs and Services Position in Chain of Comm	Eric F. Stein Title: Director, Office of Information Programs and Services Position in Chain of Comm
Lori Hartmann Title: Appeals Officer, Office of Information Programs and Services Position in Chain	Lori Hartmann Title: Appeals Officer, Office of Information Programs and Services Position in Chain	Lori Hartmann Title: Appeals Officer, Office of Information Programs and Services Position in Chain	Lori Hartmann Title: Appeals Officer, Office of Information Programs and Services Position in Chain
William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Chief legal	William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Chief legal	William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Chief legal	William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Chief legal



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*Denotes required fields.

Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services Position in Chain	Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services Position in Chain	Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services Position in Chain	Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services Position in Chain
Manisha Juthani, MD Title: Commissioner, Connecticut Department of Public Health Position in Chain o	Manisha Juthani, MD Title: Commissioner, Connecticut Department of Public Health Position in Chain o	Manisha Juthani, MD Title: Commissioner, Connecticut Department of Public Health Position in Chain o	Manisha Juthani, MD Title: Commissioner, Connecticut Department of Public Health Position in Chain o
Jeffrey Beckham Title: Secretary, Connecticut Office of Policy and Management Position in Chain of C	Jeffrey Beckham Title: Secretary, Connecticut Office of Policy and Management Position in Chain of C	Jeffrey Beckham Title: Secretary, Connecticut Office of Policy and Management Position in Chain of C	Jeffrey Beckham Title: Secretary, Connecticut Office of Policy and Management Position in Chain of C
Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in	Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in	Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in	Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in
Alina M. Semo Title: Director, Office of Government Information Services (OGIS) Position in Chain o	Alina M. Semo Title: Director, Office of Government Information Services (OGIS) Position in Chain o	Alina M. Semo Title: Director, Office of Government Information Services (OGIS) Position in Chain o	Alina M. Semo Title: Director, Office of Government Information Services (OGIS) Position in Chain o
Merrick Garland U.S. Attorney General Head of the Department of Justice (DOJ)	Merrick Garland U.S. Attorney General Head of the Department of Justice (DOJ)	Merrick Garland U.S. Attorney General Head of the Department of Justice (DOJ)	Merrick Garland U.S. Attorney General Head of the Department of Justice (DOJ)



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*Denotes required fields.

Kristen Clarke Assistant Attorney General, Civil Rights Division Oversees ADA compliance and civil r	Kristen Clarke Assistant Attorney General, Civil Rights Division Oversees ADA compliance and civil r	Kristen Clarke Assistant Attorney General, Civil Rights Division Oversees ADA compliance and civil r	Kristen Clarke Assistant Attorney General, Civil Rights Division Oversees ADA compliance and civil r
Douglas R. Hibbard Chief, Initial Request Staff, Office of Information Policy Responsible for FOIA p	Douglas R. Hibbard Chief, Initial Request Staff, Office of Information Policy Responsible for FOIA p	Douglas R. Hibbard Chief, Initial Request Staff, Office of Information Policy Responsible for FOIA p	Douglas R. Hibbard Chief, Initial Request Staff, Office of Information Policy Responsible for FOIA p
Valeree Villanueva FOIA Public Liaison, Office of Information Policy Intermediary for unresolved FOI	Valeree Villanueva FOIA Public Liaison, Office of Information Policy Intermediary for unresolved FOI	Valeree Villanueva FOIA Public Liaison, Office of Information Policy Intermediary for unresolved FOI	Valeree Villanueva FOIA Public Liaison, Office of Information Policy Intermediary for unresolved FOI
Alina M. Semo Director, Office of Government Information Services (OGIS) Independent FOIA mediator u	Alina M. Semo Director, Office of Government Information Services (OGIS) Independent FOIA mediator u	Alina M. Semo Director, Office of Government Information Services (OGIS) Independent FOIA mediator u	Alina M. Semo Director, Office of Government Information Services (OGIS) Independent FOIA mediator u
Michael E. Horowitz Inspector General, DOJ Oversees DOJ integrity and investigations	Michael E. Horowitz Inspector General, DOJ Oversees DOJ integrity and investigations	Michael E. Horowitz Inspector General, DOJ Oversees DOJ integrity and investigations	Michael E. Horowitz Inspector General, DOJ Oversees DOJ integrity and investigations
Chiquita Brooks- LaSure Administrator	Chiquita Brooks- LaSure Administrator	Chiquita Brooks- LaSure Administrator	Chiquita Brooks- LaSure Administrator



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, Centers for Medicare & Medicaid Services (CMS) Responsible for	, Centers for Medicare & Medicaid Services (CMS) Responsible for	, Centers for Medicare & Medicaid Services (CMS) Responsible for	, Centers for Medicare & Medicaid Services (CMS) Responsible for
William Tong Attorney General, State of Connecticut Head of state legal enforcement for FOIA and ADA	William Tong Attorney General, State of Connecticut Head of state legal enforcement for FOIA and ADA	William Tong Attorney General, State of Connecticut Head of state legal enforcement for FOIA and ADA	William Tong Attorney General, State of Connecticut Head of state legal enforcement for FOIA and ADA
Andrea Barton Reeves Commissioner, Connecticut Department of Social Services (DSS) Manages Medicaid	Andrea Barton Reeves Commissioner, Connecticut Department of Social Services (DSS) Manages Medicaid	Andrea Barton Reeves Commissioner, Connecticut Department of Social Services (DSS) Manages Medicaid	Andrea Barton Reeves Commissioner, Connecticut Department of Social Services (DSS) Manages Medicaid
Manisha Juthani Commissioner, Connecticut Department of Public Health Oversees public health and rel	Manisha Juthani Commissioner, Connecticut Department of Public Health Oversees public health and rel	Manisha Juthani Commissioner, Connecticut Department of Public Health Oversees public health and rel	Manisha Juthani Commissioner, Connecticut Department of Public Health Oversees public health and rel
Jeffrey Beckham Secretary, Connecticut Office of Policy and Management Coordinates state-level compl	Jeffrey Beckham Secretary, Connecticut Office of Policy and Management Coordinates state-level compl	Jeffrey Beckham Secretary, Connecticut Office of Policy and Management Coordinates state-level compl	Jeffrey Beckham Secretary, Connecticut Office of Policy and Management Coordinates state-level compl
Eric F. Stein Director, Office of Information Programs and Services (State)	Eric F. Stein Director, Office of Information Programs and Services (State)	Eric F. Stein Director, Office of Information Programs and Services (State)	Eric F. Stein Director, Office of Information Programs and Services (State)



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Oversees FOIA processing	Oversees FOIA processing	Oversees FOIA processing	Oversees FOIA processing
Xavier Becerra Secretary, U.S. Department of Health and Human Services (HHS) Responsible for Medicaid	Xavier Becerra Secretary, U.S. Department of Health and Human Services (HHS) Responsible for Medicaid	Secretary, U.S. Department of Health and Human Services (HHS)	Responsible for Medicaid and ADA- related federal policies
Gene L. Dodaro	Gene L. Dodaro	Comptroller General, Government Accountability Office (GAO)	Investigates federal programs for waste, fraud, and abuse
Christi Grimm Title: Inspector General Position in Chain of Command: Health and Human Services (HHS)	Christi A. Grimm – Inspector General, HHS	Christi A. Grimm – Inspector General, HHS	Investigates Medicaid and ADA compliance issues
Julie Su	Julie Su	Acting Secretary, U.S. Department of Labor	Oversees ADA workplace compliance
Lina M. Khan	Lina M. Khan	Chair, Federal Trade Commission (FTC)	Monitors systemic discrimination and public accountability
James Comer	James Comer	Chair, House Oversight Committee	Oversees government accountability and FOIA compliance
Gary Peters	Gary Peters	Chair, Senate Homeland Security Committee	Investigates systemic federal program mismanagement
Jamie Raskin	Jamie Raskin	Chair, House Subcommittee on Civil Rights and Civil Liberties	Oversees ADA and civil rights enforcement



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Dick Durbin	Dick Durbin	Chair, Senate Judiciary Committee	Ensures federal law compliance, including FOIA and ADA
Douglas R. Hibbard Title: Chief, Initial Request Staff Position in Chain of Command: Oversight of FO	Douglas R. Hibbard Title: Chief, Initial Request Staff Position in Chain of Command: Oversight of FO	Douglas R. Hibbard Title: Chief, Initial Request Staff Position in Chain of Command: Oversight of FO	Douglas R. Hibbard Title: Chief, Initial Request Staff Position in Chain of Command: Oversight of FO
Sean R. O'Neill Title: Director, Office of Information Policy (OIP) Position in Chain of Command: Re	Sean R. O'Neill Title: Director, Office of Information Policy (OIP) Position in Chain of Command: Re	Sean R. O'Neill Title: Director, Office of Information Policy (OIP) Position in Chain of Command: Re	Sean R. O'Neill Title: Director, Office of Information Policy (OIP) Position in Chain of Command: Re
Merrick B. Garland Title: Attorney General of the United States Position in Chain of Command: Ultima	Merrick B. Garland Title: Attorney General of the United States Position in Chain of Command: Ultima	Merrick B. Garland Title: Attorney General of the United States Position in Chain of Command: Ultima	Merrick B. Garland Title: Attorney General of the United States Position in Chain of Command: Ultima
Valeree Villanueva Title: FOIA Public Liaison, Office of Information Policy Position in Chain of Co	Valeree Villanueva Title: FOIA Public Liaison, Office of Information Policy Position in Chain of Co	Valeree Villanueva Title: FOIA Public Liaison, Office of Information Policy Position in Chain of Co	Valeree Villanueva Title: FOIA Public Liaison, Office of Information Policy Position in Chain of Co
Kristen Clarke Title: Assistant Attorney General, Civil Rights Division Position in Chain of Comman	Kristen Clarke Title: Assistant Attorney General, Civil Rights Division Position in Chain of Comman	Kristen Clarke Title: Assistant Attorney General, Civil Rights Division Position in Chain of Comman	Kristen Clarke Title: Assistant Attorney General, Civil Rights Division Position in Chain of Comman
Michael E. Horowitz Title: Inspector General, DOJ Position in Chain of	Michael E. Horowitz Title: Inspector General, DOJ Position in Chain of	Michael E. Horowitz Title: Inspector General, DOJ Position in Chain of	Michael E. Horowitz Title: Inspector General, DOJ Position in Chain of



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Command: Monitors misconduct,	Command: Monitors misconduct,	Command: Monitors misconduct,	Command: Monitors misconduct,
William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Coordinate	William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Coordinate	William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Coordinate	William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Coordinate
Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services Position in Cha	Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services Position in Cha	Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services Position in Cha	Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services Position in Cha
Alina M. Semo Title: Director, Office of Government Information Services (OGIS) Position in Chain of	Alina M. Semo Title: Director, Office of Government Information Services (OGIS) Position in Chain of	Alina M. Semo Title: Director, Office of Government Information Services (OGIS) Position in Chain of	Alina M. Semo Title: Director, Office of Government Information Services (OGIS) Position in Chain of
Chiquita Brooks-LaSure Title: Administrator, CMS Position in Chain of Command: Oversight of Medicaid	Chiquita Brooks-LaSure Title: Administrator, CMS Position in Chain of Command: Oversight of Medicaid	Chiquita Brooks-LaSure Title: Administrator, CMS Position in Chain of Command: Oversight of Medicaid	Chiquita Brooks-LaSure Title: Administrator, CMS Position in Chain of Command: Oversight of Medicaid
Manisha Juthani, MD Title: Commissioner, Connecticut Department of Public Health Position in Chain	Manisha Juthani, MD Title: Commissioner, Connecticut Department of Public Health Position in Chain	Manisha Juthani, MD Title: Commissioner, Connecticut Department of Public Health Position in Chain	Manisha Juthani, MD Title: Commissioner, Connecticut Department of Public Health Position in Chain
Jeffrey Beckham Title: Secretary, Connecticut Office of Policy and	Jeffrey Beckham Title: Secretary, Connecticut Office of Policy and	Jeffrey Beckham Title: Secretary, Connecticut Office of Policy and	Jeffrey Beckham Title: Secretary, Connecticut Office of Policy and



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Management Position in Chain of	Management Position in Chain of	Management Position in Chain of	Management Position in Chain of
Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Cha	Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Cha	Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Cha	Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Cha
Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in	Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in	Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in	Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in
James Comer Title: Chair, House Committee on Oversight and Accountability Position in Chain of Comm	James Comer Title: Chair, House Committee on Oversight and Accountability Position in Chain of Comm	James Comer Title: Chair, House Committee on Oversight and Accountability Position in Chain of Comm	James Comer Title: Chair, House Committee on Oversight and Accountability Position in Chain of Comm
Gary Peters Title: Chair, Senate Committee on Homeland Security and Governmental Affairs Position i	Gary Peters Title: Chair, Senate Committee on Homeland Security and Governmental Affairs Position i	Gary Peters Title: Chair, Senate Committee on Homeland Security and Governmental Affairs Position i	Gary Peters Title: Chair, Senate Committee on Homeland Security and Governmental Affairs Position i
Jamie Raskin Title: Chair, House Subcommittee on Civil Rights and Civil Liberties Position in Chain	Jamie Raskin Title: Chair, House Subcommittee on Civil Rights and Civil Liberties Position in Chain	Jamie Raskin Title: Chair, House Subcommittee on Civil Rights and Civil Liberties Position in Chain	Jamie Raskin Title: Chair, House Subcommittee on Civil Rights and Civil Liberties Position in Chain
Dick Durbin Title: Chair, Senate Judiciary Committee Position in Chain of	Dick Durbin Title: Chair, Senate Judiciary Committee Position in Chain of	Dick Durbin Title: Chair, Senate Judiciary Committee Position in Chain of	Dick Durbin Title: Chair, Senate Judiciary Committee Position in Chain of



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Command: Supervises feder	Command: Supervises feder	Command: Supervises feder	Command: Supervises feder
Merrick B. Garland Title: U.S. Attorney General Position in Chain of Command: Top executive respons	Merrick B. Garland Title: U.S. Attorney General Position in Chain of Command: Top executive respons	Merrick B. Garland Title: U.S. Attorney General Position in Chain of Command: Top executive respons	Merrick B. Garland Title: U.S. Attorney General Position in Chain of Command: Top executive respons
Kristen Clarke Title: Assistant Attorney General, Civil Rights Division Position in Chain of Comman	Kristen Clarke Title: Assistant Attorney General, Civil Rights Division Position in Chain of Comman	Kristen Clarke Title: Assistant Attorney General, Civil Rights Division Position in Chain of Comman	Kristen Clarke Title: Assistant Attorney General, Civil Rights Division Position in Chain of Comman
Douglas R. Hibbard Title: Chief, Initial Request Staff, Office of Information Policy (OIP) Position	Douglas R. Hibbard Title: Chief, Initial Request Staff, Office of Information Policy (OIP) Position	Douglas R. Hibbard Title: Chief, Initial Request Staff, Office of Information Policy (OIP) Position	Douglas R. Hibbard Title: Chief, Initial Request Staff, Office of Information Policy (OIP) Position
Valeree Villanueva Title: FOIA Public Liaison, Office of Information Policy Position in Chain of Co	Valeree Villanueva Title: FOIA Public Liaison, Office of Information Policy Position in Chain of Co	Valeree Villanueva Title: FOIA Public Liaison, Office of Information Policy Position in Chain of Co	Valeree Villanueva Title: FOIA Public Liaison, Office of Information Policy Position in Chain of Co
Michael E. Horowitz Title: Inspector General, DOJ Position in Chain of Command: Responsible for ide	Michael E. Horowitz Title: Inspector General, DOJ Position in Chain of Command: Responsible for ide	Michael E. Horowitz Title: Inspector General, DOJ Position in Chain of Command: Responsible for ide	Michael E. Horowitz Title: Inspector General, DOJ Position in Chain of Command: Responsible for ide
Chiquita Brooks- LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS) Positio	Chiquita Brooks- LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS) Positio	Chiquita Brooks- LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS) Positio	Chiquita Brooks- LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS) Positio
Andrea Barton Reeves Title:	Andrea Barton Reeves Title:	Andrea Barton Reeves Title:	Andrea Barton Reeves Title:



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Commissioner, Connecticut Department of Social Services (DSS) Position	Commissioner, Connecticut Department of Social Services (DSS) Position	Commissioner, Connecticut Department of Social Services (DSS) Position	Commissioner, Connecticut Department of Social Services (DSS) Position
Jeffrey Beckham Title: Secretary, Connecticut Office of Policy and Management (OPM) Position in Cha	Jeffrey Beckham Title: Secretary, Connecticut Office of Policy and Management (OPM) Position in Cha	Jeffrey Beckham Title: Secretary, Connecticut Office of Policy and Management (OPM) Position in Cha	Jeffrey Beckham Title: Secretary, Connecticut Office of Policy and Management (OPM) Position in Cha
Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in	Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in	Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in	Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in
Alina M. Semo Title: Director, Office of Government Information Services (OGIS) Position in Chain o	Alina M. Semo Title: Director, Office of Government Information Services (OGIS) Position in Chain o	Alina M. Semo Title: Director, Office of Government Information Services (OGIS) Position in Chain o	Alina M. Semo Title: Director, Office of Government Information Services (OGIS) Position in Chain o
William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Responsibl	William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Responsibl	William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Responsibl	William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Responsibl
Manisha Juthani, MD Title: Commissioner, Connecticut Department of Public Health Position in Chain	Manisha Juthani, MD Title: Commissioner, Connecticut Department of Public Health Position in Chain	Manisha Juthani, MD Title: Commissioner, Connecticut Department of Public Health Position in Chain	Manisha Juthani, MD Title: Commissioner, Connecticut Department of Public Health Position in Chain
Julie Su Title: Acting Secretary, U.S. Department of	Julie Su Title: Acting Secretary, U.S. Department of	Julie Su Title: Acting Secretary, U.S. Department of	Julie Su Title: Acting Secretary, U.S. Department of



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Labor Position in Chain of Command: Ensures fe	Labor Position in Chain of Command: Ensures fe	Labor Position in Chain of Command: Ensures fe	Labor Position in Chain of Command: Ensures fe
Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Cha	Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Cha	Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Cha	Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Cha
Christi Grimm Title: Inspector General, HHS Position in Chain of Command: Responsible for investiga	Christi Grimm Title: Inspector General, HHS Position in Chain of Command: Responsible for investiga	Christi Grimm Title: Inspector General, HHS Position in Chain of Command: Responsible for investiga	Christi Grimm Title: Inspector General, HHS Position in Chain of Command: Responsible for investiga
Lisa M. Gomez Title: Assistant Secretary, Employee Benefits Security Administration (EBSA) Position	Lisa M. Gomez Title: Assistant Secretary, Employee Benefits Security Administration (EBSA) Position	Lisa M. Gomez Title: Assistant Secretary, Employee Benefits Security Administration (EBSA) Position	Lisa M. Gomez Title: Assistant Secretary, Employee Benefits Security Administration (EBSA) Position
Douglas O'Donnell Title: Acting Commissioner, Internal Revenue Service (IRS) Position in Chain of C	Douglas O'Donnell Title: Acting Commissioner, Internal Revenue Service (IRS) Position in Chain of C	Douglas O'Donnell Title: Acting Commissioner, Internal Revenue Service (IRS) Position in Chain of C	Douglas O'Donnell Title: Acting Commissioner, Internal Revenue Service (IRS) Position in Chain of C
Ned Lamont Title: Governor, State of Connecticut Position in Chain of Command: As Chief Executive o	Ned Lamont Title: Governor, State of Connecticut Position in Chain of Command: As Chief Executive o	Ned Lamont Title: Governor, State of Connecticut Position in Chain of Command: As Chief Executive o	Ned Lamont Title: Governor, State of Connecticut Position in Chain of Command: As Chief Executive o
Matthew Ritter Title: Speaker of the House, Connecticut General Assembly	Matthew Ritter Title: Speaker of the House, Connecticut General Assembly	Matthew Ritter Title: Speaker of the House, Connecticut General Assembly	Matthew Ritter Title: Speaker of the House, Connecticut General Assembly



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Position in Chain of Comma	Position in Chain of Comma	Position in Chain of Comma	Position in Chain of Comma
Martin M. Looney Title: President Pro Tempore, Connecticut Senate Position in Chain of Command: Pro	Martin M. Looney Title: President Pro Tempore, Connecticut Senate Position in Chain of Command: Pro	Martin M. Looney Title: President Pro Tempore, Connecticut Senate Position in Chain of Command: Pro	Martin M. Looney Title: President Pro Tempore, Connecticut Senate Position in Chain of Command: Pro
James Comer Title: Chair, House Committee on Oversight and Accountability Position in Chain of Comm	James Comer Title: Chair, House Committee on Oversight and Accountability Position in Chain of Comm	James Comer Title: Chair, House Committee on Oversight and Accountability Position in Chain of Comm	James Comer Title: Chair, House Committee on Oversight and Accountability Position in Chain of Comm
Gary Peters Title: Chair, Senate Committee on Homeland Security and Governmental Affairs Position i	Gary Peters Title: Chair, Senate Committee on Homeland Security and Governmental Affairs Position i	Gary Peters Title: Chair, Senate Committee on Homeland Security and Governmental Affairs Position i	Gary Peters Title: Chair, Senate Committee on Homeland Security and Governmental Affairs Position i
Jamie Raskin Title: Chair, House Subcommittee on Civil Rights and Civil Liberties Position in Chain	Jamie Raskin Title: Chair, House Subcommittee on Civil Rights and Civil Liberties Position in Chain	Jamie Raskin Title: Chair, House Subcommittee on Civil Rights and Civil Liberties Position in Chain	Jamie Raskin Title: Chair, House Subcommittee on Civil Rights and Civil Liberties Position in Chain
Dick Durbin Title: Chair, Senate Judiciary Committee Position in Chain of Command: Ensures DOJ comp	Dick Durbin Title: Chair, Senate Judiciary Committee Position in Chain of Command: Ensures DOJ comp	Dick Durbin Title: Chair, Senate Judiciary Committee Position in Chain of Command: Ensures DOJ comp	Dick Durbin Title: Chair, Senate Judiciary Committee Position in Chain of Command: Ensures DOJ comp
Merrick B. Garland Title: U.S. Attorney General Position in Chain of Command:	Merrick B. Garland Title: U.S. Attorney General Position in Chain of Command:	Merrick B. Garland Title: U.S. Attorney General Position in Chain of Command:	Merrick B. Garland Title: U.S. Attorney General Position in Chain of Command:



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*Denotes required fields.

Head of the U.S. Depa	Head of the U.S. Depa	Head of the U.S. Depa	Head of the U.S. Depa
Kristen Clarke Title: Assistant Attorney General, Civil Rights Division Position in Chain of Comman	Kristen Clarke Title: Assistant Attorney General, Civil Rights Division Position in Chain of Comman	Kristen Clarke Title: Assistant Attorney General, Civil Rights Division Position in Chain of Comman	Kristen Clarke Title: Assistant Attorney General, Civil Rights Division Position in Chain of Comman
Douglas R. Hibbard Title: Chief, Initial Request Staff, Office of Information Policy (OIP) Position	Douglas R. Hibbard Title: Chief, Initial Request Staff, Office of Information Policy (OIP) Position	Douglas R. Hibbard Title: Chief, Initial Request Staff, Office of Information Policy (OIP) Position	Douglas R. Hibbard Title: Chief, Initial Request Staff, Office of Information Policy (OIP) Position
Valeree Villanueva Title: FOIA Public Liaison, Office of Information Policy (OIP) Position in Chain	Valeree Villanueva Title: FOIA Public Liaison, Office of Information Policy (OIP) Position in Chain	Valeree Villanueva Title: FOIA Public Liaison, Office of Information Policy (OIP) Position in Chain	Valeree Villanueva Title: FOIA Public Liaison, Office of Information Policy (OIP) Position in Chain
Chiquita Brooks- LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS) Positio	Chiquita Brooks- LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS) Positio	Chiquita Brooks- LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS) Positio	Chiquita Brooks- LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS) Positio
Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Cha	Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Cha	Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Cha	Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Cha
William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Oversees I	William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Oversees I	William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Oversees I	William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Oversees I
Andrea Barton Reeves Title:	Andrea Barton Reeves Title:	Andrea Barton Reeves Title:	Andrea Barton Reeves Title:



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Commissioner, Connecticut Department of Social Services (DSS) Position	Commissioner, Connecticut Department of Social Services (DSS) Position	Commissioner, Connecticut Department of Social Services (DSS) Position	Commissioner, Connecticut Department of Social Services (DSS) Position
Manisha Juthani, MD Title: Commissioner, Connecticut Department of Public Health (DPH) Position in	Manisha Juthani, MD Title: Commissioner, Connecticut Department of Public Health (DPH) Position in	Manisha Juthani, MD Title: Commissioner, Connecticut Department of Public Health (DPH) Position in	Manisha Juthani, MD Title: Commissioner, Connecticut Department of Public Health (DPH) Position in
Michael E. Horowitz Title: Inspector General, U.S. Department of Justice Position in Chain of Comma	Michael E. Horowitz Title: Inspector General, U.S. Department of Justice Position in Chain of Comma	Michael E. Horowitz Title: Inspector General, U.S. Department of Justice Position in Chain of Comma	Michael E. Horowitz Title: Inspector General, U.S. Department of Justice Position in Chain of Comma
Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in	Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in	Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in	Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in
Alina M. Semo Title: Director, Office of Government Information Services (OGIS) Position in Chain o	Alina M. Semo Title: Director, Office of Government Information Services (OGIS) Position in Chain o	Alina M. Semo Title: Director, Office of Government Information Services (OGIS) Position in Chain o	Alina M. Semo Title: Director, Office of Government Information Services (OGIS) Position in Chain o
Lisa M. Gomez Title: Assistant Secretary, Employee Benefits Security Administration (EBSA), U.S. De	Lisa M. Gomez Title: Assistant Secretary, Employee Benefits Security Administration (EBSA), U.S. De	Lisa M. Gomez Title: Assistant Secretary, Employee Benefits Security Administration (EBSA), U.S. De	Lisa M. Gomez Title: Assistant Secretary, Employee Benefits Security Administration (EBSA), U.S. De
Christi Grimm Title: Inspector General, U.S. Department of	Christi Grimm Title: Inspector General, U.S. Department of	Christi Grimm Title: Inspector General, U.S. Department of	Christi Grimm Title: Inspector General, U.S. Department of



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*Denotes required fields.

Health and Human Services (HHS OIG) Posi	Health and Human Services (HHS OIG) Posi	Health and Human Services (HHS OIG) Posi	Health and Human Services (HHS OIG) Posi
Julie Su Title: Acting Secretary, U.S. Department of Labor (DOL) Position in Chain of Command: Over	Julie Su Title: Acting Secretary, U.S. Department of Labor (DOL) Position in Chain of Command: Over	Julie Su Title: Acting Secretary, U.S. Department of Labor (DOL) Position in Chain of Command: Over	Julie Su Title: Acting Secretary, U.S. Department of Labor (DOL) Position in Chain of Command: Over
Lori Hartmann Title: Appeals Officer, Office of Information Programs and Services, Department of St	Lori Hartmann Title: Appeals Officer, Office of Information Programs and Services, Department of St	Lori Hartmann Title: Appeals Officer, Office of Information Programs and Services, Department of St	Lori Hartmann Title: Appeals Officer, Office of Information Programs and Services, Department of St
Eric F. Stein Title: Director, Office of Information Programs and Services, Department of State Pos	Eric F. Stein Title: Director, Office of Information Programs and Services, Department of State Pos	Eric F. Stein Title: Director, Office of Information Programs and Services, Department of State Pos	Eric F. Stein Title: Director, Office of Information Programs and Services, Department of State Pos
Jeffrey Beckham Title: Secretary, Connecticut Office of Policy and Management (OPM) Position in Cha	Jeffrey Beckham Title: Secretary, Connecticut Office of Policy and Management (OPM) Position in Cha	Jeffrey Beckham Title: Secretary, Connecticut Office of Policy and Management (OPM) Position in Cha	Jeffrey Beckham Title: Secretary, Connecticut Office of Policy and Management (OPM) Position in Cha
Ned Lamont Title: Governor, State of Connecticut Position in Chain of Command: Holds ultimate respo	Ned Lamont Title: Governor, State of Connecticut Position in Chain of Command: Holds ultimate respo	Ned Lamont Title: Governor, State of Connecticut Position in Chain of Command: Holds ultimate respo	Ned Lamont Title: Governor, State of Connecticut Position in Chain of Command: Holds ultimate respo
James Comer Title: Chair, House Committee on Oversight and	James Comer Title: Chair, House Committee on Oversight and	James Comer Title: Chair, House Committee on Oversight and	James Comer Title: Chair, House Committee on Oversight and



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Accountability Position in Chain of Comm	Accountability Position in Chain of Comm	Accountability Position in Chain of Comm	Accountability Position in Chain of Comm
Gary Peters Title: Chair, Senate Committee on Homeland Security and Governmental Affairs Position i	Gary Peters Title: Chair, Senate Committee on Homeland Security and Governmental Affairs Position i	Gary Peters Title: Chair, Senate Committee on Homeland Security and Governmental Affairs Position i	Gary Peters Title: Chair, Senate Committee on Homeland Security and Governmental Affairs Position i
Jamie Raskin Title: Chair, House Subcommittee on Civil Rights and Civil Liberties Position in Chain	Jamie Raskin Title: Chair, House Subcommittee on Civil Rights and Civil Liberties Position in Chain	Jamie Raskin Title: Chair, House Subcommittee on Civil Rights and Civil Liberties Position in Chain	Jamie Raskin Title: Chair, House Subcommittee on Civil Rights and Civil Liberties Position in Chain
Dick Durbin Title: Chair, Senate Judiciary Committee Position in Chain of Command: Oversees the leg	Dick Durbin Title: Chair, Senate Judiciary Committee Position in Chain of Command: Oversees the leg	Dick Durbin Title: Chair, Senate Judiciary Committee Position in Chain of Command: Oversees the leg	Dick Durbin Title: Chair, Senate Judiciary Committee Position in Chain of Command: Oversees the leg

REQUESTED OSC ACTION

What action would you like OSC to take?

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



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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

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.

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:



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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:

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.

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.



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*Denotes required fields.

WHERE ELSE DID YOU REPORT THIS MATTER?

I have also disclosed this information to:

Other Action Type	Action Taken Date

Additional information about reports to Inspectors General, if applicable.

First Name:

Last Name:

Title:

Address:

Email Address:

Telephone Number:

Case ID #:

a. **What is the status of the matter?**

NOTE: MATTERS INVESTIGATED BY AN OFFICE OF INSPECTOR GENERAL

It is the general policy of OSC not to transmit allegations of wrongdoing to the head of the agency involved if the agency's Office of Inspector General has fully investigated, or is currently investigating, the same allegations.

ATTACHMENTS

Please note that the space available for attachments is limited. Therefore, DO NOT attach every document and email that may be relevant to your claim. You will have an opportunity to make additional submissions at a later date. We recommend limiting attachments to official forms and correspondence that document the action(s) at issue in your disclosure if these documents are relevant to your allegations.

I have attached the following documents to my filing:

File Name
12.05.2024 foia doj Binder1.pdf
12.05.2024 foia doj Binder1.docx



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Records Pertaining to Medicaid Services for NPI 1962278119 and NPI 1023012345 (Department of Public Health) (1).zip
ADA Accommodations and Handling of Complaints (DOJ Complaints #534659-XGL, #539298-RJM, #534060-HWM, and #539330-JBZ) (Department of Justice, Office of Information Policy) (1).zip
Request with ADA Accommodation Requirements (Case No. 25-00044-F) (U.S. Department of State) (2).zip
DOJ Complaints 534659-XGL and 539298-RJM, ADA Compliance, and Related Correspondence (Department of Justice, Office of the Attorney General) (2).zip
Request with ADA Accommodation Requirements (Case No. 25-00044-F) (U.S. Department of State) (3).zip
Subject_ Comprehensive FOIA Request for Connecticut Medicaid Acquired Brain Injury Waiver Program Records (Department Of Justice) (3).zip
ADA Accommodations and Handling of Complaints (DOJ Complaints #534659-XGL, #539298-RJM, #534060-HWM, and #539330-JBZ) (Department of Justice, Disability Rights Division) (1).zip
ADA Accommodations and Handling of Complaints (DOJ Complaints #534659-XGL, #539298-RJM, #534060-HWM, and #539330-JBZ) (Department Of Justice) (1).zip
Exposing Systemic Failures in Medicaid Oversight, ADA Enforcement, and Whistleblower Protections to Ensure Justice and Transparency for All Americans (Department of Justice, Office of Information Policy) (1).zip
DOJ Complaints 534659-XGL and 539298-RJM, ADA Compliance, and Related Correspondence (Department of Justice, Office of Information Policy) (1).zip
DOJ Complaints 534659-XGL and 539298-RJM, ADA Compliance, and Related Correspondence (Department Of Justice) (2).zip
DOJ Complaints 534659-XGL and 539298-RJM, ADA Compliance, and Related Correspondence (Department Of Justice) (2).zip
Exposing Systemic Failures in Medicaid Oversight, ADA Enforcement, and Whistleblower Protections to Ensure Justice and Transparency for All Americans (Department of Justice, Office of the Attorney General) (1).zip
DOJ Complaints 534659-XGL and 539298-RJM, ADA Compliance, and Related Correspondence (Department Of Justice) (3).zip
Comprehensive Grievance Report and Request for Clarity Whistleblower Report Mediciad ABI Waiver Programs.pdf
09.24.2024
Federal Intervention_HHS_OIG_CMS_GAO_DOJ_OCR_Whistleblower_Report_2024.pdf
540144-VPT 12.03.2024 Mail - ABI RESOURCES 860 942-0365 - Outlook.pdf



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09.24.2024
Federal_Intervention_HHS_OIG_CMS_GAO_DOJ_OCR_Whistleblower_Report_2024.pdf
Subject Freedom of Information Act Request DOJ Complaints 534659-XGL and 539298-RJM ADA Compliance and Related Correspondence Department Of Justice Final Response .pdf
12.05.2024 Request for OSC Action to Address Systemic Violations Impacting Medicaid Consumers Taxpayers Disability Rights and Constitutional Protections Urgent Appeal for Justice DB.42.131.Inf. ABI Medeiros Connecticut DOGE .pdf
12.05.2024 Request for OSC Action to Address Systemic Violations Impacting Medicaid Consumers Taxpayers Disability Rights and Constitutional Protections Urgent Appeal for Justice DB.42.131.Inf. ABI Medeiros Connecticut DOGE .docx
Admin-CL (1).pdf
FOIA_Acknowledgement_Letter_-_FIG_-_Medeiros.pdf
01.02.2024 TIMELINE BUILD .docx
Medeiros Response.pdf
03.06.2024 CHRO Case Mail - ABI RESOURCES 860 942-0365 - Outlook (2).pdf

CONSENT

Do you consent to the disclosure of your identify to others outside OSC if it becomes necessary in taking further action on this matter?*

I consent to disclosure of my identity.

Yes

I do not consent to disclosure of my identity. (Even if you do not consent, OSC may disclose your identity if necessary due to an imminent danger to public health or safety or imminent violation of any criminal law. See 5 U.S.C. § 1213(h).)

No

CERTIFICATION

I certify that all of the statements made in this complaint are true, complete, and correct to the best of my knowledge and belief. I understand that a false statement or concealment of a material fact is a criminal offense punishable by a fine, imprisonment, or both. 18 U.S.C. § 1001.*



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Yes

BURDEN: The burden for this collection of information (including the time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the form) is estimated to be an average of one hour to submit a disclosure of information alleging agency wrongdoing, one hour and fifteen minutes to submit a complaint alleging a prohibited personnel practice or other prohibited activity, or 30 minutes to submit a complaint alleging prohibited political activity. Please send any comments about this burden estimate, and suggestions for reducing the burden, to the U.S. Office of Special Counsel, General Counsel's Office, 1730 M Street, NW, Suite 218, Washington, DC 20036-4505.

This Disclosure of Information was Received by OSC on: 12/5/2024

PLEASE KEEP A COPY OF YOUR COMPLAINT, ANY SUPPORTING DOCUMENTATION, AND ANY ADDITIONAL ALLEGATIONS THAT YOU SEND TO OSC NOW OR AT ANY TIME WHILE YOUR COMPLAINT IS PENDING. REPRODUCTION CHARGES UNDER THE FREEDOM OF INFORMATION ACT MAY APPLY TO ANY REQUEST YOU MAKE FOR COPIES OF MATERIALS THAT YOU PROVIDED TO OSC.



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IMPORTANT INFORMATION ABOUT FILING A DISCLOSURE

OSC WHISTLEBLOWER DISCLOSURE CHANNEL

Under 5 U.S.C. § 1213 and related provisions, the Office of Special Counsel (OSC) serves as a secure channel for federal employees, former federal employees, and applicants for federal employment with reliable knowledge of the wrongdoing to disclose:

- a violation of law, rule or regulation;
- gross mismanagement;
- gross waste of funds;
- an abuse of authority;
- a substantial and specific danger to public health or safety; and/or
- censorship related to scientific research.

OSC JURISDICTION

OSC has no jurisdiction over disclosures filed by:

- employees of the U.S. Postal Service and the Postal Regulatory Commission;
- members of the armed forces of the United States (*i.e.*, non-civilian military employees);
- state employees operating under federal grants;
- employees of federal contractors;
- other employees or federal agencies that are exempt under federal law; and
- Congressional or judicial branch employees.

ANONYMOUS SOURCES

While OSC will protect the identity of persons who make disclosures, it will not consider anonymous disclosures. If a disclosure is filed by an anonymous source, the disclosure will be referred to the Office of Inspector General in the appropriate agency. OSC will take no further action.

RETALIATION

Do you believe you suffered retaliation by your agency for disclosing wrongdoing? If yes, you may file a complaint of retaliation by navigating back to "My Cases" and selecting "New Complaint." Select Option 1 to complete and submit a Complaint of Prohibited Personnel Practice or other Prohibited Activity (PPPs). *If you have already completed the Complaint of Prohibited Personnel Practice or other Prohibited Activity above, please continue with this Disclosure.* PPPs are employment-related activities that are banned in the federal workforce.



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PPPs generally involve some type of personnel decision or action and may result in personal relief for people who have been subject to a PPP. For example, if we find that you were removed from federal service in retaliation for whistleblowing, OSC may act to get your job back. PPPs can also include allegations of harassment, failure to issue appraisals, and improper hiring. Do not file a disclosure to report retaliation or other PPPs.

CONTACT INFORMATION

Title:

First Name:* David

Middle Initial:

Last Name:* Medeiros

International Address?: No

Address:*

215 Mountain St
Willimantic, CT 06226

Cell Phone Number:

Home Phone Number:

Office Phone Number:

Ext.

Email Address:* aabiwr@live.com

Preferred means of contact:

Email: Yes

Cell phone: No

Home phone: No

Office phone: No

REPRESENTATIVE INFORMATION

Do you have representation? No

Information about representative, if applicable.

First Name:*

Middle Initial:

Last Name:*

International Address?:

Address: *



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Office Phone Number:

Ext.

Cell Phone Number:

Home Phone Number:

Email Address:

EMPLOYMENT INFORMATION

Name of Department/Agency about which you are making a disclosure.

Department:* Justice

Agency:* Office Of The Inspector General

Agency subcomponent: Office of Information Policy (OIP)

Street Address: 441 G Street NW, Sixth Floor

City: Washington

State: DC

Zip Code: 20530

Employment Status:* Non-Federal Employee (please specify)

Title	Series	Grade

Please provide your dates of employment in this position.

Employment Service Type	Employment Service Subtype	If Other (specify)
Excepted Service	Other	Private Citizen, Advocate, and Whistleblower
Other	Other	Private Citizen, Advocate, and Whistleblower

Are you covered by a collective bargaining agreement?

DETAILS OF YOUR DISCLOSURES



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Please identify the type of wrongdoing that you are alleging. You can make multiple disclosures, but you **MUST** choose one option. If you check "violation of law, rule, or regulation," specify, if you can, the particular law, rule or regulation violated (by name, subject, and/or legal citation). For each allegation, please answer the following questions (be as specific as possible). Please keep in mind that you will have an opportunity to provide more information and someone from OSC will contact you.

If OSC determines there is a substantial likelihood of wrongdoing, OSC will refer your disclosures to the involved agency for an investigation and report. To meet the substantial likelihood standard, there must be a significant probability that the information reveals wrongdoing that falls within one or more of the categories above. In its evaluation, OSC considers the strength, reliability, and credibility of the disclosures. If the substantial likelihood determination cannot be made, OSC will determine whether there is sufficient information to exercise its discretion to refer the allegations.

DISCLOSURES

Allegation	Violation of Law, Rule or Regulation
What action did they take?	2. What action did they take? The responsible individuals and entities engaged in actions that violate federal statutes, constitutional obligations, and administrative policies, including but not limited to the following: Violation of Federal Transparency Laws: Failed to conduct a thorough and reasonable search for responsive records under the Freedom of Information Act (FOIA) (5 U.S.C. § 552), despite explicit instructions and detailed scope provided in the request. Refused to provide legally required ADA accommodations under Title II of the Americans with Disabilities Act (42 U.S.C. § 12132) and Section 504 of the Rehabilitation Act (29 U.S.C. § 794), creating accessibility barriers. Gross Mismanagement and Abuse of Authority: Systematically ignored procedural deadlines mandated under FOIA (5 U.S.C. § 552(a)(6)), resulting in undue delays that obstruct transparency and accountability. Demonstrated a pattern of withholding critical records related to Medicaid oversight and ADA enforcement without providing valid statutory



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	justifications, in violation of FOIA Exemption Guidelines (5 U.S.C. § 552(b)). Obstruction of Justice and Accountability: Failed to provide detailed statutory justifications for redactions and denials, preventing the requester from exercising their legal right to judicial review under FOIA (5 U.S.C. § 552(a)(4)(B)). Repeatedly directed the requester to inaccessible or non-compliant communication platforms (e.g., external portals or password-protected links), violating established ADA accommodation requirements. Endangerment to Public Interest and Safety: Withheld information critical to the oversight of Medicaid programs, potentially concealing systemic mismanagement and misuse of taxpayer funds. Ignored the public's right to understand government actions affecting vulnerable populations, undermining the principles of equality and justice enshrined in the Constitution. These actions represent a deliberate pattern of non-compliance with federal and constitutional obligations, obstructing public accountability and the ability to identify systemic abuses within government programs.
When did this occur?	3. When Did This Occur? This systemic issue spans several years, with key incidents, failures, and actions occurring on specific dates, culminating in urgent concerns as of 12.05.2024. Below is a timeline and framework tying together all related events to substantiate the overarching claim: Timeline of Incidents and Failures Phase 1: Emergence of ADA and FOIA Compliance Failures 2015–2022: Early reports and complaints regarding ADA non-compliance and systemic Medicaid mismanagement under Connecticut's Acquired Brain Injury (ABI) Waiver Program. Lack of accessibility for individuals with disabilities under the ADA. Widespread mismanagement of public funds, as highlighted in CMS and OIG reports. 2022–2023: Escalated FOIA requests and whistleblower disclosures aimed at exposing Medicaid oversight failures and ADA violations. Denial of access to critical information under FOIA. Refusal to acknowledge



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	or accommodate ADA-compliant requests, perpetuating barriers for disabled individuals a
How did you discover this action?	4. How Did You Discover This Action? The systemic issues, non-compliance, and misconduct were discovered through a combination of personal experience, formal FOIA requests, whistleblower reports, and independent research. The key events leading to the discovery include: Direct Experience with ADA Violations: Barriers encountered while accessing government records and communications. Persistent failure to fulfill reasonable ADA accommodation requests, such as screen-reader-compatible formats, communication via MuckRock, and simplified summaries. FOIA Requests and Responses: Patterns of non-compliance became evident through inadequate responses to FOIA requests submitted over the years. Specific examples include DOJ FOIA requests #534659-XGL, #539298-RJM, #534060-HWM, and #539330-JBZ, which revealed systemic delays, incomplete searches, and procedural violations. Review of Medicaid Oversight Practices: Examination of Medicaid's Acquired Brain Injury (ABI) Waiver Program highlighted gross mismanagement, lack of transparency, and misuse of public funds. Reports of Medicaid provider violations and inadequate state and federal oversight further confirmed systemic issues. Whistleblower Disclosures and Advocacy Efforts: Reports from whistleblowers and advocacy organizations unveiled patterns of retaliation, obstruction, and negligence by state and federal agencies. Independent investigations corroborated claims of systemic non-compliance and mismanagement. Analysis of Agency Correspondence and Public Records: Communications and public documents revealed discrepancies, omissions, and failures to comply with federal laws, including the ADA, FOIA, and whistleblower protection statutes. Formal Reports and Grievances Submitted: Comprehensive grievance reports and requests for clarity submitted on September 24, 2024, and November 22, 2024, highlighted unresolved issues and non-compliance. Lack of adequate responses to



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	these reports confirmed widespread institutional failures. Through these methods, it became clear that the systemic issues were not isolated incidents but part of a broader pattern of negligence, obstruction, and mismanagement affecting vulnerable populations and undermining public trust in government institutions.
What additional facts support your allegation?	5. What additional facts support your allegation? The following additional facts substantiate the allegations, ensuring alignment with constitutional, statutory, and procedural standards as per DB.42.131.Inf. principles: 1. Documented Patterns of Systemic Non-Compliance FOIA Failures: Repeated delays and denials of FOIA requests, including failure to process expedited requests and provide statutorily required ADA accommodations. Example: DOJ FOIA Cases (e.g., #534659-XGL and #539298-RJM) show a pattern of delayed responses without statutory justifications for redactions or denials. ADA Violations: Ignored requests for accessible formats, summaries, and identification of personnel responsible for responses. Statutory Basis: Violates 42 U.S.C. § 12132 (ADA Title II) and Section 504 of the Rehabilitation Act. 2. Agency Mismanagement and Oversight Failures Lack of Coordination: Agencies such as the DOJ, CMS, and Connecticut state entities failed to coordinate efforts to ensure Medicaid oversight and ADA compliance. Specific Example: Medicaid ABI Waiver Program exhibits systemic non-compliance, with no evidence of proper investigation or corrective action despite numerous whistleblower reports. Gross Mismanagement: Evidence of internal disorganization, lack of training on FOIA/ADA compliance, and improper handling of whistleblower disclosures. Supporting Records: Internal audits and communications, highlighted in prior FOIA responses, reveal procedural gaps. 3. Misuse of Taxpayer Funds Fraudulent and Inefficient Use: Documentation shows Medicaid funds potentially mismanaged through the ABI Waiver Program, with discrepancies in provider records and oversight reports. Statutory Connection: Violates 31 U.S.C. §§ 3729-3733 (False Claims Act) by enabling fraud



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	and waste of public funds. Public Interest Concern: The lack of transparency undermines public trust and violates federal standards for the proper use of taxpayer dollars. 4. Whistleblower Retaliation and Barriers Failure to Address Retaliation: Whistleblowers reporting systemic failures faced retaliatory actions and procedural barriers. Example: Whistleblowers highlighted FOIA/ADA non-compliance and systemic Medicaid mismanagement, but their concerns were ignored or met with inadequate responses. Statutory Protection: Violates 5 U.S.C. § 2302(b)(8), protecting employees who disclose information on fraud, waste, or abuse. 5. Constitutional Violations First Amendment: Undermines the right to petition the government for redress of grievances by failing to respond adequately to FOIA requests. Fifth and Fourteenth Amendments: Denial of procedural fairness and equal protection by creating barriers to ADA accommodations and transparent records access. Supremacy Clause: Federal law preempts state practices; federal agencies have failed to enforce compliance with 42 U.S.C. § 12132 and other federal statutes. 6. Supporting Evidence Whistleblower Reports: Detailed whistleblower reports (e.g., 09.24.2024 Whis
Allegation	Gross Mismanagement
What action did they take?	2. What action did they take? The individuals and entities responsible engaged in gross mismanagement by failing to adhere to federal and state legal obligations, including: Failure to Process FOIA Requests in Compliance with Statutory Obligations: Statutory Violation: Non-compliance with the Freedom of Information Act (5 U.S.C. § 552) by denying or improperly processing requests related to ADA compliance, whistleblower protections, and Medicaid oversight. Examples: Inadequate or incomplete searches for requested records. Failure to meet response deadlines under 5 U.S.C. § 552(a)(6). Omission of legally required justifications for redactions or denials. Neglect of Americans with Disabilities Act (ADA) Accommodations: Statutory Violation: Refusal to provide reasonable



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	accommodations required under the ADA Title II (42 U.S.C. § 12132) and Section 504 of the Rehabilitation Act (29 U.S.C. § 794). Examples: Ignoring explicit requests for ADA-compliant communication, such as exclusive use of the MuckRock platform and screen-reader compatible formats. Failure to include simplified summaries for complex records, creating accessibility barriers. Systemic Oversight Failures in Medicaid Programs: Programmatic Failures: Gross mismanagement of the Connecticut Medicaid Acquired Brain Injury (ABI) Waiver Program, resulting in a lack of transparency, accountability, and compliance with federal standards. Examples: Non-disclosure of provider registries and related oversight data. Lack of inter-agency coordination between DOJ, CMS, and state agencies (e.g., DSS, OPM) to address ADA and Medicaid compliance failures. Retaliation and Neglect of Whistleblower Protections: Statutory Violation: Failure to protect whistleblowers under the Whistleblower Protection Act (5 U.S.C. § 2302(b)(8)), enabling systemic discrimination and retaliation. Examples: Refusal to investigate credible reports of ADA non-compliance and Medicaid fraud. Creating or allowing conditions that deter individuals from reporting systemic failures. Mismanagement of Public Resources: Fiscal Irresponsibility: Gross waste of taxpayer funds through inefficiencies and lack of accountability in Medicaid administration and ADA enforcement. Examples: Spending on programs without ensuring compliance with federal mandates. Failure to audit or rectify deficiencies identified in Medicaid and FOIA processes. Erosion of Public Trust Through Lack of Transparency: Institutional Failure: Undermining the public's trust by failing to uphold transparency and accountability in response to FOIA requests and ADA compliance concerns. Examples: Withholding or redacting information critical to public oversight of government programs. Misrepresenting the scope of records available, resulting in unjustified denials of information. These actions represent a systemic pattern of negligence, non-compliance, and



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	mismanagement, impacting public confidence, vulnerable populations, and the integrity of federal and state program
When did this occur?	When Did This Occur? The violations and systemic mismanagement described occurred continuously over an extended period, starting as early as January 2017 and persisting to the present date, December 5, 2024. These issues include: Specific Instances of Violation: January 2017 to December 2024: Failure to process ADA accommodation requests for FOIA requests, impacting accessibility for individuals with disabilities, in direct violation of 42 U.S.C. § 12132 and 5 U.S.C. § 552. May 2021 to Present: Systemic mismanagement and delays in addressing complaints tied to Medicaid oversight, particularly under the Connecticut ABI Waiver Program, impacting transparency and patient rights. November 2024: Specific failure to fulfill FOIA requests #534659-XGL and #539298-RJM, despite statutory deadlines under 5 U.S.C. § 552(a)(6)(A). Ongoing Nature: These issues are continuing in nature, representing a pattern of gross mismanagement, regulatory non-compliance, and systemic failure to meet legal ob
How did you discover this action?	How Did You Discover This Action? The discovery of these systemic failures and gross mismanagement occurred through a combination of direct experience, official correspondence, and extensive documentation spanning multiple years. Key discoveries include: Direct Experience and Advocacy Work: As a whistleblower, I encountered systemic failures while advocating for accountability and justice within programs like the Connecticut Medicaid Acquired Brain Injury (ABI) Waiver Program. Persistent denials of ADA accommodations, delays in FOIA compliance, and lack of transparency highlighted widespread administrative issues. Official Communications and Records: Repeatedly receiving incomplete, noncompliant, or dismissive responses to Freedom of Information Act (FOIA) requests. Letters and decisions from federal agencies, including the Department of Justice (DOJ), failed to address legal and



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	procedural obligations. Pattern Recognition Over Time: Analysis of agency actions over years, including denial of ADA accommodations and mishandling of complaints such as DOJ Complaints #534659-XGL, #539298-RJM, #534060-HWM, and #539330-JBZ. Inconsistent responses and refusals to provide accessible documentation exposed systematic non-compliance. Public Records and Reports: Reviewing state and federal records revealed discrepancies, including missing oversight mechanisms and a lack of accountability in Medicaid and civil rights enforcement. Third-Party Verifications: Consultations with legal experts, advocates, and third-party organizations confirmed systemic patterns of misconduct, mismanagement, and non-compliance across multiple agencies. These discoveries collectively demonstrated a consistent failure to uphold constitutional, statutory, and regulatory requirements, necessitating immediate action to protect rights, ensure accountability, and restore public trust.
What additional facts support your allegation?	Here's a comprehensive response for "What additional facts support your allegation?" that aligns with the DB.42.131.Inf. framework without explicitly referencing it: Additional Facts Supporting Allegations of Gross Mismanagement Documented Patterns of Non-Compliance: Freedom of Information Act (FOIA): Multiple delays, incomplete responses, and inadequate searches for records associated with DOJ Complaint Numbers (#534659-XGL, #539298-RJM, #534060-HWM, and #539330-JBZ). These actions violate 5 U.S.C. § 552, which mandates timely and transparent responses to FOIA requests. Americans with Disabilities Act (ADA): Persistent failure to implement requested accommodations, such as exclusive use of the MuckRock platform and screen-reader-compatible formats. These violations contravene 42 U.S.C. § 12132 and 29 U.S.C. § 794, which ensure equitable access for individuals with disabilities. Interference with Whistleblower Protections: Direct evidence of retaliation against whistleblower activities, including unwarranted delays, procedural obstacles, and



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	redirection of requests to inappropriate offices. These actions undermine 5 U.S.C. § 2302(b)(8), which prohibits retaliation against employees or individuals disclosing systemic mismanagement or legal violations. Evasion of Accountability: Agencies failed to provide the names, roles, and contact information of responsible personnel as required under FOIA. This lack of transparency further obscures accountability and impedes oversight. Systemic Patterns of Gross Mismanagement: Failure to coordinate between federal and state agencies, including DOJ, CMS, and Connecticut's DSS. These gaps have resulted in mismanagement of Medicaid funds under the Acquired Brain Injury Waiver Program, risking harm to vulnerable populations and violating fiduciary obligations under 31 U.S.C. §§ 3729-3733 (False Claims Act). Public Harm and Taxpayer Loss: Ineffective oversight and non-compliance with statutory obligations have resulted in significant public harm, including: Barriers to accessing healthcare for individuals under Medicaid's ABI Waiver Program. Wasted taxpayer funds on non-compliant administrative practices. Diminished public trust in government transparency and accountability. Independent Evidence: Multiple FOIA responses, internal communications, and agency acknowledgments (or lack thereof) corroborate these allegations. Independent reviews, such as oversight reports and public records, reveal systemic failures. Legal Framework Violations: 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. 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 systemi
Allegation	Abuse of Authority
What action did they take?	2. What action did they take? The identified individuals and entities engaged in the following actions that



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	constitute abuse of authority, undermining constitutional laws, ADA protections, whistleblower safeguards, and taxpayer accountability: 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. Obstructed Access to Critical Records: Impeded access to records of significant public interest concerning Medicaid oversight, ADA enforcement, and whistleblower disclosures. This obstruction includes: 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. 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. 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



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	to improve agency disclosure of information. Created Systemic Barriers: 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 <i>Tennessee v. Lane</i> (2004) and <i>Alexander v. Choate</i> (1985). 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. 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 acco
When did this occur?	3. When did this occur? The abuse of authority has occurred and continues to occur over an extended timeline. Key instances include: 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. 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. Ongoing Impact: As of December 5, 2024, agencies persist in failing to provide lawful responses to whistleblower complaints, FOIA requests, and ADA accommodation nee
How did you discover this action?	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



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	period. Specifically: 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. 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. 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. Inter-agency Failures: 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. 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. 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.
What additional facts support your allegation?	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: Historical



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	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. 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. 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. 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. 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,



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	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. 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. Failed Remediation Efforts: Numerous attempts to seek resolution through proper channels, including appeals, requests for media
Allegation	Gross Waste of Funds
What action did they take?	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: 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. 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. Lack of Enforcement for Non-Compliance: Federal agencies, including the Centers for Medicare & Medicaid Services (CMS) and the Department of Justice (DOJ), failed to enforce compliance with federal



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	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. 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. 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. 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. 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 acce
When did this occur?	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: 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



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	decade, indicating an entrenched failure to meet federal and constitutional standards. 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. Recent Escalations: Between October 2024 and December 2024, federal and state agencies failed to coordinate or provide transparency regarding Medicaid oversight a
How did you discover this action?	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: 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. 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. 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. 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



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	Medicaid. 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. 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.
What additional facts support your allegation?	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



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	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 resolut
Allegation	Danger to Public Health
What action did they take?	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



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	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



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	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 collaborati
When did this occur?	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: 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. 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
How did you discover this action?	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: Direct Correspondence: Received responses from the DOJ, CMS, OPM, DSS, and other related agencies that either failed to provide the requested information or did



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	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. 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. Document Review and Analysis: 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. 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. 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



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	treatment of individuals requiring ADA accommodations and Medicaid services.
What additional facts support your allegation?	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



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	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

DISCLOSURE SUBJECTS

Name of individual you believe is responsible for the wrongdoing disclosed.

First Name	Last Name	Title	Chain of Command
Merrick B. Garland Title: U.S. Attorney General Position in Chain of Command: Head of the Department	Merrick B. Garland Title: U.S. Attorney General Position in Chain of Command: Head of the Department	Merrick B. Garland Title: U.S. Attorney General Position in Chain of Command: Head of the Department	Merrick B. Garland Title: U.S. Attorney General Position in Chain of Command: Head of the Department
Kristen Clarke Title: Assistant Attorney General, Civil Rights	Kristen Clarke Title: Assistant Attorney General, Civil Rights	Kristen Clarke Title: Assistant Attorney General, Civil Rights	Kristen Clarke Title: Assistant Attorney General, Civil Rights



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Division Position in Chain of Command	Division Position in Chain of Command	Division Position in Chain of Command	Division Position in Chain of Command
Douglas R. Hibbard Title: Chief, Initial Request Staff, Office of Information Policy Position in Cha	Douglas R. Hibbard Title: Chief, Initial Request Staff, Office of Information Policy Position in Cha	Douglas R. Hibbard Title: Chief, Initial Request Staff, Office of Information Policy Position in Cha	Douglas R. Hibbard Title: Chief, Initial Request Staff, Office of Information Policy Position in Cha
Valeree Villanueva Title: FOIA Public Liaison, Office of Information Policy Position in Chain of Com	Valeree Villanueva Title: FOIA Public Liaison, Office of Information Policy Position in Chain of Com	Valeree Villanueva Title: FOIA Public Liaison, Office of Information Policy Position in Chain of Com	Valeree Villanueva Title: FOIA Public Liaison, Office of Information Policy Position in Chain of Com
Michael E. Horowitz Title: Inspector General, U.S. Department of Justice Position in Chain of Comman	Michael E. Horowitz Title: Inspector General, U.S. Department of Justice Position in Chain of Comman	Michael E. Horowitz Title: Inspector General, U.S. Department of Justice Position in Chain of Comman	Michael E. Horowitz Title: Inspector General, U.S. Department of Justice Position in Chain of Comman
Eric F. Stein Title: Director, Office of Information Programs and Services Position in Chain of Comm	Eric F. Stein Title: Director, Office of Information Programs and Services Position in Chain of Comm	Eric F. Stein Title: Director, Office of Information Programs and Services Position in Chain of Comm	Eric F. Stein Title: Director, Office of Information Programs and Services Position in Chain of Comm
Lori Hartmann Title: Appeals Officer, Office of Information Programs and Services Position in Chain	Lori Hartmann Title: Appeals Officer, Office of Information Programs and Services Position in Chain	Lori Hartmann Title: Appeals Officer, Office of Information Programs and Services Position in Chain	Lori Hartmann Title: Appeals Officer, Office of Information Programs and Services Position in Chain
William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Chief legal	William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Chief legal	William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Chief legal	William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Chief legal



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Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services Position in Chain	Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services Position in Chain	Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services Position in Chain	Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services Position in Chain
Manisha Juthani, MD Title: Commissioner, Connecticut Department of Public Health Position in Chain o	Manisha Juthani, MD Title: Commissioner, Connecticut Department of Public Health Position in Chain o	Manisha Juthani, MD Title: Commissioner, Connecticut Department of Public Health Position in Chain o	Manisha Juthani, MD Title: Commissioner, Connecticut Department of Public Health Position in Chain o
Jeffrey Beckham Title: Secretary, Connecticut Office of Policy and Management Position in Chain of C	Jeffrey Beckham Title: Secretary, Connecticut Office of Policy and Management Position in Chain of C	Jeffrey Beckham Title: Secretary, Connecticut Office of Policy and Management Position in Chain of C	Jeffrey Beckham Title: Secretary, Connecticut Office of Policy and Management Position in Chain of C
Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in	Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in	Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in	Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in
Alina M. Semo Title: Director, Office of Government Information Services (OGIS) Position in Chain o	Alina M. Semo Title: Director, Office of Government Information Services (OGIS) Position in Chain o	Alina M. Semo Title: Director, Office of Government Information Services (OGIS) Position in Chain o	Alina M. Semo Title: Director, Office of Government Information Services (OGIS) Position in Chain o
Merrick Garland U.S. Attorney General Head of the Department of Justice (DOJ)	Merrick Garland U.S. Attorney General Head of the Department of Justice (DOJ)	Merrick Garland U.S. Attorney General Head of the Department of Justice (DOJ)	Merrick Garland U.S. Attorney General Head of the Department of Justice (DOJ)



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Kristen Clarke Assistant Attorney General, Civil Rights Division Oversees ADA compliance and civil r	Kristen Clarke Assistant Attorney General, Civil Rights Division Oversees ADA compliance and civil r	Kristen Clarke Assistant Attorney General, Civil Rights Division Oversees ADA compliance and civil r	Kristen Clarke Assistant Attorney General, Civil Rights Division Oversees ADA compliance and civil r
Douglas R. Hibbard Chief, Initial Request Staff, Office of Information Policy Responsible for FOIA p	Douglas R. Hibbard Chief, Initial Request Staff, Office of Information Policy Responsible for FOIA p	Douglas R. Hibbard Chief, Initial Request Staff, Office of Information Policy Responsible for FOIA p	Douglas R. Hibbard Chief, Initial Request Staff, Office of Information Policy Responsible for FOIA p
Valeree Villanueva FOIA Public Liaison, Office of Information Policy Intermediary for unresolved FOI	Valeree Villanueva FOIA Public Liaison, Office of Information Policy Intermediary for unresolved FOI	Valeree Villanueva FOIA Public Liaison, Office of Information Policy Intermediary for unresolved FOI	Valeree Villanueva FOIA Public Liaison, Office of Information Policy Intermediary for unresolved FOI
Alina M. Semo Director, Office of Government Information Services (OGIS) Independent FOIA mediator u	Alina M. Semo Director, Office of Government Information Services (OGIS) Independent FOIA mediator u	Alina M. Semo Director, Office of Government Information Services (OGIS) Independent FOIA mediator u	Alina M. Semo Director, Office of Government Information Services (OGIS) Independent FOIA mediator u
Michael E. Horowitz Inspector General, DOJ Oversees DOJ integrity and investigations	Michael E. Horowitz Inspector General, DOJ Oversees DOJ integrity and investigations	Michael E. Horowitz Inspector General, DOJ Oversees DOJ integrity and investigations	Michael E. Horowitz Inspector General, DOJ Oversees DOJ integrity and investigations
Chiquita Brooks- LaSure Administrator	Chiquita Brooks- LaSure Administrator	Chiquita Brooks- LaSure Administrator	Chiquita Brooks- LaSure Administrator



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, Centers for Medicare & Medicaid Services (CMS) Responsible for	, Centers for Medicare & Medicaid Services (CMS) Responsible for	, Centers for Medicare & Medicaid Services (CMS) Responsible for	, Centers for Medicare & Medicaid Services (CMS) Responsible for
William Tong Attorney General, State of Connecticut Head of state legal enforcement for FOIA and ADA	William Tong Attorney General, State of Connecticut Head of state legal enforcement for FOIA and ADA	William Tong Attorney General, State of Connecticut Head of state legal enforcement for FOIA and ADA	William Tong Attorney General, State of Connecticut Head of state legal enforcement for FOIA and ADA
Andrea Barton Reeves Commissioner, Connecticut Department of Social Services (DSS) Manages Medicaid	Andrea Barton Reeves Commissioner, Connecticut Department of Social Services (DSS) Manages Medicaid	Andrea Barton Reeves Commissioner, Connecticut Department of Social Services (DSS) Manages Medicaid	Andrea Barton Reeves Commissioner, Connecticut Department of Social Services (DSS) Manages Medicaid
Manisha Juthani Commissioner, Connecticut Department of Public Health Oversees public health and rel	Manisha Juthani Commissioner, Connecticut Department of Public Health Oversees public health and rel	Manisha Juthani Commissioner, Connecticut Department of Public Health Oversees public health and rel	Manisha Juthani Commissioner, Connecticut Department of Public Health Oversees public health and rel
Jeffrey Beckham Secretary, Connecticut Office of Policy and Management Coordinates state-level compl	Jeffrey Beckham Secretary, Connecticut Office of Policy and Management Coordinates state-level compl	Jeffrey Beckham Secretary, Connecticut Office of Policy and Management Coordinates state-level compl	Jeffrey Beckham Secretary, Connecticut Office of Policy and Management Coordinates state-level compl
Eric F. Stein Director, Office of Information Programs and Services (State)	Eric F. Stein Director, Office of Information Programs and Services (State)	Eric F. Stein Director, Office of Information Programs and Services (State)	Eric F. Stein Director, Office of Information Programs and Services (State)