



REPORT GOVERNMENT WRONGDOING (DISCLOSURE)

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

*Denotes required fields.

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
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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
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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
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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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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
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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
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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
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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:* Health and Human Services

Agency:* Centers For Medicare & Medicaid Services

Agency subcomponent: Office of Inspector General (OIG), HHS Inspector General, Christi A. Grimm: Investigates fraud, was

Street Address: 330 Independence Avenue SW

City: Washington

State: DC

Zip Code: 20201

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?



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DETAILS OF YOUR DISCLOSURES

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? Description of Actions and Violations: The individuals and entities involved took deliberate actions, inactions, or displayed systemic neglect that constitutes violations of federal and state laws, regulations, and constitutional rights. These actions include: Failure to Maintain and Provide Financial Records (Violation of 42 U.S.C. § 1396 et seq. and FOIA Laws): Office of the State Comptroller (Yamuna Menon, General Counsel): Claimed "no responsive records" exist regarding financial and administrative oversight of the Connecticut Medicaid Acquired Brain Injury (ABI) Waiver Program. Failed to provide required documentation on budget allocations, fund transfers, audits, and expenditures, which are mandated under federal Medicaid financial reporting requirements (42 CFR § 430.12). This constitutes a failure to uphold financial accountability for federally funded programs and raises



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	concerns about potential misuse or mismanagement of taxpayer funds. Non-Compliance with ADA Accommodations (Violation of Title II of the ADA, 42 U.S.C. § 12132, and Section 504 of the Rehabilitation Act, 29 U.S.C. § 794): Repeated failure by involved parties to provide reasonable accommodations for a person with disabilities, including: Denial of accessible communication methods (e.g., screen-reader compatible documents, summaries of complex records). Requiring inaccessible methods of correspondence, such as online portals or physical mail, in direct contravention of explicitly requested accommodations. These actions are discriminatory under federal disability laws and demonstrate systemic non-compliance with accessibility standards. Denial of Whistleblower Protections (Violation of 5 U.S.C. § 2302(b)(8)): By denying access to records that would substantiate allegations of systemic failures, the agencies effectively undermined whistleblower protections, exposing the whistleblower to retaliation or suppression of critical oversight. The obstruction of information essential for addressing public harm violates both the intent and substance of whistleblower protection laws. Failure to Fulfill Legal Transparency Obligations (Violation of FOIA, 5 U.S.C. § 552, and Connecticut FOIA Laws, C.G.S. §§ 1-200 et seq.): Agencies failed to provide public records as required by law, including financial and interagency communication records necessary for program oversight. The claim that "no responsive records exist" conflicts with statutory mandates requiring state and federal agencies to maintain and disclose such records, suggesting potential document destruction or concealment (violation of 18 U.S.C. § 2071). Neglect of Oversight Responsibilities (Gross Mismanagement): Federal agencies, including the Department of Health and Human Services (HHS), failed to enforce Medicaid program compliance or conduct proper oversight of state-level administrators. This systemic neglect compromises program integrity, jeopardizes services for vulnerable populations



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When did this occur?	3. When Did This Occur? Timeline of Violations and Non-Compliance: Initial Requests and Alleged Violations of FOIA and Transparency Laws: October 17, 2024: The first formal request for records related to the Connecticut Medicaid Acquired Brain Injury Waiver Program was submitted to the Office of the State Comptroller, seeking financial documentation, interagency communications, and compliance records under FOIA and Connecticut FOIA statutes. October 21, 2024: The Office of the State Comptroller, represented by Yamuna Menon, General Counsel, issued a written response stating "no responsive records" exist. This marked the first explicit failure to provide legally mandated records. October 24, 2024 – November 7, 2024: Follow-up correspondence clarified the scope of the request and sought records potentially held by interrelated agencies, with no substantive response or acknowledgment of responsibility. Failure to Comply with ADA Accommodation Requests: October 17, 2024: Specific, non-n
How did you discover this action?	4. How Did You Discover This Action? Method of Discovery: The violations were uncovered through direct interaction with the agencies involved in the administration and oversight of the Connecticut Medicaid Acquired Brain Injury (ABI) Waiver Program. Specific events and communications leading to the discovery include: Initial FOIA Request and Agency Responses: On October 17, 2024, a formal FOIA request was submitted to the Office of the State Comptroller, seeking financial and oversight records mandated by federal and state statutes. The response received on October 21, 2024, claiming "no responsive records," directly contradicted the statutory obligations of the agency to maintain and disclose such information. This raised immediate concerns about compliance and transparency. Pattern of Non-Compliance with ADA Accommodations: ADA accommodations were explicitly requested in the initial communication to ensure accessibility, given the requester's disability. Subsequent responses failed to adhere to these requirements, including the delivery of



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	inaccessible formats, omission of simplified summaries, and improper reliance on inaccessible portals. This failure highlighted systemic non-compliance with ADA mandates. Escalation and Denial of FOIA Appeal: After the initial denial of records, a formal appeal was submitted on November 12, 2024, clarifying the legal obligations under FOIA and requesting oversight from the Office of the State Comptroller. The appeal was denied on November 26, 2024, with no substantive effort to provide the requested records or redirect the request to another responsible entity. This lack of accountability confirmed a broader pattern of non-compliance and obfuscation. Direct Analysis of Legal Requirements and Statutory Obligations: The violations were further corroborated by reviewing federal and state statutes, including: Medicaid Regulations (42 U.S.C. § 1396 et seq.), requiring financial oversight of federally funded programs. ADA Title II (42 U.S.C. § 12132) and Section 504 (29 U.S.C. § 794), mandating reasonable accommodations for individuals with disabilities. FOIA (5 U.S.C. § 552) and Connecticut FOIA Statutes (C.G.S. §§ 1-200 et seq.), requiring transparency and timely responses to records requests. Inconsistent and Contradictory Communications: Additional concerns arose from conflicting responses by related agencies, suggesting a lack of coordination and potential concealment of critical information. The absence of financial records for a federally funded program is implausible, indicating potential systemic failures in compliance and oversight. Summary of Discovery: The discovery of these actions resulted from a combination of direct interactions with agency representatives, legal analysis of their responses, and the apparent contradictions between statutory obligations and the agencies' claims of non-responsiveness. These failures highlight violations of transparency laws, discrimination against individuals
What additional facts support your allegation?	5. What Additional Facts Support Your Allegation? Overview of Supporting Facts: The allegations of non-compliance with federal and state laws are substantiated



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	by multiple facts, as detailed below. These facts demonstrate systemic violations of transparency, financial accountability, and accessibility requirements. 1. Inconsistent and Contradictory Agency Responses Office of the State Comptroller: Claimed on October 21, 2024, that it had "no responsive records" related to financial oversight of the Connecticut Medicaid ABI Waiver Program, despite its statutory role as the state's financial manager. Provided no guidance on the responsible agency, a violation of FOIA's referral and assistance requirements (5 U.S.C. § 552(a)(3)(A)). Department of Social Services (DSS): DSS failed to provide clarity on their financial and operational oversight responsibilities, despite being the primary administrator of Medicaid-funded programs in Connecticut. Neither agency claimed ownership or accountability for the required records, creating an implausible gap in oversight. 2. Failure to Provide Financial Transparency The Medicaid ABI Waiver Program involves significant federal and state taxpayer funding under 42 U.S.C. § 1396 et seq. Despite federal Medicaid requirements, no records were disclosed for: Budget allocations. Fund transfers. Audit results. Expenditure reports. The absence of financial records suggests potential fraudulent mismanagement of funds, violating 42 CFR § 430.12. 3. Systemic Non-Compliance with ADA Accommodations Despite multiple requests, the following ADA Title II (42 U.S.C. § 12132) and Section 504 (29 U.S.C. § 794) accommodations were denied: Screen-reader compatible formats: Records were provided in inaccessible formats, excluding individuals with disabilities from meaningful participation. Simplified summaries for complex records: No summaries were provided, violating ADA mandates for effective communication. Exclusive use of email communication: Agencies relied on inaccessible portals and other barriers, contrary to explicit ADA accommodation requests. These failures constitute systemic discrimination against individuals with disabilities, violating federal mandates. 4. Pattern of Obfuscation and Potential Document



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	Concealment Under 18 U.S.C. § 1519, the concealment or destruction of federal program-related documents is a federal crime. The lack of financial records for a federally funded program raises serious concerns, including: The intentional destruction or withholding of records. The absence of a documented audit trail, which is required for Medicaid programs under federal law. 5. Violation of FOIA and Connecticut FOIA Statutes Both federal and state FOIA statutes require agencies to: Maintain records related to publicly funded programs (5 U.S.C. § 552; C.G.S. §§ 1-200 et seq.). Respond to requests within statutory timelines, including explaining exemptions or providing guidance for referrals. The failure to produce any respon
Allegation	Gross Mismanagement
What action did they take?	2. What Action Did They Take? Gross Mismanagement 1. Yamuna (Yam) Menon Action Taken: Failed to document, maintain, and disclose financial records critical to the oversight of the Connecticut Medicaid Acquired Brain Injury (ABI) Waiver Program. Denied access to responsive records despite statutory requirements under FOIA and Connecticut state law. Provided vague or incomplete responses to inquiries, obstructing transparency and accountability. Neglected to enforce financial oversight responsibilities as General Counsel/Assistant State Comptroller. 2. Connecticut Office of the State Comptroller (OSC) Action Taken: Did not establish or implement effective procedures to track Medicaid funds allocated to the ABI Waiver Program. Failed to coordinate with other state agencies, such as the Department of Social Services (DSS), to ensure proper financial management and compliance with Medicaid regulations. Allowed systemic lapses in financial reporting, leading to inadequate transparency and potential misuse of taxpayer funds. 3. Chiquita Brooks-LaSure (CMS Administrator) Action Taken: Failed to oversee and enforce federal Medicaid regulations (42 U.S.C. § 1396 et seq.) governing the ABI Waiver Program. Did not address known lapses in financial accountability or require corrective actions from Connecticut state agencies.



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	Allowed ongoing mismanagement to persist without federal intervention or audits to ensure compliance with federal guidelines. 4. Christi A. Grimm (HHS Inspector General) Action Taken: Did not initiate an audit or investigation into the ABI Waiver Program despite clear indications of financial mismanagement. Failed to monitor the program for compliance with federal Medicaid laws, leading to a lack of enforcement and accountability. Did not uphold whistleblower protections that would have allowed employees or stakeholders to report systemic failures. 5. Connecticut Department of Social Services (DSS) Leadership Action Taken: Did not properly administer or monitor Medicaid funds allocated to the ABI Waiver Program. Neglected to provide clear guidelines for financial reporting, contributing to gaps in accountability. Failed to collaborate with the Office of the State Comptroller to ensure accurate and transparent financial records. 6. Congressional Oversight Committees Action Taken: Did not use oversight authority to hold CMS, HHS OIG, or Connecticut state agencies accountable for mismanagement of federal Medicaid funds. Failed to investigate systemic failures despite documented evidence of gross mismanagement in the ABI Waiver Program. Allowed taxpayer dollars to be spent without proper safeguards or oversight mechanisms. 7. Governor Ned Lamont Action Taken: Did not provide adequate state-level leadership to address systemic issues within the Medicaid ABI Waiver Program. Failed to direct the Office of the State Comptroller and DSS to rectify financial management deficiencies. Allowed interagency miscommunication and accountability lapses to
When did this occur?	3. When did this occur? Timeline of Gross Mismanagement Initial Onset of Mismanagement: Date Range: The mismanagement began as early as the implementation of the Connecticut Medicaid ABI Waiver Program, with documented deficiencies in financial oversight and interagency coordination emerging since the program's inception. Critical Periods: Initial program



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	establishment lacked proper tracking mechanisms and compliance frameworks. Audits and financial reports failed to account for discrepancies in fund allocations starting in 2016 (based on Medicaid oversight cycles). Escalation of Mismanagement: Date Range: 2018-2023 Evidence of worsening mismanagement appeared in annual audits and reports of systemic non-compliance with federal Medicaid regulations (42 U.S.C. § 1396 et seq.). Persistent failure to implement corrective actions despite internal and external whistleblower alerts. ADA accommodations requests were repeatedly denied or ignored, resulting in barriers to accountability and
How did you discover this action?	4. How did you discover this action? Discovery of Gross Mismanagement: Direct Requests and Denials: Freedom of Information Act (FOIA) Requests: Repeated FOIA requests submitted to the Office of the State Comptroller, Department of Social Services (DSS), and other agencies for financial and operational records of the Connecticut Medicaid ABI Waiver Program were met with denials or claims of "no responsive records." These responses directly contradicted statutory requirements under 42 U.S.C. § 1396, FOIA (5 U.S.C. § 552), and Connecticut FOIA statutes (C.G.S. §§ 1-200 et seq.). ADA Accommodation Failures: Requests for ADA-compliant communication and accessible records, mandated under ADA Title II (42 U.S.C. § 12132) and Section 504 of the Rehabilitation Act (29 U.S.C. § 794), were repeatedly ignored, obstructing my ability to review program operations. Whistleblower Disclosures: Internal reports from whistleblowers revealed: Mismanagement of Medicaid funds, including discrepancies in financial allocations and expenditures. Lack of compliance with federal Medicaid guidelines, such as those outlined in 42 CFR § 430.12. These disclosures highlighted systemic failures in oversight and raised alarms about potential misuse of taxpayer dollars. Audit Irregularities and Gaps: Annual Medicaid Audits: Inconsistencies and missing documentation in state and federal audits of the ABI Waiver Program signaled gross financial mismanagement. Lack of Corrective Actions:



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	Audit findings pointing to procedural failures were repeatedly ignored, and no corrective actions were taken by responsible agencies. Formal Correspondence: Communications with Yamuna (Yam) Menon, General Counsel/Assistant State Comptroller, revealed the Office's assertion of having "no responsive records," a claim that: Contradicted its statutory obligations for financial oversight. Suggested either deliberate concealment or failure to maintain critical records, in violation of 18 U.S.C. § 2071 (concealment or destruction of records). Interagency Coordination Failures: Attempts to identify records through interagency coordination uncovered: A lack of documentation of communications or agreements between the State Comptroller's Office, DSS, and federal oversight entities such as the Centers for Medicare & Medicaid Services (CMS). This absence of interagency records violated the requirements of Medicaid statutory guidelines and exposed systemic accountability failures. Public Complaints and Reports: Community reports and beneficiary complaints about the ABI Waiver Program's administration corroborated the mismanagement allegations, citing: Delays in service delivery. Inaccessible program information. Lack of transparency in funding and resource allocation. Supporting Evidence: FOIA Denials: Documented refusals to provide financial and programmatic records. Whistleblower Reports: Internal disclosures and protected statements alleging violations of law. Audit Reports: Historical Medicaid audit su
What additional facts support your allegation?	5. What additional facts support your allegation? Gross Mismanagement: Supporting Facts Non-Compliance with Federal Medicaid Guidelines: The Connecticut Medicaid ABI Waiver Program failed to comply with 42 U.S.C. § 1396 and 42 CFR § 430.12, which mandate: Transparent allocation of funds. Periodic reporting of program performance. Accurate tracking of expenditures tied to Medicaid waivers. Absence of critical records related to fund transfers, budget allocations, and operational oversight directly violates these statutes. Inconsistent and Incomplete Audits: Medicaid program audits conducted



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	by federal and state entities consistently flagged: Discrepancies in financial reporting. Missing documentation regarding fund usage and administrative expenditures. Despite these findings, no corrective measures were implemented, indicating a disregard for financial accountability. Failure to Address Whistleblower Disclosures: Whistleblower reports outlined: Misallocation of federal and state Medicaid funds. - Neglect of procedural safeguards required under 42 CFR § 440.180 for home and community-based services. These disclosures were ignored or inadequately investigated, allowing systemic failures to persist. Neglect of ADA and Rehabilitation Act Obligations: Agencies failed to accommodate accessibility requests under ADA Title II (42 U.S.C. § 12132) and Section 504 of the Rehabilitation Act (29 U.S.C. § 794). This included: Refusal to provide accessible documents. Denial of reasonable accommodations during communications and records requests. A systemic lack of policies ensuring equitable access for individuals with disabilities. Absence of Interagency Coordination: Critical records demonstrating collaboration between the Office of the State Comptroller, Department of Social Services (DSS), and federal oversight entities such as CMS were not maintained. This lack of coordination directly contributed to failures in monitoring program effectiveness and financial integrity. Pattern of Mismanagement Across the Program: Reports from program participants and community organizations highlighted: Delays in service delivery and funding distribution. Poor communication between agencies overseeing the waiver program. Lack of transparency in the decision-making process, leaving beneficiaries in limbo. Denial of FOIA Requests: Multiple FOIA (5 U.S.C. § 552) and Connecticut FOIA (C.G.S. §§ 1-200 et seq.) requests for financial and operational records were denied or returned with claims of "no responsive records." This suggests either gross negligence in recordkeeping or intentional withholding of information. Potential Violations of Federal Laws: The absence of



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	proper financial documentation and mismanagement of funds raises concerns about violations of: 18 U.S.C. § 2071 (Concealment, Removal, or Mutilation of Records). 31 U.S.C. § 3729 (False Claims Act) if fraudulent claims for Medicaid reimbursements were submitted. Lack of Legislative Oversight: Despite bein
Allegation	Abuse of Authority
What action did they take?	2. What Action Did They Take? - Abuse of Authority Federal Officials Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Actions Taken: Failed to direct oversight agencies, including CMS and OIG HHS, to address systemic failures in the Connecticut Medicaid ABI Waiver Program. Did not ensure compliance with federal Medicaid regulations, allowing misuse of federally allocated funds. Neglected to enforce whistleblower protections, discouraging transparency and accountability. Chiquita Brooks-LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS) Actions Taken: Did not intervene in response to reports of mismanagement in the ABI Waiver Program. Failed to enforce Medicaid statutes requiring proper use and documentation of public funds. Ignored whistleblower disclosures alleging violations of federal Medicaid regulations. Christi A. Grimm Title: Inspector General, U.S. Department of Health and Human Services (OIG HHS) Actions Taken: Did not launch an investigation into allegations of financial mismanagement and abuse within the Connecticut Medicaid ABI Waiver Program. Failed to ensure compliance with federal requirements for Medicaid fund transparency and ADA accommodations. Overlooked systemic failures in addressing whistleblower disclosures. Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Actions Taken: Declined to audit or review financial practices within the Connecticut Medicaid ABI Waiver Program despite multiple reports of systemic abuse. Failed to use GAO's oversight authority to ensure state compliance with federal funding requirements. State Officials Andrea



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	Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS) Actions Taken: Allowed systemic mismanagement of Medicaid funds within the ABI Waiver Program. Did not implement corrective measures to address oversight and financial documentation failures. Failed to collaborate effectively with the State Comptroller's Office and federal agencies to ensure accountability. Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Office of the State Comptroller Actions Taken: Denied the existence of responsive financial and administrative records, obstructing FOIA requests. Failed to provide legally mandated ADA accommodations, hindering public access to government records. Contributed to systemic transparency failures by refusing to comply with state and federal disclosure laws. Melinda Staff Title: Senior Official, Office of the State Comptroller Actions Taken: Failed to document and maintain financial records related to Medicaid allocations for the ABI Waiver Program. Did not address whistleblower disclosures or implement oversight mechanisms to prevent further abuses. Legislative Officials Senator Richard Blumenthal Title: U.S. Senator, Connecticut Actions Taken: Did not use legislative authority to investigate reported abuses in the ABI Waiver Program. Fail
When did this occur?	3. When Did This Occur? Abuse of Authority Timeline of Events Systemic Mismanagement Timeline 2000-Present: The Connecticut Medicaid Acquired Brain Injury (ABI) Waiver Program has operated under consistent federal and state funding mandates, yet systemic failures in transparency and financial accountability have persisted. 2015-2024: Specific reports of non-compliance with federal Medicaid regulations (42 U.S.C. § 1396 et seq.) have emerged, indicating long-term mismanagement of funds. FOIA Denials and Obstruction of Records October 2024: Multiple FOIA requests were submitted to state agencies, including the Office of the State Comptroller, the Department of Social Services (DSS), and other related entities, seeking critical financial and operational



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	records. These were met with responses claiming "no responsive records" or partial refusals. November 2024: Appeals for denied FOIA requests were escalated, but agencies failed to produce complete and accessible records, perpetuating th
How did you discover this action?	4. How did you discover this action? The actions constituting Abuse of Authority were discovered through the following avenues: FOIA Requests and Denials: Repeatedly filed comprehensive FOIA requests to state and federal agencies, including the Office of the State Comptroller, Connecticut Department of Social Services, and other relevant entities, seeking financial and programmatic records related to the ABI Waiver Program. Responses claiming "no responsive records" or denials of requests without proper justification, despite the existence of mandated documentation as required under 5 U.S.C. § 552 and C.G.S. §§ 1-200 et seq. ADA Accommodation Failures: Explicitly requested ADA accommodations to ensure accessibility, such as screen-reader-compatible documents and simplified summaries, in accordance with 42 U.S.C. § 12132 and 29 U.S.C. § 794. Discovered systemic failure to provide these accommodations, indicating non-compliance and discriminatory practices. Whistleblower Disclosures and Retaliation: Observed a lack of protection and responsiveness to whistleblower complaints highlighting systemic mismanagement and oversight failures, in violation of 5 U.S.C. § 2302(b)(8). Noted that disclosures were ignored or downplayed by responsible state and federal officials. Documented Evidence of Financial Irregularities: Reviewed publicly available financial reports, budgets, and legislative records revealing significant gaps in oversight and management of Medicaid funds allocated to the ABI Waiver Program. Identified discrepancies between funding allocations and actual service delivery, suggesting mismanagement. Firsthand Advocacy Efforts: As an advocate and program participant, consistently engaged with state and federal agencies about systemic failures in program



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	administration. Encountered obstruction, lack of transparency, and evasion from responsible officials when seeking accountability and resolution. Patterns of Neglect Across Oversight Agencies: Federal and state entities demonstrated ongoing negligence in addressing violations despite whistleblower reports, public complaints, and internal audits. This pattern indicated deliberate inaction and abuse of authority to suppress transparency and accountability. Supporting Evidence: FOIA Correspondence: Detailed records of submitted requests and inadequate responses from the Office of the State Comptroller, DSS, and CMS. ADA Accommodation Communications: Documented failure to honor specific, legally required accommodations. Public Records: Analysis of gaps in publicly available financial and programmatic data. Whistleblower Disclosures: Reports of retaliation and lack of response to whistleblower protections. This discovery process highlights a clear and systemic abuse of authority, involving deliberate obstruction, mismanagement, and denial of legally mandated rights and transparency.
What additional facts support your allegation?	5. What additional facts support your allegation? Abuse of Authority Detailed Facts and Evidence Supporting the Allegation Failure to Produce Legally Mandated Records: Federal Medicaid Statutes: Federal law (42 U.S.C. § 1396 et seq.) mandates that all Medicaid-funded programs maintain detailed records of expenditures, audits, and program evaluations. The Connecticut Medicaid ABI Waiver Program has failed to produce these records, despite repeated FOIA requests and statutory requirements. Freedom of Information Act (FOIA) Violations: Responses from state officials, including the Office of the State Comptroller, claim "no responsive records," indicating a failure to maintain or disclose legally required records, violating 5 U.S.C. § 552 and C.G.S. §§ 1-200 et seq. Non-Compliance with ADA Accommodations: Repeated requests for ADA accommodations, including accessible documents and simplified summaries, were ignored or denied by state



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	and federal agencies. This failure violates Title II of the ADA (42 U.S.C. § 12132) and Section 504 of the Rehabilitation Act (29 U.S.C. § 794). Pattern of Obstruction and Evasion: Delays and Evasion: Agencies delayed responses to FOIA requests and provided incomplete or evasive answers, impeding accountability. Improper Redactions: Records provided, if any, were heavily redacted without clear statutory justification, violating FOIA standards. Mismanagement of Federally Allocated Funds: Untracked Medicaid Funds: Evidence of discrepancies between federal Medicaid allocations to the ABI Waiver Program and actual expenditures, suggesting possible financial mismanagement or misuse. Lack of Oversight: No evidence of routine audits or financial reconciliations as required under Medicaid regulations (42 CFR § 430.12). Neglect of Whistleblower Protections: Reports of systemic failures submitted by whistleblowers to state and federal oversight agencies were ignored. The lack of investigation into these disclosures violates the Whistleblower Protection Act (5 U.S.C. § 2302(b)(8)). Documented Systemic Issues: Publicly Available Records: Public records show inconsistent reporting on Medicaid expenditures and program effectiveness for the ABI Waiver Program. State Agency Accountability: Internal reports and audits highlight persistent gaps in financial and programmatic oversight but were not acted upon by responsible officials. Failure of Oversight Bodies to Intervene: Centers for Medicare & Medicaid Services (CMS): Did not intervene to enforce compliance or correct deficiencies in the ABI Waiver Program despite clear evidence of mismanagement. Connecticut Department of Social Services (DSS): As the administering agency, DSS failed to ensure financial transparency and proper program administration. Office of the State Comptroller: Claimed "no responsive records" despite its statutory role in managing state finances, indicating potential recordkeeping violations under 18 U.S.C. § 2071. Impact on Vulnerable Populations: The ABI



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Allegation	Gross Waste of Funds
What action did they take?	2. What action did they take? Gross Waste of Funds Description: Improper utilization of Medicaid funds allocated for the ABI Waiver Program, leading to potential fraud, inefficiency, and systemic mismanagement. The actions or omissions of individuals and entities directly contributed to financial waste, lack of accountability, and failure to meet program objectives. Detailed Actions: 1. Connecticut Department of Social Services (DSS) Officials: Action Taken: Failed to establish adequate financial oversight mechanisms for the ABI Waiver Program. Did not implement tracking systems to ensure Medicaid funds were used effectively and transparently. Allowed systemic inefficiencies, such as overpayments to service providers and incomplete financial reporting, to persist. 2. Connecticut Office of the State Comptroller: Action Taken: Failed to maintain or provide required financial records, including budget allocations, fund transfers, and expenditure tracking. Did not coordinate with other state and federal agencies to address known inefficiencies or ensure proper fund allocation. Neglected to enforce accountability measures, allowing financial mismanagement to remain undetected. 3. State Medicaid Director (Connecticut DSS): Action Taken: Did not respond to reports of wasteful spending or take corrective actions to address program inefficiencies. Failed to oversee contractors and service providers for compliance with fiscal policies and program objectives. Neglected to escalate identified issues of waste to higher authorities or federal oversight agencies. 4. Governor Ned Lamont (Connecticut): Action Taken: Did not use executive authority to investigate or address systemic waste within the ABI Waiver Program. Failed to ensure coordination among state agencies managing Medicaid funds. Allowed inefficient practices to continue without intervention. 5. Connecticut State Legislature and Oversight Committees: Action Taken: Did not call for hearings or legislative reviews to investigate the misuse of Medicaid funds. Failed to hold state agencies



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	accountable for financial mismanagement. Neglected to mandate corrective actions through legislative oversight mechanisms. 6. Federal Medicaid Oversight (CMS): Action Taken: Failed to monitor Connecticut's use of Medicaid funds and intervene despite evidence of systemic inefficiencies. Did not require corrective actions from state agencies to address identified issues of waste. Allowed federal funds to be used without proper verification of program effectiveness. 7. Office of Civil Rights (OCR), HHS: Action Taken: Failed to enforce transparency and accessibility standards, resulting in barriers to public accountability. Did not investigate or address ADA-related violations tied to financial transparency and public access to records. 8. Medicaid Fraud Control Unit (MFCU): Action Taken: Did not investigate or prosecute instances of potential fraud or misuse of Medicaid funds within the ABI Waiver Program. Neglected to
When did this occur?	When Did This Occur? Gross Waste of Funds Timeline of Actions and Omissions The systemic mismanagement and improper utilization of Medicaid funds within the ABI Waiver Program occurred across multiple years, with specific incidents and inactions noted as follows: 1. Connecticut Department of Social Services (DSS) Officials Ongoing Period: From the inception of the Medicaid ABI Waiver Program to present. Specific Incidents: Failure to establish financial oversight mechanisms documented in fiscal year reports (e.g., 2020-2023). Persistent systemic inefficiencies observed in audits requested in 2022 and 2023. 2. Connecticut Office of the State Comptroller Timeframe: January 2020–present. Key Evidence: Denials of FOIA requests in 2022 and 2023 indicating absence of required records. Persistent lack of financial tracking identified in whistleblower disclosures. 3. State Medicaid Director (Connecticut DSS) Duration: At least since 2021. Failures Identified: Reports of inefficiencies and
How did you discover this action?	How Did You Discover This Action? Gross Waste of Funds Discovery Process and Key Evidence 1. Denials of FOIA Requests Discovery: Multiple FOIA requests filed with the



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	Connecticut Office of the State Comptroller and DSS for financial and programmatic records were denied or returned as "no responsive records." Specific FOIA denials occurred in 2022 and 2023, despite legal requirements under 5 U.S.C. § 552 and Connecticut FOIA statutes (C.G.S. §§ 1-200 et seq.) to disclose public financial records. Impact: The lack of available records raised concerns about accountability and proper financial management within the ABI Waiver Program. 2. Whistleblower Disclosures Discovery: Whistleblower reports received between 2021 and 2023 highlighted systemic inefficiencies, including unmonitored fund allocations, improper billing by service providers, and administrative lapses. These disclosures were not addressed adequately by DSS, CMS, or other oversight entities. Impact: The information provided directly pointed to failures in oversight, lack of financial tracking, and potential misuse of Medicaid funds. 3. Absence of State and Federal Oversight Reports Discovery: Regular oversight reports and audits expected under federal Medicaid regulations (42 CFR § 430.12) were absent or incomplete. Requests for these documents from state and federal agencies yielded insufficient responses. Impact: The lack of required audits and compliance reviews revealed potential lapses in fiscal accountability and raised red flags about the program's administration. 4. ADA Accommodation Failures Discovery: Personal requests for ADA-compliant documentation, summaries of financial records, and simplified reports were denied or ignored, violating 42 U.S.C. § 12132 and Section 504 of the Rehabilitation Act (29 U.S.C. § 794). Impact: These denials hindered public access to critical records and obstructed efforts to assess the program's financial integrity. 5. Public Complaints and Media Coverage Discovery: Public complaints and investigative reporting between 2021 and 2023 highlighted the failure of the ABI Waiver Program to deliver effective services, pointing to financial inefficiencies and mismanagement. Media sources corroborated issues related to delayed payments,



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	inadequate service delivery, and lack of accountability in fund utilization. Impact: The consistency of these reports across multiple years suggested systemic failures rather than isolated incidents. 6. Legislative Inaction Discovery: Despite documented public and whistleblower reports, no significant legislative oversight or corrective actions were initiated by the Connecticut State Legislature or federal Medicaid oversight committees. Impact: Legislative inaction further underscored the absence of accountability mechanisms and a lack of interest in addressing systemic financial inefficiencies. 7. Gaps in Service Provider Accountability Discovery: Service providers within the ABI Waiver Program failed to deliver a
What additional facts support your allegation?	Additional Facts Supporting Allegation: Gross Waste of Funds 1. Lack of Required Financial Audits Fact: Federal Medicaid regulations (42 CFR § 430.12) mandate periodic financial audits and compliance reviews to ensure the proper utilization of federal funds. No such audits or financial reviews have been publicly disclosed for the ABI Waiver Program. Impact: The absence of audits raises concerns about the integrity of financial operations and the potential misuse of taxpayer funds. 2. Persistent FOIA Non-Compliance Fact: FOIA requests filed with DSS and the State Comptroller's Office for financial documentation, including budget allocations, expenditure tracking, and fund transfers, were denied or returned with "no responsive records." Impact: The refusal to provide financial records violates 5 U.S.C. § 552 and Connecticut FOIA statutes (C.G.S. §§ 1-200 et seq.), obstructing public oversight and accountability. 3. Whistleblower Disclosures Fact: Reports from whistleblowers highlight systemic inefficiencies in fund allocation, improper billing practices by service providers, and the failure of state officials to address known issues. Impact: These disclosures indicate widespread financial mismanagement and neglect by oversight agencies at both the state and federal levels. 4. Documented Program Inefficiencies Fact: Service providers under the



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	ABI Waiver Program have cited delayed payments, inefficient resource allocation, and mismanagement by DSS. Impact: These inefficiencies have disrupted service delivery to vulnerable populations while failing to justify the expenditure of allocated Medicaid funds. 5. Mismanagement Identified by Independent Reviews Fact: External assessments and media reports have identified significant delays in service delivery, improper billing, and systemic administrative failures within the ABI Waiver Program. Impact: The findings corroborate the allegation of financial waste and administrative mismanagement. 6. Non-Compliance with ADA and Section 504 Fact: Denials of ADA accommodations for access to financial and programmatic information violate 42 U.S.C. § 12132 and Section 504 of the Rehabilitation Act (29 U.S.C. § 794). Impact: This non-compliance undermines public accountability and transparency in the administration of federally funded programs. 7. Failure of Oversight by State and Federal Agencies Fact: Neither CMS nor DSS has intervened to correct or prevent the financial mismanagement identified within the program, despite federal requirements to monitor Medicaid fund utilization. Impact: The lack of oversight indicates systemic failures that allow financial waste to persist unchecked. 8. Legislative and Executive Inaction Fact: Neither the Connecticut General Assembly nor the federal Congressional oversight committees have initiated reviews, hearings, or corrective actions to address reported financial inefficiencies. Impact: This inaction has perpetuated systemic waste and the misallocation of taxpayer resources.
Allegation	Danger to Public Health
What action did they take?	2. What Action Did They Take? The following describes the actions and inactions contributing to a "Danger to Public Health", ordered by importance and impact: Federal Actions Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Action Taken: Failed to enforce federal oversight of Medicaid programs, including the Connecticut ABI Waiver Program.



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	Did not ensure compliance with federal Medicaid regulations (42 U.S.C. § 1396 et seq.), ADA requirements (42 U.S.C. § 12132), or whistleblower protections. Allowed systemic mismanagement to persist without intervention, jeopardizing the health and safety of Medicaid beneficiaries. Supporting Evidence: Absence of federal audits or direct corrective action despite multiple whistleblower disclosures and documented violations. Chiquita Brooks-LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS) Action Taken: Did not mandate corrective actions or enforce compliance with Medicaid service standards for the ABI Waiver Program. Failed to monitor Connecticut's use of Medicaid funds, resulting in disruptions to health services for brain injury survivors. Supporting Evidence: Reports of service denials and program inefficiencies were ignored or not escalated to higher oversight levels. Everett L. Handford Title: Regional Director, HHS Region 1 Action Taken: Neglected to oversee Medicaid program operations in Connecticut, allowing systemic failures to go unaddressed. Did not enforce federal standards for Medicaid service continuity, leading to health service gaps for vulnerable populations. Supporting Evidence: No evidence of regional oversight or intervention despite repeated reports of public health risks and mismanagement. Director, Office for Civil Rights (OCR), HHS Action Taken: Failed to investigate or enforce ADA accommodations and Section 504 compliance for Medicaid consumers affected by program failures. Allowed barriers to accessing critical health services to persist, disproportionately affecting individuals with disabilities. Supporting Evidence: Persistent ADA violations and lack of transparency in Medicaid service delivery left unaddressed. Director, Medicaid Fraud Control Unit (MFCU), HHS OIG Action Taken: Did not investigate whistleblower reports or address potential fraud and misuse of Medicaid funds. Neglected to prosecute or escalate issues related to financial mismanagement and health service interruptions.



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	Supporting Evidence: Ongoing mismanagement and service disruptions persisted despite evidence of fraud risks. State Actions Ned Lamont Title: Governor of Connecticut Action Taken: Failed to use executive authority to coordinate state agencies and address systemic failures in the ABI Waiver Program. Neglected to ensure continuity of care for Medicaid recipients, resulting in health and safety risks. Supporting Evidence: No evidence of executive intervention to address widespread program inefficiencies and risks to public health. Andrea Ba
When did this occur?	3. When Did This Occur? Danger to Public Health Timeline of Events and Systemic Failures This detailed timeline identifies the progression and escalation of systemic failures that endangered the health and safety of Medicaid beneficiaries dependent on the ABI Waiver Program. 1. Systemic Deficiencies Over Time 2000s – 2020: Historical Framework of Mismanagement Program Inception: The ABI Waiver Program was implemented in Connecticut to provide essential services to individuals with brain injuries. However, foundational weaknesses in financial oversight, regulatory compliance, and program accountability were reported as early as 2010. 2013 – 2019: Reports from advocates and stakeholders indicated widespread failures to enforce Medicaid standards, including: Insufficient documentation of expenditures. Delayed or inadequate service delivery to vulnerable populations. Lack of ADA accommodations during program communications and grievance processes. 2020 – 2021: COVID-19 Pandemic Amplifies
How did you discover this action?	4. How Did You Discover This Action? Danger to Public Health Overview: Discovery of the systemic mismanagement and associated public health risks of the ABI Waiver Program came through a combination of direct experience, whistleblower disclosures, FOIA request denials, and evidence presented by affected Medicaid beneficiaries, advocacy groups, and oversight reports. The lack of program compliance and oversight became evident through multiple channels, each corroborating



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	significant public health risks. Key Discovery Channels: Personal Advocacy and System Navigation Failures: Details: As a participant in Medicaid systems and an advocate for individuals with acquired brain injuries, first-hand interactions with the ABI Waiver Program revealed systemic inefficiencies. These inefficiencies directly endangered health outcomes by failing to provide consistent, reliable, and timely access to critical care services. Evidence: Delayed or denied services for Medicaid beneficiaries requiring home-based rehabilitation. Escalating risks to health and safety due to disrupted continuity of care. Whistleblower Disclosures: Details: Confidential reports from internal state and federal agency staff highlighted systemic mismanagement of Medicaid funds, lack of programmatic oversight, and procedural violations that directly impacted care delivery for vulnerable populations. Evidence: Whistleblower statements submitted to HHS OIG and OSC in 2022 and 2023 detailed funding misallocations and administrative failures. Whistleblowers identified patterns of neglect in program oversight by DSS and CMS, amplifying risks to public health. FOIA Request Denials and Document Obstructions: Details: Formal FOIA requests for records related to the ABI Waiver Program revealed non-compliance with transparency laws. The refusal to disclose financial records, compliance audits, and programmatic reports signaled systemic failures to uphold accountability. Evidence: Denial of FOIA requests in 2023 and 2024 by the Connecticut Office of the State Comptroller and DSS obstructed access to critical information, raising questions about hidden inefficiencies and risks. ADA accommodations for accessing public records were systematically ignored. Public Complaints from Medicaid Beneficiaries and Advocacy Groups: Details: Reports submitted by beneficiaries and disability advocacy groups exposed failures in delivering essential health services under the ABI Waiver Program, endangering the health of individuals with acquired brain



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	injuries. Evidence: Advocacy group reports from 2022 and 2023 highlighted delays in medical service authorizations and financial inconsistencies. Personal testimonies from affected beneficiaries illustrated life-threatening gaps in care delivery. Oversight Reports and Audits (or Lack Thereof): Details: The absence of regular audits and oversight reports regarding Medicaid funding and service delivery created suspicion of financial and operational mismanagement. Evide
What additional facts support your allegation?	5. What Additional Facts Support Your Allegation? Danger to Public Health Description: The mismanagement of the ABI Waiver Program has directly jeopardized the health and safety of Medicaid beneficiaries, particularly brain injury survivors who rely on critical services for their recovery and well-being. The failure to implement oversight mechanisms, coupled with procedural non-compliance, has resulted in service delays, inadequate care delivery, and financial inefficiencies that threaten public health. Key Supporting Facts: Service Delays and Disruptions: Details: Medicaid beneficiaries reported significant delays in receiving approvals for essential services, such as in-home care, therapy, and medical equipment. Evidence: Personal testimonies from beneficiaries document delays extending beyond 30 to 90 days for urgent services. Advocacy group reports highlight cases where delayed care led to worsened health outcomes or hospitalizations. Unaccounted Medicaid Fund Allocation: Details: Financial records necessary to verify proper allocation and use of Medicaid funds are unavailable or incomplete, obstructing accountability. Evidence: Denials of FOIA requests for financial data by the State Comptroller's Office in 2023 and 2024. Whistleblower allegations of fund mismanagement, including potential overpayments to contractors. Non-Compliance with Federal Oversight Standards: Details: Federal standards under Medicaid statutes (42 U.S.C. § 1396 et seq.) require routine audits and compliance reports, which were not conducted for the ABI Waiver Program. Evidence: Lack of documented



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	audits or performance evaluations by CMS for the program from 2020 to 2024. Federal inaction despite multiple complaints submitted to HHS and CMS. Denial of ADA Accommodations Impacting Public Health: Details: The failure to provide ADA-mandated accommodations, such as accessible formats for public records, limits advocacy efforts and prevents corrective actions. Evidence: Correspondence from DSS rejecting requests for ADA accommodations to access critical program documentation. Reports from advocacy groups outlining barriers to engaging stakeholders with disabilities. Impact on Vulnerable Populations: Details: Brain injury survivors and other Medicaid recipients, who are among the most vulnerable populations, experienced compromised care due to systemic inefficiencies. Evidence: Documented cases of service recipients forced to seek emergency care due to lapses in Medicaid service delivery. Testimonies illustrating how delays in rehabilitation services impeded recovery outcomes for brain injury survivors. Failure of State Oversight Entities: Details: Connecticut state agencies, including DSS and the Office of the State Comptroller, did not provide evidence of oversight measures or compliance monitoring. Evidence: Public records requests denied on grounds of "no responsive records" despite statutory requirements for transparency. Lack of interagency coordination document
Allegation	Danger to Public Safety
What action did they take?	2. What Action Did They Take? Danger to Public Safety 1. Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Action: Failed to ensure oversight of federally funded Medicaid programs, including the ABI Waiver Program. Did not initiate corrective measures or federal audits despite documented evidence of systemic failures jeopardizing public safety. 2. Chiquita Brooks-LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS) Action: Neglected to enforce compliance with federal Medicaid regulations that ensure the safety and



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	continuity of critical services. Did not provide guidance or mandate state-level intervention to address operational inefficiencies and risks to public safety. 3. Everett Handford Title: Regional Director, HHS Region 1 Action: Failed to address whistleblower complaints and other reports highlighting systemic risks within Connecticut's ABI Waiver Program. Did not conduct necessary federal oversight visits or demand state compliance with CMS standards. 4. Ned Lamont Title: Governor of Connecticut Action: Did not coordinate state agencies or use executive authority to address known deficiencies in Medicaid service delivery. Allowed systemic issues, including lapses in health and safety oversight, to persist without accountability measures. 5. Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS) Action: Failed to implement operational standards to ensure the safe delivery of services under the ABI Waiver Program. Did not address service gaps, including instances where critical health services were delayed or denied, posing risks to public safety. 6. Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Connecticut Action: Obstructed transparency by claiming "no responsive records" for essential financial and program oversight documentation. Denied public accountability mechanisms, contributing to risks to the health and safety of vulnerable populations. 7. William Tong Title: Attorney General, State of Connecticut Action: Did not investigate or prosecute systemic violations impacting Medicaid recipients, despite clear risks to public health and safety. Allowed state agencies to continue operating without corrective oversight. 8. Medicaid Fraud Control Unit (MFCU) Title: Director and Investigative Team, Connecticut MFCU Action: Did not investigate whistleblower complaints detailing mismanagement and fraud within the ABI Waiver Program. Failed to identify and rectify systemic financial and operational inefficiencies impacting public safety. 9. John Geragosian and Claire Burns Titles: State Auditor and Assistant State



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	Auditor, Connecticut Action: Did not conduct thorough audits or flag systemic risks associated with the ABI Waiver Program's management. Neglected to address operational inefficiencies and gaps in service delivery that pose risks to public health and safety. 10. Christina Berry Title: Senior Advisor, Center for Medicaid
When did this occur?	3. When Did This Occur? Danger to Public Safety The systemic failures and mismanagement jeopardizing public safety under the Medicaid ABI Waiver Program span 2018 through December 2024, with key incidents and periods outlined below. These failures have had a cumulative effect, escalating risks to vulnerable populations, including brain injury survivors and other Medicaid beneficiaries. 2018 - Early Indications of Mismanagement Operational Deficiencies: Initial signs of mismanagement emerge as state agencies, including the Connecticut Department of Social Services (DSS), fail to implement robust oversight mechanisms for Medicaid-funded services. Preliminary Complaints Filed: Advocacy groups and Medicaid recipients begin voicing concerns about service delivery delays, inadequate support, and lack of transparency in program administration. Federal Observations Ignored: Initial oversight reports from the Centers for Medicare & Medicaid Services (CMS) highlight deficiencies but fail to tri
How did you discover this action?	4. How Did You Discover This Action? Danger to Public Safety The systemic failures and mismanagement posing a danger to public safety were identified through multiple independent sources, corroborated by whistleblower disclosures, public complaints, and official responses from federal and state entities. These discoveries are detailed below: 1. Whistleblower Disclosures Internal Employees and Advocates: Whistleblower reports from within the Connecticut Department of Social Services (DSS) and contracted Medicaid service providers highlighted systemic failures, including service delivery delays and administrative mismanagement. Whistleblower Protections Ignored: Reports filed under the Whistleblower Protection Act



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	revealed misuse of Medicaid funds and persistent risks to public safety, but these reports were not acted upon by state or federal oversight entities. Specific Allegations: Financial mismanagement jeopardizing service continuity. Delays in care provision leading to worsening health outcomes for Medicaid recipients. Non-compliance with ADA requirements, preventing access to critical services. 2. Public Complaints Service Recipients: Medicaid recipients reliant on the ABI Waiver Program reported significant health risks due to service interruptions and delays. Complaints included: Inability to access medically necessary care. Adverse health outcomes due to reduced service availability. Increased financial and emotional burden on families. Advocacy Groups: Nonprofit organizations and public advocates raised concerns regarding the program's mismanagement and its impact on public health, citing direct testimonies from affected individuals. 3. FOIA Requests and Denials Requests for Transparency: Freedom of Information Act (FOIA) requests were filed by stakeholders, including advocacy groups and concerned citizens, seeking documentation of program management, financial audits, and compliance reports. Repeated Denials: DSS and the Connecticut Office of the State Comptroller systematically denied or ignored these FOIA requests, obstructing transparency and accountability. Key Discoveries from FOIA Requests: Lack of comprehensive financial oversight or auditing for Medicaid funds. Absence of documentation verifying compliance with ADA and Medicaid statutes. Evidence of systemic failures concealed by state agencies. 4. Independent Investigations Review of Medicaid Records: Analysis of Medicaid program data revealed significant discrepancies, including unexplained expenditure gaps and inconsistencies in service delivery metrics. External Audits: Private audit reports contracted by service providers raised concerns about financial inefficiencies and programmatic failures. Oversight Gaps Identified: Investigations revealed that neither DSS nor federal



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	oversight entities, such as CMS, had conducted thorough reviews of the ABI Waiver Program's operations. 5. Official Responses from Oversight Entities State and Federal Correspondence: Official communicat
What additional facts support your allegation?	5. What Additional Facts Support Your Allegation? Danger to Public Safety The following facts, supported by extensive documentation and corroborated evidence, further substantiate the claim that mismanagement of the Connecticut Medicaid ABI Waiver Program poses a significant danger to public safety: 1. Systemic Failures in Medicaid Service Delivery Delayed or Denied Access to Care: Medicaid recipients reported significant delays in accessing critical health services under the ABI Waiver Program. Essential services, such as home healthcare, rehabilitation, and case management, were either unavailable or inconsistently delivered, exacerbating health conditions among vulnerable populations. Testimonies from recipients revealed cases of unmet medical needs leading to deteriorating health and, in some cases, premature deaths. Disruption of Service Providers: Contracted Medicaid service providers faced delays in reimbursements due to administrative inefficiencies, leading to staffing shortages and reduced service availability. Providers reported an inability to meet the demand for services due to inadequate support from state agencies. 2. Breach of Medicaid Compliance Standards Failure to Adhere to Federal Medicaid Regulations: The Centers for Medicare & Medicaid Services (CMS) mandates strict compliance with service delivery, financial oversight, and operational transparency for Medicaid-funded programs. Connecticut's ABI Waiver Program has consistently failed to meet these standards. Missing audit reports and expenditure records indicate potential misuse or misallocation of federal Medicaid funds. Non-Compliance with ADA and Section 504: Barriers to accessing Medicaid services disproportionately impacted individuals with disabilities, violating the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act. The absence of ADA-compliant



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	accommodations, such as simplified communication channels and access to program information, further endangered recipients' ability to advocate for their health needs. 3. Lack of Oversight and Transparency FOIA Request Denials: Denials of Freedom of Information Act (FOIA) requests seeking transparency into program operations suggest an attempt to conceal systemic failures. Agencies such as the Connecticut Office of the State Comptroller and DSS failed to provide records of program performance, financial audits, or corrective action plans. Absence of Federal Audits: CMS has not conducted thorough audits or enforced corrective actions for the ABI Waiver Program, despite receiving multiple reports of non-compliance and risks to public safety. Neglect by State and Federal Oversight Entities: Legislative bodies and oversight committees at both state and federal levels failed to investigate public complaints or mandate accountability measures to ensure the safety of Medicaid recipients. 4. Whistleblower Reports and Advocacy Efforts Documented Allegations: Whistleblowers from within DSS, service

DISCLOSURE SUBJECTS

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

First Name	Last Name	Title	Chain of Command
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 Position	Christi A. Grimm – Inspector General, HHS	Christi A. Grimm – Inspector General, HHS	Christi Grimm Title: Inspector General Position in



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in Chain of Command: Health and Human Services (HHS			Chain of Command: Health and Human Services (HHS
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
Kristen Clarke Title: Assistant Attorney General, Civil Rights Division Position in Chain of Command	Kristen Clarke Title: Assistant Attorney General, Civil Rights Division Position in Chain of Command	Kristen Clarke Title: Assistant Attorney General, Civil Rights Division Position in Chain of Command	Kristen Clarke Title: Assistant Attorney General, Civil Rights Division Position in Chain of Command
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
Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Connecticut Office of the Sta	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Connecticut Office of the Sta	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Connecticut Office of the Sta	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Connecticut Office of the Sta
Sean Scanlon Title: Comptroller Position in Chain of Command: State financial	Sean Scanlon Title: Comptroller Position in Chain of Command: State financial	Sean Scanlon Title: Comptroller Position in Chain of Command: State financial	Sean Scanlon Title: Comptroller Position in Chain of Command: State financial officer, managing bud



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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)
Shalanda D. Young Title: Director, Office of Management and Budget (OMB) Position in Chain of Comman	Shalanda D. Young Title: Director, Office of Management and Budget (OMB) Position in Chain of Comman	Shalanda D. Young Title: Director, Office of Management and Budget (OMB) Position in Chain of Comman	Shalanda D. Young Title: Director, Office of Management and Budget (OMB) Position in Chain of Comman
Ron Wyden Title: Chair, Senate Committee on Finance (Medicaid Oversight) Position in Chain of Comman	Ron Wyden Title: Chair, Senate Committee on Finance (Medicaid Oversight) Position in Chain of Comman	Ron Wyden Title: Chair, Senate Committee on Finance (Medicaid Oversight) Position in Chain of Comman	Ron Wyden Title: Chair, Senate Committee on Finance (Medicaid Oversight) Position in Chain of Comman
Cathy McMorris Rodgers Title: Chair, House Energy and Commerce Committee Position in Chain of Comman	Cathy McMorris Rodgers Title: Chair, House Energy and Commerce Committee Position in Chain of Comman	Cathy McMorris Rodgers Title: Chair, House Energy and Commerce Committee Position in Chain of Comman	Cathy McMorris Rodgers Title: Chair, House Energy and Commerce Committee Position in Chain of Comman
Michael E. Horowitz Title: Inspector General, U.S. Department of Justice (DOJ OIG) Position in Chain	Michael E. Horowitz Title: Inspector General, U.S. Department of Justice (DOJ OIG) Position in Chain	Michael E. Horowitz Title: Inspector General, U.S. Department of Justice (DOJ OIG) Position in Chain	Michael E. Horowitz Title: Inspector General, U.S. Department of Justice (DOJ OIG) Position in Chain



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William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Legal overs	William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Legal overs	William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Legal overs	William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Legal overs
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 R. Beckham Title: Secretary, Connecticut Office of Policy and Management (OPM) Position in C	Jeffrey R. Beckham Title: Secretary, Connecticut Office of Policy and Management (OPM) Position in C	Jeffrey R. Beckham Title: Secretary, Connecticut Office of Policy and Management (OPM) Position in C	Jeffrey R. Beckham Title: Secretary, Connecticut Office of Policy and Management (OPM) Position in C
Richard Blumenthal	Richard Blumenthal	U.S. Senator Position in Chain of Command: Senior Senator for the State of Connecticut, Member of th	U.S. Senator Position in Chain of Command: Senior Senator for the State of Connecticut, Member of th
Chris Murphy	Chris Murphy	U.S. Senator Position in Chain of Command: Junior Senator for the State of Connecticut, Member of th	U.S. Senator Position in Chain of Command: Junior Senator for the State of Connecticut, Member of th
Joe Courtney	Joe Courtney	U.S. Representative	U.S. Representative Position in Chain of Command:



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		Position in Chain of Command: Representative for Connecticut's 2nd Congressiona	Representative for Connecticut's 2nd Congressiona
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
Natalie Braswell Title: Connecticut State Comptroller	Natalie Braswell Title: Connecticut State Comptroller	Natalie Braswell Title: Connecticut State Comptroller	Natalie Braswell Title: Connecticut State Comptroller
Jim Himes	Jim Himes	U.S. Representative (D-CT, 4th District)	U.S. Representative (D-CT, 4th District)
Rosa DeLauro Title: U.S. Representative (D-CT, 3rd District)	Rosa DeLauro Title: U.S. Representative (D-CT, 3rd District)	Rosa DeLauro Title: U.S. Representative (D-CT, 3rd District)	Rosa DeLauro Title: U.S. Representative (D-CT, 3rd District)
Michael E. Horowitz Title: Inspector General, U.S. Department of Justice (DOJ OIG)	Michael E. Horowitz Title: Inspector General, U.S. Department of Justice (DOJ OIG)	Michael E. Horowitz Title: Inspector General, U.S. Department of Justice (DOJ OIG)	Michael E. Horowitz Title: Inspector General, U.S. Department of Justice (DOJ OIG)
Cathy McMorris Rodgers Title: Chair, House Energy and Commerce Committee	Cathy McMorris Rodgers Title: Chair, House Energy and Commerce Committee	Cathy McMorris Rodgers Title: Chair, House Energy and Commerce Committee	Cathy McMorris Rodgers Title: Chair, House Energy and Commerce Committee (Medicaid Oversight)



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(Medicaid Oversight)	(Medicaid Oversight)	(Medicaid Oversight)	
Ron Wyden Title: Chair, Senate Committee on Finance (Medicaid Oversight)	Ron Wyden Title: Chair, Senate Committee on Finance (Medicaid Oversight)	Ron Wyden Title: Chair, Senate Committee on Finance (Medicaid Oversight)	Ron Wyden Title: Chair, Senate Committee on Finance (Medicaid Oversight)
Shalanda D. Young Title: Director, Office of Management and Budget (OMB)	Shalanda D. Young Title: Director, Office of Management and Budget (OMB)	Shalanda D. Young Title: Director, Office of Management and Budget (OMB)	Shalanda D. Young Title: Director, Office of Management and Budget (OMB)
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 A. Grimm Title: Inspector General, U.S. Department of Health and Human Services (HHS OIG) Po	Christi A. Grimm Title: Inspector General, U.S. Department of Health and Human Services (HHS OIG) Po	Christi A. Grimm Title: Inspector General, U.S. Department of Health and Human Services (HHS OIG) Po	Christi A. Grimm Title: Inspector General, U.S. Department of Health and Human Services (HHS OIG) Po
Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in C	Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in C	Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in C	Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in C
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 Division, U.S. Department of Justice



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Division, U.S. Department of Justice	Division, U.S. Department of Justice	Division, U.S. Department of Justice	
Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Office of the State Comptroll	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Office of the State Comptroll	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Office of the State Comptroll	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Office of the State Comptroll
Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS) Position i	Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS) Position i	Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS) Position i	Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS) Position i
Richard Blumenthal	Richard Blumenthal	Titles: U.S. Senators for Connecticut Position in Chain of Command: Federal representatives responsi	Titles: U.S. Senators for Connecticut Position in Chain of Command: Federal representatives responsi
Chris Murphy	Chris Murphy	Titles: U.S. Senators for Connecticut Position in Chain of Command: Federal representatives responsi	Titles: U.S. Senators for Connecticut Position in Chain of Command: Federal representatives responsi
Ned Lamont Title: Governor, State of Connecticut Position in Chain of Command:	Ned Lamont Title: Governor, State of Connecticut Position in Chain of Command:	Ned Lamont Title: Governor, State of Connecticut Position in Chain of Command:	Ned Lamont Title: Governor, State of Connecticut Position in Chain of Command: Chief executive of Co



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Chief executive of Co	Chief executive of Co	Chief executive of Co	
Joe Courtney Title: U.S. Representative for Connecticut's 2nd Congressional District Position in Cha	Joe Courtney Title: U.S. Representative for Connecticut's 2nd Congressional District Position in Cha	Joe Courtney Title: U.S. Representative for Connecticut's 2nd Congressional District Position in Cha	Joe Courtney Title: U.S. Representative for Connecticut's 2nd Congressional District Position in Cha
Shalanda D. Young Title: Director, Office of Management and Budget (OMB) Position in Chain of Comma	Shalanda D. Young Title: Director, Office of Management and Budget (OMB) Position in Chain of Comma	Shalanda D. Young Title: Director, Office of Management and Budget (OMB) Position in Chain of Comma	Shalanda D. Young Title: Director, Office of Management and Budget (OMB) Position in Chain of Comma
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
Manisha Juthani, MD Title: Commissioner, Connecticut Department of Public Health (DPH) Position in C	Manisha Juthani, MD Title: Commissioner, Connecticut Department of Public Health (DPH) Position in C	Manisha Juthani, MD Title: Commissioner, Connecticut Department of Public Health (DPH) Position in C	Manisha Juthani, MD Title: Commissioner, Connecticut Department of Public Health (DPH) Position in C
Jeffrey R. Beckham Title: Secretary, Connecticut Office of Policy and Management	Jeffrey R. Beckham Title: Secretary, Connecticut Office of Policy and Management	Jeffrey R. Beckham Title: Secretary, Connecticut Office of Policy and Management	Jeffrey R. Beckham Title: Secretary, Connecticut Office of Policy and Management (OPM) Position in C



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(OPM) Position in C	(OPM) Position in C	(OPM) Position in C	
Chiquita Brooks-LaSure: Administrator, Centers for Medicare & Medicaid Services (CMS)	Chiquita Brooks-LaSure: Administrator, Centers for Medicare & Medicaid Services (CMS)	Chiquita Brooks-LaSure: Administrator, Centers for Medicare & Medicaid Services (CMS)	Chiquita Brooks-LaSure: Administrator, Centers for Medicare & Medicaid Services (CMS)
Christi A. Grimm: Inspector General, U.S. Department of Health and Human Services (HHS OIG)	Christi A. Grimm: Inspector General, U.S. Department of Health and Human Services (HHS OIG)	Christi A. Grimm: Inspector General, U.S. Department of Health and Human Services (HHS OIG)	Christi A. Grimm: Inspector General, U.S. Department of Health and Human Services (HHS OIG)
Senate Finance Committee Members: Chair: Senator Ron Wyden	Senate Finance Committee Members: Chair: Senator Ron Wyden	Senate Finance Committee Members: Chair: Senator Ron Wyden	Senate Finance Committee Members: Chair: Senator Ron Wyden
Mike Crapo Senate Finance Committee Members	Mike Crapo Senate Finance Committee Members	Mike Crapo Senate Finance Committee Members	Mike Crapo Senate Finance Committee Members
Merrick B. Garland Title: U.S. Attorney General, Department of Justice (DOJ) Position in Chain of Co	Merrick B. Garland Title: U.S. Attorney General, Department of Justice (DOJ) Position in Chain of Co	Merrick B. Garland Title: U.S. Attorney General, Department of Justice (DOJ) Position in Chain of Co	Merrick B. Garland Title: U.S. Attorney General, Department of Justice (DOJ) Position in Chain of Co
Kristen Clarke Title: Assistant Attorney General, Civil Rights Division, DOJ	Kristen Clarke Title: Assistant Attorney General, Civil Rights Division, DOJ	Kristen Clarke Title: Assistant Attorney General, Civil Rights Division, DOJ	Kristen Clarke Title: Assistant Attorney General, Civil Rights Division, DOJ Position in Chain of Co



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Position in Chain of Co	Position in Chain of Co	Position in Chain of Co	
Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Chai	Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Chai	Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Chai	Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Chai
Christi A. Grimm Title: Inspector General, U.S. Department of Health and Human Services (OIG HHS) Po	Christi A. Grimm Title: Inspector General, U.S. Department of Health and Human Services (OIG HHS) Po	Christi A. Grimm Title: Inspector General, U.S. Department of Health and Human Services (OIG HHS) Po	Christi A. Grimm Title: Inspector General, U.S. Department of Health and Human Services (OIG HHS) Po
Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in C	Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in C	Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in C	Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in C
Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Office of the State Comptroll	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Office of the State Comptroll	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Office of the State Comptroll	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Office of the State Comptroll
Ned Lamont Title: Governor, State of Connecticut Position in Chain of Command: Chief executive of th	Ned Lamont Title: Governor, State of Connecticut Position in Chain of Command: Chief executive of th	Ned Lamont Title: Governor, State of Connecticut Position in Chain of Command: Chief executive of th	Ned Lamont Title: Governor, State of Connecticut Position in Chain of Command: Chief executive of th



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Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS) Position i	Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS) Position i	Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS) Position i	Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS) Position i
Melinda Staff Title: Senior Official, Office of the State Comptroller Position in Chain of Command:	Melinda Staff Title: Senior Official, Office of the State Comptroller Position in Chain of Command:	Melinda Staff Title: Senior Official, Office of the State Comptroller Position in Chain of Command:	Melinda Staff Title: Senior Official, Office of the State Comptroller Position in Chain of Command:
Melinda Staff Title: Senior Official, Office of the State Comptroller Position in Chain of Command:	Melinda Staff Title: Senior Official, Office of the State Comptroller Position in Chain of Command:	Melinda Staff Title: Senior Official, Office of the State Comptroller Position in Chain of Command:	Melinda Staff Title: Senior Official, Office of the State Comptroller Position in Chain of Command:
Chiquita Brooks- LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS) Position	Chiquita Brooks- LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS) Position	Chiquita Brooks- LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS) Position	Chiquita Brooks-LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS) Position
Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Chai	Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Chai	Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Chai	Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Chai
Christi A. Grimm Title: Inspector General, U.S.	Christi A. Grimm Title: Inspector General, U.S.	Christi A. Grimm Title: Inspector General, U.S.	Christi A. Grimm Title: Inspector General, U.S. Department of Health and



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Department of Health and Human Services (OIG HHS) Po	Department of Health and Human Services (OIG HHS) Po	Department of Health and Human Services (OIG HHS) Po	Human Services (OIG HHS) Po
Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in C	Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in C	Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in C	Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in C
Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS) Position i	Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS) Position i	Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS) Position i	Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS) Position i
Jim O'Neill Title: Deputy Secretary, U.S. Department of Health and Human Services (HHS) Role: As th	Jim O'Neill Title: Deputy Secretary, U.S. Department of Health and Human Services (HHS) Role: As th	Jim O'Neill Title: Deputy Secretary, U.S. Department of Health and Human Services (HHS) Role: As th	Jim O'Neill Title: Deputy Secretary, U.S. Department of Health and Human Services (HHS) Role: As th
Chiquita Brooks-LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS) Role: O	Chiquita Brooks-LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS) Role: O	Chiquita Brooks-LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS) Role: O	Chiquita Brooks-LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS) Role: O
Barbara Richards Title: Deputy Director, Medicaid & CHIP Operations Group, CMS Role: Responsible fo	Barbara Richards Title: Deputy Director, Medicaid & CHIP Operations Group, CMS Role: Responsible fo	Barbara Richards Title: Deputy Director, Medicaid & CHIP Operations Group, CMS Role: Responsible fo	Barbara Richards Title: Deputy Director, Medicaid & CHIP Operations Group, CMS Role: Responsible fo



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*Denotes required fields.

Everett L. Handford Title: Regional Director, HHS Region 1 Role: Serves as the primary representati	Everett L. Handford Title: Regional Director, HHS Region 1 Role: Serves as the primary representati	Everett L. Handford Title: Regional Director, HHS Region 1 Role: Serves as the primary representati	Everett L. Handford Title: Regional Director, HHS Region 1 Role: Serves as the primary representati
Betsy Rosenfeld, JD Title: Regional Health Administrator, HHS Region 1 Role: Acts as the chief regi	Betsy Rosenfeld, JD Title: Regional Health Administrator, HHS Region 1 Role: Acts as the chief regi	Betsy Rosenfeld, JD Title: Regional Health Administrator, HHS Region 1 Role: Acts as the chief regi	Betsy Rosenfeld, JD Title: Regional Health Administrator, HHS Region 1 Role: Acts as the chief regi
Kathleen Otte (Acting) Title: Acting Regional Administrator, CMS Boston Role: Oversees CMS operatio	Kathleen Otte (Acting) Title: Acting Regional Administrator, CMS Boston Role: Oversees CMS operatio	Kathleen Otte (Acting) Title: Acting Regional Administrator, CMS Boston Role: Oversees CMS operatio	Kathleen Otte (Acting) Title: Acting Regional Administrator, CMS Boston Role: Oversees CMS operatio
Andrea Palm Title: Deputy Secretary, U.S. Department of Health and Human Services (HHS) Role: Serve	Andrea Palm Title: Deputy Secretary, U.S. Department of Health and Human Services (HHS) Role: Serve	Andrea Palm Title: Deputy Secretary, U.S. Department of Health and Human Services (HHS) Role: Serve	Andrea Palm Title: Deputy Secretary, U.S. Department of Health and Human Services (HHS) Role: Serve
Roger Severino Title: Former Director, Office for Civil Rights, HHS Role: Was considered for a seni	Roger Severino Title: Former Director, Office for Civil Rights, HHS Role: Was considered for a seni	Roger Severino Title: Former Director, Office for Civil Rights, HHS Role: Was considered for a seni	Roger Severino Title: Former Director, Office for Civil Rights, HHS Role: Was considered for a seni
Natalie Braswell Title: Secretary, Connecticut Office	Natalie Braswell Title: Secretary, Connecticut Office	Natalie Braswell Title: Secretary, Connecticut	Natalie Braswell Title: Secretary, Connecticut Office



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of Policy and Management (OPM) Role: Oversees	of Policy and Management (OPM) Role: Oversees	Office of Policy and Management (OPM) Role: Oversees	of Policy and Management (OPM) Role: Oversees
Kate McEvoy Title: Former Director, Connecticut Medicaid Program Role: Previously oversaw the state	Kate McEvoy Title: Former Director, Connecticut Medicaid Program Role: Previously oversaw the state	Kate McEvoy Title: Former Director, Connecticut Medicaid Program Role: Previously oversaw the state	Kate McEvoy Title: Former Director, Connecticut Medicaid Program Role: Previously oversaw the state
Deidre S. Gifford, MD, MPH Title: Former Commissioner, Connecticut Department of Social Services (D	Deidre S. Gifford, MD, MPH Title: Former Commissioner, Connecticut Department of Social Services (D	Deidre S. Gifford, MD, MPH Title: Former Commissioner, Connecticut Department of Social Services (D	Deidre S. Gifford, MD, MPH Title: Former Commissioner, Connecticut Department of Social Services (D
Matthew Barrett Title: President and CEO, Connecticut Association of Health Care Facilities Role: R	Matthew Barrett Title: President and CEO, Connecticut Association of Health Care Facilities Role: R	Matthew Barrett Title: President and CEO, Connecticut Association of Health Care Facilities Role: R	Matthew Barrett Title: President and CEO, Connecticut Association of Health Care Facilities Role: R
Elizabeth Duryea Title: Chief of Staff, Connecticut Department of Social Services (DSS) Role: Assis	Elizabeth Duryea Title: Chief of Staff, Connecticut Department of Social Services (DSS) Role: Assis	Elizabeth Duryea Title: Chief of Staff, Connecticut Department of Social Services (DSS) Role: Assis	Elizabeth Duryea Title: Chief of Staff, Connecticut Department of Social Services (DSS) Role: Assis
Lisa J. Pino Title: Director, Office for Civil Rights (OCR), HHS Role: Ensures ADA compliance and i	Lisa J. Pino Title: Director, Office for Civil Rights (OCR), HHS Role: Ensures ADA compliance and i	Lisa J. Pino Title: Director, Office for Civil Rights (OCR), HHS Role: Ensures ADA compliance and i	Lisa J. Pino Title: Director, Office for Civil Rights (OCR), HHS Role: Ensures ADA compliance and i



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

*Denotes required fields.

Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller Position in Chain of Command:	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller Position in Chain of Command:	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller Position in Chain of Command:	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller Position in Chain of Command:
Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS) Position i	Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS) Position i	Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS) Position i	Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS) Position i
Ned Lamont Title: Governor of Connecticut Position in Chain of Command: Chief executive overseeing a	Ned Lamont Title: Governor of Connecticut Position in Chain of Command: Chief executive overseeing a	Ned Lamont Title: Governor of Connecticut Position in Chain of Command: Chief executive overseeing a	Ned Lamont Title: Governor of Connecticut Position in Chain of Command: Chief executive overseeing a
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
Chiquita Brooks- LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS) Position	Chiquita Brooks- LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS) Position	Chiquita Brooks- LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS) Position	Chiquita Brooks-LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS) Position
Christi A. Grimm Title: Inspector General, U.S.	Christi A. Grimm Title: Inspector General, U.S.	Christi A. Grimm Title: Inspector General, U.S.	Christi A. Grimm Title: Inspector General, U.S. Department of Health and



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Department of Health and Human Services (HHS OIG) Po	Department of Health and Human Services (HHS OIG) Po	Department of Health and Human Services (HHS OIG) Po	Human Services (HHS OIG) Po
Gene L. Dodaro Title: Comptroller General of the United States, Government Accountability Office (GA)	Gene L. Dodaro Title: Comptroller General of the United States, Government Accountability Office (GA)	Gene L. Dodaro Title: Comptroller General of the United States, Government Accountability Office (GA)	Gene L. Dodaro Title: Comptroller General of the United States, Government Accountability Office (GA)
Shalanda D. Young Title: Director, Office of Management and Budget (OMB) Position in Chain of Comman	Shalanda D. Young Title: Director, Office of Management and Budget (OMB) Position in Chain of Comman	Shalanda D. Young Title: Director, Office of Management and Budget (OMB) Position in Chain of Comman	Shalanda D. Young Title: Director, Office of Management and Budget (OMB) Position in Chain of Comman
Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Chai	Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Chai	Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Chai	Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Chai
Kristen Clarke Title: Assistant Attorney General, Civil Rights Division, DOJ Position in Chain of Co	Kristen Clarke Title: Assistant Attorney General, Civil Rights Division, DOJ Position in Chain of Co	Kristen Clarke Title: Assistant Attorney General, Civil Rights Division, DOJ Position in Chain of Co	Kristen Clarke Title: Assistant Attorney General, Civil Rights Division, DOJ Position in Chain of Co
Office of Civil Rights (OCR), HHS Title: Director of OCR Position in Chain of Command: Federal agenc	Office of Civil Rights (OCR), HHS Title: Director of OCR Position in Chain of Command: Federal agenc	Office of Civil Rights (OCR), HHS Title: Director of OCR Position in Chain of Command: Federal agenc	Office of Civil Rights (OCR), HHS Title: Director of OCR Position in Chain of Command: Federal agenc



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*Denotes required fields.

William Halsey Title: Medicaid Director Position in Chain of Command: As the Medicaid Director, Will	William Halsey Title: Medicaid Director Position in Chain of Command: As the Medicaid Director, Will	William Halsey Title: Medicaid Director Position in Chain of Command: As the Medicaid Director, Will	William Halsey Title: Medicaid Director Position in Chain of Command: As the Medicaid Director, Will
Maria Horn	Maria Horn	Connecticut General Assembly: Finance, Revenue, and Bonding Committee:	Connecticut General Assembly: Finance, Revenue, and Bonding Committee:
Toni Walker Appropriations Committee: Co- Chair:	Toni Walker Appropriations Committee: Co- Chair:	Appropriations Committee: Co- Chair: Representative	Appropriations Committee: Co-Chair: Representative
Cathy Osten Co- Chair: Senator	Cathy Osten Co- Chair: Senator	Legislative Oversight Committees Connecticut General Assembly: Appropriations Committee:	Legislative Oversight Committees Connecticut General Assembly: Appropriations Committee:
Catherine Abercrombie Co- Chair: Representative	Catherine Abercrombie Co- Chair: Representative	Co-Chair: Representative Human Services Committee Legislative Oversight Committees	Co-Chair: Representative Human Services Committee Legislative Oversight Committees
Matthew Lesser	Matthew Lesser	Co-Chair: Senator Human Services Committee Legislative Oversight Committees	Co-Chair: Senator Human Services Committee Legislative Oversight Committees Connecticut General As



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*Denotes required fields.

		Connecticut General As	
Ron Wyden (D-Oregon)	Ron Wyden (D-Oregon)	U.S. Congressional Committees: Senate Finance Committee: Chair: Senator	U.S. Congressional Committees: Senate Finance Committee: Chair: Senator
John C. Geragosian	John C. Geragosian	State Auditors of Public Accounts (Connecticut)	State Auditors of Public Accounts (Connecticut)
Clark J. Chapin	Clark J. Chapin	tate Auditors of Public Accounts (Connecticut)	tate Auditors of Public Accounts (Connecticut)
Melanie Fontes Rainer	Melanie Fontes Rainer	Director Position in Chain of Command: As Director of the OCR, Melanie Fontes Rainer leads the feder	Director Position in Chain of Command: As Director of the OCR, Melanie Fontes Rainer leads the feder
Sean Scanlon Title: State Comptroller Position in Chain of Command: As State Comptroller, Sean Scanl	Sean Scanlon Title: State Comptroller Position in Chain of Command: As State Comptroller, Sean Scanl	Sean Scanlon Title: State Comptroller Position in Chain of Command: As State Comptroller, Sean Scanl	Sean Scanlon Title: State Comptroller Position in Chain of Command: As State Comptroller, Sean Scanl
Frank Pallone Jr. (D-New Jersey)	Frank Pallone Jr. (D-New Jersey)	Federal Oversight Committees U.S. Senate Finance Committee	Federal Oversight Committees U.S. Senate Finance Committee
Michelle Gilman Title: Commissioner Position in Chain of Command: As	Michelle Gilman Title: Commissioner Position in Chain of Command: As	Michelle Gilman Title: Commissioner Position in Chain of Command: As	Michelle Gilman Title: Commissioner Position in Chain of Command: As Commissioner, Michelle Gilman I



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*Denotes required fields.

Commissioner, Michelle Gilman I	Commissioner, Michelle Gilman I	Commissioner, Michelle Gilman I	
Ned Lamont Title: Governor of Connecticut Position in Chain of Command: Chief Executive of Connectic	Ned Lamont Title: Governor of Connecticut Position in Chain of Command: Chief Executive of Connectic	Ned Lamont Title: Governor of Connecticut Position in Chain of Command: Chief Executive of Connectic	Ned Lamont Title: Governor of Connecticut Position in Chain of Command: Chief Executive of Connectic
Deidre S. Gifford Title: Commissioner, Connecticut Department of Social Services (DSS) Position in C	Deidre S. Gifford Title: Commissioner, Connecticut Department of Social Services (DSS) Position in C	Deidre S. Gifford Title: Commissioner, Connecticut Department of Social Services (DSS) Position in C	Deidre S. Gifford Title: Commissioner, Connecticut Department of Social Services (DSS) Position in C
Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS) Position	Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS) Position	Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS) Position	Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS) Position

REQUESTED OSC ACTION

What action would you like OSC to take?

Formal and Immediate Demand for Enforcement of Federal and Constitutional Compliance

This urgent, unequivocal demand requires immediate corrective action to resolve systemic violations and gross mismanagement in the administration of the Connecticut Medicaid Acquired Brain Injury (ABI) Waiver Program. Failure to act now not only undermines federal and constitutional laws but poses an imminent risk to public safety, taxpayer equity, and the rights of Medicaid recipients and whistleblowers. The time for action is now. Delays are unacceptable, and accountability must be enforced without compromise.

Actions Demanded:



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1. Enforce Full Compliance with Federal and Constitutional Laws

Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act:

Require immediate adherence to ADA (42 U.S.C. § 12132) and Section 504 (29 U.S.C. § 794).

Mandate unrestricted accessibility, including:

Transparent operations.

Reasonable accommodations for Medicaid recipients and whistleblowers facing systemic barriers.

Freedom of Information Act (FOIA):

Compel the immediate release of all public records under FOIA (5 U.S.C. § 552) and Connecticut FOIA statutes (C.G.S. §§ 1-200 et seq.).

Impose punitive consequences for any official obstructing transparency through denial or manipulation of public record access.

Constitutional Violations:

Address violations of the First Amendment (right to petition the government), Fifth Amendment (due process protections), and Fourteenth Amendment (equal protection under the law).

Demand that all administrative actions be reviewed and overturned where constitutional protections were ignored.

2. Order Operational Corrections with Zero Delay

Reinstate Medicaid Services:

Direct state agencies, including the Connecticut DSS and Comptroller's Office, to:

Fully restore critical ABI Waiver Program services.

Ensure continuous care for Medicaid recipients reliant on brain injury services.

Enforce Accountability Mechanisms:

Mandate transparent financial reporting from state agencies directly to federal oversight bodies (CMS and HHS OIG).

Implement independent, real-time auditing systems to eliminate misuse of federal Medicaid funds.

3. Initiate Immediate Federal Oversight

Direct Federal Authority to Act:



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Command federal entities, including CMS and HHS OCR, to:
Enforce federal Medicaid compliance standards immediately.
Appoint independent oversight bodies to oversee corrective measures.
Hold Negligent Officials Accountable:

Compel corrective measures and disciplinary actions for:
Xavier Becerra (Secretary, HHS).
Chiquita Brooks-LaSure (Administrator, CMS).
Ned Lamont (Governor, Connecticut).
Andrea Barton Reeves (Commissioner, DSS).
Yamuna Menon (General Counsel, Connecticut Comptroller's Office).
Penalize all officials obstructing compliance through federal sanctions or withholding Medicaid funds.

4. Guarantee Transparency and Protect Whistleblowers
Whistleblower Protections:

Enforce the Whistleblower Protection Act (5 U.S.C. § 2302(b)(8)), shielding individuals reporting fraud or mismanagement.
Expedite implementation of disclosed corrective actions and prohibit retaliation against whistleblowers.

Transparent Public Reporting:

Require detailed federal and state reporting on:
Corrective actions implemented.
ADA compliance improvements.
Financial management and service delivery corrections.

5. Demand Results Now

Set Enforceable Deadlines:

Mandate all corrective actions be fully implemented within 30 days.
Require real-time updates on progress and compliance from state and federal authorities.
Immediate Action to Prevent Further Harm:

Demand that results are prioritized over procedural delays, with the health, safety, and rights of Medicaid recipients placed above all bureaucratic barriers.

Conclusion



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This is a non-negotiable demand for immediate remedial actions, not an investigation or prolonged deliberation. The systemic violations detailed herein directly endanger public safety, abuse taxpayer funds, and subvert constitutional protections. Failure to act decisively violates public trust and exposes federal and state authorities to litigation, penalties, and broader accountability for harm.

The OSC, CMS, HHS, and other federal bodies must immediately enforce corrective measures, remove barriers to compliance, and restore accountability to the Connecticut Medicaid ABI Waiver Program. Failure to address these violations now will constitute gross negligence and deliberate indifference.

David Medeiros

ABI Resources DB.42.131.Inf. <https://www.ctbraininjury.com/blog/tags/db-42-131-inf>

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.



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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
12.06.2024 Formal and Immediate Demand for Enforcement of Federal and Constitutional Compliance HHS CMS OCR OIG DOJ GAO USC FOIA ADA DSS OSC DAS OAG FOIC CGS DB.42.131.Inf. ABI Medeiros Connecticut DOGE .pdf
09.24.2024 Federal_Intervention_HHS_OIG_CMS_GAO_DOJ_OCR_Whistleblower_Report_2024.pdf
Comprehensive Grievance Report and Request for Clarity Whistleblower Report Medicaid ABI Waiver Programs.pdf
09.24.2024 Federal_Intervention_HHS_OIG_CMS_GAO_DOJ_OCR_Whistleblower_Report_2024.pdf
Subject_ Comprehensive FOIA Request for Connecticut Medicaid Acquired Brain Injury Waiver Program Records (Office of the State Comptroller) (1).zip
requests (11).csv
12.06.2024 Formal and Immediate Demand for Enforcement of Federal and Constitutional Compliance HHS CMS OCR OIG DOJ GAO USC FOIA ADA DSS OSC DAS OAG FOIC CGS DB.42.131.Inf. ABI Medeiros Connecticut DOGE .docx

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



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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. 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: 12/6/2024

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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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 Inspector General (OIG), HHS Inspector General, Christi A. Grimm: Investigates fraud, was

Street Address: 330 Independence Avenue SW

City: Washington

State: DC

Zip Code: 20201

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?



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DETAILS OF YOUR DISCLOSURES

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? Description of Actions and Violations: The individuals and entities involved took deliberate actions, inactions, or displayed systemic neglect that constitutes violations of federal and state laws, regulations, and constitutional rights. These actions include: Failure to Maintain and Provide Financial Records (Violation of 42 U.S.C. § 1396 et seq. and FOIA Laws): Office of the State Comptroller (Yamuna Menon, General Counsel): Claimed "no responsive records" exist regarding financial and administrative oversight of the Connecticut Medicaid Acquired Brain Injury (ABI) Waiver Program. Failed to provide required documentation on budget allocations, fund transfers, audits, and expenditures, which are mandated under federal Medicaid financial reporting requirements (42 CFR § 430.12). This constitutes a failure to uphold financial accountability for federally funded programs and raises



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	concerns about potential misuse or mismanagement of taxpayer funds. Non-Compliance with ADA Accommodations (Violation of Title II of the ADA, 42 U.S.C. § 12132, and Section 504 of the Rehabilitation Act, 29 U.S.C. § 794): Repeated failure by involved parties to provide reasonable accommodations for a person with disabilities, including: Denial of accessible communication methods (e.g., screen-reader compatible documents, summaries of complex records). Requiring inaccessible methods of correspondence, such as online portals or physical mail, in direct contravention of explicitly requested accommodations. These actions are discriminatory under federal disability laws and demonstrate systemic non-compliance with accessibility standards. Denial of Whistleblower Protections (Violation of 5 U.S.C. § 2302(b)(8)): By denying access to records that would substantiate allegations of systemic failures, the agencies effectively undermined whistleblower protections, exposing the whistleblower to retaliation or suppression of critical oversight. The obstruction of information essential for addressing public harm violates both the intent and substance of whistleblower protection laws. Failure to Fulfill Legal Transparency Obligations (Violation of FOIA, 5 U.S.C. § 552, and Connecticut FOIA Laws, C.G.S. §§ 1-200 et seq.): Agencies failed to provide public records as required by law, including financial and interagency communication records necessary for program oversight. The claim that "no responsive records exist" conflicts with statutory mandates requiring state and federal agencies to maintain and disclose such records, suggesting potential document destruction or concealment (violation of 18 U.S.C. § 2071). Neglect of Oversight Responsibilities (Gross Mismanagement): Federal agencies, including the Department of Health and Human Services (HHS), failed to enforce Medicaid program compliance or conduct proper oversight of state-level administrators. This systemic neglect compromises program integrity, jeopardizes services for vulnerable populations



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When did this occur?	3. When Did This Occur? Timeline of Violations and Non-Compliance: Initial Requests and Alleged Violations of FOIA and Transparency Laws: October 17, 2024: The first formal request for records related to the Connecticut Medicaid Acquired Brain Injury Waiver Program was submitted to the Office of the State Comptroller, seeking financial documentation, interagency communications, and compliance records under FOIA and Connecticut FOIA statutes. October 21, 2024: The Office of the State Comptroller, represented by Yamuna Menon, General Counsel, issued a written response stating "no responsive records" exist. This marked the first explicit failure to provide legally mandated records. October 24, 2024 – November 7, 2024: Follow-up correspondence clarified the scope of the request and sought records potentially held by interrelated agencies, with no substantive response or acknowledgment of responsibility. Failure to Comply with ADA Accommodation Requests: October 17, 2024: Specific, non-n
How did you discover this action?	4. How Did You Discover This Action? Method of Discovery: The violations were uncovered through direct interaction with the agencies involved in the administration and oversight of the Connecticut Medicaid Acquired Brain Injury (ABI) Waiver Program. Specific events and communications leading to the discovery include: Initial FOIA Request and Agency Responses: On October 17, 2024, a formal FOIA request was submitted to the Office of the State Comptroller, seeking financial and oversight records mandated by federal and state statutes. The response received on October 21, 2024, claiming "no responsive records," directly contradicted the statutory obligations of the agency to maintain and disclose such information. This raised immediate concerns about compliance and transparency. Pattern of Non-Compliance with ADA Accommodations: ADA accommodations were explicitly requested in the initial communication to ensure accessibility, given the requester's disability. Subsequent responses failed to adhere to these requirements, including the delivery of



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	inaccessible formats, omission of simplified summaries, and improper reliance on inaccessible portals. This failure highlighted systemic non-compliance with ADA mandates. Escalation and Denial of FOIA Appeal: After the initial denial of records, a formal appeal was submitted on November 12, 2024, clarifying the legal obligations under FOIA and requesting oversight from the Office of the State Comptroller. The appeal was denied on November 26, 2024, with no substantive effort to provide the requested records or redirect the request to another responsible entity. This lack of accountability confirmed a broader pattern of non-compliance and obfuscation. Direct Analysis of Legal Requirements and Statutory Obligations: The violations were further corroborated by reviewing federal and state statutes, including: Medicaid Regulations (42 U.S.C. § 1396 et seq.), requiring financial oversight of federally funded programs. ADA Title II (42 U.S.C. § 12132) and Section 504 (29 U.S.C. § 794), mandating reasonable accommodations for individuals with disabilities. FOIA (5 U.S.C. § 552) and Connecticut FOIA Statutes (C.G.S. §§ 1-200 et seq.), requiring transparency and timely responses to records requests. Inconsistent and Contradictory Communications: Additional concerns arose from conflicting responses by related agencies, suggesting a lack of coordination and potential concealment of critical information. The absence of financial records for a federally funded program is implausible, indicating potential systemic failures in compliance and oversight. Summary of Discovery: The discovery of these actions resulted from a combination of direct interactions with agency representatives, legal analysis of their responses, and the apparent contradictions between statutory obligations and the agencies' claims of non-responsiveness. These failures highlight violations of transparency laws, discrimination against individuals
What additional facts support your allegation?	5. What Additional Facts Support Your Allegation? Overview of Supporting Facts: The allegations of non-compliance with federal and state laws are substantiated



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	by multiple facts, as detailed below. These facts demonstrate systemic violations of transparency, financial accountability, and accessibility requirements. 1. Inconsistent and Contradictory Agency Responses Office of the State Comptroller: Claimed on October 21, 2024, that it had "no responsive records" related to financial oversight of the Connecticut Medicaid ABI Waiver Program, despite its statutory role as the state's financial manager. Provided no guidance on the responsible agency, a violation of FOIA's referral and assistance requirements (5 U.S.C. § 552(a)(3)(A)). Department of Social Services (DSS): DSS failed to provide clarity on their financial and operational oversight responsibilities, despite being the primary administrator of Medicaid-funded programs in Connecticut. Neither agency claimed ownership or accountability for the required records, creating an implausible gap in oversight. 2. Failure to Provide Financial Transparency The Medicaid ABI Waiver Program involves significant federal and state taxpayer funding under 42 U.S.C. § 1396 et seq. Despite federal Medicaid requirements, no records were disclosed for: Budget allocations. Fund transfers. Audit results. Expenditure reports. The absence of financial records suggests potential fraudulent mismanagement of funds, violating 42 CFR § 430.12. 3. Systemic Non-Compliance with ADA Accommodations Despite multiple requests, the following ADA Title II (42 U.S.C. § 12132) and Section 504 (29 U.S.C. § 794) accommodations were denied: Screen-reader compatible formats: Records were provided in inaccessible formats, excluding individuals with disabilities from meaningful participation. Simplified summaries for complex records: No summaries were provided, violating ADA mandates for effective communication. Exclusive use of email communication: Agencies relied on inaccessible portals and other barriers, contrary to explicit ADA accommodation requests. These failures constitute systemic discrimination against individuals with disabilities, violating federal mandates. 4. Pattern of Obfuscation and Potential Document



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	Concealment Under 18 U.S.C. § 1519, the concealment or destruction of federal program-related documents is a federal crime. The lack of financial records for a federally funded program raises serious concerns, including: The intentional destruction or withholding of records. The absence of a documented audit trail, which is required for Medicaid programs under federal law. 5. Violation of FOIA and Connecticut FOIA Statutes Both federal and state FOIA statutes require agencies to: Maintain records related to publicly funded programs (5 U.S.C. § 552; C.G.S. §§ 1-200 et seq.). Respond to requests within statutory timelines, including explaining exemptions or providing guidance for referrals. The failure to produce any respon
Allegation	Gross Mismanagement
What action did they take?	2. What Action Did They Take? Gross Mismanagement 1. Yamuna (Yam) Menon Action Taken: Failed to document, maintain, and disclose financial records critical to the oversight of the Connecticut Medicaid Acquired Brain Injury (ABI) Waiver Program. Denied access to responsive records despite statutory requirements under FOIA and Connecticut state law. Provided vague or incomplete responses to inquiries, obstructing transparency and accountability. Neglected to enforce financial oversight responsibilities as General Counsel/Assistant State Comptroller. 2. Connecticut Office of the State Comptroller (OSC) Action Taken: Did not establish or implement effective procedures to track Medicaid funds allocated to the ABI Waiver Program. Failed to coordinate with other state agencies, such as the Department of Social Services (DSS), to ensure proper financial management and compliance with Medicaid regulations. Allowed systemic lapses in financial reporting, leading to inadequate transparency and potential misuse of taxpayer funds. 3. Chiquita Brooks-LaSure (CMS Administrator) Action Taken: Failed to oversee and enforce federal Medicaid regulations (42 U.S.C. § 1396 et seq.) governing the ABI Waiver Program. Did not address known lapses in financial accountability or require corrective actions from Connecticut state agencies.



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	Allowed ongoing mismanagement to persist without federal intervention or audits to ensure compliance with federal guidelines. 4. Christi A. Grimm (HHS Inspector General) Action Taken: Did not initiate an audit or investigation into the ABI Waiver Program despite clear indications of financial mismanagement. Failed to monitor the program for compliance with federal Medicaid laws, leading to a lack of enforcement and accountability. Did not uphold whistleblower protections that would have allowed employees or stakeholders to report systemic failures. 5. Connecticut Department of Social Services (DSS) Leadership Action Taken: Did not properly administer or monitor Medicaid funds allocated to the ABI Waiver Program. Neglected to provide clear guidelines for financial reporting, contributing to gaps in accountability. Failed to collaborate with the Office of the State Comptroller to ensure accurate and transparent financial records. 6. Congressional Oversight Committees Action Taken: Did not use oversight authority to hold CMS, HHS OIG, or Connecticut state agencies accountable for mismanagement of federal Medicaid funds. Failed to investigate systemic failures despite documented evidence of gross mismanagement in the ABI Waiver Program. Allowed taxpayer dollars to be spent without proper safeguards or oversight mechanisms. 7. Governor Ned Lamont Action Taken: Did not provide adequate state-level leadership to address systemic issues within the Medicaid ABI Waiver Program. Failed to direct the Office of the State Comptroller and DSS to rectify financial management deficiencies. Allowed interagency miscommunication and accountability lapses to
When did this occur?	3. When did this occur? Timeline of Gross Mismanagement Initial Onset of Mismanagement: Date Range: The mismanagement began as early as the implementation of the Connecticut Medicaid ABI Waiver Program, with documented deficiencies in financial oversight and interagency coordination emerging since the program's inception. Critical Periods: Initial program



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	establishment lacked proper tracking mechanisms and compliance frameworks. Audits and financial reports failed to account for discrepancies in fund allocations starting in 2016 (based on Medicaid oversight cycles). Escalation of Mismanagement: Date Range: 2018-2023 Evidence of worsening mismanagement appeared in annual audits and reports of systemic non-compliance with federal Medicaid regulations (42 U.S.C. § 1396 et seq.). Persistent failure to implement corrective actions despite internal and external whistleblower alerts. ADA accommodations requests were repeatedly denied or ignored, resulting in barriers to accountability and
How did you discover this action?	4. How did you discover this action? Discovery of Gross Mismanagement: Direct Requests and Denials: Freedom of Information Act (FOIA) Requests: Repeated FOIA requests submitted to the Office of the State Comptroller, Department of Social Services (DSS), and other agencies for financial and operational records of the Connecticut Medicaid ABI Waiver Program were met with denials or claims of "no responsive records." These responses directly contradicted statutory requirements under 42 U.S.C. § 1396, FOIA (5 U.S.C. § 552), and Connecticut FOIA statutes (C.G.S. §§ 1-200 et seq.). ADA Accommodation Failures: Requests for ADA-compliant communication and accessible records, mandated under ADA Title II (42 U.S.C. § 12132) and Section 504 of the Rehabilitation Act (29 U.S.C. § 794), were repeatedly ignored, obstructing my ability to review program operations. Whistleblower Disclosures: Internal reports from whistleblowers revealed: Mismanagement of Medicaid funds, including discrepancies in financial allocations and expenditures. Lack of compliance with federal Medicaid guidelines, such as those outlined in 42 CFR § 430.12. These disclosures highlighted systemic failures in oversight and raised alarms about potential misuse of taxpayer dollars. Audit Irregularities and Gaps: Annual Medicaid Audits: Inconsistencies and missing documentation in state and federal audits of the ABI Waiver Program signaled gross financial mismanagement. Lack of Corrective Actions:



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	Audit findings pointing to procedural failures were repeatedly ignored, and no corrective actions were taken by responsible agencies. Formal Correspondence: Communications with Yamuna (Yam) Menon, General Counsel/Assistant State Comptroller, revealed the Office's assertion of having "no responsive records," a claim that: Contradicted its statutory obligations for financial oversight. Suggested either deliberate concealment or failure to maintain critical records, in violation of 18 U.S.C. § 2071 (concealment or destruction of records). Interagency Coordination Failures: Attempts to identify records through interagency coordination uncovered: A lack of documentation of communications or agreements between the State Comptroller's Office, DSS, and federal oversight entities such as the Centers for Medicare & Medicaid Services (CMS). This absence of interagency records violated the requirements of Medicaid statutory guidelines and exposed systemic accountability failures. Public Complaints and Reports: Community reports and beneficiary complaints about the ABI Waiver Program's administration corroborated the mismanagement allegations, citing: Delays in service delivery. Inaccessible program information. Lack of transparency in funding and resource allocation. Supporting Evidence: FOIA Denials: Documented refusals to provide financial and programmatic records. Whistleblower Reports: Internal disclosures and protected statements alleging violations of law. Audit Reports: Historical Medicaid audit su
What additional facts support your allegation?	5. What additional facts support your allegation? Gross Mismanagement: Supporting Facts Non-Compliance with Federal Medicaid Guidelines: The Connecticut Medicaid ABI Waiver Program failed to comply with 42 U.S.C. § 1396 and 42 CFR § 430.12, which mandate: Transparent allocation of funds. Periodic reporting of program performance. Accurate tracking of expenditures tied to Medicaid waivers. Absence of critical records related to fund transfers, budget allocations, and operational oversight directly violates these statutes. Inconsistent and Incomplete Audits: Medicaid program audits conducted



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	by federal and state entities consistently flagged: Discrepancies in financial reporting. Missing documentation regarding fund usage and administrative expenditures. Despite these findings, no corrective measures were implemented, indicating a disregard for financial accountability. Failure to Address Whistleblower Disclosures: Whistleblower reports outlined: Misallocation of federal and state Medicaid funds. - Neglect of procedural safeguards required under 42 CFR § 440.180 for home and community-based services. These disclosures were ignored or inadequately investigated, allowing systemic failures to persist. Neglect of ADA and Rehabilitation Act Obligations: Agencies failed to accommodate accessibility requests under ADA Title II (42 U.S.C. § 12132) and Section 504 of the Rehabilitation Act (29 U.S.C. § 794). This included: Refusal to provide accessible documents. Denial of reasonable accommodations during communications and records requests. A systemic lack of policies ensuring equitable access for individuals with disabilities. Absence of Interagency Coordination: Critical records demonstrating collaboration between the Office of the State Comptroller, Department of Social Services (DSS), and federal oversight entities such as CMS were not maintained. This lack of coordination directly contributed to failures in monitoring program effectiveness and financial integrity. Pattern of Mismanagement Across the Program: Reports from program participants and community organizations highlighted: Delays in service delivery and funding distribution. Poor communication between agencies overseeing the waiver program. Lack of transparency in the decision-making process, leaving beneficiaries in limbo. Denial of FOIA Requests: Multiple FOIA (5 U.S.C. § 552) and Connecticut FOIA (C.G.S. §§ 1-200 et seq.) requests for financial and operational records were denied or returned with claims of "no responsive records." This suggests either gross negligence in recordkeeping or intentional withholding of information. Potential Violations of Federal Laws: The absence of



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	proper financial documentation and mismanagement of funds raises concerns about violations of: 18 U.S.C. § 2071 (Concealment, Removal, or Mutilation of Records). 31 U.S.C. § 3729 (False Claims Act) if fraudulent claims for Medicaid reimbursements were submitted. Lack of Legislative Oversight: Despite bein
Allegation	Abuse of Authority
What action did they take?	2. What Action Did They Take? - Abuse of Authority Federal Officials Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Actions Taken: Failed to direct oversight agencies, including CMS and OIG HHS, to address systemic failures in the Connecticut Medicaid ABI Waiver Program. Did not ensure compliance with federal Medicaid regulations, allowing misuse of federally allocated funds. Neglected to enforce whistleblower protections, discouraging transparency and accountability. Chiquita Brooks-LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS) Actions Taken: Did not intervene in response to reports of mismanagement in the ABI Waiver Program. Failed to enforce Medicaid statutes requiring proper use and documentation of public funds. Ignored whistleblower disclosures alleging violations of federal Medicaid regulations. Christi A. Grimm Title: Inspector General, U.S. Department of Health and Human Services (OIG HHS) Actions Taken: Did not launch an investigation into allegations of financial mismanagement and abuse within the Connecticut Medicaid ABI Waiver Program. Failed to ensure compliance with federal requirements for Medicaid fund transparency and ADA accommodations. Overlooked systemic failures in addressing whistleblower disclosures. Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Actions Taken: Declined to audit or review financial practices within the Connecticut Medicaid ABI Waiver Program despite multiple reports of systemic abuse. Failed to use GAO's oversight authority to ensure state compliance with federal funding requirements. State Officials Andrea



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	Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS) Actions Taken: Allowed systemic mismanagement of Medicaid funds within the ABI Waiver Program. Did not implement corrective measures to address oversight and financial documentation failures. Failed to collaborate effectively with the State Comptroller's Office and federal agencies to ensure accountability. Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Office of the State Comptroller Actions Taken: Denied the existence of responsive financial and administrative records, obstructing FOIA requests. Failed to provide legally mandated ADA accommodations, hindering public access to government records. Contributed to systemic transparency failures by refusing to comply with state and federal disclosure laws. Melinda Staff Title: Senior Official, Office of the State Comptroller Actions Taken: Failed to document and maintain financial records related to Medicaid allocations for the ABI Waiver Program. Did not address whistleblower disclosures or implement oversight mechanisms to prevent further abuses. Legislative Officials Senator Richard Blumenthal Title: U.S. Senator, Connecticut Actions Taken: Did not use legislative authority to investigate reported abuses in the ABI Waiver Program. Fail
When did this occur?	3. When Did This Occur? Abuse of Authority Timeline of Events Systemic Mismanagement Timeline 2000-Present: The Connecticut Medicaid Acquired Brain Injury (ABI) Waiver Program has operated under consistent federal and state funding mandates, yet systemic failures in transparency and financial accountability have persisted. 2015-2024: Specific reports of non-compliance with federal Medicaid regulations (42 U.S.C. § 1396 et seq.) have emerged, indicating long-term mismanagement of funds. FOIA Denials and Obstruction of Records October 2024: Multiple FOIA requests were submitted to state agencies, including the Office of the State Comptroller, the Department of Social Services (DSS), and other related entities, seeking critical financial and operational



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	records. These were met with responses claiming "no responsive records" or partial refusals. November 2024: Appeals for denied FOIA requests were escalated, but agencies failed to produce complete and accessible records, perpetuating th
How did you discover this action?	4. How did you discover this action? The actions constituting Abuse of Authority were discovered through the following avenues: FOIA Requests and Denials: Repeatedly filed comprehensive FOIA requests to state and federal agencies, including the Office of the State Comptroller, Connecticut Department of Social Services, and other relevant entities, seeking financial and programmatic records related to the ABI Waiver Program. Responses claiming "no responsive records" or denials of requests without proper justification, despite the existence of mandated documentation as required under 5 U.S.C. § 552 and C.G.S. §§ 1-200 et seq. ADA Accommodation Failures: Explicitly requested ADA accommodations to ensure accessibility, such as screen-reader-compatible documents and simplified summaries, in accordance with 42 U.S.C. § 12132 and 29 U.S.C. § 794. Discovered systemic failure to provide these accommodations, indicating non-compliance and discriminatory practices. Whistleblower Disclosures and Retaliation: Observed a lack of protection and responsiveness to whistleblower complaints highlighting systemic mismanagement and oversight failures, in violation of 5 U.S.C. § 2302(b)(8). Noted that disclosures were ignored or downplayed by responsible state and federal officials. Documented Evidence of Financial Irregularities: Reviewed publicly available financial reports, budgets, and legislative records revealing significant gaps in oversight and management of Medicaid funds allocated to the ABI Waiver Program. Identified discrepancies between funding allocations and actual service delivery, suggesting mismanagement. Firsthand Advocacy Efforts: As an advocate and program participant, consistently engaged with state and federal agencies about systemic failures in program



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	administration. Encountered obstruction, lack of transparency, and evasion from responsible officials when seeking accountability and resolution. Patterns of Neglect Across Oversight Agencies: Federal and state entities demonstrated ongoing negligence in addressing violations despite whistleblower reports, public complaints, and internal audits. This pattern indicated deliberate inaction and abuse of authority to suppress transparency and accountability. Supporting Evidence: FOIA Correspondence: Detailed records of submitted requests and inadequate responses from the Office of the State Comptroller, DSS, and CMS. ADA Accommodation Communications: Documented failure to honor specific, legally required accommodations. Public Records: Analysis of gaps in publicly available financial and programmatic data. Whistleblower Disclosures: Reports of retaliation and lack of response to whistleblower protections. This discovery process highlights a clear and systemic abuse of authority, involving deliberate obstruction, mismanagement, and denial of legally mandated rights and transparency.
What additional facts support your allegation?	5. What additional facts support your allegation? Abuse of Authority Detailed Facts and Evidence Supporting the Allegation Failure to Produce Legally Mandated Records: Federal Medicaid Statutes: Federal law (42 U.S.C. § 1396 et seq.) mandates that all Medicaid-funded programs maintain detailed records of expenditures, audits, and program evaluations. The Connecticut Medicaid ABI Waiver Program has failed to produce these records, despite repeated FOIA requests and statutory requirements. Freedom of Information Act (FOIA) Violations: Responses from state officials, including the Office of the State Comptroller, claim "no responsive records," indicating a failure to maintain or disclose legally required records, violating 5 U.S.C. § 552 and C.G.S. §§ 1-200 et seq. Non-Compliance with ADA Accommodations: Repeated requests for ADA accommodations, including accessible documents and simplified summaries, were ignored or denied by state



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	and federal agencies. This failure violates Title II of the ADA (42 U.S.C. § 12132) and Section 504 of the Rehabilitation Act (29 U.S.C. § 794). Pattern of Obstruction and Evasion: Delays and Evasion: Agencies delayed responses to FOIA requests and provided incomplete or evasive answers, impeding accountability. Improper Redactions: Records provided, if any, were heavily redacted without clear statutory justification, violating FOIA standards. Mismanagement of Federally Allocated Funds: Untracked Medicaid Funds: Evidence of discrepancies between federal Medicaid allocations to the ABI Waiver Program and actual expenditures, suggesting possible financial mismanagement or misuse. Lack of Oversight: No evidence of routine audits or financial reconciliations as required under Medicaid regulations (42 CFR § 430.12). Neglect of Whistleblower Protections: Reports of systemic failures submitted by whistleblowers to state and federal oversight agencies were ignored. The lack of investigation into these disclosures violates the Whistleblower Protection Act (5 U.S.C. § 2302(b)(8)). Documented Systemic Issues: Publicly Available Records: Public records show inconsistent reporting on Medicaid expenditures and program effectiveness for the ABI Waiver Program. State Agency Accountability: Internal reports and audits highlight persistent gaps in financial and programmatic oversight but were not acted upon by responsible officials. Failure of Oversight Bodies to Intervene: Centers for Medicare & Medicaid Services (CMS): Did not intervene to enforce compliance or correct deficiencies in the ABI Waiver Program despite clear evidence of mismanagement. Connecticut Department of Social Services (DSS): As the administering agency, DSS failed to ensure financial transparency and proper program administration. Office of the State Comptroller: Claimed "no responsive records" despite its statutory role in managing state finances, indicating potential recordkeeping violations under 18 U.S.C. § 2071. Impact on Vulnerable Populations: The ABI



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Allegation	Gross Waste of Funds
What action did they take?	2. What action did they take? Gross Waste of Funds Description: Improper utilization of Medicaid funds allocated for the ABI Waiver Program, leading to potential fraud, inefficiency, and systemic mismanagement. The actions or omissions of individuals and entities directly contributed to financial waste, lack of accountability, and failure to meet program objectives. Detailed Actions: 1. Connecticut Department of Social Services (DSS) Officials: Action Taken: Failed to establish adequate financial oversight mechanisms for the ABI Waiver Program. Did not implement tracking systems to ensure Medicaid funds were used effectively and transparently. Allowed systemic inefficiencies, such as overpayments to service providers and incomplete financial reporting, to persist. 2. Connecticut Office of the State Comptroller: Action Taken: Failed to maintain or provide required financial records, including budget allocations, fund transfers, and expenditure tracking. Did not coordinate with other state and federal agencies to address known inefficiencies or ensure proper fund allocation. Neglected to enforce accountability measures, allowing financial mismanagement to remain undetected. 3. State Medicaid Director (Connecticut DSS): Action Taken: Did not respond to reports of wasteful spending or take corrective actions to address program inefficiencies. Failed to oversee contractors and service providers for compliance with fiscal policies and program objectives. Neglected to escalate identified issues of waste to higher authorities or federal oversight agencies. 4. Governor Ned Lamont (Connecticut): Action Taken: Did not use executive authority to investigate or address systemic waste within the ABI Waiver Program. Failed to ensure coordination among state agencies managing Medicaid funds. Allowed inefficient practices to continue without intervention. 5. Connecticut State Legislature and Oversight Committees: Action Taken: Did not call for hearings or legislative reviews to investigate the misuse of Medicaid funds. Failed to hold state agencies



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	accountable for financial mismanagement. Neglected to mandate corrective actions through legislative oversight mechanisms. 6. Federal Medicaid Oversight (CMS): Action Taken: Failed to monitor Connecticut's use of Medicaid funds and intervene despite evidence of systemic inefficiencies. Did not require corrective actions from state agencies to address identified issues of waste. Allowed federal funds to be used without proper verification of program effectiveness. 7. Office of Civil Rights (OCR), HHS: Action Taken: Failed to enforce transparency and accessibility standards, resulting in barriers to public accountability. Did not investigate or address ADA-related violations tied to financial transparency and public access to records. 8. Medicaid Fraud Control Unit (MFCU): Action Taken: Did not investigate or prosecute instances of potential fraud or misuse of Medicaid funds within the ABI Waiver Program. Neglected to
When did this occur?	When Did This Occur? Gross Waste of Funds Timeline of Actions and Omissions The systemic mismanagement and improper utilization of Medicaid funds within the ABI Waiver Program occurred across multiple years, with specific incidents and inactions noted as follows: 1. Connecticut Department of Social Services (DSS) Officials Ongoing Period: From the inception of the Medicaid ABI Waiver Program to present. Specific Incidents: Failure to establish financial oversight mechanisms documented in fiscal year reports (e.g., 2020-2023). Persistent systemic inefficiencies observed in audits requested in 2022 and 2023. 2. Connecticut Office of the State Comptroller Timeframe: January 2020–present. Key Evidence: Denials of FOIA requests in 2022 and 2023 indicating absence of required records. Persistent lack of financial tracking identified in whistleblower disclosures. 3. State Medicaid Director (Connecticut DSS) Duration: At least since 2021. Failures Identified: Reports of inefficiencies and
How did you discover this action?	How Did You Discover This Action? Gross Waste of Funds Discovery Process and Key Evidence 1. Denials of FOIA Requests Discovery: Multiple FOIA requests filed with the



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	Connecticut Office of the State Comptroller and DSS for financial and programmatic records were denied or returned as "no responsive records." Specific FOIA denials occurred in 2022 and 2023, despite legal requirements under 5 U.S.C. § 552 and Connecticut FOIA statutes (C.G.S. §§ 1-200 et seq.) to disclose public financial records. Impact: The lack of available records raised concerns about accountability and proper financial management within the ABI Waiver Program. 2. Whistleblower Disclosures Discovery: Whistleblower reports received between 2021 and 2023 highlighted systemic inefficiencies, including unmonitored fund allocations, improper billing by service providers, and administrative lapses. These disclosures were not addressed adequately by DSS, CMS, or other oversight entities. Impact: The information provided directly pointed to failures in oversight, lack of financial tracking, and potential misuse of Medicaid funds. 3. Absence of State and Federal Oversight Reports Discovery: Regular oversight reports and audits expected under federal Medicaid regulations (42 CFR § 430.12) were absent or incomplete. Requests for these documents from state and federal agencies yielded insufficient responses. Impact: The lack of required audits and compliance reviews revealed potential lapses in fiscal accountability and raised red flags about the program's administration. 4. ADA Accommodation Failures Discovery: Personal requests for ADA-compliant documentation, summaries of financial records, and simplified reports were denied or ignored, violating 42 U.S.C. § 12132 and Section 504 of the Rehabilitation Act (29 U.S.C. § 794). Impact: These denials hindered public access to critical records and obstructed efforts to assess the program's financial integrity. 5. Public Complaints and Media Coverage Discovery: Public complaints and investigative reporting between 2021 and 2023 highlighted the failure of the ABI Waiver Program to deliver effective services, pointing to financial inefficiencies and mismanagement. Media sources corroborated issues related to delayed payments,



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	inadequate service delivery, and lack of accountability in fund utilization. Impact: The consistency of these reports across multiple years suggested systemic failures rather than isolated incidents. 6. Legislative Inaction Discovery: Despite documented public and whistleblower reports, no significant legislative oversight or corrective actions were initiated by the Connecticut State Legislature or federal Medicaid oversight committees. Impact: Legislative inaction further underscored the absence of accountability mechanisms and a lack of interest in addressing systemic financial inefficiencies. 7. Gaps in Service Provider Accountability Discovery: Service providers within the ABI Waiver Program failed to deliver a
What additional facts support your allegation?	Additional Facts Supporting Allegation: Gross Waste of Funds 1. Lack of Required Financial Audits Fact: Federal Medicaid regulations (42 CFR § 430.12) mandate periodic financial audits and compliance reviews to ensure the proper utilization of federal funds. No such audits or financial reviews have been publicly disclosed for the ABI Waiver Program. Impact: The absence of audits raises concerns about the integrity of financial operations and the potential misuse of taxpayer funds. 2. Persistent FOIA Non-Compliance Fact: FOIA requests filed with DSS and the State Comptroller's Office for financial documentation, including budget allocations, expenditure tracking, and fund transfers, were denied or returned with "no responsive records." Impact: The refusal to provide financial records violates 5 U.S.C. § 552 and Connecticut FOIA statutes (C.G.S. §§ 1-200 et seq.), obstructing public oversight and accountability. 3. Whistleblower Disclosures Fact: Reports from whistleblowers highlight systemic inefficiencies in fund allocation, improper billing practices by service providers, and the failure of state officials to address known issues. Impact: These disclosures indicate widespread financial mismanagement and neglect by oversight agencies at both the state and federal levels. 4. Documented Program Inefficiencies Fact: Service providers under the



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	ABI Waiver Program have cited delayed payments, inefficient resource allocation, and mismanagement by DSS. Impact: These inefficiencies have disrupted service delivery to vulnerable populations while failing to justify the expenditure of allocated Medicaid funds. 5. Mismanagement Identified by Independent Reviews Fact: External assessments and media reports have identified significant delays in service delivery, improper billing, and systemic administrative failures within the ABI Waiver Program. Impact: The findings corroborate the allegation of financial waste and administrative mismanagement. 6. Non-Compliance with ADA and Section 504 Fact: Denials of ADA accommodations for access to financial and programmatic information violate 42 U.S.C. § 12132 and Section 504 of the Rehabilitation Act (29 U.S.C. § 794). Impact: This non-compliance undermines public accountability and transparency in the administration of federally funded programs. 7. Failure of Oversight by State and Federal Agencies Fact: Neither CMS nor DSS has intervened to correct or prevent the financial mismanagement identified within the program, despite federal requirements to monitor Medicaid fund utilization. Impact: The lack of oversight indicates systemic failures that allow financial waste to persist unchecked. 8. Legislative and Executive Inaction Fact: Neither the Connecticut General Assembly nor the federal Congressional oversight committees have initiated reviews, hearings, or corrective actions to address reported financial inefficiencies. Impact: This inaction has perpetuated systemic waste and the misallocation of taxpayer resources.
Allegation	Danger to Public Health
What action did they take?	2. What Action Did They Take? The following describes the actions and inactions contributing to a "Danger to Public Health", ordered by importance and impact: Federal Actions Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Action Taken: Failed to enforce federal oversight of Medicaid programs, including the Connecticut ABI Waiver Program.



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	Did not ensure compliance with federal Medicaid regulations (42 U.S.C. § 1396 et seq.), ADA requirements (42 U.S.C. § 12132), or whistleblower protections. Allowed systemic mismanagement to persist without intervention, jeopardizing the health and safety of Medicaid beneficiaries. Supporting Evidence: Absence of federal audits or direct corrective action despite multiple whistleblower disclosures and documented violations. Chiquita Brooks-LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS) Action Taken: Did not mandate corrective actions or enforce compliance with Medicaid service standards for the ABI Waiver Program. Failed to monitor Connecticut's use of Medicaid funds, resulting in disruptions to health services for brain injury survivors. Supporting Evidence: Reports of service denials and program inefficiencies were ignored or not escalated to higher oversight levels. Everett L. Handford Title: Regional Director, HHS Region 1 Action Taken: Neglected to oversee Medicaid program operations in Connecticut, allowing systemic failures to go unaddressed. Did not enforce federal standards for Medicaid service continuity, leading to health service gaps for vulnerable populations. Supporting Evidence: No evidence of regional oversight or intervention despite repeated reports of public health risks and mismanagement. Director, Office for Civil Rights (OCR), HHS Action Taken: Failed to investigate or enforce ADA accommodations and Section 504 compliance for Medicaid consumers affected by program failures. Allowed barriers to accessing critical health services to persist, disproportionately affecting individuals with disabilities. Supporting Evidence: Persistent ADA violations and lack of transparency in Medicaid service delivery left unaddressed. Director, Medicaid Fraud Control Unit (MFCU), HHS OIG Action Taken: Did not investigate whistleblower reports or address potential fraud and misuse of Medicaid funds. Neglected to prosecute or escalate issues related to financial mismanagement and health service interruptions.



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	Supporting Evidence: Ongoing mismanagement and service disruptions persisted despite evidence of fraud risks. State Actions Ned Lamont Title: Governor of Connecticut Action Taken: Failed to use executive authority to coordinate state agencies and address systemic failures in the ABI Waiver Program. Neglected to ensure continuity of care for Medicaid recipients, resulting in health and safety risks. Supporting Evidence: No evidence of executive intervention to address widespread program inefficiencies and risks to public health. Andrea Ba
When did this occur?	3. When Did This Occur? Danger to Public Health Timeline of Events and Systemic Failures This detailed timeline identifies the progression and escalation of systemic failures that endangered the health and safety of Medicaid beneficiaries dependent on the ABI Waiver Program. 1. Systemic Deficiencies Over Time 2000s – 2020: Historical Framework of Mismanagement Program Inception: The ABI Waiver Program was implemented in Connecticut to provide essential services to individuals with brain injuries. However, foundational weaknesses in financial oversight, regulatory compliance, and program accountability were reported as early as 2010. 2013 – 2019: Reports from advocates and stakeholders indicated widespread failures to enforce Medicaid standards, including: Insufficient documentation of expenditures. Delayed or inadequate service delivery to vulnerable populations. Lack of ADA accommodations during program communications and grievance processes. 2020 – 2021: COVID-19 Pandemic Amplifies
How did you discover this action?	4. How Did You Discover This Action? Danger to Public Health Overview: Discovery of the systemic mismanagement and associated public health risks of the ABI Waiver Program came through a combination of direct experience, whistleblower disclosures, FOIA request denials, and evidence presented by affected Medicaid beneficiaries, advocacy groups, and oversight reports. The lack of program compliance and oversight became evident through multiple channels, each corroborating



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	significant public health risks. Key Discovery Channels: Personal Advocacy and System Navigation Failures: Details: As a participant in Medicaid systems and an advocate for individuals with acquired brain injuries, first-hand interactions with the ABI Waiver Program revealed systemic inefficiencies. These inefficiencies directly endangered health outcomes by failing to provide consistent, reliable, and timely access to critical care services. Evidence: Delayed or denied services for Medicaid beneficiaries requiring home-based rehabilitation. Escalating risks to health and safety due to disrupted continuity of care. Whistleblower Disclosures: Details: Confidential reports from internal state and federal agency staff highlighted systemic mismanagement of Medicaid funds, lack of programmatic oversight, and procedural violations that directly impacted care delivery for vulnerable populations. Evidence: Whistleblower statements submitted to HHS OIG and OSC in 2022 and 2023 detailed funding misallocations and administrative failures. Whistleblowers identified patterns of neglect in program oversight by DSS and CMS, amplifying risks to public health. FOIA Request Denials and Document Obstructions: Details: Formal FOIA requests for records related to the ABI Waiver Program revealed non-compliance with transparency laws. The refusal to disclose financial records, compliance audits, and programmatic reports signaled systemic failures to uphold accountability. Evidence: Denial of FOIA requests in 2023 and 2024 by the Connecticut Office of the State Comptroller and DSS obstructed access to critical information, raising questions about hidden inefficiencies and risks. ADA accommodations for accessing public records were systematically ignored. Public Complaints from Medicaid Beneficiaries and Advocacy Groups: Details: Reports submitted by beneficiaries and disability advocacy groups exposed failures in delivering essential health services under the ABI Waiver Program, endangering the health of individuals with acquired brain



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	injuries. Evidence: Advocacy group reports from 2022 and 2023 highlighted delays in medical service authorizations and financial inconsistencies. Personal testimonies from affected beneficiaries illustrated life-threatening gaps in care delivery. Oversight Reports and Audits (or Lack Thereof): Details: The absence of regular audits and oversight reports regarding Medicaid funding and service delivery created suspicion of financial and operational mismanagement. Evid
What additional facts support your allegation?	5. What Additional Facts Support Your Allegation? Danger to Public Health Description: The mismanagement of the ABI Waiver Program has directly jeopardized the health and safety of Medicaid beneficiaries, particularly brain injury survivors who rely on critical services for their recovery and well-being. The failure to implement oversight mechanisms, coupled with procedural non-compliance, has resulted in service delays, inadequate care delivery, and financial inefficiencies that threaten public health. Key Supporting Facts: Service Delays and Disruptions: Details: Medicaid beneficiaries reported significant delays in receiving approvals for essential services, such as in-home care, therapy, and medical equipment. Evidence: Personal testimonies from beneficiaries document delays extending beyond 30 to 90 days for urgent services. Advocacy group reports highlight cases where delayed care led to worsened health outcomes or hospitalizations. Unaccounted Medicaid Fund Allocation: Details: Financial records necessary to verify proper allocation and use of Medicaid funds are unavailable or incomplete, obstructing accountability. Evidence: Denials of FOIA requests for financial data by the State Comptroller's Office in 2023 and 2024. Whistleblower allegations of fund mismanagement, including potential overpayments to contractors. Non-Compliance with Federal Oversight Standards: Details: Federal standards under Medicaid statutes (42 U.S.C. § 1396 et seq.) require routine audits and compliance reports, which were not conducted for the ABI Waiver Program. Evidence: Lack of documented



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	audits or performance evaluations by CMS for the program from 2020 to 2024. Federal inaction despite multiple complaints submitted to HHS and CMS. Denial of ADA Accommodations Impacting Public Health: Details: The failure to provide ADA-mandated accommodations, such as accessible formats for public records, limits advocacy efforts and prevents corrective actions. Evidence: Correspondence from DSS rejecting requests for ADA accommodations to access critical program documentation. Reports from advocacy groups outlining barriers to engaging stakeholders with disabilities. Impact on Vulnerable Populations: Details: Brain injury survivors and other Medicaid recipients, who are among the most vulnerable populations, experienced compromised care due to systemic inefficiencies. Evidence: Documented cases of service recipients forced to seek emergency care due to lapses in Medicaid service delivery. Testimonies illustrating how delays in rehabilitation services impeded recovery outcomes for brain injury survivors. Failure of State Oversight Entities: Details: Connecticut state agencies, including DSS and the Office of the State Comptroller, did not provide evidence of oversight measures or compliance monitoring. Evidence: Public records requests denied on grounds of "no responsive records" despite statutory requirements for transparency. Lack of interagency coordination document
Allegation	Danger to Public Safety
What action did they take?	2. What Action Did They Take? Danger to Public Safety 1. Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Action: Failed to ensure oversight of federally funded Medicaid programs, including the ABI Waiver Program. Did not initiate corrective measures or federal audits despite documented evidence of systemic failures jeopardizing public safety. 2. Chiquita Brooks-LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS) Action: Neglected to enforce compliance with federal Medicaid regulations that ensure the safety and



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	continuity of critical services. Did not provide guidance or mandate state-level intervention to address operational inefficiencies and risks to public safety. 3. Everett Handford Title: Regional Director, HHS Region 1 Action: Failed to address whistleblower complaints and other reports highlighting systemic risks within Connecticut's ABI Waiver Program. Did not conduct necessary federal oversight visits or demand state compliance with CMS standards. 4. Ned Lamont Title: Governor of Connecticut Action: Did not coordinate state agencies or use executive authority to address known deficiencies in Medicaid service delivery. Allowed systemic issues, including lapses in health and safety oversight, to persist without accountability measures. 5. Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS) Action: Failed to implement operational standards to ensure the safe delivery of services under the ABI Waiver Program. Did not address service gaps, including instances where critical health services were delayed or denied, posing risks to public safety. 6. Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Connecticut Action: Obstructed transparency by claiming "no responsive records" for essential financial and program oversight documentation. Denied public accountability mechanisms, contributing to risks to the health and safety of vulnerable populations. 7. William Tong Title: Attorney General, State of Connecticut Action: Did not investigate or prosecute systemic violations impacting Medicaid recipients, despite clear risks to public health and safety. Allowed state agencies to continue operating without corrective oversight. 8. Medicaid Fraud Control Unit (MFCU) Title: Director and Investigative Team, Connecticut MFCU Action: Did not investigate whistleblower complaints detailing mismanagement and fraud within the ABI Waiver Program. Failed to identify and rectify systemic financial and operational inefficiencies impacting public safety. 9. John Geragosian and Claire Burns Titles: State Auditor and Assistant State



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	Auditor, Connecticut Action: Did not conduct thorough audits or flag systemic risks associated with the ABI Waiver Program's management. Neglected to address operational inefficiencies and gaps in service delivery that pose risks to public health and safety. 10. Christina Berry Title: Senior Advisor, Center for Medicaid
When did this occur?	3. When Did This Occur? Danger to Public Safety The systemic failures and mismanagement jeopardizing public safety under the Medicaid ABI Waiver Program span 2018 through December 2024, with key incidents and periods outlined below. These failures have had a cumulative effect, escalating risks to vulnerable populations, including brain injury survivors and other Medicaid beneficiaries. 2018 - Early Indications of Mismanagement Operational Deficiencies: Initial signs of mismanagement emerge as state agencies, including the Connecticut Department of Social Services (DSS), fail to implement robust oversight mechanisms for Medicaid-funded services. Preliminary Complaints Filed: Advocacy groups and Medicaid recipients begin voicing concerns about service delivery delays, inadequate support, and lack of transparency in program administration. Federal Observations Ignored: Initial oversight reports from the Centers for Medicare & Medicaid Services (CMS) highlight deficiencies but fail to tri
How did you discover this action?	4. How Did You Discover This Action? Danger to Public Safety The systemic failures and mismanagement posing a danger to public safety were identified through multiple independent sources, corroborated by whistleblower disclosures, public complaints, and official responses from federal and state entities. These discoveries are detailed below: 1. Whistleblower Disclosures Internal Employees and Advocates: Whistleblower reports from within the Connecticut Department of Social Services (DSS) and contracted Medicaid service providers highlighted systemic failures, including service delivery delays and administrative mismanagement. Whistleblower Protections Ignored: Reports filed under the Whistleblower Protection Act



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	revealed misuse of Medicaid funds and persistent risks to public safety, but these reports were not acted upon by state or federal oversight entities. Specific Allegations: Financial mismanagement jeopardizing service continuity. Delays in care provision leading to worsening health outcomes for Medicaid recipients. Non-compliance with ADA requirements, preventing access to critical services. 2. Public Complaints Service Recipients: Medicaid recipients reliant on the ABI Waiver Program reported significant health risks due to service interruptions and delays. Complaints included: Inability to access medically necessary care. Adverse health outcomes due to reduced service availability. Increased financial and emotional burden on families. Advocacy Groups: Nonprofit organizations and public advocates raised concerns regarding the program's mismanagement and its impact on public health, citing direct testimonies from affected individuals. 3. FOIA Requests and Denials Requests for Transparency: Freedom of Information Act (FOIA) requests were filed by stakeholders, including advocacy groups and concerned citizens, seeking documentation of program management, financial audits, and compliance reports. Repeated Denials: DSS and the Connecticut Office of the State Comptroller systematically denied or ignored these FOIA requests, obstructing transparency and accountability. Key Discoveries from FOIA Requests: Lack of comprehensive financial oversight or auditing for Medicaid funds. Absence of documentation verifying compliance with ADA and Medicaid statutes. Evidence of systemic failures concealed by state agencies. 4. Independent Investigations Review of Medicaid Records: Analysis of Medicaid program data revealed significant discrepancies, including unexplained expenditure gaps and inconsistencies in service delivery metrics. External Audits: Private audit reports contracted by service providers raised concerns about financial inefficiencies and programmatic failures. Oversight Gaps Identified: Investigations revealed that neither DSS nor federal



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	oversight entities, such as CMS, had conducted thorough reviews of the ABI Waiver Program's operations. 5. Official Responses from Oversight Entities State and Federal Correspondence: Official communicat
What additional facts support your allegation?	5. What Additional Facts Support Your Allegation? Danger to Public Safety The following facts, supported by extensive documentation and corroborated evidence, further substantiate the claim that mismanagement of the Connecticut Medicaid ABI Waiver Program poses a significant danger to public safety: 1. Systemic Failures in Medicaid Service Delivery Delayed or Denied Access to Care: Medicaid recipients reported significant delays in accessing critical health services under the ABI Waiver Program. Essential services, such as home healthcare, rehabilitation, and case management, were either unavailable or inconsistently delivered, exacerbating health conditions among vulnerable populations. Testimonies from recipients revealed cases of unmet medical needs leading to deteriorating health and, in some cases, premature deaths. Disruption of Service Providers: Contracted Medicaid service providers faced delays in reimbursements due to administrative inefficiencies, leading to staffing shortages and reduced service availability. Providers reported an inability to meet the demand for services due to inadequate support from state agencies. 2. Breach of Medicaid Compliance Standards Failure to Adhere to Federal Medicaid Regulations: The Centers for Medicare & Medicaid Services (CMS) mandates strict compliance with service delivery, financial oversight, and operational transparency for Medicaid-funded programs. Connecticut's ABI Waiver Program has consistently failed to meet these standards. Missing audit reports and expenditure records indicate potential misuse or misallocation of federal Medicaid funds. Non-Compliance with ADA and Section 504: Barriers to accessing Medicaid services disproportionately impacted individuals with disabilities, violating the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act. The absence of ADA-compliant



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	accommodations, such as simplified communication channels and access to program information, further endangered recipients' ability to advocate for their health needs. 3. Lack of Oversight and Transparency FOIA Request Denials: Denials of Freedom of Information Act (FOIA) requests seeking transparency into program operations suggest an attempt to conceal systemic failures. Agencies such as the Connecticut Office of the State Comptroller and DSS failed to provide records of program performance, financial audits, or corrective action plans. Absence of Federal Audits: CMS has not conducted thorough audits or enforced corrective actions for the ABI Waiver Program, despite receiving multiple reports of non-compliance and risks to public safety. Neglect by State and Federal Oversight Entities: Legislative bodies and oversight committees at both state and federal levels failed to investigate public complaints or mandate accountability measures to ensure the safety of Medicaid recipients. 4. Whistleblower Reports and Advocacy Efforts Documented Allegations: Whistleblowers from within DSS, service

DISCLOSURE SUBJECTS

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

First Name	Last Name	Title	Chain of Command
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 Position	Christi A. Grimm – Inspector General, HHS	Christi A. Grimm – Inspector General, HHS	Christi Grimm Title: Inspector General Position in



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in Chain of Command: Health and Human Services (HHS			Chain of Command: Health and Human Services (HHS
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
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
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
Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Connecticut Office of the Sta	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Connecticut Office of the Sta	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Connecticut Office of the Sta	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Connecticut Office of the Sta
Sean Scanlon Title: Comptroller Position in Chain of Command: State financial	Sean Scanlon Title: Comptroller Position in Chain of Command: State financial	Sean Scanlon Title: Comptroller Position in Chain of Command: State financial	Sean Scanlon Title: Comptroller Position in Chain of Command: State financial officer, managing bud



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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)
Shalanda D. Young Title: Director, Office of Management and Budget (OMB) Position in Chain of Comman	Shalanda D. Young Title: Director, Office of Management and Budget (OMB) Position in Chain of Comman	Shalanda D. Young Title: Director, Office of Management and Budget (OMB) Position in Chain of Comman	Shalanda D. Young Title: Director, Office of Management and Budget (OMB) Position in Chain of Comman
Ron Wyden Title: Chair, Senate Committee on Finance (Medicaid Oversight) Position in Chain of Comman	Ron Wyden Title: Chair, Senate Committee on Finance (Medicaid Oversight) Position in Chain of Comman	Ron Wyden Title: Chair, Senate Committee on Finance (Medicaid Oversight) Position in Chain of Comman	Ron Wyden Title: Chair, Senate Committee on Finance (Medicaid Oversight) Position in Chain of Comman
Cathy McMorris Rodgers Title: Chair, House Energy and Commerce Committee Position in Chain of Comman	Cathy McMorris Rodgers Title: Chair, House Energy and Commerce Committee Position in Chain of Comman	Cathy McMorris Rodgers Title: Chair, House Energy and Commerce Committee Position in Chain of Comman	Cathy McMorris Rodgers Title: Chair, House Energy and Commerce Committee Position in Chain of Comman
Michael E. Horowitz Title: Inspector General, U.S. Department of Justice (DOJ OIG) Position in Chain	Michael E. Horowitz Title: Inspector General, U.S. Department of Justice (DOJ OIG) Position in Chain	Michael E. Horowitz Title: Inspector General, U.S. Department of Justice (DOJ OIG) Position in Chain	Michael E. Horowitz Title: Inspector General, U.S. Department of Justice (DOJ OIG) Position in Chain



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William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Legal overs	William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Legal overs	William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Legal overs	William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Legal overs
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 R. Beckham Title: Secretary, Connecticut Office of Policy and Management (OPM) Position in C	Jeffrey R. Beckham Title: Secretary, Connecticut Office of Policy and Management (OPM) Position in C	Jeffrey R. Beckham Title: Secretary, Connecticut Office of Policy and Management (OPM) Position in C	Jeffrey R. Beckham Title: Secretary, Connecticut Office of Policy and Management (OPM) Position in C
Richard Blumenthal	Richard Blumenthal	U.S. Senator Position in Chain of Command: Senior Senator for the State of Connecticut, Member of th	U.S. Senator Position in Chain of Command: Senior Senator for the State of Connecticut, Member of th
Chris Murphy	Chris Murphy	U.S. Senator Position in Chain of Command: Junior Senator for the State of Connecticut, Member of th	U.S. Senator Position in Chain of Command: Junior Senator for the State of Connecticut, Member of th
Joe Courtney	Joe Courtney	U.S. Representative	U.S. Representative Position in Chain of Command:



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		Position in Chain of Command: Representative for Connecticut's 2nd Congressiona	Representative for Connecticut's 2nd Congressiona
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
Natalie Braswell Title: Connecticut State Comptroller	Natalie Braswell Title: Connecticut State Comptroller	Natalie Braswell Title: Connecticut State Comptroller	Natalie Braswell Title: Connecticut State Comptroller
Jim Himes	Jim Himes	U.S. Representative (D-CT, 4th District)	U.S. Representative (D-CT, 4th District)
Rosa DeLauro Title: U.S. Representative (D-CT, 3rd District)	Rosa DeLauro Title: U.S. Representative (D-CT, 3rd District)	Rosa DeLauro Title: U.S. Representative (D-CT, 3rd District)	Rosa DeLauro Title: U.S. Representative (D-CT, 3rd District)
Michael E. Horowitz Title: Inspector General, U.S. Department of Justice (DOJ OIG)	Michael E. Horowitz Title: Inspector General, U.S. Department of Justice (DOJ OIG)	Michael E. Horowitz Title: Inspector General, U.S. Department of Justice (DOJ OIG)	Michael E. Horowitz Title: Inspector General, U.S. Department of Justice (DOJ OIG)
Cathy McMorris Rodgers Title: Chair, House Energy and Commerce Committee	Cathy McMorris Rodgers Title: Chair, House Energy and Commerce Committee	Cathy McMorris Rodgers Title: Chair, House Energy and Commerce Committee	Cathy McMorris Rodgers Title: Chair, House Energy and Commerce Committee (Medicaid Oversight)



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(Medicaid Oversight)	(Medicaid Oversight)	(Medicaid Oversight)	
Ron Wyden Title: Chair, Senate Committee on Finance (Medicaid Oversight)	Ron Wyden Title: Chair, Senate Committee on Finance (Medicaid Oversight)	Ron Wyden Title: Chair, Senate Committee on Finance (Medicaid Oversight)	Ron Wyden Title: Chair, Senate Committee on Finance (Medicaid Oversight)
Shalanda D. Young Title: Director, Office of Management and Budget (OMB)	Shalanda D. Young Title: Director, Office of Management and Budget (OMB)	Shalanda D. Young Title: Director, Office of Management and Budget (OMB)	Shalanda D. Young Title: Director, Office of Management and Budget (OMB)
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 A. Grimm Title: Inspector General, U.S. Department of Health and Human Services (HHS OIG) Po	Christi A. Grimm Title: Inspector General, U.S. Department of Health and Human Services (HHS OIG) Po	Christi A. Grimm Title: Inspector General, U.S. Department of Health and Human Services (HHS OIG) Po	Christi A. Grimm Title: Inspector General, U.S. Department of Health and Human Services (HHS OIG) Po
Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in C	Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in C	Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in C	Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in C
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 Division, U.S. Department of Justice



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Division, U.S. Department of Justice	Division, U.S. Department of Justice	Division, U.S. Department of Justice	
Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Office of the State Comptroll	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Office of the State Comptroll	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Office of the State Comptroll	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Office of the State Comptroll
Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS) Position i	Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS) Position i	Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS) Position i	Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS) Position i
Richard Blumenthal	Richard Blumenthal	Titles: U.S. Senators for Connecticut Position in Chain of Command: Federal representatives responsi	Titles: U.S. Senators for Connecticut Position in Chain of Command: Federal representatives responsi
Chris Murphy	Chris Murphy	Titles: U.S. Senators for Connecticut Position in Chain of Command: Federal representatives responsi	Titles: U.S. Senators for Connecticut Position in Chain of Command: Federal representatives responsi
Ned Lamont Title: Governor, State of Connecticut Position in Chain of Command:	Ned Lamont Title: Governor, State of Connecticut Position in Chain of Command:	Ned Lamont Title: Governor, State of Connecticut Position in Chain of Command:	Ned Lamont Title: Governor, State of Connecticut Position in Chain of Command: Chief executive of Co



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Chief executive of Co	Chief executive of Co	Chief executive of Co	
Joe Courtney Title: U.S. Representative for Connecticut's 2nd Congressional District Position in Cha	Joe Courtney Title: U.S. Representative for Connecticut's 2nd Congressional District Position in Cha	Joe Courtney Title: U.S. Representative for Connecticut's 2nd Congressional District Position in Cha	Joe Courtney Title: U.S. Representative for Connecticut's 2nd Congressional District Position in Cha
Shalanda D. Young Title: Director, Office of Management and Budget (OMB) Position in Chain of Comma	Shalanda D. Young Title: Director, Office of Management and Budget (OMB) Position in Chain of Comma	Shalanda D. Young Title: Director, Office of Management and Budget (OMB) Position in Chain of Comma	Shalanda D. Young Title: Director, Office of Management and Budget (OMB) Position in Chain of Comma
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
Manisha Juthani, MD Title: Commissioner, Connecticut Department of Public Health (DPH) Position in C	Manisha Juthani, MD Title: Commissioner, Connecticut Department of Public Health (DPH) Position in C	Manisha Juthani, MD Title: Commissioner, Connecticut Department of Public Health (DPH) Position in C	Manisha Juthani, MD Title: Commissioner, Connecticut Department of Public Health (DPH) Position in C
Jeffrey R. Beckham Title: Secretary, Connecticut Office of Policy and Management	Jeffrey R. Beckham Title: Secretary, Connecticut Office of Policy and Management	Jeffrey R. Beckham Title: Secretary, Connecticut Office of Policy and Management	Jeffrey R. Beckham Title: Secretary, Connecticut Office of Policy and Management (OPM) Position in C



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(OPM) Position in C	(OPM) Position in C	(OPM) Position in C	
Chiquita Brooks-LaSure: Administrator, Centers for Medicare & Medicaid Services (CMS)	Chiquita Brooks-LaSure: Administrator, Centers for Medicare & Medicaid Services (CMS)	Chiquita Brooks-LaSure: Administrator, Centers for Medicare & Medicaid Services (CMS)	Chiquita Brooks-LaSure: Administrator, Centers for Medicare & Medicaid Services (CMS)
Christi A. Grimm: Inspector General, U.S. Department of Health and Human Services (HHS OIG)	Christi A. Grimm: Inspector General, U.S. Department of Health and Human Services (HHS OIG)	Christi A. Grimm: Inspector General, U.S. Department of Health and Human Services (HHS OIG)	Christi A. Grimm: Inspector General, U.S. Department of Health and Human Services (HHS OIG)
Senate Finance Committee Members: Chair: Senator Ron Wyden	Senate Finance Committee Members: Chair: Senator Ron Wyden	Senate Finance Committee Members: Chair: Senator Ron Wyden	Senate Finance Committee Members: Chair: Senator Ron Wyden
Mike Crapo Senate Finance Committee Members	Mike Crapo Senate Finance Committee Members	Mike Crapo Senate Finance Committee Members	Mike Crapo Senate Finance Committee Members
Merrick B. Garland Title: U.S. Attorney General, Department of Justice (DOJ) Position in Chain of Co	Merrick B. Garland Title: U.S. Attorney General, Department of Justice (DOJ) Position in Chain of Co	Merrick B. Garland Title: U.S. Attorney General, Department of Justice (DOJ) Position in Chain of Co	Merrick B. Garland Title: U.S. Attorney General, Department of Justice (DOJ) Position in Chain of Co
Kristen Clarke Title: Assistant Attorney General, Civil Rights Division, DOJ	Kristen Clarke Title: Assistant Attorney General, Civil Rights Division, DOJ	Kristen Clarke Title: Assistant Attorney General, Civil Rights Division, DOJ	Kristen Clarke Title: Assistant Attorney General, Civil Rights Division, DOJ Position in Chain of Co



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*Denotes required fields.

Position in Chain of Co	Position in Chain of Co	Position in Chain of Co	
Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Chai	Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Chai	Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Chai	Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Chai
Christi A. Grimm Title: Inspector General, U.S. Department of Health and Human Services (OIG HHS) Po	Christi A. Grimm Title: Inspector General, U.S. Department of Health and Human Services (OIG HHS) Po	Christi A. Grimm Title: Inspector General, U.S. Department of Health and Human Services (OIG HHS) Po	Christi A. Grimm Title: Inspector General, U.S. Department of Health and Human Services (OIG HHS) Po
Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in C	Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in C	Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in C	Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in C
Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Office of the State Comptroll	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Office of the State Comptroll	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Office of the State Comptroll	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Office of the State Comptroll
Ned Lamont Title: Governor, State of Connecticut Position in Chain of Command: Chief executive of th	Ned Lamont Title: Governor, State of Connecticut Position in Chain of Command: Chief executive of th	Ned Lamont Title: Governor, State of Connecticut Position in Chain of Command: Chief executive of th	Ned Lamont Title: Governor, State of Connecticut Position in Chain of Command: Chief executive of th



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Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS) Position i	Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS) Position i	Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS) Position i	Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS) Position i
Melinda Staff Title: Senior Official, Office of the State Comptroller Position in Chain of Command:	Melinda Staff Title: Senior Official, Office of the State Comptroller Position in Chain of Command:	Melinda Staff Title: Senior Official, Office of the State Comptroller Position in Chain of Command:	Melinda Staff Title: Senior Official, Office of the State Comptroller Position in Chain of Command:
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Chiquita Brooks- LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS) Position	Chiquita Brooks- LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS) Position	Chiquita Brooks- LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS) Position	Chiquita Brooks-LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS) Position
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Christi A. Grimm Title: Inspector General, U.S.	Christi A. Grimm Title: Inspector General, U.S.	Christi A. Grimm Title: Inspector General, U.S.	Christi A. Grimm Title: Inspector General, U.S. Department of Health and



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Department of Health and Human Services (OIG HHS) Po	Department of Health and Human Services (OIG HHS) Po	Department of Health and Human Services (OIG HHS) Po	Human Services (OIG HHS) Po
Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in C	Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in C	Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in C	Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in C
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Jim O'Neill Title: Deputy Secretary, U.S. Department of Health and Human Services (HHS) Role: As th	Jim O'Neill Title: Deputy Secretary, U.S. Department of Health and Human Services (HHS) Role: As th	Jim O'Neill Title: Deputy Secretary, U.S. Department of Health and Human Services (HHS) Role: As th	Jim O'Neill Title: Deputy Secretary, U.S. Department of Health and Human Services (HHS) Role: As th
Chiquita Brooks-LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS) Role: O	Chiquita Brooks-LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS) Role: O	Chiquita Brooks-LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS) Role: O	Chiquita Brooks-LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS) Role: O
Barbara Richards Title: Deputy Director, Medicaid & CHIP Operations Group, CMS Role: Responsible fo	Barbara Richards Title: Deputy Director, Medicaid & CHIP Operations Group, CMS Role: Responsible fo	Barbara Richards Title: Deputy Director, Medicaid & CHIP Operations Group, CMS Role: Responsible fo	Barbara Richards Title: Deputy Director, Medicaid & CHIP Operations Group, CMS Role: Responsible fo



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Everett L. Handford Title: Regional Director, HHS Region 1 Role: Serves as the primary representati	Everett L. Handford Title: Regional Director, HHS Region 1 Role: Serves as the primary representati	Everett L. Handford Title: Regional Director, HHS Region 1 Role: Serves as the primary representati	Everett L. Handford Title: Regional Director, HHS Region 1 Role: Serves as the primary representati
Betsy Rosenfeld, JD Title: Regional Health Administrator, HHS Region 1 Role: Acts as the chief regi	Betsy Rosenfeld, JD Title: Regional Health Administrator, HHS Region 1 Role: Acts as the chief regi	Betsy Rosenfeld, JD Title: Regional Health Administrator, HHS Region 1 Role: Acts as the chief regi	Betsy Rosenfeld, JD Title: Regional Health Administrator, HHS Region 1 Role: Acts as the chief regi
Kathleen Otte (Acting) Title: Acting Regional Administrator, CMS Boston Role: Oversees CMS operatio	Kathleen Otte (Acting) Title: Acting Regional Administrator, CMS Boston Role: Oversees CMS operatio	Kathleen Otte (Acting) Title: Acting Regional Administrator, CMS Boston Role: Oversees CMS operatio	Kathleen Otte (Acting) Title: Acting Regional Administrator, CMS Boston Role: Oversees CMS operatio
Andrea Palm Title: Deputy Secretary, U.S. Department of Health and Human Services (HHS) Role: Serve	Andrea Palm Title: Deputy Secretary, U.S. Department of Health and Human Services (HHS) Role: Serve	Andrea Palm Title: Deputy Secretary, U.S. Department of Health and Human Services (HHS) Role: Serve	Andrea Palm Title: Deputy Secretary, U.S. Department of Health and Human Services (HHS) Role: Serve
Roger Severino Title: Former Director, Office for Civil Rights, HHS Role: Was considered for a seni	Roger Severino Title: Former Director, Office for Civil Rights, HHS Role: Was considered for a seni	Roger Severino Title: Former Director, Office for Civil Rights, HHS Role: Was considered for a seni	Roger Severino Title: Former Director, Office for Civil Rights, HHS Role: Was considered for a seni
Natalie Braswell Title: Secretary, Connecticut Office	Natalie Braswell Title: Secretary, Connecticut Office	Natalie Braswell Title: Secretary, Connecticut	Natalie Braswell Title: Secretary, Connecticut Office



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of Policy and Management (OPM) Role: Oversees	of Policy and Management (OPM) Role: Oversees	Office of Policy and Management (OPM) Role: Oversees	of Policy and Management (OPM) Role: Oversees
Kate McEvoy Title: Former Director, Connecticut Medicaid Program Role: Previously oversaw the state	Kate McEvoy Title: Former Director, Connecticut Medicaid Program Role: Previously oversaw the state	Kate McEvoy Title: Former Director, Connecticut Medicaid Program Role: Previously oversaw the state	Kate McEvoy Title: Former Director, Connecticut Medicaid Program Role: Previously oversaw the state
Deidre S. Gifford, MD, MPH Title: Former Commissioner, Connecticut Department of Social Services (D	Deidre S. Gifford, MD, MPH Title: Former Commissioner, Connecticut Department of Social Services (D	Deidre S. Gifford, MD, MPH Title: Former Commissioner, Connecticut Department of Social Services (D	Deidre S. Gifford, MD, MPH Title: Former Commissioner, Connecticut Department of Social Services (D
Matthew Barrett Title: President and CEO, Connecticut Association of Health Care Facilities Role: R	Matthew Barrett Title: President and CEO, Connecticut Association of Health Care Facilities Role: R	Matthew Barrett Title: President and CEO, Connecticut Association of Health Care Facilities Role: R	Matthew Barrett Title: President and CEO, Connecticut Association of Health Care Facilities Role: R
Elizabeth Duryea Title: Chief of Staff, Connecticut Department of Social Services (DSS) Role: Assis	Elizabeth Duryea Title: Chief of Staff, Connecticut Department of Social Services (DSS) Role: Assis	Elizabeth Duryea Title: Chief of Staff, Connecticut Department of Social Services (DSS) Role: Assis	Elizabeth Duryea Title: Chief of Staff, Connecticut Department of Social Services (DSS) Role: Assis
Lisa J. Pino Title: Director, Office for Civil Rights (OCR), HHS Role: Ensures ADA compliance and i	Lisa J. Pino Title: Director, Office for Civil Rights (OCR), HHS Role: Ensures ADA compliance and i	Lisa J. Pino Title: Director, Office for Civil Rights (OCR), HHS Role: Ensures ADA compliance and i	Lisa J. Pino Title: Director, Office for Civil Rights (OCR), HHS Role: Ensures ADA compliance and i



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Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller Position in Chain of Command:	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller Position in Chain of Command:	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller Position in Chain of Command:	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller Position in Chain of Command:
Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS) Position i	Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS) Position i	Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS) Position i	Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS) Position i
Ned Lamont Title: Governor of Connecticut Position in Chain of Command: Chief executive overseeing a	Ned Lamont Title: Governor of Connecticut Position in Chain of Command: Chief executive overseeing a	Ned Lamont Title: Governor of Connecticut Position in Chain of Command: Chief executive overseeing a	Ned Lamont Title: Governor of Connecticut Position in Chain of Command: Chief executive overseeing a
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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Christi A. Grimm Title: Inspector General, U.S.	Christi A. Grimm Title: Inspector General, U.S.	Christi A. Grimm Title: Inspector General, U.S.	Christi A. Grimm Title: Inspector General, U.S. Department of Health and



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Gene L. Dodaro Title: Comptroller General of the United States, Government Accountability Office (GA	Gene L. Dodaro Title: Comptroller General of the United States, Government Accountability Office (GA	Gene L. Dodaro Title: Comptroller General of the United States, Government Accountability Office (GA	Gene L. Dodaro Title: Comptroller General of the United States, Government Accountability Office (GA
Shalanda D. Young Title: Director, Office of Management and Budget (OMB) Position in Chain of Comman	Shalanda D. Young Title: Director, Office of Management and Budget (OMB) Position in Chain of Comman	Shalanda D. Young Title: Director, Office of Management and Budget (OMB) Position in Chain of Comman	Shalanda D. Young Title: Director, Office of Management and Budget (OMB) Position in Chain of Comman
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Kristen Clarke Title: Assistant Attorney General, Civil Rights Division, DOJ Position in Chain of Co	Kristen Clarke Title: Assistant Attorney General, Civil Rights Division, DOJ Position in Chain of Co	Kristen Clarke Title: Assistant Attorney General, Civil Rights Division, DOJ Position in Chain of Co	Kristen Clarke Title: Assistant Attorney General, Civil Rights Division, DOJ Position in Chain of Co
Office of Civil Rights (OCR), HHS Title: Director of OCR Position in Chain of Command: Federal agenc	Office of Civil Rights (OCR), HHS Title: Director of OCR Position in Chain of Command: Federal agenc	Office of Civil Rights (OCR), HHS Title: Director of OCR Position in Chain of Command: Federal agenc	Office of Civil Rights (OCR), HHS Title: Director of OCR Position in Chain of Command: Federal agenc



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William Halsey Title: Medicaid Director Position in Chain of Command: As the Medicaid Director, Will	William Halsey Title: Medicaid Director Position in Chain of Command: As the Medicaid Director, Will	William Halsey Title: Medicaid Director Position in Chain of Command: As the Medicaid Director, Will	William Halsey Title: Medicaid Director Position in Chain of Command: As the Medicaid Director, Will
Maria Horn	Maria Horn	Connecticut General Assembly: Finance, Revenue, and Bonding Committee:	Connecticut General Assembly: Finance, Revenue, and Bonding Committee:
Toni Walker Appropriations Committee: Co- Chair:	Toni Walker Appropriations Committee: Co- Chair:	Appropriations Committee: Co- Chair: Representative	Appropriations Committee: Co-Chair: Representative
Cathy Osten Co- Chair: Senator	Cathy Osten Co- Chair: Senator	Legislative Oversight Committees Connecticut General Assembly: Appropriations Committee:	Legislative Oversight Committees Connecticut General Assembly: Appropriations Committee:
Catherine Abercrombie Co- Chair: Representative	Catherine Abercrombie Co- Chair: Representative	Co-Chair: Representative Human Services Committee Legislative Oversight Committees	Co-Chair: Representative Human Services Committee Legislative Oversight Committees
Matthew Lesser	Matthew Lesser	Co-Chair: Senator Human Services Committee Legislative Oversight Committees	Co-Chair: Senator Human Services Committee Legislative Oversight Committees Connecticut General As



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		Connecticut General As	
Ron Wyden (D-Oregon)	Ron Wyden (D-Oregon)	U.S. Congressional Committees: Senate Finance Committee: Chair: Senator	U.S. Congressional Committees: Senate Finance Committee: Chair: Senator
John C. Geragosian	John C. Geragosian	State Auditors of Public Accounts (Connecticut)	State Auditors of Public Accounts (Connecticut)
Clark J. Chapin	Clark J. Chapin	tate Auditors of Public Accounts (Connecticut)	tate Auditors of Public Accounts (Connecticut)
Melanie Fontes Rainer	Melanie Fontes Rainer	Director Position in Chain of Command: As Director of the OCR, Melanie Fontes Rainer leads the feder	Director Position in Chain of Command: As Director of the OCR, Melanie Fontes Rainer leads the feder
Sean Scanlon Title: State Comptroller Position in Chain of Command: As State Comptroller, Sean Scanl	Sean Scanlon Title: State Comptroller Position in Chain of Command: As State Comptroller, Sean Scanl	Sean Scanlon Title: State Comptroller Position in Chain of Command: As State Comptroller, Sean Scanl	Sean Scanlon Title: State Comptroller Position in Chain of Command: As State Comptroller, Sean Scanl
Frank Pallone Jr. (D-New Jersey)	Frank Pallone Jr. (D-New Jersey)	Federal Oversight Committees U.S. Senate Finance Committee	Federal Oversight Committees U.S. Senate Finance Committee
Michelle Gilman Title: Commissioner Position in Chain of Command: As	Michelle Gilman Title: Commissioner Position in Chain of Command: As	Michelle Gilman Title: Commissioner Position in Chain of Command: As	Michelle Gilman Title: Commissioner Position in Chain of Command: As Commissioner, Michelle Gilman I



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Commissioner, Michelle Gilman I	Commissioner, Michelle Gilman I	Commissioner, Michelle Gilman I	
Ned Lamont Title: Governor of Connecticut Position in Chain of Command: Chief Executive of Connectic	Ned Lamont Title: Governor of Connecticut Position in Chain of Command: Chief Executive of Connectic	Ned Lamont Title: Governor of Connecticut Position in Chain of Command: Chief Executive of Connectic	Ned Lamont Title: Governor of Connecticut Position in Chain of Command: Chief Executive of Connectic
Deidre S. Gifford Title: Commissioner, Connecticut Department of Social Services (DSS) Position in C	Deidre S. Gifford Title: Commissioner, Connecticut Department of Social Services (DSS) Position in C	Deidre S. Gifford Title: Commissioner, Connecticut Department of Social Services (DSS) Position in C	Deidre S. Gifford Title: Commissioner, Connecticut Department of Social Services (DSS) Position in C
Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS) Position	Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS) Position	Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS) Position	Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS) Position

REQUESTED OSC ACTION

What action would you like OSC to take?

Formal and Immediate Demand for Enforcement of Federal and Constitutional Compliance

This urgent, unequivocal demand requires immediate corrective action to resolve systemic violations and gross mismanagement in the administration of the Connecticut Medicaid Acquired Brain Injury (ABI) Waiver Program. Failure to act now not only undermines federal and constitutional laws but poses an imminent risk to public safety, taxpayer equity, and the rights of Medicaid recipients and whistleblowers. The time for action is now. Delays are unacceptable, and accountability must be enforced without compromise.

Actions Demanded:



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1. Enforce Full Compliance with Federal and Constitutional Laws

Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act:

Require immediate adherence to ADA (42 U.S.C. § 12132) and Section 504 (29 U.S.C. § 794).

Mandate unrestricted accessibility, including:

Transparent operations.

Reasonable accommodations for Medicaid recipients and whistleblowers facing systemic barriers.

Freedom of Information Act (FOIA):

Compel the immediate release of all public records under FOIA (5 U.S.C. § 552) and Connecticut FOIA statutes (C.G.S. §§ 1-200 et seq.).

Impose punitive consequences for any official obstructing transparency through denial or manipulation of public record access.

Constitutional Violations:

Address violations of the First Amendment (right to petition the government), Fifth Amendment (due process protections), and Fourteenth Amendment (equal protection under the law).

Demand that all administrative actions be reviewed and overturned where constitutional protections were ignored.

2. Order Operational Corrections with Zero Delay

Reinstate Medicaid Services:

Direct state agencies, including the Connecticut DSS and Comptroller's Office, to:

Fully restore critical ABI Waiver Program services.

Ensure continuous care for Medicaid recipients reliant on brain injury services.

Enforce Accountability Mechanisms:

Mandate transparent financial reporting from state agencies directly to federal oversight bodies (CMS and HHS OIG).

Implement independent, real-time auditing systems to eliminate misuse of federal Medicaid funds.

3. Initiate Immediate Federal Oversight

Direct Federal Authority to Act:



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Command federal entities, including CMS and HHS OCR, to:
Enforce federal Medicaid compliance standards immediately.
Appoint independent oversight bodies to oversee corrective measures.
Hold Negligent Officials Accountable:

Compel corrective measures and disciplinary actions for:
Xavier Becerra (Secretary, HHS).
Chiquita Brooks-LaSure (Administrator, CMS).
Ned Lamont (Governor, Connecticut).
Andrea Barton Reeves (Commissioner, DSS).
Yamuna Menon (General Counsel, Connecticut Comptroller's Office).
Penalize all officials obstructing compliance through federal sanctions or withholding Medicaid funds.

4. Guarantee Transparency and Protect Whistleblowers
Whistleblower Protections:

Enforce the Whistleblower Protection Act (5 U.S.C. § 2302(b)(8)), shielding individuals reporting fraud or mismanagement.
Expedite implementation of disclosed corrective actions and prohibit retaliation against whistleblowers.

Transparent Public Reporting:

Require detailed federal and state reporting on:
Corrective actions implemented.
ADA compliance improvements.
Financial management and service delivery corrections.

5. Demand Results Now

Set Enforceable Deadlines:

Mandate all corrective actions be fully implemented within 30 days.
Require real-time updates on progress and compliance from state and federal authorities.
Immediate Action to Prevent Further Harm:

Demand that results are prioritized over procedural delays, with the health, safety, and rights of Medicaid recipients placed above all bureaucratic barriers.

Conclusion



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This is a non-negotiable demand for immediate remedial actions, not an investigation or prolonged deliberation. The systemic violations detailed herein directly endanger public safety, abuse taxpayer funds, and subvert constitutional protections. Failure to act decisively violates public trust and exposes federal and state authorities to litigation, penalties, and broader accountability for harm.

The OSC, CMS, HHS, and other federal bodies must immediately enforce corrective measures, remove barriers to compliance, and restore accountability to the Connecticut Medicaid ABI Waiver Program. Failure to address these violations now will constitute gross negligence and deliberate indifference.

David Medeiros

ABI Resources DB.42.131.Inf. <https://www.ctbraininjury.com/blog/tags/db-42-131-inf>

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.



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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
12.06.2024 Formal and Immediate Demand for Enforcement of Federal and Constitutional Compliance HHS CMS OCR OIG DOJ GAO USC FOIA ADA DSS OSC DAS OAG FOIC CGS DB.42.131.Inf. ABI Medeiros Connecticut DOGE .pdf
09.24.2024 Federal_Intervention_HHS_OIG_CMS_GAO_DOJ_OCR_Whistleblower_Report_2024.pdf
Comprehensive Grievance Report and Request for Clarity Whistleblower Report Medicaid ABI Waiver Programs.pdf
09.24.2024 Federal_Intervention_HHS_OIG_CMS_GAO_DOJ_OCR_Whistleblower_Report_2024.pdf
Subject_ Comprehensive FOIA Request for Connecticut Medicaid Acquired Brain Injury Waiver Program Records (Office of the State Comptroller) (1).zip
requests (11).csv
12.06.2024 Formal and Immediate Demand for Enforcement of Federal and Constitutional Compliance HHS CMS OCR OIG DOJ GAO USC FOIA ADA DSS OSC DAS OAG FOIC CGS DB.42.131.Inf. ABI Medeiros Connecticut DOGE .docx

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



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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. 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: 12/6/2024

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 Inspector General (OIG), HHS Inspector General, Christi A. Grimm: Investigates fraud, was

Street Address: 330 Independence Avenue SW

City: Washington

State: DC

Zip Code: 20201

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?



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DETAILS OF YOUR DISCLOSURES

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? Description of Actions and Violations: The individuals and entities involved took deliberate actions, inactions, or displayed systemic neglect that constitutes violations of federal and state laws, regulations, and constitutional rights. These actions include: Failure to Maintain and Provide Financial Records (Violation of 42 U.S.C. § 1396 et seq. and FOIA Laws): Office of the State Comptroller (Yamuna Menon, General Counsel): Claimed "no responsive records" exist regarding financial and administrative oversight of the Connecticut Medicaid Acquired Brain Injury (ABI) Waiver Program. Failed to provide required documentation on budget allocations, fund transfers, audits, and expenditures, which are mandated under federal Medicaid financial reporting requirements (42 CFR § 430.12). This constitutes a failure to uphold financial accountability for federally funded programs and raises



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	concerns about potential misuse or mismanagement of taxpayer funds. Non-Compliance with ADA Accommodations (Violation of Title II of the ADA, 42 U.S.C. § 12132, and Section 504 of the Rehabilitation Act, 29 U.S.C. § 794): Repeated failure by involved parties to provide reasonable accommodations for a person with disabilities, including: Denial of accessible communication methods (e.g., screen-reader compatible documents, summaries of complex records). Requiring inaccessible methods of correspondence, such as online portals or physical mail, in direct contravention of explicitly requested accommodations. These actions are discriminatory under federal disability laws and demonstrate systemic non-compliance with accessibility standards. Denial of Whistleblower Protections (Violation of 5 U.S.C. § 2302(b)(8)): By denying access to records that would substantiate allegations of systemic failures, the agencies effectively undermined whistleblower protections, exposing the whistleblower to retaliation or suppression of critical oversight. The obstruction of information essential for addressing public harm violates both the intent and substance of whistleblower protection laws. Failure to Fulfill Legal Transparency Obligations (Violation of FOIA, 5 U.S.C. § 552, and Connecticut FOIA Laws, C.G.S. §§ 1-200 et seq.): Agencies failed to provide public records as required by law, including financial and interagency communication records necessary for program oversight. The claim that "no responsive records exist" conflicts with statutory mandates requiring state and federal agencies to maintain and disclose such records, suggesting potential document destruction or concealment (violation of 18 U.S.C. § 2071). Neglect of Oversight Responsibilities (Gross Mismanagement): Federal agencies, including the Department of Health and Human Services (HHS), failed to enforce Medicaid program compliance or conduct proper oversight of state-level administrators. This systemic neglect compromises program integrity, jeopardizes services for vulnerable populations



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When did this occur?	3. When Did This Occur? Timeline of Violations and Non-Compliance: Initial Requests and Alleged Violations of FOIA and Transparency Laws: October 17, 2024: The first formal request for records related to the Connecticut Medicaid Acquired Brain Injury Waiver Program was submitted to the Office of the State Comptroller, seeking financial documentation, interagency communications, and compliance records under FOIA and Connecticut FOIA statutes. October 21, 2024: The Office of the State Comptroller, represented by Yamuna Menon, General Counsel, issued a written response stating "no responsive records" exist. This marked the first explicit failure to provide legally mandated records. October 24, 2024 – November 7, 2024: Follow-up correspondence clarified the scope of the request and sought records potentially held by interrelated agencies, with no substantive response or acknowledgment of responsibility. Failure to Comply with ADA Accommodation Requests: October 17, 2024: Specific, non-n
How did you discover this action?	4. How Did You Discover This Action? Method of Discovery: The violations were uncovered through direct interaction with the agencies involved in the administration and oversight of the Connecticut Medicaid Acquired Brain Injury (ABI) Waiver Program. Specific events and communications leading to the discovery include: Initial FOIA Request and Agency Responses: On October 17, 2024, a formal FOIA request was submitted to the Office of the State Comptroller, seeking financial and oversight records mandated by federal and state statutes. The response received on October 21, 2024, claiming "no responsive records," directly contradicted the statutory obligations of the agency to maintain and disclose such information. This raised immediate concerns about compliance and transparency. Pattern of Non-Compliance with ADA Accommodations: ADA accommodations were explicitly requested in the initial communication to ensure accessibility, given the requester's disability. Subsequent responses failed to adhere to these requirements, including the delivery of



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	inaccessible formats, omission of simplified summaries, and improper reliance on inaccessible portals. This failure highlighted systemic non-compliance with ADA mandates. Escalation and Denial of FOIA Appeal: After the initial denial of records, a formal appeal was submitted on November 12, 2024, clarifying the legal obligations under FOIA and requesting oversight from the Office of the State Comptroller. The appeal was denied on November 26, 2024, with no substantive effort to provide the requested records or redirect the request to another responsible entity. This lack of accountability confirmed a broader pattern of non-compliance and obfuscation. Direct Analysis of Legal Requirements and Statutory Obligations: The violations were further corroborated by reviewing federal and state statutes, including: Medicaid Regulations (42 U.S.C. § 1396 et seq.), requiring financial oversight of federally funded programs. ADA Title II (42 U.S.C. § 12132) and Section 504 (29 U.S.C. § 794), mandating reasonable accommodations for individuals with disabilities. FOIA (5 U.S.C. § 552) and Connecticut FOIA Statutes (C.G.S. §§ 1-200 et seq.), requiring transparency and timely responses to records requests. Inconsistent and Contradictory Communications: Additional concerns arose from conflicting responses by related agencies, suggesting a lack of coordination and potential concealment of critical information. The absence of financial records for a federally funded program is implausible, indicating potential systemic failures in compliance and oversight. Summary of Discovery: The discovery of these actions resulted from a combination of direct interactions with agency representatives, legal analysis of their responses, and the apparent contradictions between statutory obligations and the agencies' claims of non-responsiveness. These failures highlight violations of transparency laws, discrimination against individuals
What additional facts support your allegation?	5. What Additional Facts Support Your Allegation? Overview of Supporting Facts: The allegations of non-compliance with federal and state laws are substantiated



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	by multiple facts, as detailed below. These facts demonstrate systemic violations of transparency, financial accountability, and accessibility requirements. 1. Inconsistent and Contradictory Agency Responses Office of the State Comptroller: Claimed on October 21, 2024, that it had "no responsive records" related to financial oversight of the Connecticut Medicaid ABI Waiver Program, despite its statutory role as the state's financial manager. Provided no guidance on the responsible agency, a violation of FOIA's referral and assistance requirements (5 U.S.C. § 552(a)(3)(A)). Department of Social Services (DSS): DSS failed to provide clarity on their financial and operational oversight responsibilities, despite being the primary administrator of Medicaid-funded programs in Connecticut. Neither agency claimed ownership or accountability for the required records, creating an implausible gap in oversight. 2. Failure to Provide Financial Transparency The Medicaid ABI Waiver Program involves significant federal and state taxpayer funding under 42 U.S.C. § 1396 et seq. Despite federal Medicaid requirements, no records were disclosed for: Budget allocations. Fund transfers. Audit results. Expenditure reports. The absence of financial records suggests potential fraudulent mismanagement of funds, violating 42 CFR § 430.12. 3. Systemic Non-Compliance with ADA Accommodations Despite multiple requests, the following ADA Title II (42 U.S.C. § 12132) and Section 504 (29 U.S.C. § 794) accommodations were denied: Screen-reader compatible formats: Records were provided in inaccessible formats, excluding individuals with disabilities from meaningful participation. Simplified summaries for complex records: No summaries were provided, violating ADA mandates for effective communication. Exclusive use of email communication: Agencies relied on inaccessible portals and other barriers, contrary to explicit ADA accommodation requests. These failures constitute systemic discrimination against individuals with disabilities, violating federal mandates. 4. Pattern of Obfuscation and Potential Document



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	Concealment Under 18 U.S.C. § 1519, the concealment or destruction of federal program-related documents is a federal crime. The lack of financial records for a federally funded program raises serious concerns, including: The intentional destruction or withholding of records. The absence of a documented audit trail, which is required for Medicaid programs under federal law. 5. Violation of FOIA and Connecticut FOIA Statutes Both federal and state FOIA statutes require agencies to: Maintain records related to publicly funded programs (5 U.S.C. § 552; C.G.S. §§ 1-200 et seq.). Respond to requests within statutory timelines, including explaining exemptions or providing guidance for referrals. The failure to produce any respon
Allegation	Gross Mismanagement
What action did they take?	2. What Action Did They Take? Gross Mismanagement 1. Yamuna (Yam) Menon Action Taken: Failed to document, maintain, and disclose financial records critical to the oversight of the Connecticut Medicaid Acquired Brain Injury (ABI) Waiver Program. Denied access to responsive records despite statutory requirements under FOIA and Connecticut state law. Provided vague or incomplete responses to inquiries, obstructing transparency and accountability. Neglected to enforce financial oversight responsibilities as General Counsel/Assistant State Comptroller. 2. Connecticut Office of the State Comptroller (OSC) Action Taken: Did not establish or implement effective procedures to track Medicaid funds allocated to the ABI Waiver Program. Failed to coordinate with other state agencies, such as the Department of Social Services (DSS), to ensure proper financial management and compliance with Medicaid regulations. Allowed systemic lapses in financial reporting, leading to inadequate transparency and potential misuse of taxpayer funds. 3. Chiquita Brooks-LaSure (CMS Administrator) Action Taken: Failed to oversee and enforce federal Medicaid regulations (42 U.S.C. § 1396 et seq.) governing the ABI Waiver Program. Did not address known lapses in financial accountability or require corrective actions from Connecticut state agencies.



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	Allowed ongoing mismanagement to persist without federal intervention or audits to ensure compliance with federal guidelines. 4. Christi A. Grimm (HHS Inspector General) Action Taken: Did not initiate an audit or investigation into the ABI Waiver Program despite clear indications of financial mismanagement. Failed to monitor the program for compliance with federal Medicaid laws, leading to a lack of enforcement and accountability. Did not uphold whistleblower protections that would have allowed employees or stakeholders to report systemic failures. 5. Connecticut Department of Social Services (DSS) Leadership Action Taken: Did not properly administer or monitor Medicaid funds allocated to the ABI Waiver Program. Neglected to provide clear guidelines for financial reporting, contributing to gaps in accountability. Failed to collaborate with the Office of the State Comptroller to ensure accurate and transparent financial records. 6. Congressional Oversight Committees Action Taken: Did not use oversight authority to hold CMS, HHS OIG, or Connecticut state agencies accountable for mismanagement of federal Medicaid funds. Failed to investigate systemic failures despite documented evidence of gross mismanagement in the ABI Waiver Program. Allowed taxpayer dollars to be spent without proper safeguards or oversight mechanisms. 7. Governor Ned Lamont Action Taken: Did not provide adequate state-level leadership to address systemic issues within the Medicaid ABI Waiver Program. Failed to direct the Office of the State Comptroller and DSS to rectify financial management deficiencies. Allowed interagency miscommunication and accountability lapses to
When did this occur?	3. When did this occur? Timeline of Gross Mismanagement Initial Onset of Mismanagement: Date Range: The mismanagement began as early as the implementation of the Connecticut Medicaid ABI Waiver Program, with documented deficiencies in financial oversight and interagency coordination emerging since the program's inception. Critical Periods: Initial program



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	establishment lacked proper tracking mechanisms and compliance frameworks. Audits and financial reports failed to account for discrepancies in fund allocations starting in 2016 (based on Medicaid oversight cycles). Escalation of Mismanagement: Date Range: 2018-2023 Evidence of worsening mismanagement appeared in annual audits and reports of systemic non-compliance with federal Medicaid regulations (42 U.S.C. § 1396 et seq.). Persistent failure to implement corrective actions despite internal and external whistleblower alerts. ADA accommodations requests were repeatedly denied or ignored, resulting in barriers to accountability and
How did you discover this action?	4. How did you discover this action? Discovery of Gross Mismanagement: Direct Requests and Denials: Freedom of Information Act (FOIA) Requests: Repeated FOIA requests submitted to the Office of the State Comptroller, Department of Social Services (DSS), and other agencies for financial and operational records of the Connecticut Medicaid ABI Waiver Program were met with denials or claims of "no responsive records." These responses directly contradicted statutory requirements under 42 U.S.C. § 1396, FOIA (5 U.S.C. § 552), and Connecticut FOIA statutes (C.G.S. §§ 1-200 et seq.). ADA Accommodation Failures: Requests for ADA-compliant communication and accessible records, mandated under ADA Title II (42 U.S.C. § 12132) and Section 504 of the Rehabilitation Act (29 U.S.C. § 794), were repeatedly ignored, obstructing my ability to review program operations. Whistleblower Disclosures: Internal reports from whistleblowers revealed: Mismanagement of Medicaid funds, including discrepancies in financial allocations and expenditures. Lack of compliance with federal Medicaid guidelines, such as those outlined in 42 CFR § 430.12. These disclosures highlighted systemic failures in oversight and raised alarms about potential misuse of taxpayer dollars. Audit Irregularities and Gaps: Annual Medicaid Audits: Inconsistencies and missing documentation in state and federal audits of the ABI Waiver Program signaled gross financial mismanagement. Lack of Corrective Actions:



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	Audit findings pointing to procedural failures were repeatedly ignored, and no corrective actions were taken by responsible agencies. Formal Correspondence: Communications with Yamuna (Yam) Menon, General Counsel/Assistant State Comptroller, revealed the Office's assertion of having "no responsive records," a claim that: Contradicted its statutory obligations for financial oversight. Suggested either deliberate concealment or failure to maintain critical records, in violation of 18 U.S.C. § 2071 (concealment or destruction of records). Interagency Coordination Failures: Attempts to identify records through interagency coordination uncovered: A lack of documentation of communications or agreements between the State Comptroller's Office, DSS, and federal oversight entities such as the Centers for Medicare & Medicaid Services (CMS). This absence of interagency records violated the requirements of Medicaid statutory guidelines and exposed systemic accountability failures. Public Complaints and Reports: Community reports and beneficiary complaints about the ABI Waiver Program's administration corroborated the mismanagement allegations, citing: Delays in service delivery. Inaccessible program information. Lack of transparency in funding and resource allocation. Supporting Evidence: FOIA Denials: Documented refusals to provide financial and programmatic records. Whistleblower Reports: Internal disclosures and protected statements alleging violations of law. Audit Reports: Historical Medicaid audit su
What additional facts support your allegation?	5. What additional facts support your allegation? Gross Mismanagement: Supporting Facts Non-Compliance with Federal Medicaid Guidelines: The Connecticut Medicaid ABI Waiver Program failed to comply with 42 U.S.C. § 1396 and 42 CFR § 430.12, which mandate: Transparent allocation of funds. Periodic reporting of program performance. Accurate tracking of expenditures tied to Medicaid waivers. Absence of critical records related to fund transfers, budget allocations, and operational oversight directly violates these statutes. Inconsistent and Incomplete Audits: Medicaid program audits conducted



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	by federal and state entities consistently flagged: Discrepancies in financial reporting. Missing documentation regarding fund usage and administrative expenditures. Despite these findings, no corrective measures were implemented, indicating a disregard for financial accountability. Failure to Address Whistleblower Disclosures: Whistleblower reports outlined: Misallocation of federal and state Medicaid funds. - Neglect of procedural safeguards required under 42 CFR § 440.180 for home and community-based services. These disclosures were ignored or inadequately investigated, allowing systemic failures to persist. Neglect of ADA and Rehabilitation Act Obligations: Agencies failed to accommodate accessibility requests under ADA Title II (42 U.S.C. § 12132) and Section 504 of the Rehabilitation Act (29 U.S.C. § 794). This included: Refusal to provide accessible documents. Denial of reasonable accommodations during communications and records requests. A systemic lack of policies ensuring equitable access for individuals with disabilities. Absence of Interagency Coordination: Critical records demonstrating collaboration between the Office of the State Comptroller, Department of Social Services (DSS), and federal oversight entities such as CMS were not maintained. This lack of coordination directly contributed to failures in monitoring program effectiveness and financial integrity. Pattern of Mismanagement Across the Program: Reports from program participants and community organizations highlighted: Delays in service delivery and funding distribution. Poor communication between agencies overseeing the waiver program. Lack of transparency in the decision-making process, leaving beneficiaries in limbo. Denial of FOIA Requests: Multiple FOIA (5 U.S.C. § 552) and Connecticut FOIA (C.G.S. §§ 1-200 et seq.) requests for financial and operational records were denied or returned with claims of "no responsive records." This suggests either gross negligence in recordkeeping or intentional withholding of information. Potential Violations of Federal Laws: The absence of



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	proper financial documentation and mismanagement of funds raises concerns about violations of: 18 U.S.C. § 2071 (Concealment, Removal, or Mutilation of Records). 31 U.S.C. § 3729 (False Claims Act) if fraudulent claims for Medicaid reimbursements were submitted. Lack of Legislative Oversight: Despite bein
Allegation	Abuse of Authority
What action did they take?	2. What Action Did They Take? - Abuse of Authority Federal Officials Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Actions Taken: Failed to direct oversight agencies, including CMS and OIG HHS, to address systemic failures in the Connecticut Medicaid ABI Waiver Program. Did not ensure compliance with federal Medicaid regulations, allowing misuse of federally allocated funds. Neglected to enforce whistleblower protections, discouraging transparency and accountability. Chiquita Brooks-LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS) Actions Taken: Did not intervene in response to reports of mismanagement in the ABI Waiver Program. Failed to enforce Medicaid statutes requiring proper use and documentation of public funds. Ignored whistleblower disclosures alleging violations of federal Medicaid regulations. Christi A. Grimm Title: Inspector General, U.S. Department of Health and Human Services (OIG HHS) Actions Taken: Did not launch an investigation into allegations of financial mismanagement and abuse within the Connecticut Medicaid ABI Waiver Program. Failed to ensure compliance with federal requirements for Medicaid fund transparency and ADA accommodations. Overlooked systemic failures in addressing whistleblower disclosures. Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Actions Taken: Declined to audit or review financial practices within the Connecticut Medicaid ABI Waiver Program despite multiple reports of systemic abuse. Failed to use GAO's oversight authority to ensure state compliance with federal funding requirements. State Officials Andrea



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	Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS) Actions Taken: Allowed systemic mismanagement of Medicaid funds within the ABI Waiver Program. Did not implement corrective measures to address oversight and financial documentation failures. Failed to collaborate effectively with the State Comptroller's Office and federal agencies to ensure accountability. Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Office of the State Comptroller Actions Taken: Denied the existence of responsive financial and administrative records, obstructing FOIA requests. Failed to provide legally mandated ADA accommodations, hindering public access to government records. Contributed to systemic transparency failures by refusing to comply with state and federal disclosure laws. Melinda Staff Title: Senior Official, Office of the State Comptroller Actions Taken: Failed to document and maintain financial records related to Medicaid allocations for the ABI Waiver Program. Did not address whistleblower disclosures or implement oversight mechanisms to prevent further abuses. Legislative Officials Senator Richard Blumenthal Title: U.S. Senator, Connecticut Actions Taken: Did not use legislative authority to investigate reported abuses in the ABI Waiver Program. Fail
When did this occur?	3. When Did This Occur? Abuse of Authority Timeline of Events Systemic Mismanagement Timeline 2000-Present: The Connecticut Medicaid Acquired Brain Injury (ABI) Waiver Program has operated under consistent federal and state funding mandates, yet systemic failures in transparency and financial accountability have persisted. 2015-2024: Specific reports of non-compliance with federal Medicaid regulations (42 U.S.C. § 1396 et seq.) have emerged, indicating long-term mismanagement of funds. FOIA Denials and Obstruction of Records October 2024: Multiple FOIA requests were submitted to state agencies, including the Office of the State Comptroller, the Department of Social Services (DSS), and other related entities, seeking critical financial and operational



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	records. These were met with responses claiming "no responsive records" or partial refusals. November 2024: Appeals for denied FOIA requests were escalated, but agencies failed to produce complete and accessible records, perpetuating th
How did you discover this action?	4. How did you discover this action? The actions constituting Abuse of Authority were discovered through the following avenues: FOIA Requests and Denials: Repeatedly filed comprehensive FOIA requests to state and federal agencies, including the Office of the State Comptroller, Connecticut Department of Social Services, and other relevant entities, seeking financial and programmatic records related to the ABI Waiver Program. Responses claiming "no responsive records" or denials of requests without proper justification, despite the existence of mandated documentation as required under 5 U.S.C. § 552 and C.G.S. §§ 1-200 et seq. ADA Accommodation Failures: Explicitly requested ADA accommodations to ensure accessibility, such as screen-reader-compatible documents and simplified summaries, in accordance with 42 U.S.C. § 12132 and 29 U.S.C. § 794. Discovered systemic failure to provide these accommodations, indicating non-compliance and discriminatory practices. Whistleblower Disclosures and Retaliation: Observed a lack of protection and responsiveness to whistleblower complaints highlighting systemic mismanagement and oversight failures, in violation of 5 U.S.C. § 2302(b)(8). Noted that disclosures were ignored or downplayed by responsible state and federal officials. Documented Evidence of Financial Irregularities: Reviewed publicly available financial reports, budgets, and legislative records revealing significant gaps in oversight and management of Medicaid funds allocated to the ABI Waiver Program. Identified discrepancies between funding allocations and actual service delivery, suggesting mismanagement. Firsthand Advocacy Efforts: As an advocate and program participant, consistently engaged with state and federal agencies about systemic failures in program



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	administration. Encountered obstruction, lack of transparency, and evasion from responsible officials when seeking accountability and resolution. Patterns of Neglect Across Oversight Agencies: Federal and state entities demonstrated ongoing negligence in addressing violations despite whistleblower reports, public complaints, and internal audits. This pattern indicated deliberate inaction and abuse of authority to suppress transparency and accountability. Supporting Evidence: FOIA Correspondence: Detailed records of submitted requests and inadequate responses from the Office of the State Comptroller, DSS, and CMS. ADA Accommodation Communications: Documented failure to honor specific, legally required accommodations. Public Records: Analysis of gaps in publicly available financial and programmatic data. Whistleblower Disclosures: Reports of retaliation and lack of response to whistleblower protections. This discovery process highlights a clear and systemic abuse of authority, involving deliberate obstruction, mismanagement, and denial of legally mandated rights and transparency.
What additional facts support your allegation?	5. What additional facts support your allegation? Abuse of Authority Detailed Facts and Evidence Supporting the Allegation Failure to Produce Legally Mandated Records: Federal Medicaid Statutes: Federal law (42 U.S.C. § 1396 et seq.) mandates that all Medicaid-funded programs maintain detailed records of expenditures, audits, and program evaluations. The Connecticut Medicaid ABI Waiver Program has failed to produce these records, despite repeated FOIA requests and statutory requirements. Freedom of Information Act (FOIA) Violations: Responses from state officials, including the Office of the State Comptroller, claim "no responsive records," indicating a failure to maintain or disclose legally required records, violating 5 U.S.C. § 552 and C.G.S. §§ 1-200 et seq. Non-Compliance with ADA Accommodations: Repeated requests for ADA accommodations, including accessible documents and simplified summaries, were ignored or denied by state



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	and federal agencies. This failure violates Title II of the ADA (42 U.S.C. § 12132) and Section 504 of the Rehabilitation Act (29 U.S.C. § 794). Pattern of Obstruction and Evasion: Delays and Evasion: Agencies delayed responses to FOIA requests and provided incomplete or evasive answers, impeding accountability. Improper Redactions: Records provided, if any, were heavily redacted without clear statutory justification, violating FOIA standards. Mismanagement of Federally Allocated Funds: Untracked Medicaid Funds: Evidence of discrepancies between federal Medicaid allocations to the ABI Waiver Program and actual expenditures, suggesting possible financial mismanagement or misuse. Lack of Oversight: No evidence of routine audits or financial reconciliations as required under Medicaid regulations (42 CFR § 430.12). Neglect of Whistleblower Protections: Reports of systemic failures submitted by whistleblowers to state and federal oversight agencies were ignored. The lack of investigation into these disclosures violates the Whistleblower Protection Act (5 U.S.C. § 2302(b)(8)). Documented Systemic Issues: Publicly Available Records: Public records show inconsistent reporting on Medicaid expenditures and program effectiveness for the ABI Waiver Program. State Agency Accountability: Internal reports and audits highlight persistent gaps in financial and programmatic oversight but were not acted upon by responsible officials. Failure of Oversight Bodies to Intervene: Centers for Medicare & Medicaid Services (CMS): Did not intervene to enforce compliance or correct deficiencies in the ABI Waiver Program despite clear evidence of mismanagement. Connecticut Department of Social Services (DSS): As the administering agency, DSS failed to ensure financial transparency and proper program administration. Office of the State Comptroller: Claimed "no responsive records" despite its statutory role in managing state finances, indicating potential recordkeeping violations under 18 U.S.C. § 2071. Impact on Vulnerable Populations: The ABI



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Allegation	Gross Waste of Funds
What action did they take?	2. What action did they take? Gross Waste of Funds Description: Improper utilization of Medicaid funds allocated for the ABI Waiver Program, leading to potential fraud, inefficiency, and systemic mismanagement. The actions or omissions of individuals and entities directly contributed to financial waste, lack of accountability, and failure to meet program objectives. Detailed Actions: 1. Connecticut Department of Social Services (DSS) Officials: Action Taken: Failed to establish adequate financial oversight mechanisms for the ABI Waiver Program. Did not implement tracking systems to ensure Medicaid funds were used effectively and transparently. Allowed systemic inefficiencies, such as overpayments to service providers and incomplete financial reporting, to persist. 2. Connecticut Office of the State Comptroller: Action Taken: Failed to maintain or provide required financial records, including budget allocations, fund transfers, and expenditure tracking. Did not coordinate with other state and federal agencies to address known inefficiencies or ensure proper fund allocation. Neglected to enforce accountability measures, allowing financial mismanagement to remain undetected. 3. State Medicaid Director (Connecticut DSS): Action Taken: Did not respond to reports of wasteful spending or take corrective actions to address program inefficiencies. Failed to oversee contractors and service providers for compliance with fiscal policies and program objectives. Neglected to escalate identified issues of waste to higher authorities or federal oversight agencies. 4. Governor Ned Lamont (Connecticut): Action Taken: Did not use executive authority to investigate or address systemic waste within the ABI Waiver Program. Failed to ensure coordination among state agencies managing Medicaid funds. Allowed inefficient practices to continue without intervention. 5. Connecticut State Legislature and Oversight Committees: Action Taken: Did not call for hearings or legislative reviews to investigate the misuse of Medicaid funds. Failed to hold state agencies



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	accountable for financial mismanagement. Neglected to mandate corrective actions through legislative oversight mechanisms. 6. Federal Medicaid Oversight (CMS): Action Taken: Failed to monitor Connecticut's use of Medicaid funds and intervene despite evidence of systemic inefficiencies. Did not require corrective actions from state agencies to address identified issues of waste. Allowed federal funds to be used without proper verification of program effectiveness. 7. Office of Civil Rights (OCR), HHS: Action Taken: Failed to enforce transparency and accessibility standards, resulting in barriers to public accountability. Did not investigate or address ADA-related violations tied to financial transparency and public access to records. 8. Medicaid Fraud Control Unit (MFCU): Action Taken: Did not investigate or prosecute instances of potential fraud or misuse of Medicaid funds within the ABI Waiver Program. Neglected to
When did this occur?	When Did This Occur? Gross Waste of Funds Timeline of Actions and Omissions The systemic mismanagement and improper utilization of Medicaid funds within the ABI Waiver Program occurred across multiple years, with specific incidents and inactions noted as follows: 1. Connecticut Department of Social Services (DSS) Officials Ongoing Period: From the inception of the Medicaid ABI Waiver Program to present. Specific Incidents: Failure to establish financial oversight mechanisms documented in fiscal year reports (e.g., 2020-2023). Persistent systemic inefficiencies observed in audits requested in 2022 and 2023. 2. Connecticut Office of the State Comptroller Timeframe: January 2020–present. Key Evidence: Denials of FOIA requests in 2022 and 2023 indicating absence of required records. Persistent lack of financial tracking identified in whistleblower disclosures. 3. State Medicaid Director (Connecticut DSS) Duration: At least since 2021. Failures Identified: Reports of inefficiencies and
How did you discover this action?	How Did You Discover This Action? Gross Waste of Funds Discovery Process and Key Evidence 1. Denials of FOIA Requests Discovery: Multiple FOIA requests filed with the



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	Connecticut Office of the State Comptroller and DSS for financial and programmatic records were denied or returned as "no responsive records." Specific FOIA denials occurred in 2022 and 2023, despite legal requirements under 5 U.S.C. § 552 and Connecticut FOIA statutes (C.G.S. §§ 1-200 et seq.) to disclose public financial records. Impact: The lack of available records raised concerns about accountability and proper financial management within the ABI Waiver Program. 2. Whistleblower Disclosures Discovery: Whistleblower reports received between 2021 and 2023 highlighted systemic inefficiencies, including unmonitored fund allocations, improper billing by service providers, and administrative lapses. These disclosures were not addressed adequately by DSS, CMS, or other oversight entities. Impact: The information provided directly pointed to failures in oversight, lack of financial tracking, and potential misuse of Medicaid funds. 3. Absence of State and Federal Oversight Reports Discovery: Regular oversight reports and audits expected under federal Medicaid regulations (42 CFR § 430.12) were absent or incomplete. Requests for these documents from state and federal agencies yielded insufficient responses. Impact: The lack of required audits and compliance reviews revealed potential lapses in fiscal accountability and raised red flags about the program's administration. 4. ADA Accommodation Failures Discovery: Personal requests for ADA-compliant documentation, summaries of financial records, and simplified reports were denied or ignored, violating 42 U.S.C. § 12132 and Section 504 of the Rehabilitation Act (29 U.S.C. § 794). Impact: These denials hindered public access to critical records and obstructed efforts to assess the program's financial integrity. 5. Public Complaints and Media Coverage Discovery: Public complaints and investigative reporting between 2021 and 2023 highlighted the failure of the ABI Waiver Program to deliver effective services, pointing to financial inefficiencies and mismanagement. Media sources corroborated issues related to delayed payments,



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	inadequate service delivery, and lack of accountability in fund utilization. Impact: The consistency of these reports across multiple years suggested systemic failures rather than isolated incidents. 6. Legislative Inaction Discovery: Despite documented public and whistleblower reports, no significant legislative oversight or corrective actions were initiated by the Connecticut State Legislature or federal Medicaid oversight committees. Impact: Legislative inaction further underscored the absence of accountability mechanisms and a lack of interest in addressing systemic financial inefficiencies. 7. Gaps in Service Provider Accountability Discovery: Service providers within the ABI Waiver Program failed to deliver a
What additional facts support your allegation?	Additional Facts Supporting Allegation: Gross Waste of Funds 1. Lack of Required Financial Audits Fact: Federal Medicaid regulations (42 CFR § 430.12) mandate periodic financial audits and compliance reviews to ensure the proper utilization of federal funds. No such audits or financial reviews have been publicly disclosed for the ABI Waiver Program. Impact: The absence of audits raises concerns about the integrity of financial operations and the potential misuse of taxpayer funds. 2. Persistent FOIA Non-Compliance Fact: FOIA requests filed with DSS and the State Comptroller's Office for financial documentation, including budget allocations, expenditure tracking, and fund transfers, were denied or returned with "no responsive records." Impact: The refusal to provide financial records violates 5 U.S.C. § 552 and Connecticut FOIA statutes (C.G.S. §§ 1-200 et seq.), obstructing public oversight and accountability. 3. Whistleblower Disclosures Fact: Reports from whistleblowers highlight systemic inefficiencies in fund allocation, improper billing practices by service providers, and the failure of state officials to address known issues. Impact: These disclosures indicate widespread financial mismanagement and neglect by oversight agencies at both the state and federal levels. 4. Documented Program Inefficiencies Fact: Service providers under the



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	ABI Waiver Program have cited delayed payments, inefficient resource allocation, and mismanagement by DSS. Impact: These inefficiencies have disrupted service delivery to vulnerable populations while failing to justify the expenditure of allocated Medicaid funds. 5. Mismanagement Identified by Independent Reviews Fact: External assessments and media reports have identified significant delays in service delivery, improper billing, and systemic administrative failures within the ABI Waiver Program. Impact: The findings corroborate the allegation of financial waste and administrative mismanagement. 6. Non-Compliance with ADA and Section 504 Fact: Denials of ADA accommodations for access to financial and programmatic information violate 42 U.S.C. § 12132 and Section 504 of the Rehabilitation Act (29 U.S.C. § 794). Impact: This non-compliance undermines public accountability and transparency in the administration of federally funded programs. 7. Failure of Oversight by State and Federal Agencies Fact: Neither CMS nor DSS has intervened to correct or prevent the financial mismanagement identified within the program, despite federal requirements to monitor Medicaid fund utilization. Impact: The lack of oversight indicates systemic failures that allow financial waste to persist unchecked. 8. Legislative and Executive Inaction Fact: Neither the Connecticut General Assembly nor the federal Congressional oversight committees have initiated reviews, hearings, or corrective actions to address reported financial inefficiencies. Impact: This inaction has perpetuated systemic waste and the misallocation of taxpayer resources.
Allegation	Danger to Public Health
What action did they take?	2. What Action Did They Take? The following describes the actions and inactions contributing to a "Danger to Public Health", ordered by importance and impact: Federal Actions Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Action Taken: Failed to enforce federal oversight of Medicaid programs, including the Connecticut ABI Waiver Program.



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	Did not ensure compliance with federal Medicaid regulations (42 U.S.C. § 1396 et seq.), ADA requirements (42 U.S.C. § 12132), or whistleblower protections. Allowed systemic mismanagement to persist without intervention, jeopardizing the health and safety of Medicaid beneficiaries. Supporting Evidence: Absence of federal audits or direct corrective action despite multiple whistleblower disclosures and documented violations. Chiquita Brooks-LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS) Action Taken: Did not mandate corrective actions or enforce compliance with Medicaid service standards for the ABI Waiver Program. Failed to monitor Connecticut's use of Medicaid funds, resulting in disruptions to health services for brain injury survivors. Supporting Evidence: Reports of service denials and program inefficiencies were ignored or not escalated to higher oversight levels. Everett L. Handford Title: Regional Director, HHS Region 1 Action Taken: Neglected to oversee Medicaid program operations in Connecticut, allowing systemic failures to go unaddressed. Did not enforce federal standards for Medicaid service continuity, leading to health service gaps for vulnerable populations. Supporting Evidence: No evidence of regional oversight or intervention despite repeated reports of public health risks and mismanagement. Director, Office for Civil Rights (OCR), HHS Action Taken: Failed to investigate or enforce ADA accommodations and Section 504 compliance for Medicaid consumers affected by program failures. Allowed barriers to accessing critical health services to persist, disproportionately affecting individuals with disabilities. Supporting Evidence: Persistent ADA violations and lack of transparency in Medicaid service delivery left unaddressed. Director, Medicaid Fraud Control Unit (MFCU), HHS OIG Action Taken: Did not investigate whistleblower reports or address potential fraud and misuse of Medicaid funds. Neglected to prosecute or escalate issues related to financial mismanagement and health service interruptions.



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	Supporting Evidence: Ongoing mismanagement and service disruptions persisted despite evidence of fraud risks. State Actions Ned Lamont Title: Governor of Connecticut Action Taken: Failed to use executive authority to coordinate state agencies and address systemic failures in the ABI Waiver Program. Neglected to ensure continuity of care for Medicaid recipients, resulting in health and safety risks. Supporting Evidence: No evidence of executive intervention to address widespread program inefficiencies and risks to public health. Andrea Ba
When did this occur?	3. When Did This Occur? Danger to Public Health Timeline of Events and Systemic Failures This detailed timeline identifies the progression and escalation of systemic failures that endangered the health and safety of Medicaid beneficiaries dependent on the ABI Waiver Program. 1. Systemic Deficiencies Over Time 2000s – 2020: Historical Framework of Mismanagement Program Inception: The ABI Waiver Program was implemented in Connecticut to provide essential services to individuals with brain injuries. However, foundational weaknesses in financial oversight, regulatory compliance, and program accountability were reported as early as 2010. 2013 – 2019: Reports from advocates and stakeholders indicated widespread failures to enforce Medicaid standards, including: Insufficient documentation of expenditures. Delayed or inadequate service delivery to vulnerable populations. Lack of ADA accommodations during program communications and grievance processes. 2020 – 2021: COVID-19 Pandemic Amplifies
How did you discover this action?	4. How Did You Discover This Action? Danger to Public Health Overview: Discovery of the systemic mismanagement and associated public health risks of the ABI Waiver Program came through a combination of direct experience, whistleblower disclosures, FOIA request denials, and evidence presented by affected Medicaid beneficiaries, advocacy groups, and oversight reports. The lack of program compliance and oversight became evident through multiple channels, each corroborating



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	significant public health risks. Key Discovery Channels: Personal Advocacy and System Navigation Failures: Details: As a participant in Medicaid systems and an advocate for individuals with acquired brain injuries, first-hand interactions with the ABI Waiver Program revealed systemic inefficiencies. These inefficiencies directly endangered health outcomes by failing to provide consistent, reliable, and timely access to critical care services. Evidence: Delayed or denied services for Medicaid beneficiaries requiring home-based rehabilitation. Escalating risks to health and safety due to disrupted continuity of care. Whistleblower Disclosures: Details: Confidential reports from internal state and federal agency staff highlighted systemic mismanagement of Medicaid funds, lack of programmatic oversight, and procedural violations that directly impacted care delivery for vulnerable populations. Evidence: Whistleblower statements submitted to HHS OIG and OSC in 2022 and 2023 detailed funding misallocations and administrative failures. Whistleblowers identified patterns of neglect in program oversight by DSS and CMS, amplifying risks to public health. FOIA Request Denials and Document Obstructions: Details: Formal FOIA requests for records related to the ABI Waiver Program revealed non-compliance with transparency laws. The refusal to disclose financial records, compliance audits, and programmatic reports signaled systemic failures to uphold accountability. Evidence: Denial of FOIA requests in 2023 and 2024 by the Connecticut Office of the State Comptroller and DSS obstructed access to critical information, raising questions about hidden inefficiencies and risks. ADA accommodations for accessing public records were systematically ignored. Public Complaints from Medicaid Beneficiaries and Advocacy Groups: Details: Reports submitted by beneficiaries and disability advocacy groups exposed failures in delivering essential health services under the ABI Waiver Program, endangering the health of individuals with acquired brain



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	injuries. Evidence: Advocacy group reports from 2022 and 2023 highlighted delays in medical service authorizations and financial inconsistencies. Personal testimonies from affected beneficiaries illustrated life-threatening gaps in care delivery. Oversight Reports and Audits (or Lack Thereof): Details: The absence of regular audits and oversight reports regarding Medicaid funding and service delivery created suspicion of financial and operational mismanagement. Evid
What additional facts support your allegation?	5. What Additional Facts Support Your Allegation? Danger to Public Health Description: The mismanagement of the ABI Waiver Program has directly jeopardized the health and safety of Medicaid beneficiaries, particularly brain injury survivors who rely on critical services for their recovery and well-being. The failure to implement oversight mechanisms, coupled with procedural non-compliance, has resulted in service delays, inadequate care delivery, and financial inefficiencies that threaten public health. Key Supporting Facts: Service Delays and Disruptions: Details: Medicaid beneficiaries reported significant delays in receiving approvals for essential services, such as in-home care, therapy, and medical equipment. Evidence: Personal testimonies from beneficiaries document delays extending beyond 30 to 90 days for urgent services. Advocacy group reports highlight cases where delayed care led to worsened health outcomes or hospitalizations. Unaccounted Medicaid Fund Allocation: Details: Financial records necessary to verify proper allocation and use of Medicaid funds are unavailable or incomplete, obstructing accountability. Evidence: Denials of FOIA requests for financial data by the State Comptroller's Office in 2023 and 2024. Whistleblower allegations of fund mismanagement, including potential overpayments to contractors. Non-Compliance with Federal Oversight Standards: Details: Federal standards under Medicaid statutes (42 U.S.C. § 1396 et seq.) require routine audits and compliance reports, which were not conducted for the ABI Waiver Program. Evidence: Lack of documented



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	audits or performance evaluations by CMS for the program from 2020 to 2024. Federal inaction despite multiple complaints submitted to HHS and CMS. Denial of ADA Accommodations Impacting Public Health: Details: The failure to provide ADA-mandated accommodations, such as accessible formats for public records, limits advocacy efforts and prevents corrective actions. Evidence: Correspondence from DSS rejecting requests for ADA accommodations to access critical program documentation. Reports from advocacy groups outlining barriers to engaging stakeholders with disabilities. Impact on Vulnerable Populations: Details: Brain injury survivors and other Medicaid recipients, who are among the most vulnerable populations, experienced compromised care due to systemic inefficiencies. Evidence: Documented cases of service recipients forced to seek emergency care due to lapses in Medicaid service delivery. Testimonies illustrating how delays in rehabilitation services impeded recovery outcomes for brain injury survivors. Failure of State Oversight Entities: Details: Connecticut state agencies, including DSS and the Office of the State Comptroller, did not provide evidence of oversight measures or compliance monitoring. Evidence: Public records requests denied on grounds of "no responsive records" despite statutory requirements for transparency. Lack of interagency coordination document
Allegation	Danger to Public Safety
What action did they take?	2. What Action Did They Take? Danger to Public Safety 1. Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Action: Failed to ensure oversight of federally funded Medicaid programs, including the ABI Waiver Program. Did not initiate corrective measures or federal audits despite documented evidence of systemic failures jeopardizing public safety. 2. Chiquita Brooks-LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS) Action: Neglected to enforce compliance with federal Medicaid regulations that ensure the safety and



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	continuity of critical services. Did not provide guidance or mandate state-level intervention to address operational inefficiencies and risks to public safety. 3. Everett Handford Title: Regional Director, HHS Region 1 Action: Failed to address whistleblower complaints and other reports highlighting systemic risks within Connecticut's ABI Waiver Program. Did not conduct necessary federal oversight visits or demand state compliance with CMS standards. 4. Ned Lamont Title: Governor of Connecticut Action: Did not coordinate state agencies or use executive authority to address known deficiencies in Medicaid service delivery. Allowed systemic issues, including lapses in health and safety oversight, to persist without accountability measures. 5. Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS) Action: Failed to implement operational standards to ensure the safe delivery of services under the ABI Waiver Program. Did not address service gaps, including instances where critical health services were delayed or denied, posing risks to public safety. 6. Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Connecticut Action: Obstructed transparency by claiming "no responsive records" for essential financial and program oversight documentation. Denied public accountability mechanisms, contributing to risks to the health and safety of vulnerable populations. 7. William Tong Title: Attorney General, State of Connecticut Action: Did not investigate or prosecute systemic violations impacting Medicaid recipients, despite clear risks to public health and safety. Allowed state agencies to continue operating without corrective oversight. 8. Medicaid Fraud Control Unit (MFCU) Title: Director and Investigative Team, Connecticut MFCU Action: Did not investigate whistleblower complaints detailing mismanagement and fraud within the ABI Waiver Program. Failed to identify and rectify systemic financial and operational inefficiencies impacting public safety. 9. John Geragosian and Claire Burns Titles: State Auditor and Assistant State



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	Auditor, Connecticut Action: Did not conduct thorough audits or flag systemic risks associated with the ABI Waiver Program's management. Neglected to address operational inefficiencies and gaps in service delivery that pose risks to public health and safety. 10. Christina Berry Title: Senior Advisor, Center for Medicaid
When did this occur?	3. When Did This Occur? Danger to Public Safety The systemic failures and mismanagement jeopardizing public safety under the Medicaid ABI Waiver Program span 2018 through December 2024, with key incidents and periods outlined below. These failures have had a cumulative effect, escalating risks to vulnerable populations, including brain injury survivors and other Medicaid beneficiaries. 2018 - Early Indications of Mismanagement Operational Deficiencies: Initial signs of mismanagement emerge as state agencies, including the Connecticut Department of Social Services (DSS), fail to implement robust oversight mechanisms for Medicaid-funded services. Preliminary Complaints Filed: Advocacy groups and Medicaid recipients begin voicing concerns about service delivery delays, inadequate support, and lack of transparency in program administration. Federal Observations Ignored: Initial oversight reports from the Centers for Medicare & Medicaid Services (CMS) highlight deficiencies but fail to tri
How did you discover this action?	4. How Did You Discover This Action? Danger to Public Safety The systemic failures and mismanagement posing a danger to public safety were identified through multiple independent sources, corroborated by whistleblower disclosures, public complaints, and official responses from federal and state entities. These discoveries are detailed below: 1. Whistleblower Disclosures Internal Employees and Advocates: Whistleblower reports from within the Connecticut Department of Social Services (DSS) and contracted Medicaid service providers highlighted systemic failures, including service delivery delays and administrative mismanagement. Whistleblower Protections Ignored: Reports filed under the Whistleblower Protection Act



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	revealed misuse of Medicaid funds and persistent risks to public safety, but these reports were not acted upon by state or federal oversight entities. Specific Allegations: Financial mismanagement jeopardizing service continuity. Delays in care provision leading to worsening health outcomes for Medicaid recipients. Non-compliance with ADA requirements, preventing access to critical services. 2. Public Complaints Service Recipients: Medicaid recipients reliant on the ABI Waiver Program reported significant health risks due to service interruptions and delays. Complaints included: Inability to access medically necessary care. Adverse health outcomes due to reduced service availability. Increased financial and emotional burden on families. Advocacy Groups: Nonprofit organizations and public advocates raised concerns regarding the program's mismanagement and its impact on public health, citing direct testimonies from affected individuals. 3. FOIA Requests and Denials Requests for Transparency: Freedom of Information Act (FOIA) requests were filed by stakeholders, including advocacy groups and concerned citizens, seeking documentation of program management, financial audits, and compliance reports. Repeated Denials: DSS and the Connecticut Office of the State Comptroller systematically denied or ignored these FOIA requests, obstructing transparency and accountability. Key Discoveries from FOIA Requests: Lack of comprehensive financial oversight or auditing for Medicaid funds. Absence of documentation verifying compliance with ADA and Medicaid statutes. Evidence of systemic failures concealed by state agencies. 4. Independent Investigations Review of Medicaid Records: Analysis of Medicaid program data revealed significant discrepancies, including unexplained expenditure gaps and inconsistencies in service delivery metrics. External Audits: Private audit reports contracted by service providers raised concerns about financial inefficiencies and programmatic failures. Oversight Gaps Identified: Investigations revealed that neither DSS nor federal



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	oversight entities, such as CMS, had conducted thorough reviews of the ABI Waiver Program's operations. 5. Official Responses from Oversight Entities State and Federal Correspondence: Official communicat
What additional facts support your allegation?	5. What Additional Facts Support Your Allegation? Danger to Public Safety The following facts, supported by extensive documentation and corroborated evidence, further substantiate the claim that mismanagement of the Connecticut Medicaid ABI Waiver Program poses a significant danger to public safety: 1. Systemic Failures in Medicaid Service Delivery Delayed or Denied Access to Care: Medicaid recipients reported significant delays in accessing critical health services under the ABI Waiver Program. Essential services, such as home healthcare, rehabilitation, and case management, were either unavailable or inconsistently delivered, exacerbating health conditions among vulnerable populations. Testimonies from recipients revealed cases of unmet medical needs leading to deteriorating health and, in some cases, premature deaths. Disruption of Service Providers: Contracted Medicaid service providers faced delays in reimbursements due to administrative inefficiencies, leading to staffing shortages and reduced service availability. Providers reported an inability to meet the demand for services due to inadequate support from state agencies. 2. Breach of Medicaid Compliance Standards Failure to Adhere to Federal Medicaid Regulations: The Centers for Medicare & Medicaid Services (CMS) mandates strict compliance with service delivery, financial oversight, and operational transparency for Medicaid-funded programs. Connecticut's ABI Waiver Program has consistently failed to meet these standards. Missing audit reports and expenditure records indicate potential misuse or misallocation of federal Medicaid funds. Non-Compliance with ADA and Section 504: Barriers to accessing Medicaid services disproportionately impacted individuals with disabilities, violating the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act. The absence of ADA-compliant



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	accommodations, such as simplified communication channels and access to program information, further endangered recipients' ability to advocate for their health needs. 3. Lack of Oversight and Transparency FOIA Request Denials: Denials of Freedom of Information Act (FOIA) requests seeking transparency into program operations suggest an attempt to conceal systemic failures. Agencies such as the Connecticut Office of the State Comptroller and DSS failed to provide records of program performance, financial audits, or corrective action plans. Absence of Federal Audits: CMS has not conducted thorough audits or enforced corrective actions for the ABI Waiver Program, despite receiving multiple reports of non-compliance and risks to public safety. Neglect by State and Federal Oversight Entities: Legislative bodies and oversight committees at both state and federal levels failed to investigate public complaints or mandate accountability measures to ensure the safety of Medicaid recipients. 4. Whistleblower Reports and Advocacy Efforts Documented Allegations: Whistleblowers from within DSS, service

DISCLOSURE SUBJECTS

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

First Name	Last Name	Title	Chain of Command
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 Position	Christi A. Grimm – Inspector General, HHS	Christi A. Grimm – Inspector General, HHS	Christi Grimm Title: Inspector General Position in



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in Chain of Command: Health and Human Services (HHS			Chain of Command: Health and Human Services (HHS
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
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
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
Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Connecticut Office of the Sta	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Connecticut Office of the Sta	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Connecticut Office of the Sta	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Connecticut Office of the Sta
Sean Scanlon Title: Comptroller Position in Chain of Command: State financial	Sean Scanlon Title: Comptroller Position in Chain of Command: State financial	Sean Scanlon Title: Comptroller Position in Chain of Command: State financial	Sean Scanlon Title: Comptroller Position in Chain of Command: State financial officer, managing bud



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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)
Shalanda D. Young Title: Director, Office of Management and Budget (OMB) Position in Chain of Comman	Shalanda D. Young Title: Director, Office of Management and Budget (OMB) Position in Chain of Comman	Shalanda D. Young Title: Director, Office of Management and Budget (OMB) Position in Chain of Comman	Shalanda D. Young Title: Director, Office of Management and Budget (OMB) Position in Chain of Comman
Ron Wyden Title: Chair, Senate Committee on Finance (Medicaid Oversight) Position in Chain of Comman	Ron Wyden Title: Chair, Senate Committee on Finance (Medicaid Oversight) Position in Chain of Comman	Ron Wyden Title: Chair, Senate Committee on Finance (Medicaid Oversight) Position in Chain of Comman	Ron Wyden Title: Chair, Senate Committee on Finance (Medicaid Oversight) Position in Chain of Comman
Cathy McMorris Rodgers Title: Chair, House Energy and Commerce Committee Position in Chain of Comman	Cathy McMorris Rodgers Title: Chair, House Energy and Commerce Committee Position in Chain of Comman	Cathy McMorris Rodgers Title: Chair, House Energy and Commerce Committee Position in Chain of Comman	Cathy McMorris Rodgers Title: Chair, House Energy and Commerce Committee Position in Chain of Comman
Michael E. Horowitz Title: Inspector General, U.S. Department of Justice (DOJ OIG) Position in Chain	Michael E. Horowitz Title: Inspector General, U.S. Department of Justice (DOJ OIG) Position in Chain	Michael E. Horowitz Title: Inspector General, U.S. Department of Justice (DOJ OIG) Position in Chain	Michael E. Horowitz Title: Inspector General, U.S. Department of Justice (DOJ OIG) Position in Chain



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William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Legal overs	William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Legal overs	William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Legal overs	William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Legal overs
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 R. Beckham Title: Secretary, Connecticut Office of Policy and Management (OPM) Position in C	Jeffrey R. Beckham Title: Secretary, Connecticut Office of Policy and Management (OPM) Position in C	Jeffrey R. Beckham Title: Secretary, Connecticut Office of Policy and Management (OPM) Position in C	Jeffrey R. Beckham Title: Secretary, Connecticut Office of Policy and Management (OPM) Position in C
Richard Blumenthal	Richard Blumenthal	U.S. Senator Position in Chain of Command: Senior Senator for the State of Connecticut, Member of th	U.S. Senator Position in Chain of Command: Senior Senator for the State of Connecticut, Member of th
Chris Murphy	Chris Murphy	U.S. Senator Position in Chain of Command: Junior Senator for the State of Connecticut, Member of th	U.S. Senator Position in Chain of Command: Junior Senator for the State of Connecticut, Member of th
Joe Courtney	Joe Courtney	U.S. Representative	U.S. Representative Position in Chain of Command:



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*Denotes required fields.

		Position in Chain of Command: Representative for Connecticut's 2nd Congressiona	Representative for Connecticut's 2nd Congressiona
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
Natalie Braswell Title: Connecticut State Comptroller	Natalie Braswell Title: Connecticut State Comptroller	Natalie Braswell Title: Connecticut State Comptroller	Natalie Braswell Title: Connecticut State Comptroller
Jim Himes	Jim Himes	U.S. Representative (D-CT, 4th District)	U.S. Representative (D-CT, 4th District)
Rosa DeLauro Title: U.S. Representative (D-CT, 3rd District)	Rosa DeLauro Title: U.S. Representative (D-CT, 3rd District)	Rosa DeLauro Title: U.S. Representative (D-CT, 3rd District)	Rosa DeLauro Title: U.S. Representative (D-CT, 3rd District)
Michael E. Horowitz Title: Inspector General, U.S. Department of Justice (DOJ OIG)	Michael E. Horowitz Title: Inspector General, U.S. Department of Justice (DOJ OIG)	Michael E. Horowitz Title: Inspector General, U.S. Department of Justice (DOJ OIG)	Michael E. Horowitz Title: Inspector General, U.S. Department of Justice (DOJ OIG)
Cathy McMorris Rodgers Title: Chair, House Energy and Commerce Committee	Cathy McMorris Rodgers Title: Chair, House Energy and Commerce Committee	Cathy McMorris Rodgers Title: Chair, House Energy and Commerce Committee	Cathy McMorris Rodgers Title: Chair, House Energy and Commerce Committee (Medicaid Oversight)



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(Medicaid Oversight)	(Medicaid Oversight)	(Medicaid Oversight)	
Ron Wyden Title: Chair, Senate Committee on Finance (Medicaid Oversight)	Ron Wyden Title: Chair, Senate Committee on Finance (Medicaid Oversight)	Ron Wyden Title: Chair, Senate Committee on Finance (Medicaid Oversight)	Ron Wyden Title: Chair, Senate Committee on Finance (Medicaid Oversight)
Shalanda D. Young Title: Director, Office of Management and Budget (OMB)	Shalanda D. Young Title: Director, Office of Management and Budget (OMB)	Shalanda D. Young Title: Director, Office of Management and Budget (OMB)	Shalanda D. Young Title: Director, Office of Management and Budget (OMB)
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 A. Grimm Title: Inspector General, U.S. Department of Health and Human Services (HHS OIG) Po	Christi A. Grimm Title: Inspector General, U.S. Department of Health and Human Services (HHS OIG) Po	Christi A. Grimm Title: Inspector General, U.S. Department of Health and Human Services (HHS OIG) Po	Christi A. Grimm Title: Inspector General, U.S. Department of Health and Human Services (HHS OIG) Po
Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in C	Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in C	Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in C	Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in C
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 Division, U.S. Department of Justice



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Division, U.S. Department of Justice	Division, U.S. Department of Justice	Division, U.S. Department of Justice	
Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Office of the State Comptroll	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Office of the State Comptroll	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Office of the State Comptroll	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Office of the State Comptroll
Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS) Position i	Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS) Position i	Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS) Position i	Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS) Position i
Richard Blumenthal	Richard Blumenthal	Titles: U.S. Senators for Connecticut Position in Chain of Command: Federal representatives responsi	Titles: U.S. Senators for Connecticut Position in Chain of Command: Federal representatives responsi
Chris Murphy	Chris Murphy	Titles: U.S. Senators for Connecticut Position in Chain of Command: Federal representatives responsi	Titles: U.S. Senators for Connecticut Position in Chain of Command: Federal representatives responsi
Ned Lamont Title: Governor, State of Connecticut Position in Chain of Command:	Ned Lamont Title: Governor, State of Connecticut Position in Chain of Command:	Ned Lamont Title: Governor, State of Connecticut Position in Chain of Command:	Ned Lamont Title: Governor, State of Connecticut Position in Chain of Command: Chief executive of Co



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*Denotes required fields.

Chief executive of Co	Chief executive of Co	Chief executive of Co	
Joe Courtney Title: U.S. Representative for Connecticut's 2nd Congressional District Position in Cha	Joe Courtney Title: U.S. Representative for Connecticut's 2nd Congressional District Position in Cha	Joe Courtney Title: U.S. Representative for Connecticut's 2nd Congressional District Position in Cha	Joe Courtney Title: U.S. Representative for Connecticut's 2nd Congressional District Position in Cha
Shalanda D. Young Title: Director, Office of Management and Budget (OMB) Position in Chain of Comma	Shalanda D. Young Title: Director, Office of Management and Budget (OMB) Position in Chain of Comma	Shalanda D. Young Title: Director, Office of Management and Budget (OMB) Position in Chain of Comma	Shalanda D. Young Title: Director, Office of Management and Budget (OMB) Position in Chain of Comma
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
Manisha Juthani, MD Title: Commissioner, Connecticut Department of Public Health (DPH) Position in C	Manisha Juthani, MD Title: Commissioner, Connecticut Department of Public Health (DPH) Position in C	Manisha Juthani, MD Title: Commissioner, Connecticut Department of Public Health (DPH) Position in C	Manisha Juthani, MD Title: Commissioner, Connecticut Department of Public Health (DPH) Position in C
Jeffrey R. Beckham Title: Secretary, Connecticut Office of Policy and Management	Jeffrey R. Beckham Title: Secretary, Connecticut Office of Policy and Management	Jeffrey R. Beckham Title: Secretary, Connecticut Office of Policy and Management	Jeffrey R. Beckham Title: Secretary, Connecticut Office of Policy and Management (OPM) Position in C



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(OPM) Position in C	(OPM) Position in C	(OPM) Position in C	
Chiquita Brooks-LaSure: Administrator, Centers for Medicare & Medicaid Services (CMS)	Chiquita Brooks-LaSure: Administrator, Centers for Medicare & Medicaid Services (CMS)	Chiquita Brooks-LaSure: Administrator, Centers for Medicare & Medicaid Services (CMS)	Chiquita Brooks-LaSure: Administrator, Centers for Medicare & Medicaid Services (CMS)
Christi A. Grimm: Inspector General, U.S. Department of Health and Human Services (HHS OIG)	Christi A. Grimm: Inspector General, U.S. Department of Health and Human Services (HHS OIG)	Christi A. Grimm: Inspector General, U.S. Department of Health and Human Services (HHS OIG)	Christi A. Grimm: Inspector General, U.S. Department of Health and Human Services (HHS OIG)
Senate Finance Committee Members: Chair: Senator Ron Wyden	Senate Finance Committee Members: Chair: Senator Ron Wyden	Senate Finance Committee Members: Chair: Senator Ron Wyden	Senate Finance Committee Members: Chair: Senator Ron Wyden
Mike Crapo Senate Finance Committee Members	Mike Crapo Senate Finance Committee Members	Mike Crapo Senate Finance Committee Members	Mike Crapo Senate Finance Committee Members
Merrick B. Garland Title: U.S. Attorney General, Department of Justice (DOJ) Position in Chain of Co	Merrick B. Garland Title: U.S. Attorney General, Department of Justice (DOJ) Position in Chain of Co	Merrick B. Garland Title: U.S. Attorney General, Department of Justice (DOJ) Position in Chain of Co	Merrick B. Garland Title: U.S. Attorney General, Department of Justice (DOJ) Position in Chain of Co
Kristen Clarke Title: Assistant Attorney General, Civil Rights Division, DOJ	Kristen Clarke Title: Assistant Attorney General, Civil Rights Division, DOJ	Kristen Clarke Title: Assistant Attorney General, Civil Rights Division, DOJ	Kristen Clarke Title: Assistant Attorney General, Civil Rights Division, DOJ Position in Chain of Co



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Position in Chain of Co	Position in Chain of Co	Position in Chain of Co	
Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Chai	Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Chai	Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Chai	Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Chai
Christi A. Grimm Title: Inspector General, U.S. Department of Health and Human Services (OIG HHS) Po	Christi A. Grimm Title: Inspector General, U.S. Department of Health and Human Services (OIG HHS) Po	Christi A. Grimm Title: Inspector General, U.S. Department of Health and Human Services (OIG HHS) Po	Christi A. Grimm Title: Inspector General, U.S. Department of Health and Human Services (OIG HHS) Po
Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in C	Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in C	Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in C	Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in C
Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Office of the State Comptroll	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Office of the State Comptroll	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Office of the State Comptroll	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Office of the State Comptroll
Ned Lamont Title: Governor, State of Connecticut Position in Chain of Command: Chief executive of th	Ned Lamont Title: Governor, State of Connecticut Position in Chain of Command: Chief executive of th	Ned Lamont Title: Governor, State of Connecticut Position in Chain of Command: Chief executive of th	Ned Lamont Title: Governor, State of Connecticut Position in Chain of Command: Chief executive of th



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Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS) Position i	Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS) Position i	Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS) Position i	Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS) Position i
Melinda Staff Title: Senior Official, Office of the State Comptroller Position in Chain of Command:	Melinda Staff Title: Senior Official, Office of the State Comptroller Position in Chain of Command:	Melinda Staff Title: Senior Official, Office of the State Comptroller Position in Chain of Command:	Melinda Staff Title: Senior Official, Office of the State Comptroller Position in Chain of Command:
Melinda Staff Title: Senior Official, Office of the State Comptroller Position in Chain of Command:	Melinda Staff Title: Senior Official, Office of the State Comptroller Position in Chain of Command:	Melinda Staff Title: Senior Official, Office of the State Comptroller Position in Chain of Command:	Melinda Staff Title: Senior Official, Office of the State Comptroller Position in Chain of Command:
Chiquita Brooks- LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS) Position	Chiquita Brooks- LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS) Position	Chiquita Brooks- LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS) Position	Chiquita Brooks-LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS) Position
Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Chai	Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Chai	Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Chai	Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Chai
Christi A. Grimm Title: Inspector General, U.S.	Christi A. Grimm Title: Inspector General, U.S.	Christi A. Grimm Title: Inspector General, U.S.	Christi A. Grimm Title: Inspector General, U.S. Department of Health and



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Department of Health and Human Services (OIG HHS) Po	Department of Health and Human Services (OIG HHS) Po	Department of Health and Human Services (OIG HHS) Po	Human Services (OIG HHS) Po
Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in C	Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in C	Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in C	Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in C
Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS) Position i	Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS) Position i	Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS) Position i	Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS) Position i
Jim O'Neill Title: Deputy Secretary, U.S. Department of Health and Human Services (HHS) Role: As th	Jim O'Neill Title: Deputy Secretary, U.S. Department of Health and Human Services (HHS) Role: As th	Jim O'Neill Title: Deputy Secretary, U.S. Department of Health and Human Services (HHS) Role: As th	Jim O'Neill Title: Deputy Secretary, U.S. Department of Health and Human Services (HHS) Role: As th
Chiquita Brooks-LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS) Role: O	Chiquita Brooks-LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS) Role: O	Chiquita Brooks-LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS) Role: O	Chiquita Brooks-LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS) Role: O
Barbara Richards Title: Deputy Director, Medicaid & CHIP Operations Group, CMS Role: Responsible fo	Barbara Richards Title: Deputy Director, Medicaid & CHIP Operations Group, CMS Role: Responsible fo	Barbara Richards Title: Deputy Director, Medicaid & CHIP Operations Group, CMS Role: Responsible fo	Barbara Richards Title: Deputy Director, Medicaid & CHIP Operations Group, CMS Role: Responsible fo



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Everett L. Handford Title: Regional Director, HHS Region 1 Role: Serves as the primary representati	Everett L. Handford Title: Regional Director, HHS Region 1 Role: Serves as the primary representati	Everett L. Handford Title: Regional Director, HHS Region 1 Role: Serves as the primary representati	Everett L. Handford Title: Regional Director, HHS Region 1 Role: Serves as the primary representati
Betsy Rosenfeld, JD Title: Regional Health Administrator, HHS Region 1 Role: Acts as the chief regi	Betsy Rosenfeld, JD Title: Regional Health Administrator, HHS Region 1 Role: Acts as the chief regi	Betsy Rosenfeld, JD Title: Regional Health Administrator, HHS Region 1 Role: Acts as the chief regi	Betsy Rosenfeld, JD Title: Regional Health Administrator, HHS Region 1 Role: Acts as the chief regi
Kathleen Otte (Acting) Title: Acting Regional Administrator, CMS Boston Role: Oversees CMS operatio	Kathleen Otte (Acting) Title: Acting Regional Administrator, CMS Boston Role: Oversees CMS operatio	Kathleen Otte (Acting) Title: Acting Regional Administrator, CMS Boston Role: Oversees CMS operatio	Kathleen Otte (Acting) Title: Acting Regional Administrator, CMS Boston Role: Oversees CMS operatio
Andrea Palm Title: Deputy Secretary, U.S. Department of Health and Human Services (HHS) Role: Serve	Andrea Palm Title: Deputy Secretary, U.S. Department of Health and Human Services (HHS) Role: Serve	Andrea Palm Title: Deputy Secretary, U.S. Department of Health and Human Services (HHS) Role: Serve	Andrea Palm Title: Deputy Secretary, U.S. Department of Health and Human Services (HHS) Role: Serve
Roger Severino Title: Former Director, Office for Civil Rights, HHS Role: Was considered for a seni	Roger Severino Title: Former Director, Office for Civil Rights, HHS Role: Was considered for a seni	Roger Severino Title: Former Director, Office for Civil Rights, HHS Role: Was considered for a seni	Roger Severino Title: Former Director, Office for Civil Rights, HHS Role: Was considered for a seni
Natalie Braswell Title: Secretary, Connecticut Office	Natalie Braswell Title: Secretary, Connecticut Office	Natalie Braswell Title: Secretary, Connecticut	Natalie Braswell Title: Secretary, Connecticut Office



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of Policy and Management (OPM) Role: Oversees	of Policy and Management (OPM) Role: Oversees	Office of Policy and Management (OPM) Role: Oversees	of Policy and Management (OPM) Role: Oversees
Kate McEvoy Title: Former Director, Connecticut Medicaid Program Role: Previously oversaw the state	Kate McEvoy Title: Former Director, Connecticut Medicaid Program Role: Previously oversaw the state	Kate McEvoy Title: Former Director, Connecticut Medicaid Program Role: Previously oversaw the state	Kate McEvoy Title: Former Director, Connecticut Medicaid Program Role: Previously oversaw the state
Deidre S. Gifford, MD, MPH Title: Former Commissioner, Connecticut Department of Social Services (D	Deidre S. Gifford, MD, MPH Title: Former Commissioner, Connecticut Department of Social Services (D	Deidre S. Gifford, MD, MPH Title: Former Commissioner, Connecticut Department of Social Services (D	Deidre S. Gifford, MD, MPH Title: Former Commissioner, Connecticut Department of Social Services (D
Matthew Barrett Title: President and CEO, Connecticut Association of Health Care Facilities Role: R	Matthew Barrett Title: President and CEO, Connecticut Association of Health Care Facilities Role: R	Matthew Barrett Title: President and CEO, Connecticut Association of Health Care Facilities Role: R	Matthew Barrett Title: President and CEO, Connecticut Association of Health Care Facilities Role: R
Elizabeth Duryea Title: Chief of Staff, Connecticut Department of Social Services (DSS) Role: Assis	Elizabeth Duryea Title: Chief of Staff, Connecticut Department of Social Services (DSS) Role: Assis	Elizabeth Duryea Title: Chief of Staff, Connecticut Department of Social Services (DSS) Role: Assis	Elizabeth Duryea Title: Chief of Staff, Connecticut Department of Social Services (DSS) Role: Assis
Lisa J. Pino Title: Director, Office for Civil Rights (OCR), HHS Role: Ensures ADA compliance and i	Lisa J. Pino Title: Director, Office for Civil Rights (OCR), HHS Role: Ensures ADA compliance and i	Lisa J. Pino Title: Director, Office for Civil Rights (OCR), HHS Role: Ensures ADA compliance and i	Lisa J. Pino Title: Director, Office for Civil Rights (OCR), HHS Role: Ensures ADA compliance and i



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Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller Position in Chain of Command:	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller Position in Chain of Command:	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller Position in Chain of Command:	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller Position in Chain of Command:
Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS) Position i	Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS) Position i	Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS) Position i	Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS) Position i
Ned Lamont Title: Governor of Connecticut Position in Chain of Command: Chief executive overseeing a	Ned Lamont Title: Governor of Connecticut Position in Chain of Command: Chief executive overseeing a	Ned Lamont Title: Governor of Connecticut Position in Chain of Command: Chief executive overseeing a	Ned Lamont Title: Governor of Connecticut Position in Chain of Command: Chief executive overseeing a
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
Chiquita Brooks- LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS) Position	Chiquita Brooks- LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS) Position	Chiquita Brooks- LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS) Position	Chiquita Brooks-LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS) Position
Christi A. Grimm Title: Inspector General, U.S.	Christi A. Grimm Title: Inspector General, U.S.	Christi A. Grimm Title: Inspector General, U.S.	Christi A. Grimm Title: Inspector General, U.S. Department of Health and



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*Denotes required fields.

Department of Health and Human Services (HHS OIG) Po	Department of Health and Human Services (HHS OIG) Po	Department of Health and Human Services (HHS OIG) Po	Human Services (HHS OIG) Po
Gene L. Dodaro Title: Comptroller General of the United States, Government Accountability Office (GA)	Gene L. Dodaro Title: Comptroller General of the United States, Government Accountability Office (GA)	Gene L. Dodaro Title: Comptroller General of the United States, Government Accountability Office (GA)	Gene L. Dodaro Title: Comptroller General of the United States, Government Accountability Office (GA)
Shalanda D. Young Title: Director, Office of Management and Budget (OMB) Position in Chain of Comman	Shalanda D. Young Title: Director, Office of Management and Budget (OMB) Position in Chain of Comman	Shalanda D. Young Title: Director, Office of Management and Budget (OMB) Position in Chain of Comman	Shalanda D. Young Title: Director, Office of Management and Budget (OMB) Position in Chain of Comman
Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Chai	Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Chai	Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Chai	Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Chai
Kristen Clarke Title: Assistant Attorney General, Civil Rights Division, DOJ Position in Chain of Co	Kristen Clarke Title: Assistant Attorney General, Civil Rights Division, DOJ Position in Chain of Co	Kristen Clarke Title: Assistant Attorney General, Civil Rights Division, DOJ Position in Chain of Co	Kristen Clarke Title: Assistant Attorney General, Civil Rights Division, DOJ Position in Chain of Co
Office of Civil Rights (OCR), HHS Title: Director of OCR Position in Chain of Command: Federal agenc	Office of Civil Rights (OCR), HHS Title: Director of OCR Position in Chain of Command: Federal agenc	Office of Civil Rights (OCR), HHS Title: Director of OCR Position in Chain of Command: Federal agenc	Office of Civil Rights (OCR), HHS Title: Director of OCR Position in Chain of Command: Federal agenc



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*Denotes required fields.

William Halsey Title: Medicaid Director Position in Chain of Command: As the Medicaid Director, Will	William Halsey Title: Medicaid Director Position in Chain of Command: As the Medicaid Director, Will	William Halsey Title: Medicaid Director Position in Chain of Command: As the Medicaid Director, Will	William Halsey Title: Medicaid Director Position in Chain of Command: As the Medicaid Director, Will
Maria Horn	Maria Horn	Connecticut General Assembly: Finance, Revenue, and Bonding Committee:	Connecticut General Assembly: Finance, Revenue, and Bonding Committee:
Toni Walker Appropriations Committee: Co- Chair:	Toni Walker Appropriations Committee: Co- Chair:	Appropriations Committee: Co- Chair: Representative	Appropriations Committee: Co-Chair: Representative
Cathy Osten Co- Chair: Senator	Cathy Osten Co- Chair: Senator	Legislative Oversight Committees Connecticut General Assembly: Appropriations Committee:	Legislative Oversight Committees Connecticut General Assembly: Appropriations Committee:
Catherine Abercrombie Co- Chair: Representative	Catherine Abercrombie Co- Chair: Representative	Co-Chair: Representative Human Services Committee Legislative Oversight Committees	Co-Chair: Representative Human Services Committee Legislative Oversight Committees
Matthew Lesser	Matthew Lesser	Co-Chair: Senator Human Services Committee Legislative Oversight Committees	Co-Chair: Senator Human Services Committee Legislative Oversight Committees Connecticut General As



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		Connecticut General As	
Ron Wyden (D-Oregon)	Ron Wyden (D-Oregon)	U.S. Congressional Committees: Senate Finance Committee: Chair: Senator	U.S. Congressional Committees: Senate Finance Committee: Chair: Senator
John C. Geragosian	John C. Geragosian	State Auditors of Public Accounts (Connecticut)	State Auditors of Public Accounts (Connecticut)
Clark J. Chapin	Clark J. Chapin	tate Auditors of Public Accounts (Connecticut)	tate Auditors of Public Accounts (Connecticut)
Melanie Fontes Rainer	Melanie Fontes Rainer	Director Position in Chain of Command: As Director of the OCR, Melanie Fontes Rainer leads the feder	Director Position in Chain of Command: As Director of the OCR, Melanie Fontes Rainer leads the feder
Sean Scanlon Title: State Comptroller Position in Chain of Command: As State Comptroller, Sean Scanl	Sean Scanlon Title: State Comptroller Position in Chain of Command: As State Comptroller, Sean Scanl	Sean Scanlon Title: State Comptroller Position in Chain of Command: As State Comptroller, Sean Scanl	Sean Scanlon Title: State Comptroller Position in Chain of Command: As State Comptroller, Sean Scanl
Frank Pallone Jr. (D-New Jersey)	Frank Pallone Jr. (D-New Jersey)	Federal Oversight Committees U.S. Senate Finance Committee	Federal Oversight Committees U.S. Senate Finance Committee
Michelle Gilman Title: Commissioner Position in Chain of Command: As	Michelle Gilman Title: Commissioner Position in Chain of Command: As	Michelle Gilman Title: Commissioner Position in Chain of Command: As	Michelle Gilman Title: Commissioner Position in Chain of Command: As Commissioner, Michelle Gilman I



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*Denotes required fields.

Commissioner, Michelle Gilman I	Commissioner, Michelle Gilman I	Commissioner, Michelle Gilman I	
Ned Lamont Title: Governor of Connecticut Position in Chain of Command: Chief Executive of Connectic	Ned Lamont Title: Governor of Connecticut Position in Chain of Command: Chief Executive of Connectic	Ned Lamont Title: Governor of Connecticut Position in Chain of Command: Chief Executive of Connectic	Ned Lamont Title: Governor of Connecticut Position in Chain of Command: Chief Executive of Connectic
Deidre S. Gifford Title: Commissioner, Connecticut Department of Social Services (DSS) Position in C	Deidre S. Gifford Title: Commissioner, Connecticut Department of Social Services (DSS) Position in C	Deidre S. Gifford Title: Commissioner, Connecticut Department of Social Services (DSS) Position in C	Deidre S. Gifford Title: Commissioner, Connecticut Department of Social Services (DSS) Position in C
Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS) Position	Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS) Position	Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS) Position	Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS) Position

REQUESTED OSC ACTION

What action would you like OSC to take?

Formal and Immediate Demand for Enforcement of Federal and Constitutional Compliance

This urgent, unequivocal demand requires immediate corrective action to resolve systemic violations and gross mismanagement in the administration of the Connecticut Medicaid Acquired Brain Injury (ABI) Waiver Program. Failure to act now not only undermines federal and constitutional laws but poses an imminent risk to public safety, taxpayer equity, and the rights of Medicaid recipients and whistleblowers. The time for action is now. Delays are unacceptable, and accountability must be enforced without compromise.

Actions Demanded:



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1. Enforce Full Compliance with Federal and Constitutional Laws

Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act:

Require immediate adherence to ADA (42 U.S.C. § 12132) and Section 504 (29 U.S.C. § 794).

Mandate unrestricted accessibility, including:

Transparent operations.

Reasonable accommodations for Medicaid recipients and whistleblowers facing systemic barriers.

Freedom of Information Act (FOIA):

Compel the immediate release of all public records under FOIA (5 U.S.C. § 552) and Connecticut FOIA statutes (C.G.S. §§ 1-200 et seq.).

Impose punitive consequences for any official obstructing transparency through denial or manipulation of public record access.

Constitutional Violations:

Address violations of the First Amendment (right to petition the government), Fifth Amendment (due process protections), and Fourteenth Amendment (equal protection under the law).

Demand that all administrative actions be reviewed and overturned where constitutional protections were ignored.

2. Order Operational Corrections with Zero Delay

Reinstate Medicaid Services:

Direct state agencies, including the Connecticut DSS and Comptroller's Office, to:

Fully restore critical ABI Waiver Program services.

Ensure continuous care for Medicaid recipients reliant on brain injury services.

Enforce Accountability Mechanisms:

Mandate transparent financial reporting from state agencies directly to federal oversight bodies (CMS and HHS OIG).

Implement independent, real-time auditing systems to eliminate misuse of federal Medicaid funds.

3. Initiate Immediate Federal Oversight

Direct Federal Authority to Act:



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Command federal entities, including CMS and HHS OCR, to:
Enforce federal Medicaid compliance standards immediately.
Appoint independent oversight bodies to oversee corrective measures.
Hold Negligent Officials Accountable:

Compel corrective measures and disciplinary actions for:
Xavier Becerra (Secretary, HHS).
Chiquita Brooks-LaSure (Administrator, CMS).
Ned Lamont (Governor, Connecticut).
Andrea Barton Reeves (Commissioner, DSS).
Yamuna Menon (General Counsel, Connecticut Comptroller's Office).
Penalize all officials obstructing compliance through federal sanctions or withholding Medicaid funds.

4. Guarantee Transparency and Protect Whistleblowers
Whistleblower Protections:

Enforce the Whistleblower Protection Act (5 U.S.C. § 2302(b)(8)), shielding individuals reporting fraud or mismanagement.
Expedite implementation of disclosed corrective actions and prohibit retaliation against whistleblowers.

Transparent Public Reporting:

Require detailed federal and state reporting on:
Corrective actions implemented.
ADA compliance improvements.
Financial management and service delivery corrections.

5. Demand Results Now

Set Enforceable Deadlines:

Mandate all corrective actions be fully implemented within 30 days.
Require real-time updates on progress and compliance from state and federal authorities.
Immediate Action to Prevent Further Harm:

Demand that results are prioritized over procedural delays, with the health, safety, and rights of Medicaid recipients placed above all bureaucratic barriers.

Conclusion



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This is a non-negotiable demand for immediate remedial actions, not an investigation or prolonged deliberation. The systemic violations detailed herein directly endanger public safety, abuse taxpayer funds, and subvert constitutional protections. Failure to act decisively violates public trust and exposes federal and state authorities to litigation, penalties, and broader accountability for harm.

The OSC, CMS, HHS, and other federal bodies must immediately enforce corrective measures, remove barriers to compliance, and restore accountability to the Connecticut Medicaid ABI Waiver Program. Failure to address these violations now will constitute gross negligence and deliberate indifference.

David Medeiros

ABI Resources DB.42.131.Inf. <https://www.ctbraininjury.com/blog/tags/db-42-131-inf>

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.



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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
12.06.2024 Formal and Immediate Demand for Enforcement of Federal and Constitutional Compliance HHS CMS OCR OIG DOJ GAO USC FOIA ADA DSS OSC DAS OAG FOIC CGS DB.42.131.Inf. ABI Medeiros Connecticut DOGE .pdf
09.24.2024 Federal_Intervention_HHS_OIG_CMS_GAO_DOJ_OCR_Whistleblower_Report_2024.pdf
Comprehensive Grievance Report and Request for Clarity Whistleblower Report Medicaid ABI Waiver Programs.pdf
09.24.2024 Federal_Intervention_HHS_OIG_CMS_GAO_DOJ_OCR_Whistleblower_Report_2024.pdf
Subject_ Comprehensive FOIA Request for Connecticut Medicaid Acquired Brain Injury Waiver Program Records (Office of the State Comptroller) (1).zip
requests (11).csv
12.06.2024 Formal and Immediate Demand for Enforcement of Federal and Constitutional Compliance HHS CMS OCR OIG DOJ GAO USC FOIA ADA DSS OSC DAS OAG FOIC CGS DB.42.131.Inf. ABI Medeiros Connecticut DOGE .docx

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



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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. 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: 12/6/2024

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: HHS CMS OCR OIG DOJ GAO USC FOIA ADA DSS OSC DAS OAG
FOIC CGS DB.42.131.Inf.

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?



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DETAILS OF YOUR DISCLOSURES

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? Violation of Law, Rule, or Regulation Description: Systematic non-compliance with federal laws governing ADA accommodations (42 U.S.C. § 12132), FOIA transparency (5 U.S.C. § 552), and Medicaid oversight (42 U.S.C. § 1396 et seq.), resulting in direct harm to beneficiaries and whistleblowers. Supporting evidence includes denials of ADA accommodations and withheld records essential to accountability. Federal Officials and Departments Xavier Becerra Action Taken: Failed to enforce ADA and Medicaid compliance standards across federally funded state programs, allowing systemic violations to persist in the Connecticut ABI Waiver Program. Did not act on multiple reports of non-compliance from whistleblowers and stakeholders. Chiquita Brooks-LaSure Action Taken: Did not ensure that CMS effectively monitored Connecticut's Medicaid program for ADA compliance, financial transparency, and



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	operational integrity. Allowed state-level agencies to obstruct transparency and deny whistleblower protections without federal oversight. Kristen Clarke Action Taken: Failed to initiate enforcement of ADA Title II protections and investigate systemic violations of civil rights impacting individuals with disabilities. Did not address FOIA non-compliance and transparency issues raised by whistleblowers. Gene L. Dodaro Action Taken: Did not initiate audits or reviews of Connecticut's Medicaid spending, particularly concerning allegations of misuse of funds in the ABI Waiver Program. Allowed gaps in oversight to compromise federal accountability for taxpayer-funded programs. Michael E. Horowitz Action Taken: Did not investigate whistleblower claims or systemic failures reported within Connecticut's Medicaid administration. Failed to ensure DOJ acted on reports of non-compliance with FOIA and ADA requirements. Christi Grimm Action Taken: Neglected to investigate complaints regarding financial mismanagement and lack of ADA compliance in the Connecticut Medicaid ABI Waiver Program. Did not enforce federal oversight mechanisms to correct systemic issues despite whistleblower disclosures. Eric F. Stein Action Taken: Closed FOIA requests prematurely, providing insufficient justifications and failing to release requested records essential to transparency and accountability. Did not uphold FOIA procedural requirements, violating federal transparency mandates. State Officials Ned Lamont Action Taken: Failed to exercise executive authority to ensure state agencies complied with federal Medicaid regulations, ADA standards, and whistleblower protections. Neglected to address systemic mismanagement within the ABI Waiver Program under his administration. Andrea Barton Reeves Action Taken: Did not implement accountability measures to address financial mismanagement, ADA non-compliance, and operational failures in the ABI Waiver Program. Ignored whistleblower reports and stakeholder complaints about systemic program failures. Yamuna (Yam) Menon Action



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When did this occur?	3. When Did This Occur? Violation of Law, Rule, or Regulation Description: Systematic non-compliance with federal laws governing ADA accommodations (42 U.S.C. § 12132), FOIA transparency (5 U.S.C. § 552), and Medicaid oversight (42 U.S.C. § 1396 et seq.), resulting in direct harm to beneficiaries and whistleblowers. Supporting evidence includes denials of ADA accommodations and withheld records essential to accountability. Timeline of Violations Initial Onset of Violations: 2013 - 2024 Persistent and systemic non-compliance with FOIA requests and ADA accommodation obligations began January 2013 and remains ongoing. Patterns of failure in Medicaid program oversight were identified, including mismanagement of federal funds and failure to implement corrective actions in response to whistleblower complaints. Key Escalation Events November 2018 - August 2022: Reports from whistleblowers highlighted failures in Medicaid oversight, including financial mismanagement and non-compliance with
How did you discover this action?	4. How Did You Discover This Action? Violation of Law, Rule, or Regulation Description: Systematic non-compliance with federal laws governing ADA accommodations (42 U.S.C. § 12132), FOIA transparency (5 U.S.C. § 552), and Medicaid oversight (42 U.S.C. § 1396 et seq.), resulting in direct harm to beneficiaries and whistleblowers. Supporting evidence includes denials of ADA accommodations and withheld records essential to accountability. Discovery Timeline and Process Personal Experience with ADA Non-Compliance In March 2024, I personally requested ADA accommodations in relation to accessing critical information under FOIA. These accommodations, including screen-reader-compatible documents, email-only communication, and simplified summaries, were explicitly denied or ignored by multiple agencies. This demonstrated a systematic failure to adhere to ADA and Section 504 of the Rehabilitation Act requirements. Analysis of FOIA Request Responses Between 2018 and 2024, a pattern emerged across



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	several FOIA submissions where: Requests were marked as "Closed" without statutory explanations or records provided, violating 5 U.S.C. § 552. Denials of records lacked detailed justification under FOIA exemption codes, hindering transparency. Agencies failed to release information necessary for evaluating Medicaid compliance, highlighting systemic obfuscation. Whistleblower and Oversight Disclosures Reports from whistleblowers and oversight agencies, reviewed between 2020 and 2023, revealed critical failures in Medicaid oversight. These included mismanagement of federal funds, lack of transparency, and barriers to accountability mechanisms. These disclosures were systematically disregarded by state and federal entities. Review of Public and Internal Records In 2023, I conducted an analysis of publicly available reports and agency documents. The absence of critical records related to Medicaid provider audits, enforcement of ADA compliance, and corrective actions highlighted systemic failures. Additionally: Records requested under FOIA were not provided. Internal communications obtained through secondary sources revealed deliberate delays and procedural barriers. External Reports and Investigations Independent reports from advocacy organizations and state auditors, reviewed in 2022, indicated pervasive issues, including financial mismanagement and inadequate ADA accommodations. These findings aligned with my personal observations and whistleblower disclosures, further validating systemic violations. Direct Evidence from Correspondence and Requests Communications with agencies like the DOJ, HHS, and CMS between 2023 and 2024 explicitly documented failures to comply with statutory obligations under FOIA and ADA. Key examples include: Denials of accessible documentation formats. Mismanagement of Medicaid provider complaints and audit records. Refusal to provide detailed explanations for procedural denials, violating federal law. Supporting Evidence FOIA Request



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What additional facts support your allegation?	5. What Additional Facts Support Your Allegation? Violation of Law, Rule, or Regulation Description: Systematic non-compliance with federal laws governing ADA accommodations (42 U.S.C. § 12132), FOIA transparency (5 U.S.C. § 552), and Medicaid oversight (42 U.S.C. § 1396 et seq.), resulting in direct harm to beneficiaries and whistleblowers. Supporting evidence includes denials of ADA accommodations and withheld records essential to accountability. Detailed Supporting Facts Failure to Adhere to ADA Standards Federal and state agencies ignored legally mandated accommodations, creating systemic barriers to access: Specific Violations: Denial of screen-reader-compatible documents. Failure to provide simplified summaries of complex records. Refusal to use email-only communication despite explicit requests. Impact: This excluded individuals with disabilities, including myself, from equitable access to critical public information. FOIA Mismanagement Agencies repeatedly failed to comply with FOIA's statutory obligations: Denials and Delays: Requests were marked "Closed" without adequate justification or explanations for withholding records. Agencies provided incomplete or non-existent Vaughn Indices, violating the requirements for transparency under 5 U.S.C. § 552(b). Patterns Identified: Requests involving ADA compliance and Medicaid transparency were deprioritized or dismissed without legal grounds. Obstruction of Medicaid Oversight Agencies failed to provide records critical for assessing compliance with Medicaid regulations under 42 U.S.C. § 1396 et seq.: Financial Mismanagement: Records detailing the allocation and expenditure of Medicaid funds were withheld or claimed to not exist. Independent audits suggested mismanagement of federal funds in state-level programs. Service Gaps: Lack of transparency obstructed accountability for service disruptions impacting vulnerable Medicaid recipients. Whistleblower Reports Ignored Whistleblower disclosures provided direct evidence of systemic issues: Unaddressed Allegations:



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	Mismanagement of Medicaid funds and non-compliance with ADA standards. Retaliation against individuals reporting misconduct within government agencies. Impact: Whistleblowers were denied protection under 5 U.S.C. § 2302(b)(8), further undermining transparency and accountability. Systemic Barriers to Accountability Internal and external communication failures obstructed oversight: Agency Coordination Failures: Federal and state agencies failed to collaborate effectively to resolve transparency and compliance issues. Records requests routed between agencies were never fulfilled or confirmed. Lack of Oversight: Congressional oversight committees and federal agencies with jurisdiction did not take action to address systemic violations despite documented evidence. Public Interest and Broader Implications The violations documented have broader systemic impacts: Health and Safety Risks: Mismanagement of Medicaid programs jeopardizes the
Allegation	Gross Mismanagement
What action did they take?	2. What Action Did They Take? - Gross Mismanagement Description: Persistent failure to manage federally allocated Medicaid funds within the Connecticut Medicaid ABI Waiver Program. Evidence includes incomplete financial audits, insufficient oversight mechanisms, and lack of coordination among federal and state agencies, jeopardizing the program's integrity and taxpayers' funds. Actions Taken by Key Individuals and Entities Xavier Becerra Action: As Secretary of HHS, failed to direct federal oversight or mandate corrective actions to ensure accountability for Medicaid funding allocated to Connecticut. Did not require CMS to enforce transparency or compliance measures for the ABI Waiver Program. Chiquita Brooks-LaSure Action: As Administrator of CMS, did not initiate or enforce audits, compliance reviews, or corrective actions for systemic financial mismanagement and lack of service delivery within the program. Ignored whistleblower reports highlighting mismanagement. Ned Lamont Action: As Governor of Connecticut, neglected to use executive



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	authority to investigate or address systemic issues within the ABI Waiver Program. Allowed state agencies to operate without adequate oversight, leading to unchecked financial inefficiencies and lapses in service provision. Andrea Barton Reeves Action: As Commissioner of Connecticut DSS, failed to establish financial tracking systems, enforce accountability measures, or address repeated instances of financial and operational inefficiencies. Did not ensure service providers met contractual and program standards. Yamuna (Yam) Menon Action: As General Counsel/Assistant State Comptroller, claimed "no responsive records" existed for financial oversight related to the ABI Waiver Program. Obstructed transparency by failing to provide critical documentation required for accountability. Gene L. Dodaro Action: As Comptroller General of GAO, did not initiate an independent federal investigation or audit to address whistleblower allegations and evidence of financial mismanagement. Did not leverage GAO's authority to enforce Medicaid fund oversight. William Tong Action: As Attorney General of Connecticut, failed to investigate or prosecute financial mismanagement and systemic violations within the ABI Waiver Program. Did not enforce compliance with federal Medicaid regulations or state transparency laws. Regional Administrator, CMS (Name TBD) Action: Failed to enforce CMS's standards for Medicaid program oversight in Connecticut. Did not ensure corrective actions for financial mismanagement or address systemic operational failures. State Medicaid Director (Name TBD) Action: Neglected to address reports of financial mismanagement, inefficiencies, and non-compliance. Did not escalate critical issues to federal oversight entities for resolution. Medicaid Fraud Control Unit (MFCU) Director (Name TBD) Action: Did not investigate whistleblower allegations or pursue cases of financial fraud and abuse. Failed to hold prov
When did this occur?	3. When Did This Occur? - Gross Mismanagement Description: Persistent failure to manage federally



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	allocated Medicaid funds within the Connecticut Medicaid ABI Waiver Program. Evidence includes incomplete financial audits, insufficient oversight mechanisms, and lack of coordination among federal and state agencies, jeopardizing the program's integrity and taxpayers' funds. Timeline of Occurrences Initial Mismanagement (2015-2024): Systemic issues in Medicaid fund management began surfacing as early as 2015, marked by repeated reports of non-compliance with financial and operational oversight requirements. These issues persisted over the years without substantial corrective actions by state or federal authorities. Whistleblower Reports (2020-Present): Numerous whistleblower complaints and reports from concerned stakeholders highlighted mismanagement and non-compliance in Medicaid funding. These reports, submitted to both state and federal agencies, were either ignored or inadequately a
How did you discover this action?	4. How Did You Discover This Action? - Gross Mismanagement Description: Persistent failure to manage federally allocated Medicaid funds within the Connecticut Medicaid ABI Waiver Program. Evidence includes incomplete financial audits, insufficient oversight mechanisms, and lack of coordination among federal and state agencies, jeopardizing the program's integrity and taxpayers' funds. Discovery Timeline and Sources Personal Experience as a Medicaid Consumer Advocate (2015-Present): Through years of direct involvement as a consumer advocate for individuals with acquired brain injuries (ABI), systemic issues in Medicaid fund allocation and program management became apparent. Reports of service disruptions, inconsistent reimbursements, and poor administrative oversight were consistently raised by program participants and providers. FOIA Requests and Denials (2022-2024): Formal Freedom of Information Act (FOIA) requests were submitted to obtain records on Medicaid program operations, including provider registry information, financial audits, and compliance reports. These requests were systematically denied or delayed,



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	revealing a lack of transparency and accountability within the system. Whistleblower Reports and Disclosures (2020-Present): Whistleblower reports from within state agencies and contracted service providers highlighted mismanagement of funds and insufficient oversight. These disclosures corroborated ongoing issues and indicated systemic failures across multiple agencies. Failed ADA Accommodations and Accessibility Barriers (2021-Present): Attempts to access program-related records and services revealed ADA non-compliance, including the failure to provide accessible communication formats and reasonable accommodations for individuals with disabilities. This further obstructed transparency and accountability efforts. Incomplete Financial Audits and Reporting (2023-2024): Reviews of publicly available financial audits and government reports indicated significant gaps in documentation and discrepancies in fund allocation. These findings were consistent with whistleblower disclosures and personal observations of systemic inefficiencies. Stakeholder Feedback and Advocacy Efforts (2018-Present): Continuous feedback from Medicaid beneficiaries, healthcare providers, and advocacy organizations reinforced concerns about mismanagement, service inconsistencies, and the lack of corrective actions by responsible agencies. Key Observations Inaccessible Records: Repeated FOIA denials and incomplete audit reports hindered transparency. Service Disruptions: Reports from beneficiaries and providers revealed lapses in critical Medicaid services due to poor management. Whistleblower Consistency: Multiple reports from internal and external stakeholders consistently pointed to systemic mismanagement. Lack of Accountability: Evidence of coordination failures between federal and state agencies highlighted the absence of effective oversight mechanisms. Con
What additional facts support your allegation?	5. What Additional Facts Support Your Allegation? - Gross Mismanagement Description: Persistent failure to manage federally allocated Medicaid funds within the



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	Connecticut Medicaid ABI Waiver Program. Evidence includes incomplete financial audits, insufficient oversight mechanisms, and lack of coordination among federal and state agencies, jeopardizing the program's integrity and taxpayers' funds. Supporting Facts Incomplete and Delayed Financial Audits: Fact: Publicly available audit reports lack critical financial details, including fund allocation records and provider payment data. Annual audits mandated under Medicaid regulations (42 CFR § 431.16) are incomplete or delayed. Evidence: Reviews of Connecticut State Auditors' reports and federal CMS audits reveal unaddressed discrepancies in Medicaid fund distribution and utilization. Lack of Accountability Measures: Fact: Key oversight bodies, including the Connecticut Department of Social Services (DSS) and the Office of the State Comptroller, failed to implement effective accountability mechanisms for monitoring Medicaid expenditures. Evidence: Whistleblower disclosures and stakeholder complaints indicate that funds were mismanaged without adequate tracking systems or follow-up actions. Service Disruptions and Beneficiary Impact: Fact: Medicaid ABI Waiver Program participants experienced service interruptions due to delayed provider payments and administrative inefficiencies. Evidence: Testimonies from affected beneficiaries and providers document cases of delayed reimbursements, resulting in lapses in care and service quality. Whistleblower Reports of Mismanagement: Fact: Multiple whistleblowers within state agencies and contracted service providers have reported systemic failures in fund management, including overpayments, underpayments, and misuse of federal Medicaid funds. Evidence: Official whistleblower reports submitted to federal and state oversight bodies detail persistent mismanagement practices over several years. FOIA Non-Compliance: Fact: Systematic denials of FOIA requests for financial and operational records indicate deliberate obfuscation by state agencies. Evidence: FOIA requests submitted between 2022 and 2024 were either denied or



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	delayed without valid legal justification, violating 5 U.S.C. § 552. Failure to Implement Corrective Actions: Fact: Federal agencies, including the Centers for Medicare & Medicaid Services (CMS), failed to enforce remedial measures to address identified deficiencies. Evidence: CMS oversight reports highlight repeated compliance failures without evidence of substantive enforcement actions or penalties. Discrepancies in Provider Records: Fact: Provider registry records for the ABI Waiver Program lack updated enrollment statuses, areas of specialty, and disciplinary actions. Evidence: Reviews of publicly available registry data reveal outdated or incomplete information, raising concerns about transparency and oversight. Coordination Failures
Allegation	Abuse of Authority
What action did they take?	2. What Action Did They Take? - Abuse of Authority Description: Deliberate obstruction of transparency and ADA compliance through denials of FOIA requests and failure to provide ADA-required accommodations. Evidence highlights actions by federal and state officials that undermine whistleblower protections and public accountability, violating constitutional rights under the First, Fifth, and Fourteenth Amendments. Federal Officials and Entities Merrick B. Garland Action Taken: Failed to ensure DOJ divisions complied with FOIA transparency standards and ADA accommodations. Allowed systemic delays and lack of enforcement for whistleblower protections. Did not initiate corrective measures despite clear evidence of non-compliance. Kristen Clarke Action Taken: Did not enforce ADA requirements or ensure FOIA accommodations were provided by the Civil Rights Division. Allowed denials of requests without detailed justifications or statutory basis, violating FOIA and ADA regulations. Ignored whistleblower disclosures highlighting systemic failures. Chiquita Brooks-LaSure Action Taken: Failed to implement oversight measures ensuring Medicaid program compliance with ADA standards. Did not enforce accountability for state-level violations or



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	escalate systemic issues impacting transparency and service delivery. Neglected whistleblower reports identifying mismanagement and ADA violations in Medicaid programs. Xavier Becerra Action Taken: Allowed systemic inaction by HHS and its subdivisions, including CMS and OCR, in addressing ADA and FOIA compliance. Failed to enforce measures ensuring federally allocated funds were managed transparently. Did not address barriers to accessibility or whistleblower retaliation in federally funded programs. Gene L. Dodaro Action Taken: Did not initiate audits or reviews addressing systemic non-compliance with FOIA, ADA, and whistleblower protections. Failed to ensure GAO fulfilled its oversight responsibilities to safeguard taxpayer funds and public accountability. Christi Grimm Action Taken: Ignored whistleblower complaints and failed to investigate systemic ADA and FOIA violations reported within HHS-administered programs. Did not enforce HHS OIG oversight responsibilities, allowing abuse of authority to persist unchecked. State Officials and Entities Ned Lamont Action Taken: Did not use executive authority to address systemic failures in ADA compliance and Medicaid program transparency. Allowed state agencies to deny FOIA requests and obstruct ADA-required accommodations. Failed to ensure public accountability despite multiple reports of systemic violations. Andrea Barton Reeves Action Taken: Did not enforce DSS compliance with ADA standards or ensure Medicaid transparency. Allowed denials of FOIA requests for Medicaid provider information essential to accountability. Ignored whistleblower disclosures identifying critical programmatic failures. William Tong Action Taken: Did not investigate ADA and FOIA violations re
When did this occur?	3. When Did This Occur? - Abuse of Authority Description: Deliberate obstruction of transparency and ADA compliance through denials of FOIA requests and failure to provide ADA-required accommodations. Evidence highlights actions by federal and state officials



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	that undermine whistleblower protections and public accountability, violating constitutional rights under the First, Fifth, and Fourteenth Amendments. Comprehensive Timeline and Details of Occurrence 1. Initial Acts of Non-Compliance Start Date: January 1, 2023 Description: Systematic failures to comply with federal requirements began in early 2023. This included refusals to: Respond to FOIA requests promptly or completely under 5 U.S.C. § 552. Honor ADA accommodation requests under 42 U.S.C. § 12132 and 29 U.S.C. § 794. Provide requested transparency regarding Medicaid ABI Waiver Program records. Evidence: Ignored FOIA requests submitted to state and federal agencies for records on Medicaid provider accountability and expenditur
How did you discover this action?	4. How Did You Discover This Action? - Abuse of Authority Description: Deliberate obstruction of transparency and ADA compliance through denials of FOIA requests and failure to provide ADA-required accommodations. Evidence highlights actions by federal and state officials that undermine whistleblower protections and public accountability, violating constitutional rights under the First, Fifth, and Fourteenth Amendments. Comprehensive and Detailed Discovery Process 1. Direct Impact from FOIA Request Denials Initial Request Experience: I submitted multiple FOIA requests to federal and state agencies, including the U.S. Department of State, HHS, and DOJ, seeking information critical to Medicaid oversight, ADA enforcement, and whistleblower protections. Despite providing detailed records, case numbers, and accommodations for my disabilities, the requests were either ignored, improperly denied, or marked as "Closed" without substantive response. Examples of FOIA Denials: Case #F-2025-03145: The U.S. Department of State claimed no responsive records existed despite clear evidence that such records were under their purview. Agencies failed to cite valid FOIA exemptions under 5 U.S.C. § 552(b), instead providing vague or irrelevant justifications, obstructing access to crucial records. 2. ADA



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	Accommodation Violations and Barriers Failure to Honor ADA Requests: My FOIA requests included explicit ADA accommodation requirements, such as: Providing email-only communication. Delivering accessible, screen-reader-compatible PDFs. Including simplified summaries for complex documents. Embedding response text directly in email bodies. Observed Violations: Agencies consistently ignored these accommodations, violating 42 U.S.C. § 12132 (ADA Title II) and 29 U.S.C. § 794 (Section 504 of the Rehabilitation Act). For example: Responses required navigating inaccessible portals. Key documents were provided in formats incompatible with assistive technologies. Denials lacked accompanying justifications or detailed summaries. 3. Escalation by Whistleblower Reports Whistleblower Disclosures: As a whistleblower and advocate, I received corroborating reports from other stakeholders, including: Medicaid providers frustrated by the lack of oversight and financial accountability in the ABI Waiver Program. Beneficiaries who faced service disruptions due to mismanagement. State and federal employees who witnessed internal failures but feared retaliation under inadequate whistleblower protections. Corroborated Failures: Reports highlighted deliberate non-compliance, systemic fraud, and barriers to transparency that aligned with my own experiences, underscoring the depth of abuse. 4. Documented Patterns of Obstruction Repeated Lack of Transparency: Agencies demonstrated a recurring pattern of: Providing non-substantive or contradictory responses to FOIA and whistleblower inquiries. Closing cases without addressing the core issues or fulfilling requests. Avoiding accountability by fa
What additional facts support your allegation?	5. What Additional Facts Support Your Allegation? - Abuse of Authority Description: Deliberate obstruction of transparency and ADA compliance through denials of FOIA requests and failure to provide ADA-required accommodations. Evidence highlights actions by federal and state officials that undermine whistleblower protections and public accountability, violating



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	constitutional rights under the First, Fifth, and Fourteenth Amendments. Comprehensive and Detailed Additional Facts 1. Pattern of FOIA Denials Without Legal Justification Improperly Closed Requests: Numerous FOIA requests, including Case #F-2025-03145, were marked as "Closed" without substantive responses or valid exemptions under 5 U.S.C. § 552(b). Agencies consistently failed to: Provide a Vaughn Index or detailed explanation for redactions or denials. Cite specific legal grounds for withholding requested records. Obstructive Practices: Agencies imposed barriers such as: Redirecting requests to inaccessible external portals. Requiring the use of password-protected links incompatible with ADA accommodations. Refusing to identify responsible personnel or decision-makers in responses. 2. Systematic ADA Accommodation Violations Failure to Provide Reasonable Accommodations: Despite explicit ADA requests based on cognitive impairments resulting from a traumatic brain injury, agencies repeatedly: Failed to use email-only communication as requested. Denied requests to embed text directly in the email body for screen-reader compatibility. Provided documents in inaccessible formats, violating 42 U.S.C. § 12132 (ADA Title II) and 29 U.S.C. § 794 (Section 504 of the Rehabilitation Act). Evidence of Non-Compliance: Multiple correspondences lacked accessible formatting, rendering the information unusable for individuals with disabilities. Requests for simplified summaries of complex records were ignored, creating further barriers to understanding. 3. Whistleblower Disclosures Highlighting Agency Failures Corroborating Testimonies: Whistleblowers within federal and state agencies reported systemic efforts to avoid accountability, including: Suppressing records related to Medicaid oversight and ADA compliance. Failing to address internal reports of non-compliance with federal transparency and anti-discrimination laws. Retaliation Risks: Whistleblowers expressed concerns about retaliation, citing inadequate protections under 5 U.S.C. § 2302(b)(8) (Whistleblower Protection Act). 4. Lack of



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	Oversight and Accountability State and Federal Coordination Failures: Agencies failed to collaborate effectively to address known issues within the Medicaid ABI Waiver Program. For example: The Connecticut Department of Social Services (DSS) and Office of the State Comptroller failed to provide requested financial records to federal oversight entities. Federal agencies, including CMS and OCR, did not enforce corrective actions or audits to address these gaps. Absence of Oversight Reports: Publicly available audits an
Allegation	Gross Waste of Funds
What action did they take?	2. What Action Did They Take? - Gross Waste of Funds Description: Improper use of Medicaid funds due to inefficiencies, overpayments to service providers, and failure to track expenditures effectively. Evidence demonstrates systemic lack of financial accountability, resulting in significant misuse of taxpayer dollars. Detailed Actions Taken by Key Individuals and Entities Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Actions Taken: Failed to implement federal oversight mechanisms to prevent improper fund usage at the state level. Did not mandate audits or issue directives for immediate corrective action despite reports of financial irregularities in Medicaid programs. Chiquita Brooks-LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS) Actions Taken: Neglected to enforce Medicaid financial compliance and reporting standards in Connecticut. Failed to require Connecticut DSS to reconcile discrepancies in expenditures and address improper payments to providers. Ned Lamont Title: Governor of Connecticut Actions Taken: Allowed systemic inefficiencies and financial mismanagement to persist under his administration. Did not provide adequate state-level oversight or allocate resources to prevent improper Medicaid fund utilization. Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS) Actions Taken: Allowed overpayments and unverified billing by service providers. Failed to



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	implement transparent financial tracking systems or address known inefficiencies within the ABI Waiver Program. Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Connecticut Actions Taken: Did not ensure financial accountability or enforce compliance with Medicaid fund allocation requirements. Failed to conduct audits to address discrepancies in financial reporting. William Tong Title: Attorney General, State of Connecticut Actions Taken: Did not investigate or pursue legal actions against parties involved in the misuse of Medicaid funds. Ignored whistleblower complaints and reports of systemic financial mismanagement. Everett L. Handford Title: Regional Director, HHS Region 1 Actions Taken: Failed to conduct regional audits or investigations to ensure compliance with Medicaid financial standards. Neglected to enforce accountability measures for state agencies managing Medicaid funds. Marjorie Sozanski Title: Director, Connecticut Medicaid Fraud Control Unit (MFCU) Actions Taken: Did not investigate fraudulent claims or financial mismanagement within the ABI Waiver Program. Allowed improper billing practices to persist unchecked. John C. Geragosian and Robert M. Kane Title: State Auditors, Connecticut Auditors of Public Accounts Actions Taken: Failed to identify or address systemic inefficiencies in Medicaid fund utilization during audits. Did not publish detailed findings on the mismanagement of ABI Waiver Program funds. Jeffrey Beckham Title: Secretary, Con
When did this occur?	3. When Did This Occur? - Gross Waste of Funds Description: Improper use of Medicaid funds due to inefficiencies, overpayments to service providers, and failure to track expenditures effectively. Evidence shows that the lack of financial accountability resulted in significant misuse of taxpayer dollars. Detailed Timeline of Events and Actions Phase 1: Initial Failures to Establish Accountability Mechanisms (2013–2017) Timeline: Financial mismanagement within the Connecticut Medicaid ABI Waiver Program began as early as 2013, following changes to Medicaid fund allocation policies



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	and lack of internal checks. Evidence: Auditor Reports: Early internal DSS reviews identified missing provider documentation, including unverified claims and missing invoices. Whistleblower Attempts: Several internal whistleblowers flagged the lack of standardized financial oversight protocols during this period. Impact: Opportunities for early intervention were missed, enabling systemic inefficiencies and
How did you discover this action?	4. How Did You Discover This Action? - Gross Waste of Funds Description: Improper use of Medicaid funds due to inefficiencies, overpayments to service providers, and failure to track expenditures effectively. Evidence shows that the lack of financial accountability resulted in significant misuse of taxpayer dollars. Comprehensive and Detailed Discovery Timeline Phase 1: Initial Observations and Emerging Red Flags (2013–2017) 1. Inconsistent Financial Records: During a review of publicly available Medicaid expenditure data and state-level reports, inconsistencies emerged between allocated federal Medicaid funds and reported program expenditures. Certain categories of expenditures were either unaccounted for or significantly inflated without supporting documentation. 2. Provider Complaints and Anecdotal Evidence: Direct communication from service providers indicated delays in payments, while others reported unexplained overpayments. Providers shared concerns that the Department of Social Services (DSS) lacked adequate mechanisms to verify service claims. 3. Internal Whistleblower Disclosures: Several DSS employees confidentially disclosed concerns about the absence of a standardized auditing process to track Medicaid funds. These disclosures highlighted that mismanagement stemmed from systemic inefficiencies and a lack of oversight. Phase 2: Escalation of Irregularities and Whistleblower Reports (2018–2020) 1. Access to Internal Reports and State Audit Summaries: Access to internal summaries revealed substantial gaps in financial audits conducted by DSS and the Connecticut Office of Policy and Management (OPM). Audit



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	summaries lacked reconciliation data, with certain financial anomalies labeled as "pending review" for years without resolution. 2. Freedom of Information Act (FOIA) Requests: Formal FOIA requests for detailed financial records and program audits yielded insufficient responses or outright denials, raising further concerns about transparency. Redacted documents failed to provide clarity regarding the disposition of unspent Medicaid funds. 3. Advocacy and Beneficiary Reports: Advocacy organizations working with Medicaid beneficiaries documented recurring service delays attributed to unexplained funding shortages. Beneficiaries reported disruptions in critical services, such as in-home support and rehabilitative care, which providers cited as stemming from inconsistent fund allocation. Phase 3: Federal Oversight and FOIA Disclosures (2021–2023) 1. Responses from Federal Agencies (CMS and HHS): Responses to FOIA requests from the Centers for Medicare & Medicaid Services (CMS) and the Department of Health and Human Services (HHS) revealed a lack of federal oversight into Connecticut's Medicaid expenditures. CMS officials acknowledged receiving "high-level concerns" about Connecticut's ABI Waiver Program but failed to provide detailed compliance reports. 2. Whistleblower Allegations: Additional whistleblower disclosures directly imp
What additional facts support your allegation?	5. What Additional Facts Support Your Allegation? - Gross Waste of Funds Description: Improper use of Medicaid funds due to inefficiencies, overpayments to service providers, and failure to track expenditures effectively. Evidence shows that the lack of financial accountability resulted in significant misuse of taxpayer dollars. Comprehensive and Detailed Supporting Facts A. Audit Deficiencies and Financial Mismanagement Absence of Comprehensive Audits The Connecticut Department of Social Services (DSS) failed to conduct or provide complete and accurate audits of Medicaid expenditures within the Acquired Brain Injury (ABI)



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	Waiver Program. State Auditors of Public Accounts did not identify or resolve discrepancies in provider claims, leaving millions of dollars unaccounted for. Annual reports lacked reconciliation between allocated federal Medicaid funds and actual program expenditures. Overpayments and Unverified Claims Evidence from whistleblower reports indicates overpayments to service providers who submitted unverified or incomplete claims. Medicaid service providers billed for services outside their contractual scope, and no mechanism was in place to flag or investigate these discrepancies. Improper Fund Allocations Significant funds were categorized under vague or generic labels such as "miscellaneous expenditures," without supporting documentation or explanation. Disproportionate increases in administrative costs were recorded with no corresponding improvements in program delivery. B. Federal and State Oversight Failures Inadequate Federal Oversight by CMS The Centers for Medicare & Medicaid Services (CMS) did not enforce financial accountability measures for state-level Medicaid operations in Connecticut. Despite receiving high-level complaints about inefficiencies and waste, CMS failed to initiate audits or corrective actions. Neglect by the Office of Policy and Management (OPM) The Connecticut Office of Policy and Management allowed systemic inefficiencies to persist without coordinating with DSS or other oversight bodies to implement corrective measures. HHS Region 1 Negligence The HHS Regional Director did not ensure that DSS complied with Medicaid program integrity standards, contributing to unchecked financial waste. C. Whistleblower and Advocacy Disclosures Whistleblower Testimonies Internal DSS whistleblowers reported systemic mismanagement, including deliberate efforts to suppress findings of financial discrepancies to avoid federal scrutiny. Whistleblower disclosures documented gaps in financial reporting, including missing expenditure details and unverified provider reimbursements. Advocacy Organization Investigations Nonprofit



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	organizations investigating Medicaid program inefficiencies found patterns of financial irregularities, including delayed reimbursements and gaps in service delivery tied to unaccounted funds. D. FOIA Obstruction and Transparency Failures FOIA Denials and Delays Multiple FOIA requests for detail
Allegation	Danger to Public Health
What action did they take?	2. What Action Did They Take? – Danger to Public Health Description: The mismanagement of the Connecticut Medicaid ABI Waiver Program by federal, state, and contracted entities has directly jeopardized the health and safety of brain injury survivors. These failures include non-compliance with Medicaid regulations, lack of ADA accommodations, and insufficient oversight, all of which have resulted in inadequate care and service disruptions for vulnerable populations. Below is a comprehensive detailing of the actions and omissions that contributed to this systemic failure. Federal Oversight Failures 1. Xavier Becerra Action Taken: Did not establish or enforce oversight mechanisms within HHS to monitor Connecticut's Medicaid ABI Waiver Program. Allowed gaps in program accountability that led to service failures for brain injury survivors. Failed to mandate corrective actions despite reports of systemic violations affecting public health. 2. Chiquita Brooks-LaSure Action Taken: Did not enforce federal Medicaid standards requiring states to ensure continuity of care for beneficiaries. Allowed Connecticut DSS to operate the ABI Waiver Program without addressing critical failures in compliance and service delivery. Neglected to conduct federal-level audits or impose penalties for non-compliance, leaving programmatic failures unchecked. 3. Everett L. Handford Action Taken: Failed to require corrective actions from Connecticut state agencies under his purview as HHS Region 1 Director. Did not intervene to address complaints or public health risks reported by beneficiaries and whistleblowers. Neglected to provide direct oversight or escalate systemic issues to CMS leadership. State Leadership Failures 4. Ned Lamont



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	Action Taken: Did not use executive authority to initiate investigations or reforms to address deficiencies in the ABI Waiver Program. Allowed inadequate funding and mismanagement to persist, compromising essential healthcare services. Failed to establish an inter-agency task force to address widespread non-compliance and service disruptions. 5. Andrea Barton Reeves Action Taken: Did not implement operational or compliance reforms within DSS to ensure adequate service delivery under the ABI Waiver Program. Allowed unverified service providers and contractors to continue operating without accountability, resulting in gaps in care. Overlooked systemic complaints from Medicaid beneficiaries regarding lapses in healthcare services. 6. William Tong Action Taken: Failed to investigate legal violations tied to mismanagement and public health risks within the ABI Waiver Program. Did not initiate lawsuits or legal actions to compel programmatic compliance with state and federal laws. Ignored whistleblower complaints highlighting imminent risks to vulnerable populations. State Medicaid Leadership Failures 7. Jeffrey Beckham Action Taken: Did not address budgetary discrepancies or enforce accountability measures to prevent service failures. Neglected to en
When did this occur?	3. When Did This Occur? – Danger to Public Health Description: The mismanagement of the Connecticut Medicaid ABI Waiver Program has persisted over a decade, marked by systemic failures, lapses in oversight, and non-compliance with federal laws. These failures have directly endangered the health and safety of brain injury survivors reliant on Medicaid services. Below is a comprehensive and detailed timeline highlighting key events and patterns of negligence contributing to the ongoing public health crisis. Detailed Timeline of Events 1. Program Establishment and Initial Oversight Failures (2010–2015): Program Creation and Goals: The Connecticut Medicaid Acquired Brain Injury (ABI) Waiver Program was created to provide essential services for individuals with brain injuries, enabling them to live



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	independently in the community. Early Indicators of Non-Compliance: Lack of foundational oversight mechanisms to ensure compliance with Medicaid standards, including the verification of service
How did you discover this action?	4. How Did You Discover This Action? – Danger to Public Health Description: Mismanagement of the ABI Waiver Program has directly endangered the health and safety of brain injury survivors dependent on Medicaid services. This discovery stems from a combination of firsthand observations, whistleblower disclosures, beneficiary complaints, documented evidence of non-compliance, and systematic failures reported across multiple oversight entities. Detailed and Comprehensive Account 1. Firsthand Observations and Personal Experience Direct Interactions with the Program: As a stakeholder in the Connecticut Medicaid Acquired Brain Injury (ABI) Waiver Program, I have experienced recurring issues, including: Delays in service provision such as cognitive rehabilitation, case management, and transportation services. Denials of essential care despite documented medical necessity. Non-compliance with ADA accommodations, creating barriers to accessing information and program resources. Impact on Beneficiaries: Personal interactions with other program beneficiaries revealed a widespread pattern of unmet healthcare needs, inconsistent service delivery, and financial strain due to out-of-pocket expenses for services that Medicaid is obligated to cover. 2. Whistleblower Disclosures Internal Reports of Program Mismanagement: Whistleblowers, including state employees and Medicaid service providers, have disclosed critical information, including: Improper financial management, including delayed reimbursements and unverified claims. Neglect of federal compliance requirements, particularly related to ADA, FOIA, and Medicaid standards. Service gaps resulting from systemic inefficiencies and lack of accountability. Barriers to Transparency: Whistleblower reports have also highlighted deliberate obstruction by state and federal



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	agencies to prevent public scrutiny, including: Denial of Freedom of Information Act (FOIA) requests. Refusal to disclose internal audits and corrective action plans. 3. Beneficiary Complaints Recurring Themes in Complaints: Formal and informal complaints submitted by program beneficiaries reveal systemic failures, including: Interrupted access to care due to provider shortages and reimbursement delays. Poor communication and lack of guidance from program administrators. Health and safety risks resulting from delays or denials of medically necessary services. Documented Cases: Specific cases include: Individuals who experienced worsened medical conditions due to delayed therapies or treatments. Caregivers who were forced to bear the financial burden of essential services after Medicaid failed to reimburse providers. 4. FOIA Responses and Non-Responses Incomplete or Denied FOIA Requests: FOIA requests submitted to federal (CMS, HHS) and state agencies (DSS, State Comptroller) have been met with either outright denials or incomplete responses. The denial of ADA accommodations for accessing these records further impeded transparency, violating 42 U.S.C.
What additional facts support your allegation?	5. What Additional Facts Support Your Allegation? – Danger to Public Health Description: Mismanagement of the ABI Waiver Program has directly endangered the health and safety of brain injury survivors dependent on Medicaid services. Additional facts underscore programmatic failures, systemic negligence, and non-compliance with federal laws, resulting in immediate and long-term risks to public health. Comprehensive and Detailed Evidence 1. Documented Failures in Program Administration Service Interruptions: Significant delays in care delivery, including cognitive rehabilitation, behavioral therapy, and transportation, have been widely reported. These interruptions jeopardize recovery outcomes for brain injury survivors. Gaps in service provider availability have led to individuals missing critical medical appointments and therapies, exacerbating pre-existing conditions. Failure to Reassess Eligibility



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	Timely: Many beneficiaries report being dropped from the program or facing delays in eligibility reassessments, leaving them without access to essential medical and support services. DSS failed to meet its obligation to ensure continuity of care during transitional periods, violating Medicaid regulations under 42 U.S.C. § 1396a. 2. Non-Compliance with ADA and Accessibility Requirements Lack of ADA-Compliant Communication: DSS and state contractors have failed to provide clear, accessible communication methods for individuals with disabilities, as mandated by Title II of the ADA (42 U.S.C. § 12132). Beneficiaries with cognitive impairments, including those caused by brain injuries, were denied reasonable accommodations to navigate the program, including simplified application processes and accessible documentation. Barriers to Transparency: FOIA requests related to program operations were systematically denied or delayed without justification, further obstructing beneficiaries' ability to understand or challenge program decisions. 3. Evidence of Systemic Neglect by Oversight Entities Failure to Enforce Compliance: Federal oversight agencies, including CMS and HHS, failed to enforce compliance with Medicaid standards and ADA requirements, despite clear evidence of systemic violations. HHS Region 1, which oversees Medicaid operations in Connecticut, did not conduct regular audits or require corrective actions to address deficiencies in the ABI Waiver Program. Whistleblower Testimonies: Internal whistleblower reports highlighted severe administrative lapses, including the diversion of funds intended for beneficiary services and negligence in addressing service complaints. These reports were ignored or suppressed by DSS and related agencies. 4. Financial Mismanagement Impacting Public Health Improper Allocation of Funds: A significant portion of Medicaid funds was diverted to administrative overhead, rather than being used to directly benefit brain injury survivors. Overpayments to contractors for unverified services reduced available resources for criti



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Allegation	Danger to Public Safety
What action did they take?	2. What Action Did They Take? – Danger to Public Safety Description: Ongoing failures in transparency, financial accountability, and service delivery within the Connecticut Medicaid Acquired Brain Injury (ABI) Waiver Program have directly contributed to systemic risks threatening public safety. These actions—or inactions—by federal, state, and contracted entities have jeopardized the health and well-being of vulnerable populations reliant on Medicaid services. Detailed Actions Taken Federal Entities and Officials Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Action Taken: Failed to ensure that federal Medicaid oversight mechanisms effectively addressed public safety risks tied to programmatic failures. Did not enforce corrective measures or direct HHS agencies, such as CMS, to intervene in the systemic issues reported in Connecticut. Allowed the continuation of non-compliance with federal Medicaid standards and ADA regulations. Chiquita Brooks-LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS) Action Taken: Did not mandate state-level compliance with Medicaid program standards to protect public safety. Neglected to enforce the timely resolution of risks identified in whistleblower disclosures and audits. Allowed Connecticut DSS to operate without proper oversight or accountability measures to address public safety concerns. Everett L. Handford Title: Regional Director, HHS Region 1 Action Taken: Failed to monitor Connecticut's compliance with Medicaid service delivery standards. Did not escalate known risks to federal authorities or direct interventions to mitigate public safety concerns in the ABI Waiver Program. State Entities and Officials Ned Lamont Title: Governor of Connecticut Action Taken: Failed to exercise executive authority to resolve systemic issues in the ABI Waiver Program. Did not direct state agencies to prioritize public safety or implement reforms to mitigate risks to Medicaid beneficiaries. Allowed ineffective policies and practices to



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	persist under his administration, threatening vulnerable populations reliant on Medicaid services. Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS) Action Taken: Did not implement oversight mechanisms to ensure that Medicaid services met required safety standards. Failed to address reported deficiencies in service delivery, including delays, denials, and inadequate care for brain injury survivors. Allowed systemic mismanagement to persist, compromising the health and safety of Medicaid recipients. William Tong Title: Attorney General, State of Connecticut Action Taken: Did not investigate or prosecute systemic violations impacting Medicaid service delivery and public safety. Failed to respond to whistleblower disclosures detailing risks to vulnerable populations. Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Connecticut Action Taken: Obstructed transparency by
When did this occur?	3. When Did This Occur? – Danger to Public Safety Description: Broader systemic risks to vulnerable populations reliant on Medicaid services began manifesting years ago due to repeated failures in transparency, financial accountability, and service delivery within the Connecticut Medicaid Acquired Brain Injury (ABI) Waiver Program. These failures evolved into a systemic crisis, marked by recurring incidents and escalating public safety threats from 2015 through the present day. Comprehensive and Detailed Timeline Phase 1: Early Warning Signs and Systemic Weaknesses (2015–2018) 2015: Event: Initial whistleblower complaints about improper fund allocations within the ABI Waiver Program. Impact: Delays in approving Medicaid service claims for brain injury survivors. Complaints from providers about non-payment and inconsistencies in reimbursement processes. 2016: Event: Audits from the Connecticut Office of Policy and Management flagged irregularities in Medicaid fund usage, but no corre
How did you discover this action?	4. How Did You Discover This Action? – Danger to Public Safety Description: Broader systemic risks to vulnerable



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	populations reliant on Medicaid services caused by the ongoing failures in transparency, financial accountability, and service delivery. Evidence underscores potential harm to public trust and safety if these issues persist. The discovery of these systemic failures was the result of a combination of direct experiences, whistleblower reports, formal complaints, and document reviews highlighting critical gaps in Medicaid program administration and public safety measures. Comprehensive and Detailed Account of Discovery 1. Direct Experiences as a Medicaid Consumer and Advocate (2015–Present) Observation of Service Failures: As an advocate for brain injury survivors, I have consistently encountered cases where Medicaid recipients under the ABI Waiver Program were denied necessary medical and rehabilitative services due to administrative inefficiencies. Impact: Delays in accessing life-sustaining care. Increased risk of hospitalization and long-term health complications for brain injury survivors. Reports from Medicaid Recipients and Families: Recipients reported excessive delays in service approvals, arbitrary denials of coverage, and inconsistent communication from the Connecticut Department of Social Services (DSS). Families detailed the emotional and financial toll caused by service interruptions and administrative barriers. 2. Whistleblower Disclosures (2017–Present) 2017–2020: Whistleblowers within DSS and contracted Medicaid service providers highlighted systemic inefficiencies, including improper billing practices, untracked expenditures, and a lack of oversight for service delivery. Complaints filed with DSS leadership and federal agencies, including CMS and HHS Region 1, failed to prompt meaningful action. 2021–2024: Disclosures to advocacy groups and federal oversight agencies, including the Office of Civil Rights (OCR) and the Centers for Medicare & Medicaid Services (CMS), revealed: Repeated violations of ADA requirements for equitable service delivery. Failures to investigate or address complaints regarding Medicaid program transparency and accountability. Whistleblower reports



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	were supported by internal emails, incomplete financial records, and audit reports that demonstrated gross mismanagement. 3. Formal Complaints and FOIA Requests (2020–2024) Filing of Complaints: Numerous complaints were filed with DSS, CMS, and OCR concerning gaps in Medicaid service delivery, financial tracking, and ADA compliance. These complaints were met with inadequate responses, with federal and state agencies often redirecting responsibility without taking corrective action. FOIA Requests: Requests for transparency, including records on Medicaid provider compliance, financial audits, and internal oversight policies, were systematically denied or delayed. Responses frequently cited “no responsive records,” despite evidence of systemic failur
What additional facts support your allegation?	5. What Additional Facts Support Your Allegation? – Danger to Public Safety Description: Broader systemic risks to vulnerable populations reliant on Medicaid services caused by the ongoing failures in transparency, financial accountability, and service delivery. Evidence underscores potential harm to public trust and safety if these issues persist. Comprehensive and Detailed Supporting Facts 1. Documented Service Delivery Failures Inconsistent Access to Services: Medicaid recipients under the ABI Waiver Program have faced delays, denials, and inconsistencies in accessing critical medical and rehabilitative services. Examples: Home care services denied or delayed, leaving recipients without essential daily living assistance. Medical transportation services inconsistently provided, causing missed appointments and worsening health outcomes. Provider Shortages and Disruptions: Reports indicate frequent interruptions in services due to provider shortages, contract mismanagement, and financial instability. Evidence: Testimonies from recipients and providers during legislative hearings cite systemic gaps in service coverage. Complaints filed with DSS highlight the program’s inability to ensure service continuity. 2. Whistleblower Reports Highlighting Negligence Systemic



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	Neglect by State and Federal Agencies: Whistleblowers have provided detailed accounts of negligence within DSS, CMS, and HHS oversight processes. Issues Identified: Lack of investigations into complaints about service failures. Ignoring patterns of non-compliance with ADA and Medicaid program requirements. Evidence Provided: Internal emails, budget records, and complaints submitted to DSS and CMS documenting inefficiencies. 3. Financial Mismanagement Impacting Public Safety Improper Fund Allocation: Gross mismanagement of federally allocated Medicaid funds has resulted in overpayments to certain providers and insufficient funding for critical services. Evidence: Financial audits from Connecticut's Office of the State Comptroller reveal discrepancies in fund allocation. Lack of proper financial tracking mechanisms cited in whistleblower reports. Impact on Public Safety: Mismanagement has directly undermined the availability and quality of services essential to public health, increasing risks of preventable hospitalizations, deteriorating health outcomes, and even fatalities. 4. Inadequate Oversight and Accountability Lack of Federal Intervention: Despite evidence of systemic failures, federal oversight agencies, including CMS and HHS Region 1, failed to enforce corrective actions or conduct meaningful audits. Evidence: Absence of any comprehensive federal audit or investigation into the ABI Waiver Program over the past five years. CMS documentation highlighting deficiencies but failing to mandate corrective measures. State-Level Oversight Gaps: Connecticut DSS and the Office of Policy and Management (OPM) have not established robust accountability systems to track Medicaid expenditure

DISCLOSURE SUBJECTS

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



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First Name	Last Name	Title	Chain of Command
Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS)	Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS)	Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS)	Head of HHS; directly responsible for Medicaid oversight and ADA enforcement at the federal level.
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)	Federal official overseeing Medicaid programs, including state compliance with federal regulations.
Kristen Clarke Title: Assistant Attorney General, Civil Rights Division, DOJ Position in Chain of Co	Kristen Clarke Title: Assistant Attorney General, Civil Rights Division, DOJ Position in Chain of Co	Kristen Clarke Title: Assistant Attorney General, Civil Rights Division, DOJ Position in Chain of Co	Responsible for enforcing ADA Title II and addressing systemic violations of civil rights laws, incl
Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO)	Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO)	Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO)	Oversight of federal fund allocations and audits, including Medicaid expenditures under the ABI Waiv
Michael E. Horowitz Title: Inspector General, DOJ	Michael E. Horowitz Title: Inspector General, DOJ	Responsible for investigating misconduct, including systemic violations of whistleblower protections	Responsible for investigating misconduct, including systemic violations of whistleblower protections
Christi Grimm Title: Inspector General, HHS	Christi Grimm Title: Inspector General, HHS	Christi Grimm Title: Inspector General, HHS	Investigates compliance issues related to Medicaid



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			programs and ADA enforcement.
Eric F. Stein Title: Director, Office of Information Programs and Services, U.S. Department of State	Eric F. Stein Title: Director, Office of Information Programs and Services, U.S. Department of State	Eric F. Stein Title: Director, Office of Information Programs and Services, U.S. Department of State	Oversees FOIA compliance for the Department of State, including ensuring proper record disclosures.
Ned Lamont Title: Governor, State of Connecticut	Ned Lamont Title: Governor, State of Connecticut	Ned Lamont Title: Governor, State of Connecticut	Responsible for state administration of Medicaid programs, including the ABI Waiver Program.
Andrea Barton Reeves	Andrea Barton Reeves	Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS)	Administers Medicaid programs at the state level, ensuring compliance with federal regulations.
Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Connecticut	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Connecticut	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Connecticut	Legal authority for financial and operational oversight related to Medicaid program compliance.
William Tong Title: Attorney General, State of Connecticut	William Tong Title: Attorney General, State of Connecticut	William Tong Title: Attorney General, State of Connecticut	Legal enforcement authority for state-level violations impacting Medicaid and ADA compliance.
James Comer Title: Chair, House Committee on Oversight and Accountability	James Comer Title: Chair, House Committee on Oversight and Accountability	James Comer Title: Chair, House Committee on Oversight and Accountability	Responsible for federal oversight, including whistleblower protections and Medicaid transparency.



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Gary Peters Title: Chair, Senate Committee on Homeland Security and Governmental Affairs	Gary Peters Title: Chair, Senate Committee on Homeland Security and Governmental Affairs	Gary Peters Title: Chair, Senate Committee on Homeland Security and Governmental Affairs	Oversees systemic risks in federal-state programs, including Medicaid administration.
Dick Durbin Title: Chair, Senate Judiciary Committee	Dick Durbin Title: Chair, Senate Judiciary Committee	Dick Durbin Title: Chair, Senate Judiciary Committee	Ensures compliance with constitutional and statutory laws affecting civil rights and federal funding
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
Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS)	Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS)	Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS)	Federal head responsible for oversight of Medicaid programs through 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)	Federal overseer of Medicaid compliance and state-level program management.
Ned Lamont Title: Governor of Connecticut	Ned Lamont Title: Governor of Connecticut	Ned Lamont Title: Governor of Connecticut	State executive with ultimate responsibility for Medicaid implementation.
Andrea Barton Reeves Title: Commissioner, Connecticut	Andrea Barton Reeves Title: Commissioner, Connecticut	Andrea Barton Reeves Title: Commissioner, Connecticut	State administrator overseeing Medicaid programs, including the ABI Waiver Program.



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Department of Social Services (DSS)	Department of Social Services (DSS)	Department of Social Services (DSS)	
Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Office of the State Comptrol	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Office of the State Comptrol	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Office of the State Comptrol	Legal authority within the State Comptroller's Office responsible for financial accountability.
Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO)	Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO)	Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO)	Federal head of the agency responsible for auditing and investigating the use of federal funds.
William Tong Title: Attorney General, State of Connecticut	William Tong Title: Attorney General, State of Connecticut	William Tong Title: Attorney General, State of Connecticut	State legal authority responsible for enforcing compliance with federal and state laws.
Christopher Godialis Title: Director, Medicaid Fraud Control Unit (MFCU), State of Connecticut	Christopher Godialis Title: Director, Medicaid Fraud Control Unit (MFCU), State of Connecticut	Christopher Godialis	State prosecutor and investigator of Medicaid fraud
Kate McEvoy Title: Director, Medicaid and Health Services, Connecticut Department of Social Services	Kate McEvoy Title: Director, Medicaid and Health Services, Connecticut Department of Social Services	Kate McEvoy Title: Director, Medicaid and Health Services, Connecticut Department of Social Services	State-level director responsible for Medicaid operations
Merrick B. Garland Title: U.S. Attorney General	Merrick B. Garland Title: U.S. Attorney General	Merrick B. Garland Title: U.S. Attorney General	Head of the U.S. Department of Justice (DOJ), overseeing all DOJ divisions, including the Civil Righ



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Kristen Clarke Title: Assistant Attorney General, Civil Rights Division	Kristen Clarke Title: Assistant Attorney General, Civil Rights Division	Kristen Clarke Title: Assistant Attorney General, Civil Rights Division	Head of the Civil Rights Division, reporting directly to the Attorney General.
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)	Leader of CMS, directly overseeing Medicaid program implementation.
Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS)	Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS)	Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS)	Federal head of HHS, overseeing all healthcare- related programs, including Medicaid.
Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO)	Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO)	Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO)	Chief of GAO, responsible for federal program audits and accountability reviews.
Christi Grimm Title: Inspector General, U.S. Department of Health and Human Services (OIG HHS)	Christi Grimm Title: Inspector General, U.S. Department of Health and Human Services (OIG HHS)	Christi Grimm Title: Inspector General, U.S. Department of Health and Human Services (OIG HHS)	Independent federal watchdog overseeing HHS programs, including Medicaid.
Ned Lamont Title: Governor of Connecticut	Ned Lamont Title: Governor of Connecticut	Ned Lamont Title: Governor of Connecticut	Chief executive of the State of Connecticut, overseeing all state agencies, including Medicaid.
Andrea Barton Reeves Title: Commissioner,	Andrea Barton Reeves Title: Commissioner,	Andrea Barton Reeves Title: Commissioner,	Head of DSS, responsible for Medicaid program



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Connecticut Department of Social Services (DSS)	Connecticut Department of Social Services (DSS)	Connecticut Department of Social Services (DSS)	implementation at the state level.
William Tong Title: Attorney General, State of Connecticut	William Tong Title: Attorney General, State of Connecticut	William Tong Title: Attorney General, State of Connecticut	State legal authority, responsible for enforcing state and federal laws.
Yamuna Menon Title: General Counsel/Assistant State Comptroller, Office of the State Comptroller	Yamuna Menon Title: General Counsel/Assistant State Comptroller, Office of the State Comptroller	Yamuna Menon Title: General Counsel/Assistant State Comptroller, Office of the State Comptroller	Legal advisor for the State Comptroller's Office. Role: Claimed "no responsive records" exist for ke
Jeffrey Beckham Title: Secretary, Connecticut Office of Policy and Management	Jeffrey Beckham Title: Secretary, Connecticut Office of Policy and Management	Jeffrey Beckham Title: Secretary, Connecticut Office of Policy and Management	State official responsible for budget oversight and coordination among state agencies.
Manisha Juthani, MD Title: Commissioner, Connecticut Department of Public Health	Manisha Juthani, MD Title: Commissioner, Connecticut Department of Public Health	Manisha Juthani, MD Title: Commissioner, Connecticut Department of Public Health	State official overseeing public health programs. Role: Failed to address systemic health and safety
James Comer Title: Chair, House Committee on Oversight and Accountability	James Comer Title: Chair, House Committee on Oversight and Accountability	James Comer Title: Chair, House Committee on Oversight and Accountability	Federal oversight authority on government transparency and accountability.
Gary Peters Title: Chair, Senate Committee on Homeland Security and	Gary Peters Title: Chair, Senate Committee on Homeland Security and	Gary Peters Title: Chair, Senate Committee on Homeland Security and	Senate leader for oversight of federal agency operations. Role: Failed to hold federal agencies acco



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Governmental Affairs	Governmental Affairs	Governmental Affairs	
Dick Durbin Title: Chair, Senate Judiciary Committee	Dick Durbin Title: Chair, Senate Judiciary Committee	Dick Durbin Title: Chair, Senate Judiciary Committee	Federal oversight of legal compliance in federal agencies. Role: Did not address whistleblower retaliation
Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS)	Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS)	Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS)	Federal executive with ultimate responsibility for Medicaid oversight under 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)	Federal administrator directly responsible for Medicaid program compliance and funding.
Ned Lamont Title: Governor of Connecticut	Ned Lamont Title: Governor of Connecticut	Ned Lamont Title: Governor of Connecticut	Chief executive of the state with ultimate responsibility for Medicaid program implementation and access
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)	State administrator responsible for managing Medicaid programs, including the ABI Waiver Program.
Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Connecticut	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Connecticut	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Connecticut	Legal authority within the State Comptroller's Office responsible for financial accountability.



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William Tong Title: Attorney General, State of Connecticut	William Tong Title: Attorney General, State of Connecticut	William Tong Title: Attorney General, State of Connecticut	State legal authority tasked with enforcing compliance with state and federal laws.
Jeffrey Beckham Title: Secretary, Connecticut Office of Policy and Management (OPM)	Jeffrey Beckham Title: Secretary, Connecticut Office of Policy and Management (OPM)	Jeffrey Beckham Title: Secretary, Connecticut Office of Policy and Management (OPM)	Senior state official responsible for budgetary oversight and coordination of state financial operat
Robert M. Kane Title: State Auditors, Connecticut Auditors of Public Account	Robert M. Kane Title: State Auditors, Connecticut Auditors of Public Account	Robert M. Kane Title: State Auditors, Connecticut Auditors of Public Account	Independent oversight body for Medicaid expenditures.
John C. Geragosian State Auditors, Connecticut Auditors of Public Accounts	John C. Geragosian State Auditors, Connecticut Auditors of Public Accounts	John C. Geragosian State Auditors, Connecticut Auditors of Public Accounts	Independent oversight body for Medicaid expenditures.
Marjorie Sozanski Title: Director, Connecticut Medicaid Fraud Control Unit (MFCU)	Marjorie Sozanski Title: Director, Connecticut Medicaid Fraud Control Unit (MFCU)	Marjorie Sozanski Title: Director, Connecticut Medicaid Fraud Control Unit (MFCU)	State investigator for Medicaid fraud and abuse.
Everett L. Handford Title: Regional Director, HHS Region 1	Everett L. Handford Title: Regional Director, HHS Region 1	Everett L. Handford Title: Regional Director, HHS Region 1	Federal representative for Medicaid operations in Connecticut.
Xavier Becerra Title: Secretary, U.S. Department of Health and	Xavier Becerra Title: Secretary, U.S. Department of Health and	Xavier Becerra Title: Secretary, U.S. Department of Health and	As the head of HHS, Secretary Becerra holds ultimate responsibility for federal health programs, inc



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Human Services (HHS)	Human Services (HHS)	Human Services (HHS)	
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)	Directly oversees the administration of Medicaid programs nationwide, including the approval and mon
Ned Lamont Title: Governor of Connecticut	Ned Lamont Title: Governor of Connecticut	Ned Lamont Title: Governor of Connecticut	As the state's chief executive, Governor Lamont is ultimately responsible for the administration of
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)	Leads DSS, the agency directly responsible for administering the ABI Waiver Program.
Kate McEvoy Title: Former Director of Medicaid and Health Services, Connecticut DSS	Kate McEvoy Title: Former Director of Medicaid and Health Services, Connecticut DSS	Kate McEvoy Title: Former Director of Medicaid and Health Services, Connecticut DSS	Oversaw Medicaid programs, including the ABI Waiver, until her departure in August 2021.
William Halsey Title: Interim Director of Medicaid and Health Services, Connecticut DSS	William Halsey Title: Interim Director of Medicaid and Health Services, Connecticut DSS	William Halsey Title: Interim Director of Medicaid and Health Services, Connecticut DSS	Assumed leadership of Medicaid programs, including the ABI Waiver, following Kate McEvoy's departure
Jeffrey Beckham Title: Secretary, Connecticut Office of Policy and Management (OPM)	Jeffrey Beckham Title: Secretary, Connecticut Office of Policy and Management (OPM)	Jeffrey Beckham Title: Secretary, Connecticut Office of Policy and Management (OPM)	Senior state official overseeing Connecticut's budget and financial operations.



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Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Connecticut	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Connecticut	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Connecticut	Legal authority within the State Comptroller's Office responsible for Medicaid fund accountability.
Marjorie Sozanski Title: Director, Connecticut MFCU	Marjorie Sozanski Title: Director, Connecticut MFCU	Marjorie Sozanski Title: Director, Connecticut MFCU	State-level investigator tasked with addressing Medicaid fraud and abuse.
Legislative Oversight	Connecticut General Assembly Human Services Committee	Provides legislative oversight of DSS programs.	Provides legislative oversight of DSS programs.
Private Auditing Firms Independent Auditors Contracted by Connecticut DSS	Private Auditing Firms Independent Auditors Contracted by Connecticut DSS	Private Auditing Firms Independent Auditors Contracted by Connecticut DSS	Conduct financial audits and reviews of Medicaid expenditures.
Governor Ned Lamont Position: Governor of Connecticut	Governor Ned Lamont Position: Governor of Connecticut	Governor Ned Lamont Position: Governor of Connecticut	As the state's chief executive, Governor Lamont holds ultimate responsibility for the administration
Andrea Barton Reeves Position: Commissioner, Connecticut Department of Social Services (DSS)	Andrea Barton Reeves Position: Commissioner, Connecticut Department of Social Services (DSS)	Andrea Barton Reeves Position: Commissioner, Connecticut Department of Social Services (DSS)	Appointed in December 2022, Commissioner Barton Reeves leads DSS, the agency directly responsible fo
Dr. Deidre Gifford Position: Executive Director, Connecticut Office of Health	Dr. Deidre Gifford Position: Executive Director, Connecticut Office of Health	Dr. Deidre Gifford Position: Executive Director, Connecticut Office of Health	Prior to her current role, Dr. Gifford served as DSS Commissioner, overseeing the ABI Waiver Program



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Strategy; Former Comm	Strategy; Former Comm	Strategy; Former Comm	
William Halsey Position: Interim Director of Medicaid and Health Services, DSS	William Halsey Position: Interim Director of Medicaid and Health Services, DSS	William Halsey Position: Interim Director of Medicaid and Health Services, DSS	His responsibilities include ensuring compliance with federal and state regulations, financial overs
Kate McEvoy Position: Former Director of Medicaid and Health Services, DSS	Kate McEvoy Position: Former Director of Medicaid and Health Services, DSS	Kate McEvoy Position: Former Director of Medicaid and Health Services, DSS	
Attorney General William Tong	Attorney General William Tong	Attorney General William Tong	Attorney General William Tong
Chiquita Brooks-LaSure Position: Administrator, Centers for Medicare & Medicaid Services (CMS)	Chiquita Brooks-LaSure Position: Administrator, Centers for Medicare & Medicaid Services (CMS)	Chiquita Brooks-LaSure Position: Administrator, Centers for Medicare & Medicaid Services (CMS)	Oversees federal administration of Medicaid programs, including state waivers like Connecticut's ABI
Everett L. Handford Position: Regional Director, U.S. Department of Health and Human Services (HHS)	Everett L. Handford Position: Regional Director, U.S. Department of Health and Human Services (HHS)	Everett L. Handford Position: Regional Director, U.S. Department of Health and Human Services (HHS)	Responsible for regional oversight of HHS programs, including Medicaid services in Connecticut.
Chiquita Brooks-LaSure Title: Administrator, Centers for Medicare &	Chiquita Brooks-LaSure Title: Administrator, Centers for Medicare &	Chiquita Brooks-LaSure Title: Administrator, Centers for Medicare &	Oversees federal administration of Medicaid programs, including state waivers like Connecticut's ABI



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Medicaid Services (CMS)	Medicaid Services (CMS)	Medicaid Services (CMS)	
Everett L. Handford Title: Regional Director, U.S. Department of Health and Human Services (HHS), R	Everett L. Handford Title: Regional Director, U.S. Department of Health and Human Services (HHS), R	Everett L. Handford Title: Regional Director, U.S. Department of Health and Human Services (HHS), R	Responsible for regional oversight of HHS programs, including Medicaid services in Connecticut, ensu
Dr. Manisha Juthani Title: Commissioner, Connecticut Department of Public Health (DPH)	Dr. Manisha Juthani Title: Commissioner, Connecticut Department of Public Health (DPH)	Dr. Manisha Juthani Title: Commissioner, Connecticut Department of Public Health (DPH)	As Commissioner of DPH, Dr. Juthani oversees public health initiatives and collaborates with DSS to
Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS)	Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS)	Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS)	Federal executive with overarching responsibility for HHS programs, including Medicaid oversight via
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)	Federal administrator directly responsible for Medicaid program compliance and funding.
Everett L. Handford Title: Regional Director, HHS Region 1	Everett L. Handford Title: Regional Director, HHS Region 1	Everett L. Handford Title: Regional Director, HHS Region 1	Federal representative overseeing Medicaid operations in Connecticut and other New England states.
Yamuna (Yam) Menon Title: General	Yamuna (Yam) Menon Title: General	Yamuna (Yam) Menon Title: General	Legal authority responsible for ensuring financial



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Counsel/Assistant State Comptroller, Connecticut	Counsel/Assistant State Comptroller, Connecticut	Counsel/Assistant State Comptroller, Connecticut	accountability within the State Comptroller's Of
Connecticut State Legislature Title: Members of the General Assembly	Connecticut State Legislature Title: Members of the General Assembly	Connecticut State Legislature Title: Members of the General Assembly	State legislative body responsible for overseeing Medicaid program policies and funding.
Congressional Oversight Committees	Federal Committees with Medicaid Oversight Authority (e.g., Senate Finance, House Energy and Commerce)	Federal Committees with Medicaid Oversight Authority (e.g., Senate Finance, House Energy and Commerce)	Legislative bodies responsible for ensuring federal program compliance and accountability.
Private Auditing Firms	Independent Auditors Contracted by Connecticut DSS	Independent Auditors Contracted by Connecticut DSS	Contractors tasked with reviewing Medicaid expenditures and compliance.

REQUESTED OSC ACTION

What action would you like OSC to take?

Enforce Federal and Constitutional Compliance Without Delay

This submission constitutes an urgent and non-negotiable demand for immediate enforcement of federal and constitutional laws to rectify systemic violations and gross mismanagement in the Connecticut Medicaid Acquired Brain Injury (ABI) Waiver Program. The current failings jeopardize public safety, waste taxpayer resources, and violate the constitutional rights of Medicaid recipients, whistleblowers, and taxpayers. The Office of Special Counsel (OSC), in collaboration with federal oversight bodies, must act decisively to restore accountability, ensure compliance, and protect vulnerable populations. Immediate Action for Beneficiaries: Ensures that individuals dependent on Medicaid services receive uninterrupted care and equitable treatment now.

Restores Constitutional Integrity: Enforces protections guaranteed under the ADA, FOIA, and the Constitution, ensuring no further harm.



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Accountability Without Delay: Holds officials and agencies responsible while preventing bureaucratic delays.

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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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
12.07.2024 Enforce Federal and Constitutional Compliance Without Delay HHS CMS OCR OIG DOJ GAO USC FOIA ADA DSS OSC DAS OAG FOIC CGS DB.42.131.Inf. ABI Medeiros Connecticut DOGE .pdf
requests (19).csv
requests (18).csv
requests (17).csv
requests (16).csv
requests (17).csv
Records Regarding Connecticut Medicaid Programs, ABI Waiver, Amendments, and Federal Agency Oversight and Communications with Accenture and Manatt (2012– Present) (Office of the State Comptroller) (2).zip
Subject_ Comprehensive FOIA Request for Connecticut Medicaid Acquired Brain Injury Waiver Program Records (Office of the State Comptroller) (2).zip
Request with ADA Accommodation Requirements (Case No. 25-00044-F) (U.S. Department of State) (4).zip
requests (20).csv
09.24.2024 Federal_Intervention_HHS_OIG_CMS_GAO_DOJ_OCR_Whistleblower_Report_2024.pdf
Comprehensive Grievance Report and Request for Clarity Whistleblower Report Mediciad ABI Waiver Programs.pdf
OSCFiling-MedeirosDavid-DI-12032024933 (1).pdf
12.07.2024 Mail - ABI RESOURCES 860 942-0365 - Outlook.pdf
Thank you for submitting a report to the Civil Rights Division.eml
Subject_ Comprehensive FOIA Request for Connecticut Medicaid Acquired Brain Injury Waiver Program Records (Office of the State Comptroller) (3).zip
requests (22).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.



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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. 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: 12/7/2024

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 the Inspector General (OIG)

Street Address: 200 Independence Avenue, SW

City: Washington

State: DC

Zip Code: 20201

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?	Violation of Law, Rule, or Regulation Description: Systematic non-compliance with federal laws governing ADA accommodations (42 U.S.C. § 12132), FOIA transparency (5 U.S.C. § 552), and Medicaid oversight (42 U.S.C. § 1396 et seq.), resulting in direct harm to beneficiaries and whistleblowers. Supporting evidence includes denials of ADA accommodations and withheld records essential to accountability. _____ Federal Officials and Departments 1. Xavier Becerra Action Taken: o Failed to enforce ADA and Medicaid compliance standards across federally funded state programs, allowing systemic violations to persist in the Connecticut ABI Waiver Program. o Did not act on multiple reports of non-compliance from whistleblowers and stakeholders. 2. Chiquita Brooks-LaSure Action Taken: o Did not ensure that CMS effectively monitored Connecticut's Medicaid program for ADA compliance, financial transparency, and operational



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	integrity. o Allowed state-level agencies to obstruct transparency and deny whistleblower protections without federal oversight. 3. Kristen Clarke Action Taken: o Failed to initiate enforcement of ADA Title II protections and investigate systemic violations of civil rights impacting individuals with disabilities. o Did not address FOIA non-compliance and transparency issues raised by whistleblowers. 4. Gene L. Dodaro Action Taken: o Did not initiate audits or reviews of Connecticut's Medicaid spending, particularly concerning allegations of misuse of funds in the ABI Waiver Program. o Allowed gaps in oversight to compromise federal accountability for taxpayer-funded programs. 5. Michael E. Horowitz Action Taken: o Did not investigate whistleblower claims or systemic failures reported within Connecticut's Medicaid administration. o Failed to ensure DOJ acted on reports of non-compliance with FOIA and ADA requirements. 6. Christi Grimm Action Taken: o Neglected to investigate complaints regarding financial mismanagement and lack of ADA compliance in the Connecticut Medicaid ABI Waiver Program. o Did not enforce federal oversight mechanisms to correct systemic issues despite whistleblower disclosures. 7. Eric F. Stein Action Taken: o Closed FOIA requests prematurely, providing insufficient justifications and failing to release requested records essential to transparency and accountability. o Did not uphold FOIA procedural requirements, violating federal transparency mandates. State Officials 8. Ned Lamont Action Taken: o Failed to exercise executive authority to ensure state agencies complied with federal Medicaid regulations, ADA standards, and whistleblower protections. o Neglected to address systemic mismanagement within the ABI Waiver Program under his administration. 9. Andrea Barton Reeves Action Taken: o Did not implement accountability measures to address financial



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	mismanagement, ADA non-compliance, and operational failures in the ABI Waiver Program. o Ignored whi
When did this occur?	Violation of Law, Rule, or Regulation Description: Systematic non-compliance with federal laws governing ADA accommodations (42 U.S.C. § 12132), FOIA transparency (5 U.S.C. § 552), and Medicaid oversight (42 U.S.C. § 1396 et seq.), resulting in direct harm to beneficiaries and whistleblowers. Supporting evidence includes denials of ADA accommodations and withheld records essential to accountability. _____ Timeline of Violations 1. Initial Onset of Violations: 2013 - 2024 o Persistent and systemic non-compliance with FOIA requests and ADA accommodation obligations began January 2013 and remains ongoing. o Patterns of failure in Medicaid program oversight were identified, including mismanagement of federal funds and failure to implement corrective actions in response to whistleblower complaints. 2. Key Escalation Events o November 2018 - August 2022: Reports from whistleblowers highlighted failures in Medicaid oversight, including financial mismanagemen
How did you discover this action?	Violation of Law, Rule, or Regulation Description: Systematic non-compliance with federal laws governing ADA accommodations (42 U.S.C. § 12132), FOIA transparency (5 U.S.C. § 552), and Medicaid oversight (42 U.S.C. § 1396 et seq.), resulting in direct harm to beneficiaries and whistleblowers. Supporting evidence includes denials of ADA accommodations and withheld records essential to accountability. _____ Discovery Timeline and Process 1. Personal Experience with ADA Non-Compliance o In March 2024, I personally requested ADA accommodations in relation to accessing critical information under FOIA. These accommodations, including screen-reader-compatible documents, email-only communication, and simplified summaries, were explicitly denied or ignored by multiple agencies. This demonstrated a systematic failure to adhere to ADA and



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	Section 504 of the Rehabilitation Act requirements. 2. Analysis of FOIA Request Responses o Between 2018 and 2024, a pattern emerged across several FOIA submissions where: • Requests were marked as "Closed" without statutory explanations or records provided, violating 5 U.S.C. § 552. • Denials of records lacked detailed justification under FOIA exemption codes, hindering transparency. • Agencies failed to release information necessary for evaluating Medicaid compliance, highlighting systemic obfuscation. 3. Whistleblower and Oversight Disclosures o Reports from whistleblowers and oversight agencies, reviewed between 2020 and 2023, revealed critical failures in Medicaid oversight. These included mismanagement of federal funds, lack of transparency, and barriers to accountability mechanisms. These disclosures were systematically disregarded by state and federal entities. 4. Review of Public and Internal Records o In 2023, I conducted an analysis of publicly available reports and agency documents. The absence of critical records related to Medicaid provider audits, enforcement of ADA compliance, and corrective actions highlighted systemic failures. Additionally: • Records requested under FOIA were not provided. • Internal communications obtained through secondary sources revealed deliberate delays and procedural barriers. 5. External Reports and Investigations o Independent reports from advocacy organizations and state auditors, reviewed in 2022, indicated pervasive issues, including financial mismanagement and inadequate ADA accommodations. These findings aligned with my personal observations and whistleblower disclosures, further validating systemic violations. 6. Direct Evidence from Correspondence and Requests o Communications with agencies like the DOJ, HHS, and CMS between 2023 and 2024 explicitly documented failures to comply with statutory obligations under FOIA and ADA. Key examples include: • Denials of accessible documentation formats. • Mismanagement



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	of Medicaid provider complaints and audit records. • Refusal to provide detailed explanations for procedural denials, violating fed
What additional facts support your allegation?	Violation of Law, Rule, or Regulation Description: Systematic non-compliance with federal laws governing ADA accommodations (42 U.S.C. § 12132), FOIA transparency (5 U.S.C. § 552), and Medicaid oversight (42 U.S.C. § 1396 et seq.), resulting in direct harm to beneficiaries and whistleblowers. Supporting evidence includes denials of ADA accommodations and withheld records essential to accountability. _____ Detailed Supporting Facts 1. Failure to Adhere to ADA Standards o Federal and state agencies ignored legally mandated accommodations, creating systemic barriers to access: • Specific Violations: • Denial of screen-reader-compatible documents. • Failure to provide simplified summaries of complex records. • Refusal to use email-only communication despite explicit requests. • Impact: • This excluded individuals with disabilities, including myself, from equitable access to critical public information. 2. FOIA Mismanagement o Agencies repeatedly failed to comply with FOIA's statutory obligations: • Denials and Delays: • Requests were marked "Closed" without adequate justification or explanations for withholding records. • Agencies provided incomplete or non-existent Vaughn Indices, violating the requirements for transparency under 5 U.S.C. § 552(b). • Patterns Identified: • Requests involving ADA compliance and Medicaid transparency were deprioritized or dismissed without legal grounds. 3. Obstruction of Medicaid Oversight o Agencies failed to provide records critical for assessing compliance with Medicaid regulations under 42 U.S.C. § 1396 et seq.: • Financial Mismanagement: • Records detailing the allocation and expenditure of Medicaid funds were withheld or claimed to not exist. • Independent audits suggested mismanagement of



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	federal funds in state-level programs. • Service Gaps: • Lack of transparency obstructed accountability for service disruptions impacting vulnerable Medicaid recipients. 4. Whistleblower Reports Ignored o Whistleblower disclosures provided direct evidence of systemic issues: • Unaddressed Allegations: • Mismanagement of Medicaid funds and non-compliance with ADA standards. • Retaliation against individuals reporting misconduct within government agencies. • Impact: • Whistleblowers were denied protection under 5 U.S.C. § 2302(b)(8), further undermining transparency and accountability. 5. Systemic Barriers to Accountability o Internal and external communication failures obstructed oversight: • Agency Coordination Failures: • Federal and state agencies failed to collaborate effectively to resolve transparency and compliance issues. • Records requests routed between agencies were never fulfilled or confirmed. • Lack of Oversight: • Congressional oversight committees and federal agencies with jurisdiction did not take action to address systemic violations despite documented evidence. 6. Public Interest and Broader Implications o The violations documented have broader systemic impacts: • Health an
Allegation	Gross Mismanagement
What action did they take?	Description: Persistent failure to manage federally allocated Medicaid funds within the Connecticut Medicaid ABI Waiver Program. Evidence includes incomplete financial audits, insufficient oversight mechanisms, and lack of coordination among federal and state agencies, jeopardizing the program's integrity and taxpayers' funds. _____ Actions Taken by Key Individuals and Entities 1. Xavier Becerra o Action: As Secretary of HHS, failed to direct federal oversight or mandate corrective actions to ensure accountability for Medicaid funding allocated to Connecticut. Did not require CMS to enforce transparency or compliance measures for the ABI Waiver



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	Program. 2. Chiquita Brooks-LaSure o Action: As Administrator of CMS, did not initiate or enforce audits, compliance reviews, or corrective actions for systemic financial mismanagement and lack of service delivery within the program. Ignored whistleblower reports highlighting mismanagement. 3. Ned Lamont o Action: As Governor of Connecticut, neglected to use executive authority to investigate or address systemic issues within the ABI Waiver Program. Allowed state agencies to operate without adequate oversight, leading to unchecked financial inefficiencies and lapses in service provision. 4. Andrea Barton Reeves o Action: As Commissioner of Connecticut DSS, failed to establish financial tracking systems, enforce accountability measures, or address repeated instances of financial and operational inefficiencies. Did not ensure service providers met contractual and program standards. 5. Yamuna (Yam) Menon o Action: As General Counsel/Assistant State Comptroller, claimed "no responsive records" existed for financial oversight related to the ABI Waiver Program. Obstructed transparency by failing to provide critical documentation required for accountability. 6. Gene L. Dodaro o Action: As Comptroller General of GAO, did not initiate an independent federal investigation or audit to address whistleblower allegations and evidence of financial mismanagement. Did not leverage GAO's authority to enforce Medicaid fund oversight. 7. William Tong o Action: As Attorney General of Connecticut, failed to investigate or prosecute financial mismanagement and systemic violations within the ABI Waiver Program. Did not enforce compliance with federal Medicaid regulations or state transparency laws. 8. Regional Administrator, CMS (Name TBD) o Action: Failed to enforce CMS's standards for Medicaid program oversight in Connecticut. Did not ensure corrective actions for financial mismanagement or address systemic operational failures. 9. State Medicaid Director (Name TBD) o Action: Neglected to address reports



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	of financial mismanagement, inefficiencies, and non-compliance. Did not escalate critical issues to federal oversight entities for resolution. 10. Medicaid Fraud Control Unit (MFCU) Director (Name TBD) o Action: Did not investigate whistleblower allegations or pursue cases of financial fraud a
When did this occur?	Persistent failure to manage federally allocated Medicaid funds within the Connecticut Medicaid ABI Waiver Program. Evidence includes incomplete financial audits, insufficient oversight mechanisms, and lack of coordination among federal and state agencies, jeopardizing the program's integrity and taxpayers' funds. Timeline of Occurrences 1. Initial Mismanagement (2015-2024): Systemic issues in Medicaid fund management began surfacing as early as 2015, marked by repeated reports of non-compliance with financial and operational oversight requirements. These issues persisted over the years without substantial corrective actions by state or federal authorities. 2. Whistleblower Reports (2020-Present): Numerous whistleblower complaints and reports from concerned stakeholders highlighted mismanagement and non-compliance in Medicaid funding. These reports, submitted to both state and federal agencies, were either ignored or inadequately addressed, exac
How did you discover this action?	Description: Persistent failure to manage federally allocated Medicaid funds within the Connecticut Medicaid ABI Waiver Program. Evidence includes incomplete financial audits, insufficient oversight mechanisms, and lack of coordination among federal and state agencies, jeopardizing the program's integrity and taxpayers' funds. Discovery Timeline and Sources 1. Personal Experience as a Medicaid Consumer Advocate (2015-Present): Through years of direct involvement as a consumer advocate for individuals with acquired brain injuries (ABI), systemic issues in Medicaid fund allocation and program management became apparent. Reports of service disruptions, inconsistent reimbursements, and poor



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	administrative oversight were consistently raised by program participants and providers. 2. FOIA Requests and Denials (2022-2024): Formal Freedom of Information Act (FOIA) requests were submitted to obtain records on Medicaid program operations, including provider registry information, financial audits, and compliance reports. These requests were systematically denied or delayed, revealing a lack of transparency and accountability within the system. 3. Whistleblower Reports and Disclosures (2020-Present): Whistleblower reports from within state agencies and contracted service providers highlighted mismanagement of funds and insufficient oversight. These disclosures corroborated ongoing issues and indicated systemic failures across multiple agencies. 4. Failed ADA Accommodations and Accessibility Barriers (2021-Present): Attempts to access program-related records and services revealed ADA non-compliance, including the failure to provide accessible communication formats and reasonable accommodations for individuals with disabilities. This further obstructed transparency and accountability efforts. 5. Incomplete Financial Audits and Reporting (2023-2024): Reviews of publicly available financial audits and government reports indicated significant gaps in documentation and discrepancies in fund allocation. These findings were consistent with whistleblower disclosures and personal observations of systemic inefficiencies. 6. Stakeholder Feedback and Advocacy Efforts (2018-Present): Continuous feedback from Medicaid beneficiaries, healthcare providers, and advocacy organizations reinforced concerns about mismanagement, service inconsistencies, and the lack of corrective actions by responsible agencies. _____ Key Observations • Inaccessible Records: Repeated FOIA denials and incomplete audit reports hindered transparency. • Service Disruptions: Reports from beneficiaries and providers revealed lapses in critical Medicaid services due to poor management. • Whistleblower Consistency:



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	Multiple reports from internal and external stakeholders consistently pointed to systemic mismanagement. • Lack of Accountability: Evidence of coordination failures between federal and state agencies highlighted the absence
What additional facts support your allegation?	Persistent failure to manage federally allocated Medicaid funds within the Connecticut Medicaid ABI Waiver Program. Evidence includes incomplete financial audits, insufficient oversight mechanisms, and lack of coordination among federal and state agencies, jeopardizing the program's integrity and taxpayers' funds. _____ Supporting Facts 1. Incomplete and Delayed Financial Audits: o Fact: Publicly available audit reports lack critical financial details, including fund allocation records and provider payment data. Annual audits mandated under Medicaid regulations (42 CFR § 431.16) are incomplete or delayed. o Evidence: Reviews of Connecticut State Auditors' reports and federal CMS audits reveal unaddressed discrepancies in Medicaid fund distribution and utilization. 2. Lack of Accountability Measures: o Fact: Key oversight bodies, including the Connecticut Department of Social Services (DSS) and the Office of the State Comptroller, failed to implement effective accountability mechanisms for monitoring Medicaid expenditures. o Evidence: Whistleblower disclosures and stakeholder complaints indicate that funds were mismanaged without adequate tracking systems or follow-up actions. 3. Service Disruptions and Beneficiary Impact: o Fact: Medicaid ABI Waiver Program participants experienced service interruptions due to delayed provider payments and administrative inefficiencies. o Evidence: Testimonies from affected beneficiaries and providers document cases of delayed reimbursements, resulting in lapses in care and service quality. 4. Whistleblower Reports of Mismanagement: o Fact: Multiple whistleblowers within state agencies and contracted service providers have reported systemic failures in fund management, including overpayments,



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	underpayments, and misuse of federal Medicaid funds. o Evidence: Official whistleblower reports submitted to federal and state oversight bodies detail persistent mismanagement practices over several years. 5. FOIA Non-Compliance: o Fact: Systematic denials of FOIA requests for financial and operational records indicate deliberate obfuscation by state agencies. o Evidence: FOIA requests submitted between 2022 and 2024 were either denied or delayed without valid legal justification, violating 5 U.S.C. § 552. 6. Failure to Implement Corrective Actions: o Fact: Federal agencies, including the Centers for Medicare & Medicaid Services (CMS), failed to enforce remedial measures to address identified deficiencies. o Evidence: CMS oversight reports highlight repeated compliance failures without evidence of substantive enforcement actions or penalties. 7. Discrepancies in Provider Records: o Fact: Provider registry records for the ABI Waiver Program lack updated enrollment statuses, areas of specialty, and disciplinary actions. o Evidence: Reviews of publicly available registry data reveal outdated or incomplete information, raising concerns about transparency and oversight. 8. Coordination Failures
Allegation	Abuse of Authority
What action did they take?	Deliberate obstruction of transparency and ADA compliance through denials of FOIA requests and failure to provide ADA-required accommodations. Evidence highlights actions by federal and state officials that undermine whistleblower protections and public accountability, violating constitutional rights under the First, Fifth, and Fourteenth Amendments. _____ Federal Officials and Entities 1. Merrick B. Garland Action Taken: o Failed to ensure DOJ divisions complied with FOIA transparency standards and ADA accommodations. o Allowed systemic delays and lack of enforcement for whistleblower protections. o Did not initiate corrective measures despite clear evidence of non-compliance. 2. Kristen Clarke Action Taken: o



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	Did not enforce ADA requirements or ensure FOIA accommodations were provided by the Civil Rights Division. o Allowed denials of requests without detailed justifications or statutory basis, violating FOIA and ADA regulations. o Ignored whistleblower disclosures highlighting systemic failures. 3. Chiquita Brooks-LaSure Action Taken: o Failed to implement oversight measures ensuring Medicaid program compliance with ADA standards. o Did not enforce accountability for state-level violations or escalate systemic issues impacting transparency and service delivery. o Neglected whistleblower reports identifying mismanagement and ADA violations in Medicaid programs. 4. Xavier Becerra Action Taken: o Allowed systemic inaction by HHS and its subdivisions, including CMS and OCR, in addressing ADA and FOIA compliance. o Failed to enforce measures ensuring federally allocated funds were managed transparently. o Did not address barriers to accessibility or whistleblower retaliation in federally funded programs. 5. Gene L. Dodaro Action Taken: o Did not initiate audits or reviews addressing systemic non-compliance with FOIA, ADA, and whistleblower protections. o Failed to ensure GAO fulfilled its oversight responsibilities to safeguard taxpayer funds and public accountability. 6. Christi Grimm Action Taken: o Ignored whistleblower complaints and failed to investigate systemic ADA and FOIA violations reported within HHS-administered programs. o Did not enforce HHS OIG oversight responsibilities, allowing abuse of authority to persist unchecked. _____ State Officials and Entities 1. Ned Lamont Action Taken: o Did not use executive authority to address systemic failures in ADA compliance and Medicaid program transparency. o Allowed state agencies to deny FOIA requests and obstruct ADA-required accommodations. o Failed to ensure public accountability despite multiple reports of systemic violations. 2. Andrea Barton Reeves Action Taken: o Did not



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	enforce DSS compliance with ADA standards or ensure Medicaid transparency. o Allowed denials of FOIA requests for Medicaid provider information essential to accountability. o Ignored whistleblower disclosures identifying critical programmatic failure
When did this occur?	Deliberate obstruction of transparency and ADA compliance through denials of FOIA requests and failure to provide ADA-required accommodations. Evidence highlights actions by federal and state officials that undermine whistleblower protections and public accountability, violating constitutional rights under the First, Fifth, and Fourteenth Amendments. _____ Comprehensive Timeline and Details of Occurrence 1. Initial Acts of Non-Compliance • Start Date: January 1, 2023 • Description: Systematic failures to comply with federal requirements began in early 2023. This included refusals to: o Respond to FOIA requests promptly or completely under 5 U.S.C. § 552. o Honor ADA accommodation requests under 42 U.S.C. § 12132 and 29 U.S.C. § 794. o Provide requested transparency regarding Medicaid ABI Waiver Program records. • Evidence: o Ignored FOIA requests submitted to state and federal agencies for records on Medicaid provider accountability and expenditures.
How did you discover this action?	Deliberate obstruction of transparency and ADA compliance through denials of FOIA requests and failure to provide ADA-required accommodations. Evidence highlights actions by federal and state officials that undermine whistleblower protections and public accountability, violating constitutional rights under the First, Fifth, and Fourteenth Amendments. _____ Comprehensive and Detailed Discovery Process 1. Direct Impact from FOIA Request Denials • Initial Request Experience: I submitted multiple FOIA requests to federal and state agencies, including the U.S. Department of State, HHS, and DOJ, seeking information critical to Medicaid oversight, ADA enforcement, and whistleblower



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	protections. Despite providing detailed records, case numbers, and accommodations for my disabilities, the requests were either ignored, improperly denied, or marked as "Closed" without substantive response. • Examples of FOIA Denials: o Case #F-2025-03145: The U.S. Department of State claimed no responsive records existed despite clear evidence that such records were under their purview. o Agencies failed to cite valid FOIA exemptions under 5 U.S.C. § 552(b), instead providing vague or irrelevant justifications, obstructing access to crucial records. 2. ADA Accommodation Violations and Barriers • Failure to Honor ADA Requests: My FOIA requests included explicit ADA accommodation requirements, such as: o Providing email-only communication. o Delivering accessible, screen-reader-compatible PDFs. o Including simplified summaries for complex documents. o Embedding response text directly in email bodies. • Observed Violations: Agencies consistently ignored these accommodations, violating 42 U.S.C. § 12132 (ADA Title II) and 29 U.S.C. § 794 (Section 504 of the Rehabilitation Act). For example: o Responses required navigating inaccessible portals. o Key documents were provided in formats incompatible with assistive technologies. o Denials lacked accompanying justifications or detailed summaries. 3. Escalation by Whistleblower Reports • Whistleblower Disclosures: As a whistleblower and advocate, I received corroborating reports from other stakeholders, including: o Medicaid providers frustrated by the lack of oversight and financial accountability in the ABI Waiver Program. o Beneficiaries who faced service disruptions due to mismanagement. o State and federal employees who witnessed internal failures but feared retaliation under inadequate whistleblower protections. • Corroborated Failures: Reports highlighted deliberate non-compliance, systemic fraud, and barriers to transparency that aligned with my own experiences, underscoring the depth of abuse. 4. Documented Patterns of Obstruction •



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	Repeated Lack of Transparency: Agencies demonstrated a recurring pattern of: - o Providing non-substantive or contradictory responses to FOIA and whistleblower inquiries. - o Closing cases without addressing the core issues or fulfilling requests. - o Avoiding account
What additional facts support your allegation?	Deliberate obstruction of transparency and ADA compliance through denials of FOIA requests and failure to provide ADA-required accommodations. Evidence highlights actions by federal and state officials that undermine whistleblower protections and public accountability, violating constitutional rights under the First, Fifth, and Fourteenth Amendments. Comprehensive and Detailed Additional Facts 1. Pattern of FOIA Denials Without Legal Justification • Improperly Closed Requests: Numerous FOIA requests, including Case #F-2025-03145, were marked as "Closed" without substantive responses or valid exemptions under 5 U.S.C. § 552(b). Agencies consistently failed to: - o Provide a Vaughn Index or detailed explanation for redactions or denials. - o Cite specific legal grounds for withholding requested records. • Obstructive Practices: Agencies imposed barriers such as: - o Redirecting requests to inaccessible external portals. - o Requiring the use of password-protected links incompatible with ADA accommodations. - o Refusing to identify responsible personnel or decision-makers in responses. 2. Systematic ADA Accommodation Violations • Failure to Provide Reasonable Accommodations: Despite explicit ADA requests based on cognitive impairments resulting from a traumatic brain injury, agencies repeatedly: - o Failed to use email-only communication as requested. - o Denied requests to embed text directly in the email body for screen-reader compatibility. - o Provided documents in inaccessible formats, violating 42 U.S.C. § 12132 (ADA Title II) and 29 U.S.C. § 794 (Section 504 of the Rehabilitation Act). • Evidence of Non-Compliance: - o Multiple correspondences lacked accessible



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	formatting, rendering the information unusable for individuals with disabilities. o Requests for simplified summaries of complex records were ignored, creating further barriers to understanding. 3. Whistleblower Disclosures Highlighting Agency Failures • Corroborating Testimonies: Whistleblowers within federal and state agencies reported systemic efforts to avoid accountability, including: o Suppressing records related to Medicaid oversight and ADA compliance. o Failing to address internal reports of non-compliance with federal transparency and anti-discrimination laws. • Retaliation Risks: Whistleblowers expressed concerns about retaliation, citing inadequate protections under 5 U.S.C. § 2302(b)(8) (Whistleblower Protection Act). 4. Lack of Oversight and Accountability • State and Federal Coordination Failures: Agencies failed to collaborate effectively to address known issues within the Medicaid ABI Waiver Program. For example: o The Connecticut Department of Social Services (DSS) and Office of the State Comptroller failed to provide requested financial records to federal oversight entities. o Federal agencies, including CMS and OCR, did not enforce corrective actions or audits to address these gaps. • Absence of Oversight Reports: Publicly available audits and
Allegation	Gross Waste of Funds
What action did they take?	Improper use of Medicaid funds due to inefficiencies, overpayments to service providers, and failure to track expenditures effectively. Evidence demonstrates systemic lack of financial accountability, resulting in significant misuse of taxpayer dollars. _____ Detailed Actions Taken by Key Individuals and Entities 1. Xavier Becerra o Title: Secretary, U.S. Department of Health and Human Services (HHS) o Actions Taken: • Failed to implement federal oversight mechanisms to prevent improper fund usage at the state level. • Did not mandate audits or issue directives for immediate corrective action despite reports of financial irregularities



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	in Medicaid programs. 2. Chiquita Brooks-LaSure o Title: Administrator, Centers for Medicare & Medicaid Services (CMS) o Actions Taken: • Neglected to enforce Medicaid financial compliance and reporting standards in Connecticut. • Failed to require Connecticut DSS to reconcile discrepancies in expenditures and address improper payments to providers. 3. Ned Lamont o Title: Governor of Connecticut o Actions Taken: • Allowed systemic inefficiencies and financial mismanagement to persist under his administration. • Did not provide adequate state-level oversight or allocate resources to prevent improper Medicaid fund utilization. 4. Andrea Barton Reeves o Title: Commissioner, Connecticut Department of Social Services (DSS) o Actions Taken: • Allowed overpayments and unverified billing by service providers. • Failed to implement transparent financial tracking systems or address known inefficiencies within the ABI Waiver Program. 5. Yamuna (Yam) Menon o Title: General Counsel/Assistant State Comptroller, Connecticut o Actions Taken: • Did not ensure financial accountability or enforce compliance with Medicaid fund allocation requirements. • Failed to conduct audits to address discrepancies in financial reporting. 6. William Tong o Title: Attorney General, State of Connecticut o Actions Taken: • Did not investigate or pursue legal actions against parties involved in the misuse of Medicaid funds. • Ignored whistleblower complaints and reports of systemic financial mismanagement. 7. Everett L. Handford o Title: Regional Director, HHS Region 1 o Actions Taken: • Failed to conduct regional audits or investigations to ensure compliance with Medicaid financial standards. • Neglected to enforce accountability measures for state agencies managing Medicaid funds. 8. Marjorie Sozanski o Title: Director, Connecticut Medicaid Fraud Control Unit (MFCU) o Actions Taken: • Did not investigate fraudulent claims or financial mismanagement within the ABI Waiver



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	Program. • Allowed improper billing practices to persist unchecked. 9. John C. Geragosian and Robert M. Kane o Title: State Auditors, Connecticut Auditors of Public Accounts o Actions Taken: • Failed to identify or address systemic inefficiencies in Medicaid fund utilization during audits. • Did not publish detailed findings on the mismanagement of
When did this occur?	Improper use of Medicaid funds due to inefficiencies, overpayments to service providers, and failure to track expenditures effectively. Evidence shows that the lack of financial accountability resulted in significant misuse of taxpayer dollars. _____ Detailed Timeline of Events and Actions Phase 1: Initial Failures to Establish Accountability Mechanisms (2013–2017) 1. Timeline: o Financial mismanagement within the Connecticut Medicaid ABI Waiver Program began as early as 2013, following changes to Medicaid fund allocation policies and lack of internal checks. 2. Evidence: o Auditor Reports: Early internal DSS reviews identified missing provider documentation, including unverified claims and missing invoices. o Whistleblower Attempts: Several internal whistleblowers flagged the lack of standardized financial oversight protocols during this period. 3. Impact: o Opportunities for early intervention were missed, enabling systemic inefficiencies and overpa
How did you discover this action?	Improper use of Medicaid funds due to inefficiencies, overpayments to service providers, and failure to track expenditures effectively. Evidence shows that the lack of financial accountability resulted in significant misuse of taxpayer dollars. _____ Comprehensive and Detailed Discovery Timeline Phase 1: Initial Observations and Emerging Red Flags (2013–2017) 1. Inconsistent Financial Records: • During a review of publicly available Medicaid expenditure data and state-level reports, inconsistencies emerged between allocated federal Medicaid funds and reported program expenditures. • Certain categories of expenditures were either unaccounted for or significantly inflated



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	without supporting documentation. 2. Provider Complaints and Anecdotal Evidence: • Direct communication from service providers indicated delays in payments, while others reported unexplained overpayments. • Providers shared concerns that the Department of Social Services (DSS) lacked adequate mechanisms to verify service claims. 3. Internal Whistleblower Disclosures: • Several DSS employees confidentially disclosed concerns about the absence of a standardized auditing process to track Medicaid funds. • These disclosures highlighted that mismanagement stemmed from systemic inefficiencies and a lack of oversight. _____ Phase 2: Escalation of Irregularities and Whistleblower Reports (2018–2020) 1. Access to Internal Reports and State Audit Summaries: • Access to internal summaries revealed substantial gaps in financial audits conducted by DSS and the Connecticut Office of Policy and Management (OPM). • Audit summaries lacked reconciliation data, with certain financial anomalies labeled as "pending review" for years without resolution. 2. Freedom of Information Act (FOIA) Requests: • Formal FOIA requests for detailed financial records and program audits yielded insufficient responses or outright denials, raising further concerns about transparency. • Redacted documents failed to provide clarity regarding the disposition of unspent Medicaid funds. 3. Advocacy and Beneficiary Reports: • Advocacy organizations working with Medicaid beneficiaries documented recurring service delays attributed to unexplained funding shortages. • Beneficiaries reported disruptions in critical services, such as in-home support and rehabilitative care, which providers cited as stemming from inconsistent fund allocation. _____ Phase 3: Federal Oversight and FOIA Disclosures (2021–2023) 1. Responses from Federal Agencies (CMS and HHS): • Responses to FOIA requests from the Centers for Medicare & Medicaid Services (CMS) and the



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	Department of Health and Human Services (HHS) revealed a lack of federal oversight into Connecticut's Medicaid expenditures. • CMS officials acknowledged receiving "high-level concerns" about Connecticut's ABI Waiver Program but failed to provide detailed compliance reports. 2. Whistle
What additional facts support your allegation?	Improper use of Medicaid funds due to inefficiencies, overpayments to service providers, and failure to track expenditures effectively. Evidence shows that the lack of financial accountability resulted in significant misuse of taxpayer dollars. _____ Comprehensive and Detailed Supporting Facts A. Audit Deficiencies and Financial Mismanagement 1. Absence of Comprehensive Audits oThe Connecticut Department of Social Services (DSS) failed to conduct or provide complete and accurate audits of Medicaid expenditures within the Acquired Brain Injury (ABI) Waiver Program. o State Auditors of Public Accounts did not identify or resolve discrepancies in provider claims, leaving millions of dollars unaccounted for. o Annual reports lacked reconciliation between allocated federal Medicaid funds and actual program expenditures. 2. Overpayments and Unverified Claims o Evidence from whistleblower reports indicates overpayments to service providers who submitted unverified or incomplete claims. o Medicaid service providers billed for services outside their contractual scope, and no mechanism was in place to flag or investigate these discrepancies. 3. Improper Fund Allocations o Significant funds were categorized under vague or generic labels such as "miscellaneous expenditures," without supporting documentation or explanation. o Disproportionate increases in administrative costs were recorded with no corresponding improvements in program delivery. _____ B. Federal and State Oversight Failures 1. Inadequate Federal Oversight by CMS o The Centers for Medicare & Medicaid Services (CMS) did not enforce financial accountability measures for state-level Medicaid



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	operations in Connecticut. o Despite receiving high-level complaints about inefficiencies and waste, CMS failed to initiate audits or corrective actions. 2. Neglect by the Office of Policy and Management (OPM) o The Connecticut Office of Policy and Management allowed systemic inefficiencies to persist without coordinating with DSS or other oversight bodies to implement corrective measures. 3. HHS Region 1 Negligence o The HHS Regional Director did not ensure that DSS complied with Medicaid program integrity standards, contributing to unchecked financial waste. _____ C. Whistleblower and Advocacy Disclosures 1. Whistleblower Testimonies o Internal DSS whistleblowers reported systemic mismanagement, including deliberate efforts to suppress findings of financial discrepancies to avoid federal scrutiny. o Whistleblower disclosures documented gaps in financial reporting, including missing expenditure details and unverified provider reimbursements. 2. Advocacy Organization Investigations o Nonprofit organizations investigating Medicaid program inefficiencies found patterns of financial irregularities, including delayed reimbursements and gaps in service delivery tied to unaccounted funds. _____
Allegation	Danger to Public Health
What action did they take?	The mismanagement of the Connecticut Medicaid ABI Waiver Program by federal, state, and contracted entities has directly jeopardized the health and safety of brain injury survivors. These failures include non-compliance with Medicaid regulations, lack of ADA accommodations, and insufficient oversight, all of which have resulted in inadequate care and service disruptions for vulnerable populations. Below is a comprehensive detailing of the actions and omissions that contributed to this systemic failure. _____ Federal Oversight Failures 1. Xavier Becerra • Action Taken: o Did not establish or enforce oversight mechanisms within HHS to monitor Connecticut's Medicaid ABI



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	Waiver Program. o Allowed gaps in program accountability that led to service failures for brain injury survivors. o Failed to mandate corrective actions despite reports of systemic violations affecting public health. 2. Chiquita Brooks-LaSure • Action Taken: o Did not enforce federal Medicaid standards requiring states to ensure continuity of care for beneficiaries. o Allowed Connecticut DSS to operate the ABI Waiver Program without addressing critical failures in compliance and service delivery. o Neglected to conduct federal-level audits or impose penalties for non-compliance, leaving programmatic failures unchecked. 3. Everett L. Handford • Action Taken: o Failed to require corrective actions from Connecticut state agencies under his purview as HHS Region 1 Director. o Did not intervene to address complaints or public health risks reported by beneficiaries and whistleblowers. o Neglected to provide direct oversight or escalate systemic issues to CMS leadership. State Leadership Failures 4. Ned Lamont • Action Taken: o Did not use executive authority to initiate investigations or reforms to address deficiencies in the ABI Waiver Program. o Allowed inadequate funding and mismanagement to persist, compromising essential healthcare services. o Failed to establish an inter-agency task force to address widespread non-compliance and service disruptions. 5. Andrea Barton Reeves • Action Taken: o Did not implement operational or compliance reforms within DSS to ensure adequate service delivery under the ABI Waiver Program. o Allowed unverified service providers and contractors to continue operating without accountability, resulting in gaps in care. o Overlooked systemic complaints from Medicaid beneficiaries regarding lapses in healthcare services. 6. William Tong • Action Taken: o Failed to investigate legal violations tied to mismanagement and public health risks within the ABI



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	Waiver Program. o Did not initiate lawsuits or legal actions to compel programmatic compliance with state and federal laws. o Ignored whistleblower complaints highlighting imminent risks to vulnerable populations. State Medicaid Leadership Failures 7. Jeffrey Beckham • Action Taken: o Did not address
When did this occur?	The mismanagement of the Connecticut Medicaid ABI Waiver Program has persisted over a decade, marked by systemic failures, lapses in oversight, and non-compliance with federal laws. These failures have directly endangered the health and safety of brain injury survivors reliant on Medicaid services. Below is a comprehensive and detailed timeline highlighting key events and patterns of negligence contributing to the ongoing public health crisis. _____ Detailed Timeline of Events 1. Program Establishment and Initial Oversight Failures (2010–2015): • Program Creation and Goals: The Connecticut Medicaid Acquired Brain Injury (ABI) Waiver Program was created to provide essential services for individuals with brain injuries, enabling them to live independently in the community. • Early Indicators of Non-Compliance: o Lack of foundational oversight mechanisms to ensure compliance with Medicaid standards, including the verification of service provider qualific
How did you discover this action?	Mismanagement of the ABI Waiver Program has directly endangered the health and safety of brain injury survivors dependent on Medicaid services. This discovery stems from a combination of firsthand observations, whistleblower disclosures, beneficiary complaints, documented evidence of non-compliance, and systematic failures reported across multiple oversight entities. _____ Detailed and Comprehensive Account 1. Firsthand Observations and Personal Experience • Direct Interactions with the Program: As a stakeholder in the Connecticut Medicaid Acquired Brain Injury (ABI) Waiver Program, I have experienced recurring issues, including: o Delays in



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	service provision such as cognitive rehabilitation, case management, and transportation services. o Denials of essential care despite documented medical necessity. o Non-compliance with ADA accommodations, creating barriers to accessing information and program resources. • Impact on Beneficiaries: Personal interactions with other program beneficiaries revealed a widespread pattern of unmet healthcare needs, inconsistent service delivery, and financial strain due to out-of-pocket expenses for services that Medicaid is obligated to cover. _____ 2. Whistleblower Disclosures • Internal Reports of Program Mismanagement: Whistleblowers, including state employees and Medicaid service providers, have disclosed critical information, including: o Improper financial management, including delayed reimbursements and unverified claims. o Neglect of federal compliance requirements, particularly related to ADA, FOIA, and Medicaid standards. o Service gaps resulting from systemic inefficiencies and lack of accountability. • Barriers to Transparency: Whistleblower reports have also highlighted deliberate obstruction by state and federal agencies to prevent public scrutiny, including: o Denial of Freedom of Information Act (FOIA) requests. o Refusal to disclose internal audits and corrective action plans. _____ 3. Beneficiary Complaints • Recurring Themes in Complaints: Formal and informal complaints submitted by program beneficiaries reveal systemic failures, including: o Interrupted access to care due to provider shortages and reimbursement delays. o Poor communication and lack of guidance from program administrators. o Health and safety risks resulting from delays or denials of medically necessary services. • Documented Cases: Specific cases include: o Individuals who experienced worsened medical conditions due to delayed therapies or treatments. o Caregivers who were forced to bear the financial



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	burden of essential services after Medicaid failed to reimburse providers. _____ 4. FOIA Responses and Non-Responses • Incomplete or Denied FOIA Requests: o FOIA requests submitted to federal (CMS, HHS) and state agencies (DSS, State Comptroller) have been met with either outright denials or inc
What additional facts support your allegation?	Mismanagement of the ABI Waiver Program has directly endangered the health and safety of brain injury survivors dependent on Medicaid services. Additional facts underscore programmatic failures, systemic negligence, and non-compliance with federal laws, resulting in immediate and long-term risks to public health. _____ Comprehensive and Detailed Evidence 1. Documented Failures in Program Administration • Service Interruptions: o Significant delays in care delivery, including cognitive rehabilitation, behavioral therapy, and transportation, have been widely reported. These interruptions jeopardize recovery outcomes for brain injury survivors. o Gaps in service provider availability have led to individuals missing critical medical appointments and therapies, exacerbating pre-existing conditions. • Failure to Reassess Eligibility Timely: o Many beneficiaries report being dropped from the program or facing delays in eligibility reassessments, leaving them without access to essential medical and support services. o DSS failed to meet its obligation to ensure continuity of care during transitional periods, violating Medicaid regulations under 42 U.S.C. § 1396a. _____ 2. Non-Compliance with ADA and Accessibility Requirements • Lack of ADA-Compliant Communication: o DSS and state contractors have failed to provide clear, accessible communication methods for individuals with disabilities, as mandated by Title II of the ADA (42 U.S.C. § 12132). o Beneficiaries with cognitive impairments, including those caused by brain injuries, were denied reasonable accommodations to navigate the program, including



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	simplified application processes and accessible documentation. • Barriers to Transparency: o FOIA requests related to program operations were systematically denied or delayed without justification, further obstructing beneficiaries' ability to understand or challenge program decisions. _____ 3. Evidence of Systemic Neglect by Oversight Entities • Failure to Enforce Compliance: o Federal oversight agencies, including CMS and HHS, failed to enforce compliance with Medicaid standards and ADA requirements, despite clear evidence of systemic violations. o HHS Region 1, which oversees Medicaid operations in Connecticut, did not conduct regular audits or require corrective actions to address deficiencies in the ABI Waiver Program. • Whistleblower Testimonies: o Internal whistleblower reports highlighted severe administrative lapses, including the diversion of funds intended for beneficiary services and negligence in addressing service complaints. These reports were ignored or suppressed by DSS and related agencies. _____ 4. Financial Mismanagement Impacting Public Health • Improper Allocation of Funds: o A significant portion of Medicaid funds was diverted to administrative overhead, rather than being used to directly benefit bra
Allegation	Danger to Public Safety
What action did they take?	Ongoing failures in transparency, financial accountability, and service delivery within the Connecticut Medicaid Acquired Brain Injury (ABI) Waiver Program have directly contributed to systemic risks threatening public safety. These actions—or inactions—by federal, state, and contracted entities have jeopardized the health and well-being of vulnerable populations reliant on Medicaid services. _____ Detailed Actions Taken Federal Entities and Officials 1. Xavier Becerra o Title: Secretary, U.S. Department of Health and Human Services (HHS) o Action Taken: • Failed to ensure that federal Medicaid oversight



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	mechanisms effectively addressed public safety risks tied to programmatic failures. • Did not enforce corrective measures or direct HHS agencies, such as CMS, to intervene in the systemic issues reported in Connecticut. • Allowed the continuation of non-compliance with federal Medicaid standards and ADA regulations. 2. Chiquita Brooks-LaSure o Title: Administrator, Centers for Medicare & Medicaid Services (CMS) o Action Taken: • Did not mandate state-level compliance with Medicaid program standards to protect public safety. • Neglected to enforce the timely resolution of risks identified in whistleblower disclosures and audits. • Allowed Connecticut DSS to operate without proper oversight or accountability measures to address public safety concerns. 3. Everett L. Handford o Title: Regional Director, HHS Region 1 o Action Taken: • Failed to monitor Connecticut's compliance with Medicaid service delivery standards. • Did not escalate known risks to federal authorities or direct interventions to mitigate public safety concerns in the ABI Waiver Program. _____ State Entities and Officials 4. Ned Lamont o Title: Governor of Connecticut o Action Taken: • Failed to exercise executive authority to resolve systemic issues in the ABI Waiver Program. • Did not direct state agencies to prioritize public safety or implement reforms to mitigate risks to Medicaid beneficiaries. • Allowed ineffective policies and practices to persist under his administration, threatening vulnerable populations reliant on Medicaid services. 5. Andrea Barton Reeves o Title: Commissioner, Connecticut Department of Social Services (DSS) o Action Taken: • Did not implement oversight mechanisms to ensure that Medicaid services met required safety standards. • Failed to address reported deficiencies in service delivery, including delays, denials, and inadequate care for brain injury survivors. • Allowed systemic mismanagement to persist, compromising the health and



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	safety of Medicaid recipients. 6. William Tong o Title: Attorney General, State of Connecticut o Action Taken: • Did not investigate or prosecute systemic violations impacting Medicaid service delivery and public safety. • Failed to respond to whistleblower disclosures detailing risks to vulnerable populations. 7. Yamuna (Yam) Menon o Title: General Counsel
When did this occur?	Broader systemic risks to vulnerable populations reliant on Medicaid services began manifesting years ago due to repeated failures in transparency, financial accountability, and service delivery within the Connecticut Medicaid Acquired Brain Injury (ABI) Waiver Program. These failures evolved into a systemic crisis, marked by recurring incidents and escalating public safety threats from 2015 through the present day. _____ Comprehensive and Detailed Timeline Phase 1: Early Warning Signs and Systemic Weaknesses (2015–2018) • 2015: o Event: Initial whistleblower complaints about improper fund allocations within the ABI Waiver Program. o Impact: • Delays in approving Medicaid service claims for brain injury survivors. • Complaints from providers about non-payment and inconsistencies in reimbursement processes. • 2016: o Event: Audits from the Connecticut Office of Policy and Management flagged irregularities in Medicaid fund usage, but no corrective measu
How did you discover this action?	Broader systemic risks to vulnerable populations reliant on Medicaid services caused by the ongoing failures in transparency, financial accountability, and service delivery. Evidence underscores potential harm to public trust and safety if these issues persist. The discovery of these systemic failures was the result of a combination of direct experiences, whistleblower reports, formal complaints, and document reviews highlighting critical gaps in Medicaid program administration and public safety measures. _____ Comprehensive and Detailed Account of Discovery 1.



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	Direct Experiences as a Medicaid Consumer and Advocate (2015–Present) • Observation of Service Failures: As an advocate for brain injury survivors, I have consistently encountered cases where Medicaid recipients under the ABI Waiver Program were denied necessary medical and rehabilitative services due to administrative inefficiencies. o Impact: • Delays in accessing life-sustaining care. • Increased risk of hospitalization and long-term health complications for brain injury survivors. • Reports from Medicaid Recipients and Families: o Recipients reported excessive delays in service approvals, arbitrary denials of coverage, and inconsistent communication from the Connecticut Department of Social Services (DSS). o Families detailed the emotional and financial toll caused by service interruptions and administrative barriers. _____ 2. Whistleblower Disclosures (2017–Present) • 2017–2020: o Whistleblowers within DSS and contracted Medicaid service providers highlighted systemic inefficiencies, including improper billing practices, untracked expenditures, and a lack of oversight for service delivery. o Complaints filed with DSS leadership and federal agencies, including CMS and HHS Region 1, failed to prompt meaningful action. • 2021–2024: o Disclosures to advocacy groups and federal oversight agencies, including the Office of Civil Rights (OCR) and the Centers for Medicare & Medicaid Services (CMS), revealed: • Repeated violations of ADA requirements for equitable service delivery. • Failures to investigate or address complaints regarding Medicaid program transparency and accountability. o Whistleblower reports were supported by internal emails, incomplete financial records, and audit reports that demonstrated gross mismanagement. _____ 3. Formal Complaints and FOIA Requests (2020–2024) • Filing of Complaints: o Numerous complaints were filed with DSS, CMS, and OCR concerning gaps in Medicaid service



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	delivery, financial tracking, and ADA compliance. o These complaints were met with inadequate responses, with federal and state agencies often redirecting responsibility without taking corrective action. FOIA Requests: o Requests for transparency, including records on Medicaid provider compliance, financial audits, and internal oversight policies, were systematically denied or delayed. o Respo
What additional facts support your allegation?	Broader systemic risks to vulnerable populations reliant on Medicaid services caused by the ongoing failures in transparency, financial accountability, and service delivery. Evidence underscores potential harm to public trust and safety if these issues persist. _____ Comprehensive and Detailed Supporting Facts 1. Documented Service Delivery Failures • Inconsistent Access to Services: Medicaid recipients under the ABI Waiver Program have faced delays, denials, and inconsistencies in accessing critical medical and rehabilitative services. o Examples: - Home care services denied or delayed, leaving recipients without essential daily living assistance. • - Medical transportation services inconsistently provided, causing missed appointments and worsening health outcomes. • - Provider Shortages and Disruptions: Reports indicate frequent interruptions in services due to provider shortages, contract mismanagement, and financial instability. o Evidence: • Testimonies from recipients and providers during legislative hearings cite systemic gaps in service coverage. • Complaints filed with DSS highlight the program's inability to ensure service continuity. _____ 2. Whistleblower Reports Highlighting Negligence • Systemic Neglect by State and Federal Agencies: Whistleblowers have provided detailed accounts of negligence within DSS, CMS, and HHS oversight processes. o Issues Identified: • Lack of investigations into complaints about service failures. • Ignoring patterns of non-compliance with ADA and Medicaid program requirements. o Evidence Provided: •



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	Internal emails, budget records, and complaints submitted to DSS and CMS documenting inefficiencies. _____ 3. Financial Mismanagement Impacting Public Safety • Improper Fund Allocation: Gross mismanagement of federally allocated Medicaid funds has resulted in overpayments to certain providers and insufficient funding for critical services. o Evidence: • Financial audits from Connecticut's Office of the State Comptroller reveal discrepancies in fund allocation. • Lack of proper financial tracking mechanisms cited in whistleblower reports. • Impact on Public Safety: Mismanagement has directly undermined the availability and quality of services essential to public health, increasing risks of preventable hospitalizations, deteriorating health outcomes, and even fatalities. _____ 4. Inadequate Oversight and Accountability • Lack of Federal Intervention: Despite evidence of systemic failures, federal oversight agencies, including CMS and HHS Region 1, failed to enforce corrective actions or conduct meaningful audits. oEvidence: • Absence of any comprehensive federal audit or investigation into the ABI Waiver Program over the past five years. • CMS documentation highlighting deficiencies but failing to mandate corrective measures. • State-Level Oversight Gaps: Connecticut DSS and the

DISCLOSURE SUBJECTS

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

First Name	Last Name	Title	Chain of Command
Xavier Becerra	Xavier Becerra	Xavier Becerra Title: Secretary, U.S. Department of Health and	Xavier Becerra Title: Secretary, U.S. Department of Health and Human



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		Human Services (HHS) Position in Cha	Services (HHS) Position in Cha
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)
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
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
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



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*Denotes required fields.

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
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
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)
Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Connecticut Office of the Sta	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Connecticut Office of the Sta	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Connecticut Office of the Sta	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Connecticut Office of the Sta
William Tong – Attorney General, Connecticut	William Tong – Attorney General, Connecticut	William Tong – Attorney General, Connecticut	William Tong – Attorney General, Connecticut
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



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*Denotes required fields.

		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
Dick Durbin Title: Chair, Senate Judiciary Committee	Dick Durbin Title: Chair, Senate Judiciary Committee	Dick Durbin Title: Chair, Senate Judiciary Committee	Dick Durbin Title: Chair, Senate Judiciary Committee
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)	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)
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
Andrea Barton Reeves Title: Commissioner, Connecticut	Andrea Barton Reeves Title: Commissioner, Connecticut	Andrea Barton Reeves Title: Commissioner, Connecticut	Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS)



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*Denotes required fields.

Department of Social Services (DSS)	Department of Social Services (DSS)	Department of Social Services (DSS)	
Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Connecticut Office of the Sta	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Connecticut Office of the Sta	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Connecticut Office of the Sta	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Connecticut Office of the Sta
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
William Tong – Attorney General, Connecticut	William Tong – Attorney General, Connecticut	William Tong – Attorney General, Connecticut	William Tong – Attorney General, Connecticut
Regional Administrator, CMS (Name TBD)	Regional Administrator, CMS (Name TBD)	Regional Administrator, CMS (Name TBD)	Regional Administrator, CMS (Name TBD)
State Medicaid Director (Name TBD)	State Medicaid Director (Name TBD)	State Medicaid Director (Name TBD)	State Medicaid Director (Name TBD)
Medicaid Fraud Control Unit (MFCU) Director (Name TBD)	Medicaid Fraud Control Unit (MFCU) Director (Name TBD)	Medicaid Fraud Control Unit (MFCU) Director (Name TBD)	Medicaid Fraud Control Unit (MFCU) Director (Name TBD)
State Auditors of Public Accounts (Connecticut)	State Auditors of Public Accounts (Connecticut)	State Auditors of Public Accounts (Connecticut)	State Auditors of Public Accounts (Connecticut)
Legislative Oversight Committees	Legislative Oversight Committees	Legislative Oversight Committees	Legislative Oversight Committees



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*Denotes required fields.

Regional Administrator, Centers for Medicare & Medicaid Services (CMS) Region 1	Regional Administrator, Centers for Medicare & Medicaid Services (CMS) Region 1	Regional Administrator, Centers for Medicare & Medicaid Services (CMS) Region 1	Regional Administrator, Centers for Medicare & Medicaid Services (CMS) Region 1
Kate McEvoy Title: Former Director, Connecticut Medicaid Program Role: Previously oversaw the state	ate McEvoy Title: Former Director, Connecticut Medicaid Program Role: Previously oversaw the state	ate McEvoy Title: Former Director, Connecticut Medicaid Program Role: Previously oversaw the state	ate McEvoy Title: Former Director, Connecticut Medicaid Program Role: Previously oversaw the state
Christopher Godialis Title: Director, Medicaid Fraud Control Unit (MFCU), State of Connecticut	Christopher Godialis Title: Director, Medicaid Fraud Control Unit (MFCU), State of Connecticut	Christopher Godialis Title: Director, Medicaid Fraud Control Unit (MFCU), State of Connecticut	Christopher Godialis Title: Director, Medicaid Fraud Control Unit (MFCU), State of Connecticut
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 Division Position in Chain of Command	Kristen Clarke Title: Assistant Attorney General, Civil Rights Division Position in Chain of Command	Kristen Clarke Title: Assistant Attorney General, Civil Rights Division Position in Chain of Command	Kristen Clarke Title: Assistant Attorney General, Civil Rights Division Position in Chain of Command
Chiquita Brooks-LaSure Title: Administrator, Centers for	Chiquita Brooks-LaSure Title: Administrator, Centers for	Chiquita Brooks-LaSure Title: Administrator, Centers for	Chiquita Brooks-LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS)



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Medicare & Medicaid Services (CMS)	Medicare & Medicaid Services (CMS)	Medicare & Medicaid Services (CMS)	
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
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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	Christi Grimm Title: Inspector General Position in Chain of Command: Health and Human Services (HHS)
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
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 – Attorney General, Connecticut	William Tong – Attorney General, Connecticut	William Tong – Attorney General, Connecticut	William Tong – Attorney General, Connecticut
Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Connecticut Office of the Sta	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Connecticut Office of the Sta	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Connecticut Office of the Sta	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Connecticut Office of the Sta
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
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
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
Gary Peters Title: Chair, Senate Committee on Homeland Security and	Gary Peters Title: Chair, Senate Committee on Homeland Security and	Gary Peters Title: Chair, Senate Committee on Homeland Security and	Gary Peters Title: Chair, Senate Committee on Homeland Security and Governmental Affairs Position i



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*Denotes required fields.

Governmental Affairs Position i	Governmental Affairs Position i	Governmental Affairs Position i	
Dick Durbin Title: Chair, Senate Judiciary Committee	Dick Durbin Title: Chair, Senate Judiciary Committee	Dick Durbin Title: Chair, Senate Judiciary Committee	Dick Durbin Title: Chair, Senate Judiciary Committee Position in Chain of Command: Supervises feder
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)	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)
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
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)
Yamuna (Yam) Menon Title: General Counsel/Assistant	Yamuna (Yam) Menon Title: General Counsel/Assistant	Yamuna (Yam) Menon Title: General Counsel/Assistant	Y



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*Denotes required fields.

State Comptroller, Connecticut Office of the Sta	State Comptroller, Connecticut Office of the Sta	State Comptroller, Connecticut Office of the Sta	
William Tong – Attorney General, Connecticut	William Tong – Attorney General, Connecticut	William Tong – Attorney General, Connecticut	William Tong – Attorney General, Connecticut
Everett L. Handford Title: Regional Director, HHS Region 1	Everett L. Handford Title: Regional Director, HHS Region 1	Everett L. Handford Title: Regional Director, HHS Region 1	Everett L. Handford Title: Regional Director, HHS Region 1 Role: Serves as the primary representati
Marjorie Sozanski Title: Director, Connecticut Medicaid Fraud Control Unit (MFCU)	Marjorie Sozanski Title: Director, Connecticut Medicaid Fraud Control Unit (MFCU)	Marjorie Sozanski Title: Director, Connecticut Medicaid Fraud Control Unit (MFCU)	Marjorie Sozanski Title: Director, Connecticut Medicaid Fraud Control Unit (MFCU)
John C. Geragosian	John C. Geragosian	State Auditors, Connecticut Auditors of Public Accounts	State Auditors, Connecticut Auditors of Public Accounts
Robert Kane Title: State Auditor, Connecticut	Robert M. Kane Title: State Auditors, Connecticut Auditors of Public Account	Robert Kane Title: State Auditor, Connecticut	Robert Kane Title: State Auditor, Connecticut
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 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
CMS Medicaid Program Integrity Director	CMS Medicaid Program Integrity Director	CMS Medicaid Program Integrity Director	CMS Medicaid Program Integrity Director



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*Denotes required fields.

Private Auditing Firms	Private Auditing Firms	Private Auditing Firms	Private Auditing Firms
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)	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)
Everett L. Handford Title: Regional Director, HHS Region 1	Everett L. Handford Title: Regional Director, HHS Region 1	Everett L. Handford Title: Regional Director, HHS Region 1	Everett L. Handford
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
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William Tong – Attorney General, Connecticut	William Tong – Attorney General, Connecticut	William Tong – Attorney General, Connecticut	William Tong – Attorney General, Connecticut



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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
Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Connecticut Office of the Sta	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Connecticut Office of the Sta	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Connecticut Office of the Sta	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Connecticut Office of the Sta
Marjorie Sozanski Title: Director, Connecticut Medicaid Fraud Control Unit (MFCU)	Marjorie Sozanski Title: Director, Connecticut Medicaid Fraud Control Unit (MFCU)	Marjorie Sozanski Title: Director, Connecticut Medicaid Fraud Control Unit (MFCU)	Marjorie Sozanski Title: Director, Connecticut Medicaid Fraud Control Unit (MFCU)
Connecticut General Assembly Human Services Committee	Connecticut General Assembly Human Services Committee	Connecticut General Assembly Human Services Committee	Connecticut General Assembly Human Services Committee
State Auditors of Public Accounts (John C. Geragosian and Robert M. Kane)	State Auditors of Public Accounts (John C. Geragosian and Robert M. Kane)	State Auditors of Public Accounts (John C. Geragosian and Robert M. Kane)	State Auditors of Public Accounts (John C. Geragosian and Robert M. Kane)
John C. Geragosian	John C. Geragosian	State Auditors of Public Accounts (John C. Geragosian and Robert M. Kane)	State Auditors of Public Accounts (John C. Geragosian and Robert M. Kane)
Robert M. Kane Title: State	Robert M. Kane Title: State	State Auditors of Public Accounts	Robert M. Kane



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*Denotes required fields.

Auditors, Connecticut Auditors of Public Account	Auditors, Connecticut Auditors of Public Account	(John C. Geragosian and Robert M. Kane)	
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
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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 – Attorney General, Connecticut	William Tong – Attorney General, Connecticut	William Tong – Attorney General, Connecticut	William Tong – Attorney General, Connecticut
Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Connecticut Office of the Sta	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Connecticut Office of the Sta	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Connecticut Office of the Sta	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Connecticut Office of the Sta
Medicaid Fraud Control Unit (MFCU)	Medicaid Fraud Control Unit (MFCU)	Medicaid Fraud Control Unit (MFCU)	Medicaid Fraud Control Unit (MFCU)
State Auditors of Public Accounts (Connecticut)	State Auditors of Public Accounts (Connecticut)	State Auditors of Public Accounts (Connecticut)	State Auditors of Public Accounts (Connecticut)
Private Auditing Firms Independent Auditors Contracted by Connecticut DSS	Private Auditing Firms Independent Auditors Contracted by Connecticut DSS	Private Auditing Firms Independent Auditors Contracted by Connecticut DSS	Private Auditing Firms
Connecticut State Legislature Title: Members of the General Assembly	Connecticut State Legislature	Connecticut State Legislature Title: Members of the General Assembly	Connecticut State Legislature Title: Members of the General Assembly
Congressional Oversight Committees	Congressional Oversight Committees	Congressional Oversight Committees	Congressional Oversight Committees

REQUESTED OSC ACTION

What action would you like OSC to take?

Documentation Attached. This submission constitutes an urgent and non-negotiable demand for immediate enforcement of federal and constitutional laws to rectify systemic



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violations and gross mismanagement in the Connecticut Medicaid Acquired Brain Injury (ABI) Waiver Program. The current failings jeopardize public safety, waste taxpayer resources, and violate the constitutional rights of Medicaid recipients, whistleblowers, and taxpayers. The Office of Special Counsel (OSC), in collaboration with federal oversight bodies, must act decisively to restore accountability, ensure compliance, and protect vulnerable populations.

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.



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*Denotes required fields.

I have attached the following documents to my filing:

File Name
12.07.2024 Enforce Federal and Constitutional Compliance Without Delay HHS CMS OCR OIG DOJ GAO USC FOIA ADA DSS OSC DAS OAG FOIC CGS DB.42.131.Inf. ABI Medeiros Connecticut DOGE .pdf
efilecomplaint · Custom Portal.pdf
USAJOBS 2 - Profile Dashboard.pdf
Thank You, David Medeiros!.pdf
643743803.pdf
David Medeiros (1).pdf
USAJOBS - Profile Dashboard.pdf
643741292.pdf
Application Progress Review and Submit.pdf
Application Progress CMS Thank You, !.pdf
CMS application fro employment Review and Submit.pdf
545526-ZDV DOJ Submission complete.pdf
545526-ZDV DOJ Submission complete.pdf
requests (22).csv
Subject_ Comprehensive FOIA Request for Connecticut Medicaid Acquired Brain Injury Waiver Program Records (Office of the State Comptroller) (3).zip
12.07.2024 Enforce Federal and Constitutional Compliance Without Delay HHS CMS OCR OIG DOJ GAO USC FOIA ADA DSS OSC DAS OAG FOIC CGS DB.42.131.Inf. ABI Medeiros Connecticut DOGE .docx
OSCFiling-MedeirosDavid-DI-12022024333 (1).pdf
OSCFiling-MedeirosDavid-DI-11252024342 (2).pdf
DOJ Complaints 534659-XGL and 539298-RJM, ADA Compliance, and Related Correspondence (Department Of Justice) (3).zip
12.05.2024 foia doj Binder1.pdf
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
DAVID MEDEIROS VS CONNECTICUT DEPARTMENT OF SOCIAL SERVICES DSS CT GOV 10.30.2024 .PDF
09.24.2024
Federal Intervention HHS_OIG_CMS_GAO_DOJ_OCR_Whistleblower_Report_2024.pdf
requests (26).csv



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*Denotes required fields.

FOIA_Acknowledgement_Letter_-_FIG_-_Medeiros.pdf
Admin-CL (1).pdf
01.01.2024 2nd FOIA.gov - Freedom of Information Act_ Create a request.pdf
4_Day_Acknowledgement_Letter_FOI_24-86..pdf
Medeiros Response.pdf
Governor Mail - ABI RESOURCES 860 942-0365 - Outlook.zip
2410220 CAR Dismissal .pdf
12.14.2023 Dear Matthew S. Antonetti CT DSS .pdf
12.23.2023 CHRO COMPLAINT .docx

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



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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: 12/11/2024

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 the Inspector General (OIG)

Street Address: 200 Independence Avenue, SW

City: Washington

State: DC

Zip Code: 20201

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?	Violation of Law, Rule, or Regulation Description: Systematic non-compliance with federal laws governing ADA accommodations (42 U.S.C. § 12132), FOIA transparency (5 U.S.C. § 552), and Medicaid oversight (42 U.S.C. § 1396 et seq.), resulting in direct harm to beneficiaries and whistleblowers. Supporting evidence includes denials of ADA accommodations and withheld records essential to accountability. _____ Federal Officials and Departments 1. Xavier Becerra Action Taken: o Failed to enforce ADA and Medicaid compliance standards across federally funded state programs, allowing systemic violations to persist in the Connecticut ABI Waiver Program. o Did not act on multiple reports of non-compliance from whistleblowers and stakeholders. 2. Chiquita Brooks-LaSure Action Taken: o Did not ensure that CMS effectively monitored Connecticut's Medicaid program for ADA compliance, financial transparency, and operational



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	integrity. o Allowed state-level agencies to obstruct transparency and deny whistleblower protections without federal oversight. 3. Kristen Clarke Action Taken: o Failed to initiate enforcement of ADA Title II protections and investigate systemic violations of civil rights impacting individuals with disabilities. o Did not address FOIA non-compliance and transparency issues raised by whistleblowers. 4. Gene L. Dodaro Action Taken: o Did not initiate audits or reviews of Connecticut's Medicaid spending, particularly concerning allegations of misuse of funds in the ABI Waiver Program. o Allowed gaps in oversight to compromise federal accountability for taxpayer-funded programs. 5. Michael E. Horowitz Action Taken: o Did not investigate whistleblower claims or systemic failures reported within Connecticut's Medicaid administration. o Failed to ensure DOJ acted on reports of non-compliance with FOIA and ADA requirements. 6. Christi Grimm Action Taken: o Neglected to investigate complaints regarding financial mismanagement and lack of ADA compliance in the Connecticut Medicaid ABI Waiver Program. o Did not enforce federal oversight mechanisms to correct systemic issues despite whistleblower disclosures. 7. Eric F. Stein Action Taken: o Closed FOIA requests prematurely, providing insufficient justifications and failing to release requested records essential to transparency and accountability. o Did not uphold FOIA procedural requirements, violating federal transparency mandates. State Officials 8. Ned Lamont Action Taken: o Failed to exercise executive authority to ensure state agencies complied with federal Medicaid regulations, ADA standards, and whistleblower protections. o Neglected to address systemic mismanagement within the ABI Waiver Program under his administration. 9. Andrea Barton Reeves Action Taken: o Did not implement accountability measures to address financial



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	mismanagement, ADA non-compliance, and operational failures in the ABI Waiver Program. o Ignored whi
When did this occur?	Violation of Law, Rule, or Regulation Description: Systematic non-compliance with federal laws governing ADA accommodations (42 U.S.C. § 12132), FOIA transparency (5 U.S.C. § 552), and Medicaid oversight (42 U.S.C. § 1396 et seq.), resulting in direct harm to beneficiaries and whistleblowers. Supporting evidence includes denials of ADA accommodations and withheld records essential to accountability. _____ Timeline of Violations 1. Initial Onset of Violations: 2013 - 2024 o Persistent and systemic non-compliance with FOIA requests and ADA accommodation obligations began January 2013 and remains ongoing. o Patterns of failure in Medicaid program oversight were identified, including mismanagement of federal funds and failure to implement corrective actions in response to whistleblower complaints. 2. Key Escalation Events o November 2018 - August 2022: Reports from whistleblowers highlighted failures in Medicaid oversight, including financial mismanagemen
How did you discover this action?	Violation of Law, Rule, or Regulation Description: Systematic non-compliance with federal laws governing ADA accommodations (42 U.S.C. § 12132), FOIA transparency (5 U.S.C. § 552), and Medicaid oversight (42 U.S.C. § 1396 et seq.), resulting in direct harm to beneficiaries and whistleblowers. Supporting evidence includes denials of ADA accommodations and withheld records essential to accountability. _____ Discovery Timeline and Process 1. Personal Experience with ADA Non-Compliance o In March 2024, I personally requested ADA accommodations in relation to accessing critical information under FOIA. These accommodations, including screen-reader-compatible documents, email-only communication, and simplified summaries, were explicitly denied or ignored by multiple agencies. This demonstrated a systematic failure to adhere to ADA and



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	Section 504 of the Rehabilitation Act requirements. 2. Analysis of FOIA Request Responses o Between 2018 and 2024, a pattern emerged across several FOIA submissions where: • Requests were marked as "Closed" without statutory explanations or records provided, violating 5 U.S.C. § 552. • Denials of records lacked detailed justification under FOIA exemption codes, hindering transparency. • Agencies failed to release information necessary for evaluating Medicaid compliance, highlighting systemic obfuscation. 3. Whistleblower and Oversight Disclosures o Reports from whistleblowers and oversight agencies, reviewed between 2020 and 2023, revealed critical failures in Medicaid oversight. These included mismanagement of federal funds, lack of transparency, and barriers to accountability mechanisms. These disclosures were systematically disregarded by state and federal entities. 4. Review of Public and Internal Records o In 2023, I conducted an analysis of publicly available reports and agency documents. The absence of critical records related to Medicaid provider audits, enforcement of ADA compliance, and corrective actions highlighted systemic failures. Additionally: • Records requested under FOIA were not provided. • Internal communications obtained through secondary sources revealed deliberate delays and procedural barriers. 5. External Reports and Investigations o Independent reports from advocacy organizations and state auditors, reviewed in 2022, indicated pervasive issues, including financial mismanagement and inadequate ADA accommodations. These findings aligned with my personal observations and whistleblower disclosures, further validating systemic violations. 6. Direct Evidence from Correspondence and Requests o Communications with agencies like the DOJ, HHS, and CMS between 2023 and 2024 explicitly documented failures to comply with statutory obligations under FOIA and ADA. Key examples include: • Denials of accessible documentation formats. • Mismanagement



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	of Medicaid provider complaints and audit records. • Refusal to provide detailed explanations for procedural denials, violating fed
What additional facts support your allegation?	Violation of Law, Rule, or Regulation Description: Systematic non-compliance with federal laws governing ADA accommodations (42 U.S.C. § 12132), FOIA transparency (5 U.S.C. § 552), and Medicaid oversight (42 U.S.C. § 1396 et seq.), resulting in direct harm to beneficiaries and whistleblowers. Supporting evidence includes denials of ADA accommodations and withheld records essential to accountability. _____ Detailed Supporting Facts 1. Failure to Adhere to ADA Standards o Federal and state agencies ignored legally mandated accommodations, creating systemic barriers to access: • Specific Violations: • Denial of screen-reader-compatible documents. • Failure to provide simplified summaries of complex records. • Refusal to use email-only communication despite explicit requests. • Impact: • This excluded individuals with disabilities, including myself, from equitable access to critical public information. 2. FOIA Mismanagement o Agencies repeatedly failed to comply with FOIA's statutory obligations: • Denials and Delays: • Requests were marked "Closed" without adequate justification or explanations for withholding records. • Agencies provided incomplete or non-existent Vaughn Indices, violating the requirements for transparency under 5 U.S.C. § 552(b). • Patterns Identified: • Requests involving ADA compliance and Medicaid transparency were deprioritized or dismissed without legal grounds. 3. Obstruction of Medicaid Oversight o Agencies failed to provide records critical for assessing compliance with Medicaid regulations under 42 U.S.C. § 1396 et seq.: • Financial Mismanagement: • Records detailing the allocation and expenditure of Medicaid funds were withheld or claimed to not exist. • Independent audits suggested mismanagement of



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	federal funds in state-level programs. • Service Gaps: • Lack of transparency obstructed accountability for service disruptions impacting vulnerable Medicaid recipients. 4. Whistleblower Reports Ignored o Whistleblower disclosures provided direct evidence of systemic issues: • Unaddressed Allegations: • Mismanagement of Medicaid funds and non-compliance with ADA standards. • Retaliation against individuals reporting misconduct within government agencies. • Impact: • Whistleblowers were denied protection under 5 U.S.C. § 2302(b)(8), further undermining transparency and accountability. 5. Systemic Barriers to Accountability o Internal and external communication failures obstructed oversight: • Agency Coordination Failures: • • Federal and state agencies failed to collaborate effectively to resolve transparency and compliance issues. • • Records requests routed between agencies were never fulfilled or confirmed. • Lack of Oversight: • Congressional oversight committees and federal agencies with jurisdiction did not take action to address systemic violations despite documented evidence. 6. Public Interest and Broader Implications o The violations documented have broader systemic impacts: • Health an
Allegation	Gross Mismanagement
What action did they take?	Description: Persistent failure to manage federally allocated Medicaid funds within the Connecticut Medicaid ABI Waiver Program. Evidence includes incomplete financial audits, insufficient oversight mechanisms, and lack of coordination among federal and state agencies, jeopardizing the program's integrity and taxpayers' funds. _____ Actions Taken by Key Individuals and Entities 1. Xavier Becerra o Action: As Secretary of HHS, failed to direct federal oversight or mandate corrective actions to ensure accountability for Medicaid funding allocated to Connecticut. Did not require CMS to enforce transparency or compliance measures for the ABI Waiver



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	Program. 2. Chiquita Brooks-LaSure o Action: As Administrator of CMS, did not initiate or enforce audits, compliance reviews, or corrective actions for systemic financial mismanagement and lack of service delivery within the program. Ignored whistleblower reports highlighting mismanagement. 3. Ned Lamont o Action: As Governor of Connecticut, neglected to use executive authority to investigate or address systemic issues within the ABI Waiver Program. Allowed state agencies to operate without adequate oversight, leading to unchecked financial inefficiencies and lapses in service provision. 4. Andrea Barton Reeves o Action: As Commissioner of Connecticut DSS, failed to establish financial tracking systems, enforce accountability measures, or address repeated instances of financial and operational inefficiencies. Did not ensure service providers met contractual and program standards. 5. Yamuna (Yam) Menon o Action: As General Counsel/Assistant State Comptroller, claimed "no responsive records" existed for financial oversight related to the ABI Waiver Program. Obstructed transparency by failing to provide critical documentation required for accountability. 6. Gene L. Dodaro o Action: As Comptroller General of GAO, did not initiate an independent federal investigation or audit to address whistleblower allegations and evidence of financial mismanagement. Did not leverage GAO's authority to enforce Medicaid fund oversight. 7. William Tong o Action: As Attorney General of Connecticut, failed to investigate or prosecute financial mismanagement and systemic violations within the ABI Waiver Program. Did not enforce compliance with federal Medicaid regulations or state transparency laws. 8. Regional Administrator, CMS (Name TBD) o Action: Failed to enforce CMS's standards for Medicaid program oversight in Connecticut. Did not ensure corrective actions for financial mismanagement or address systemic operational failures. 9. State Medicaid Director (Name TBD) o Action: Neglected to address reports



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	of financial mismanagement, inefficiencies, and non-compliance. Did not escalate critical issues to federal oversight entities for resolution. 10. Medicaid Fraud Control Unit (MFCU) Director (Name TBD) o Action: Did not investigate whistleblower allegations or pursue cases of financial fraud a
When did this occur?	Persistent failure to manage federally allocated Medicaid funds within the Connecticut Medicaid ABI Waiver Program. Evidence includes incomplete financial audits, insufficient oversight mechanisms, and lack of coordination among federal and state agencies, jeopardizing the program's integrity and taxpayers' funds. Timeline of Occurrences 1. Initial Mismanagement (2015-2024): Systemic issues in Medicaid fund management began surfacing as early as 2015, marked by repeated reports of non-compliance with financial and operational oversight requirements. These issues persisted over the years without substantial corrective actions by state or federal authorities. 2. Whistleblower Reports (2020-Present): Numerous whistleblower complaints and reports from concerned stakeholders highlighted mismanagement and non-compliance in Medicaid funding. These reports, submitted to both state and federal agencies, were either ignored or inadequately addressed, exac
How did you discover this action?	Description: Persistent failure to manage federally allocated Medicaid funds within the Connecticut Medicaid ABI Waiver Program. Evidence includes incomplete financial audits, insufficient oversight mechanisms, and lack of coordination among federal and state agencies, jeopardizing the program's integrity and taxpayers' funds. Discovery Timeline and Sources 1. Personal Experience as a Medicaid Consumer Advocate (2015-Present): Through years of direct involvement as a consumer advocate for individuals with acquired brain injuries (ABI), systemic issues in Medicaid fund allocation and program management became apparent. Reports of service disruptions, inconsistent reimbursements, and poor



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	administrative oversight were consistently raised by program participants and providers. 2. FOIA Requests and Denials (2022-2024): Formal Freedom of Information Act (FOIA) requests were submitted to obtain records on Medicaid program operations, including provider registry information, financial audits, and compliance reports. These requests were systematically denied or delayed, revealing a lack of transparency and accountability within the system. 3. Whistleblower Reports and Disclosures (2020-Present): Whistleblower reports from within state agencies and contracted service providers highlighted mismanagement of funds and insufficient oversight. These disclosures corroborated ongoing issues and indicated systemic failures across multiple agencies. 4. Failed ADA Accommodations and Accessibility Barriers (2021-Present): Attempts to access program-related records and services revealed ADA non-compliance, including the failure to provide accessible communication formats and reasonable accommodations for individuals with disabilities. This further obstructed transparency and accountability efforts. 5. Incomplete Financial Audits and Reporting (2023-2024): Reviews of publicly available financial audits and government reports indicated significant gaps in documentation and discrepancies in fund allocation. These findings were consistent with whistleblower disclosures and personal observations of systemic inefficiencies. 6. Stakeholder Feedback and Advocacy Efforts (2018-Present): Continuous feedback from Medicaid beneficiaries, healthcare providers, and advocacy organizations reinforced concerns about mismanagement, service inconsistencies, and the lack of corrective actions by responsible agencies. Key Observations • - Inaccessible Records: Repeated FOIA denials and incomplete audit reports hindered transparency. • - Service Disruptions: Reports from beneficiaries and providers revealed lapses in critical Medicaid services due to poor management. • - Whistleblower Consistency:



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	Multiple reports from internal and external stakeholders consistently pointed to systemic mismanagement. • Lack of Accountability: Evidence of coordination failures between federal and state agencies highlighted the absence
What additional facts support your allegation?	Persistent failure to manage federally allocated Medicaid funds within the Connecticut Medicaid ABI Waiver Program. Evidence includes incomplete financial audits, insufficient oversight mechanisms, and lack of coordination among federal and state agencies, jeopardizing the program's integrity and taxpayers' funds. _____ Supporting Facts 1. Incomplete and Delayed Financial Audits: o Fact: Publicly available audit reports lack critical financial details, including fund allocation records and provider payment data. Annual audits mandated under Medicaid regulations (42 CFR § 431.16) are incomplete or delayed. o Evidence: Reviews of Connecticut State Auditors' reports and federal CMS audits reveal unaddressed discrepancies in Medicaid fund distribution and utilization. 2. Lack of Accountability Measures: o Fact: Key oversight bodies, including the Connecticut Department of Social Services (DSS) and the Office of the State Comptroller, failed to implement effective accountability mechanisms for monitoring Medicaid expenditures. o Evidence: Whistleblower disclosures and stakeholder complaints indicate that funds were mismanaged without adequate tracking systems or follow-up actions. 3. Service Disruptions and Beneficiary Impact: o Fact: Medicaid ABI Waiver Program participants experienced service interruptions due to delayed provider payments and administrative inefficiencies. o Evidence: Testimonies from affected beneficiaries and providers document cases of delayed reimbursements, resulting in lapses in care and service quality. 4. Whistleblower Reports of Mismanagement: o Fact: Multiple whistleblowers within state agencies and contracted service providers have reported systemic failures in fund management, including overpayments,



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	underpayments, and misuse of federal Medicaid funds. o Evidence: Official whistleblower reports submitted to federal and state oversight bodies detail persistent mismanagement practices over several years. 5. FOIA Non-Compliance: o Fact: Systematic denials of FOIA requests for financial and operational records indicate deliberate obfuscation by state agencies. o Evidence: FOIA requests submitted between 2022 and 2024 were either denied or delayed without valid legal justification, violating 5 U.S.C. § 552. 6. Failure to Implement Corrective Actions: o Fact: Federal agencies, including the Centers for Medicare & Medicaid Services (CMS), failed to enforce remedial measures to address identified deficiencies. o Evidence: CMS oversight reports highlight repeated compliance failures without evidence of substantive enforcement actions or penalties. 7. Discrepancies in Provider Records: o Fact: Provider registry records for the ABI Waiver Program lack updated enrollment statuses, areas of specialty, and disciplinary actions. o Evidence: Reviews of publicly available registry data reveal outdated or incomplete information, raising concerns about transparency and oversight. 8. Coordination Failures
Allegation	Abuse of Authority
What action did they take?	Deliberate obstruction of transparency and ADA compliance through denials of FOIA requests and failure to provide ADA-required accommodations. Evidence highlights actions by federal and state officials that undermine whistleblower protections and public accountability, violating constitutional rights under the First, Fifth, and Fourteenth Amendments. _____ Federal Officials and Entities 1. Merrick B. Garland Action Taken: o Failed to ensure DOJ divisions complied with FOIA transparency standards and ADA accommodations. o Allowed systemic delays and lack of enforcement for whistleblower protections. o Did not initiate corrective measures despite clear evidence of non-compliance. 2. Kristen Clarke Action Taken: o



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	Did not enforce ADA requirements or ensure FOIA accommodations were provided by the Civil Rights Division. o Allowed denials of requests without detailed justifications or statutory basis, violating FOIA and ADA regulations. o Ignored whistleblower disclosures highlighting systemic failures. 3. Chiquita Brooks-LaSure Action Taken: o Failed to implement oversight measures ensuring Medicaid program compliance with ADA standards. o Did not enforce accountability for state-level violations or escalate systemic issues impacting transparency and service delivery. o Neglected whistleblower reports identifying mismanagement and ADA violations in Medicaid programs. 4. Xavier Becerra Action Taken: o Allowed systemic inaction by HHS and its subdivisions, including CMS and OCR, in addressing ADA and FOIA compliance. o Failed to enforce measures ensuring federally allocated funds were managed transparently. o Did not address barriers to accessibility or whistleblower retaliation in federally funded programs. 5. Gene L. Dodaro Action Taken: o Did not initiate audits or reviews addressing systemic non-compliance with FOIA, ADA, and whistleblower protections. o Failed to ensure GAO fulfilled its oversight responsibilities to safeguard taxpayer funds and public accountability. 6. Christi Grimm Action Taken: o Ignored whistleblower complaints and failed to investigate systemic ADA and FOIA violations reported within HHS-administered programs. o Did not enforce HHS OIG oversight responsibilities, allowing abuse of authority to persist unchecked. _____ State Officials and Entities 1. Ned Lamont Action Taken: o Did not use executive authority to address systemic failures in ADA compliance and Medicaid program transparency. o Allowed state agencies to deny FOIA requests and obstruct ADA-required accommodations. o Failed to ensure public accountability despite multiple reports of systemic violations. 2. Andrea Barton Reeves Action Taken: o Did not



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	enforce DSS compliance with ADA standards or ensure Medicaid transparency. o Allowed denials of FOIA requests for Medicaid provider information essential to accountability. o Ignored whistleblower disclosures identifying critical programmatic failure
When did this occur?	Deliberate obstruction of transparency and ADA compliance through denials of FOIA requests and failure to provide ADA-required accommodations. Evidence highlights actions by federal and state officials that undermine whistleblower protections and public accountability, violating constitutional rights under the First, Fifth, and Fourteenth Amendments. _____ Comprehensive Timeline and Details of Occurrence 1. Initial Acts of Non-Compliance • Start Date: January 1, 2023 • Description: Systematic failures to comply with federal requirements began in early 2023. This included refusals to: o Respond to FOIA requests promptly or completely under 5 U.S.C. § 552. o Honor ADA accommodation requests under 42 U.S.C. § 12132 and 29 U.S.C. § 794. o Provide requested transparency regarding Medicaid ABI Waiver Program records. • Evidence: o Ignored FOIA requests submitted to state and federal agencies for records on Medicaid provider accountability and expenditures.
How did you discover this action?	Deliberate obstruction of transparency and ADA compliance through denials of FOIA requests and failure to provide ADA-required accommodations. Evidence highlights actions by federal and state officials that undermine whistleblower protections and public accountability, violating constitutional rights under the First, Fifth, and Fourteenth Amendments. _____ Comprehensive and Detailed Discovery Process 1. Direct Impact from FOIA Request Denials • Initial Request Experience: I submitted multiple FOIA requests to federal and state agencies, including the U.S. Department of State, HHS, and DOJ, seeking information critical to Medicaid oversight, ADA enforcement, and whistleblower



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	protections. Despite providing detailed records, case numbers, and accommodations for my disabilities, the requests were either ignored, improperly denied, or marked as "Closed" without substantive response. • Examples of FOIA Denials: o Case #F-2025-03145: The U.S. Department of State claimed no responsive records existed despite clear evidence that such records were under their purview. o Agencies failed to cite valid FOIA exemptions under 5 U.S.C. § 552(b), instead providing vague or irrelevant justifications, obstructing access to crucial records. 2. ADA Accommodation Violations and Barriers • Failure to Honor ADA Requests: My FOIA requests included explicit ADA accommodation requirements, such as: o Providing email-only communication. o Delivering accessible, screen-reader-compatible PDFs. o Including simplified summaries for complex documents. o Embedding response text directly in email bodies. • Observed Violations: Agencies consistently ignored these accommodations, violating 42 U.S.C. § 12132 (ADA Title II) and 29 U.S.C. § 794 (Section 504 of the Rehabilitation Act). For example: o Responses required navigating inaccessible portals. o Key documents were provided in formats incompatible with assistive technologies. o Denials lacked accompanying justifications or detailed summaries. 3. Escalation by Whistleblower Reports • Whistleblower Disclosures: As a whistleblower and advocate, I received corroborating reports from other stakeholders, including: o Medicaid providers frustrated by the lack of oversight and financial accountability in the ABI Waiver Program. o Beneficiaries who faced service disruptions due to mismanagement. o State and federal employees who witnessed internal failures but feared retaliation under inadequate whistleblower protections. • Corroborated Failures: Reports highlighted deliberate non-compliance, systemic fraud, and barriers to transparency that aligned with my own experiences, underscoring the depth of abuse. 4. Documented Patterns of Obstruction •



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	Repeated Lack of Transparency: Agencies demonstrated a recurring pattern of: - o Providing non-substantive or contradictory responses to FOIA and whistleblower inquiries. - o Closing cases without addressing the core issues or fulfilling requests. - o Avoiding account
What additional facts support your allegation?	Deliberate obstruction of transparency and ADA compliance through denials of FOIA requests and failure to provide ADA-required accommodations. Evidence highlights actions by federal and state officials that undermine whistleblower protections and public accountability, violating constitutional rights under the First, Fifth, and Fourteenth Amendments. Comprehensive and Detailed Additional Facts 1. Pattern of FOIA Denials Without Legal Justification • Improperly Closed Requests: Numerous FOIA requests, including Case #F-2025-03145, were marked as "Closed" without substantive responses or valid exemptions under 5 U.S.C. § 552(b). Agencies consistently failed to: - o Provide a Vaughn Index or detailed explanation for redactions or denials. - o Cite specific legal grounds for withholding requested records. • Obstructive Practices: Agencies imposed barriers such as: - o Redirecting requests to inaccessible external portals. - o Requiring the use of password-protected links incompatible with ADA accommodations. - o Refusing to identify responsible personnel or decision-makers in responses. 2. Systematic ADA Accommodation Violations • Failure to Provide Reasonable Accommodations: Despite explicit ADA requests based on cognitive impairments resulting from a traumatic brain injury, agencies repeatedly: - o Failed to use email-only communication as requested. - o Denied requests to embed text directly in the email body for screen-reader compatibility. - o Provided documents in inaccessible formats, violating 42 U.S.C. § 12132 (ADA Title II) and 29 U.S.C. § 794 (Section 504 of the Rehabilitation Act). • Evidence of Non-Compliance: - o Multiple correspondences lacked accessible



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	formatting, rendering the information unusable for individuals with disabilities. o Requests for simplified summaries of complex records were ignored, creating further barriers to understanding. 3. Whistleblower Disclosures Highlighting Agency Failures • Corroborating Testimonies: Whistleblowers within federal and state agencies reported systemic efforts to avoid accountability, including: o Suppressing records related to Medicaid oversight and ADA compliance. o Failing to address internal reports of non-compliance with federal transparency and anti-discrimination laws. • Retaliation Risks: Whistleblowers expressed concerns about retaliation, citing inadequate protections under 5 U.S.C. § 2302(b)(8) (Whistleblower Protection Act). 4. Lack of Oversight and Accountability • State and Federal Coordination Failures: Agencies failed to collaborate effectively to address known issues within the Medicaid ABI Waiver Program. For example: o The Connecticut Department of Social Services (DSS) and Office of the State Comptroller failed to provide requested financial records to federal oversight entities. o Federal agencies, including CMS and OCR, did not enforce corrective actions or audits to address these gaps. • Absence of Oversight Reports: Publicly available audits and
Allegation	Gross Waste of Funds
What action did they take?	Improper use of Medicaid funds due to inefficiencies, overpayments to service providers, and failure to track expenditures effectively. Evidence demonstrates systemic lack of financial accountability, resulting in significant misuse of taxpayer dollars. _____ Detailed Actions Taken by Key Individuals and Entities 1. Xavier Becerra o Title: Secretary, U.S. Department of Health and Human Services (HHS) o Actions Taken: • Failed to implement federal oversight mechanisms to prevent improper fund usage at the state level. • Did not mandate audits or issue directives for immediate corrective action despite reports of financial irregularities



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	in Medicaid programs. 2. Chiquita Brooks-LaSure o Title: Administrator, Centers for Medicare & Medicaid Services (CMS) o Actions Taken: • Neglected to enforce Medicaid financial compliance and reporting standards in Connecticut. • Failed to require Connecticut DSS to reconcile discrepancies in expenditures and address improper payments to providers. 3. Ned Lamont o Title: Governor of Connecticut o Actions Taken: • Allowed systemic inefficiencies and financial mismanagement to persist under his administration. • Did not provide adequate state-level oversight or allocate resources to prevent improper Medicaid fund utilization. 4. Andrea Barton Reeves o Title: Commissioner, Connecticut Department of Social Services (DSS) o Actions Taken: • Allowed overpayments and unverified billing by service providers. • Failed to implement transparent financial tracking systems or address known inefficiencies within the ABI Waiver Program. 5. Yamuna (Yam) Menon o Title: General Counsel/Assistant State Comptroller, Connecticut o Actions Taken: • Did not ensure financial accountability or enforce compliance with Medicaid fund allocation requirements. • Failed to conduct audits to address discrepancies in financial reporting. 6. William Tong o Title: Attorney General, State of Connecticut o Actions Taken: • Did not investigate or pursue legal actions against parties involved in the misuse of Medicaid funds. • Ignored whistleblower complaints and reports of systemic financial mismanagement. 7. Everett L. Handford o Title: Regional Director, HHS Region 1 o Actions Taken: • Failed to conduct regional audits or investigations to ensure compliance with Medicaid financial standards. • Neglected to enforce accountability measures for state agencies managing Medicaid funds. 8. Marjorie Sozanski o Title: Director, Connecticut Medicaid Fraud Control Unit (MFCU) o Actions Taken: • Did not investigate fraudulent claims or financial mismanagement within the ABI Waiver



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	Program. • Allowed improper billing practices to persist unchecked. 9. John C. Geragosian and Robert M. Kane o Title: State Auditors, Connecticut Auditors of Public Accounts o Actions Taken: • Failed to identify or address systemic inefficiencies in Medicaid fund utilization during audits. • Did not publish detailed findings on the mismanagement of
When did this occur?	Improper use of Medicaid funds due to inefficiencies, overpayments to service providers, and failure to track expenditures effectively. Evidence shows that the lack of financial accountability resulted in significant misuse of taxpayer dollars. _____ Detailed Timeline of Events and Actions Phase 1: Initial Failures to Establish Accountability Mechanisms (2013–2017) 1. Timeline: o Financial mismanagement within the Connecticut Medicaid ABI Waiver Program began as early as 2013, following changes to Medicaid fund allocation policies and lack of internal checks. 2. Evidence: o Auditor Reports: Early internal DSS reviews identified missing provider documentation, including unverified claims and missing invoices. o Whistleblower Attempts: Several internal whistleblowers flagged the lack of standardized financial oversight protocols during this period. 3. Impact: o Opportunities for early intervention were missed, enabling systemic inefficiencies and overpa
How did you discover this action?	Improper use of Medicaid funds due to inefficiencies, overpayments to service providers, and failure to track expenditures effectively. Evidence shows that the lack of financial accountability resulted in significant misuse of taxpayer dollars. _____ Comprehensive and Detailed Discovery Timeline Phase 1: Initial Observations and Emerging Red Flags (2013–2017) 1. Inconsistent Financial Records: • During a review of publicly available Medicaid expenditure data and state-level reports, inconsistencies emerged between allocated federal Medicaid funds and reported program expenditures. • Certain categories of expenditures were either unaccounted for or significantly inflated



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	without supporting documentation. 2. Provider Complaints and Anecdotal Evidence: • Direct communication from service providers indicated delays in payments, while others reported unexplained overpayments. • Providers shared concerns that the Department of Social Services (DSS) lacked adequate mechanisms to verify service claims. 3. Internal Whistleblower Disclosures: • Several DSS employees confidentially disclosed concerns about the absence of a standardized auditing process to track Medicaid funds. • These disclosures highlighted that mismanagement stemmed from systemic inefficiencies and a lack of oversight. Phase 2: Escalation of Irregularities and Whistleblower Reports (2018–2020) 1. Access to Internal Reports and State Audit Summaries: • Access to internal summaries revealed substantial gaps in financial audits conducted by DSS and the Connecticut Office of Policy and Management (OPM). • Audit summaries lacked reconciliation data, with certain financial anomalies labeled as "pending review" for years without resolution. 2. Freedom of Information Act (FOIA) Requests: • Formal FOIA requests for detailed financial records and program audits yielded insufficient responses or outright denials, raising further concerns about transparency. • Redacted documents failed to provide clarity regarding the disposition of unspent Medicaid funds. 3. Advocacy and Beneficiary Reports: • Advocacy organizations working with Medicaid beneficiaries documented recurring service delays attributed to unexplained funding shortages. • Beneficiaries reported disruptions in critical services, such as in-home support and rehabilitative care, which providers cited as stemming from inconsistent fund allocation. Phase 3: Federal Oversight and FOIA Disclosures (2021–2023) 1. Responses from Federal Agencies (CMS and HHS): • Responses to FOIA requests from the Centers for Medicare & Medicaid Services (CMS) and the



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	Department of Health and Human Services (HHS) revealed a lack of federal oversight into Connecticut's Medicaid expenditures. • CMS officials acknowledged receiving "high-level concerns" about Connecticut's ABI Waiver Program but failed to provide detailed compliance reports. 2. Whistle
What additional facts support your allegation?	Improper use of Medicaid funds due to inefficiencies, overpayments to service providers, and failure to track expenditures effectively. Evidence shows that the lack of financial accountability resulted in significant misuse of taxpayer dollars. _____ Comprehensive and Detailed Supporting Facts A. Audit Deficiencies and Financial Mismanagement 1. Absence of Comprehensive Audits oThe Connecticut Department of Social Services (DSS) failed to conduct or provide complete and accurate audits of Medicaid expenditures within the Acquired Brain Injury (ABI) Waiver Program. o State Auditors of Public Accounts did not identify or resolve discrepancies in provider claims, leaving millions of dollars unaccounted for. o Annual reports lacked reconciliation between allocated federal Medicaid funds and actual program expenditures. 2. Overpayments and Unverified Claims o Evidence from whistleblower reports indicates overpayments to service providers who submitted unverified or incomplete claims. o Medicaid service providers billed for services outside their contractual scope, and no mechanism was in place to flag or investigate these discrepancies. 3. Improper Fund Allocations o Significant funds were categorized under vague or generic labels such as "miscellaneous expenditures," without supporting documentation or explanation. o Disproportionate increases in administrative costs were recorded with no corresponding improvements in program delivery. _____ B. Federal and State Oversight Failures 1. Inadequate Federal Oversight by CMS o The Centers for Medicare & Medicaid Services (CMS) did not enforce financial accountability measures for state-level Medicaid



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	operations in Connecticut. o Despite receiving high-level complaints about inefficiencies and waste, CMS failed to initiate audits or corrective actions. 2. Neglect by the Office of Policy and Management (OPM) o The Connecticut Office of Policy and Management allowed systemic inefficiencies to persist without coordinating with DSS or other oversight bodies to implement corrective measures. 3. HHS Region 1 Negligence o The HHS Regional Director did not ensure that DSS complied with Medicaid program integrity standards, contributing to unchecked financial waste. _____ C. Whistleblower and Advocacy Disclosures 1. Whistleblower Testimonies o Internal DSS whistleblowers reported systemic mismanagement, including deliberate efforts to suppress findings of financial discrepancies to avoid federal scrutiny. o Whistleblower disclosures documented gaps in financial reporting, including missing expenditure details and unverified provider reimbursements. 2. Advocacy Organization Investigations o Nonprofit organizations investigating Medicaid program inefficiencies found patterns of financial irregularities, including delayed reimbursements and gaps in service delivery tied to unaccounted funds. _____
Allegation	Danger to Public Health
What action did they take?	The mismanagement of the Connecticut Medicaid ABI Waiver Program by federal, state, and contracted entities has directly jeopardized the health and safety of brain injury survivors. These failures include non-compliance with Medicaid regulations, lack of ADA accommodations, and insufficient oversight, all of which have resulted in inadequate care and service disruptions for vulnerable populations. Below is a comprehensive detailing of the actions and omissions that contributed to this systemic failure. _____ Federal Oversight Failures 1. Xavier Becerra • Action Taken: o Did not establish or enforce oversight mechanisms within HHS to monitor Connecticut's Medicaid ABI



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	Waiver Program. o Allowed gaps in program accountability that led to service failures for brain injury survivors. o Failed to mandate corrective actions despite reports of systemic violations affecting public health. 2. Chiquita Brooks-LaSure • Action Taken: o Did not enforce federal Medicaid standards requiring states to ensure continuity of care for beneficiaries. o Allowed Connecticut DSS to operate the ABI Waiver Program without addressing critical failures in compliance and service delivery. o Neglected to conduct federal-level audits or impose penalties for non-compliance, leaving programmatic failures unchecked. 3. Everett L. Handford • Action Taken: o Failed to require corrective actions from Connecticut state agencies under his purview as HHS Region 1 Director. o Did not intervene to address complaints or public health risks reported by beneficiaries and whistleblowers. o Neglected to provide direct oversight or escalate systemic issues to CMS leadership. State Leadership Failures 4. Ned Lamont • Action Taken: o Did not use executive authority to initiate investigations or reforms to address deficiencies in the ABI Waiver Program. o Allowed inadequate funding and mismanagement to persist, compromising essential healthcare services. o Failed to establish an inter-agency task force to address widespread non-compliance and service disruptions. 5. Andrea Barton Reeves • Action Taken: o Did not implement operational or compliance reforms within DSS to ensure adequate service delivery under the ABI Waiver Program. o Allowed unverified service providers and contractors to continue operating without accountability, resulting in gaps in care. o Overlooked systemic complaints from Medicaid beneficiaries regarding lapses in healthcare services. 6. William Tong • Action Taken: o Failed to investigate legal violations tied to mismanagement and public health risks within the ABI



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	Waiver Program. o Did not initiate lawsuits or legal actions to compel programmatic compliance with state and federal laws. o Ignored whistleblower complaints highlighting imminent risks to vulnerable populations. State Medicaid Leadership Failures 7. Jeffrey Beckham • Action Taken: o Did not address
When did this occur?	The mismanagement of the Connecticut Medicaid ABI Waiver Program has persisted over a decade, marked by systemic failures, lapses in oversight, and non-compliance with federal laws. These failures have directly endangered the health and safety of brain injury survivors reliant on Medicaid services. Below is a comprehensive and detailed timeline highlighting key events and patterns of negligence contributing to the ongoing public health crisis. _____ Detailed Timeline of Events 1. Program Establishment and Initial Oversight Failures (2010–2015): • Program Creation and Goals: The Connecticut Medicaid Acquired Brain Injury (ABI) Waiver Program was created to provide essential services for individuals with brain injuries, enabling them to live independently in the community. • Early Indicators of Non-Compliance: o Lack of foundational oversight mechanisms to ensure compliance with Medicaid standards, including the verification of service provider qualific
How did you discover this action?	Mismanagement of the ABI Waiver Program has directly endangered the health and safety of brain injury survivors dependent on Medicaid services. This discovery stems from a combination of firsthand observations, whistleblower disclosures, beneficiary complaints, documented evidence of non-compliance, and systematic failures reported across multiple oversight entities. _____ Detailed and Comprehensive Account 1. Firsthand Observations and Personal Experience • Direct Interactions with the Program: As a stakeholder in the Connecticut Medicaid Acquired Brain Injury (ABI) Waiver Program, I have experienced recurring issues, including: o Delays in



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	service provision such as cognitive rehabilitation, case management, and transportation services. o Denials of essential care despite documented medical necessity. o Non-compliance with ADA accommodations, creating barriers to accessing information and program resources. • Impact on Beneficiaries: Personal interactions with other program beneficiaries revealed a widespread pattern of unmet healthcare needs, inconsistent service delivery, and financial strain due to out-of-pocket expenses for services that Medicaid is obligated to cover. _____ 2. Whistleblower Disclosures • Internal Reports of Program Mismanagement: Whistleblowers, including state employees and Medicaid service providers, have disclosed critical information, including: o Improper financial management, including delayed reimbursements and unverified claims. o Neglect of federal compliance requirements, particularly related to ADA, FOIA, and Medicaid standards. o Service gaps resulting from systemic inefficiencies and lack of accountability. • Barriers to Transparency: Whistleblower reports have also highlighted deliberate obstruction by state and federal agencies to prevent public scrutiny, including: o Denial of Freedom of Information Act (FOIA) requests. o Refusal to disclose internal audits and corrective action plans. _____ 3. Beneficiary Complaints • Recurring Themes in Complaints: Formal and informal complaints submitted by program beneficiaries reveal systemic failures, including: o Interrupted access to care due to provider shortages and reimbursement delays. o Poor communication and lack of guidance from program administrators. o Health and safety risks resulting from delays or denials of medically necessary services. • Documented Cases: Specific cases include: o Individuals who experienced worsened medical conditions due to delayed therapies or treatments. o Caregivers who were forced to bear the financial



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	burden of essential services after Medicaid failed to reimburse providers. _____ 4. FOIA Responses and Non-Responses • Incomplete or Denied FOIA Requests: o FOIA requests submitted to federal (CMS, HHS) and state agencies (DSS, State Comptroller) have been met with either outright denials or inc
What additional facts support your allegation?	Mismanagement of the ABI Waiver Program has directly endangered the health and safety of brain injury survivors dependent on Medicaid services. Additional facts underscore programmatic failures, systemic negligence, and non-compliance with federal laws, resulting in immediate and long-term risks to public health. _____ Comprehensive and Detailed Evidence 1. Documented Failures in Program Administration • Service Interruptions: o Significant delays in care delivery, including cognitive rehabilitation, behavioral therapy, and transportation, have been widely reported. These interruptions jeopardize recovery outcomes for brain injury survivors. o Gaps in service provider availability have led to individuals missing critical medical appointments and therapies, exacerbating pre-existing conditions. • Failure to Reassess Eligibility Timely: o Many beneficiaries report being dropped from the program or facing delays in eligibility reassessments, leaving them without access to essential medical and support services. o DSS failed to meet its obligation to ensure continuity of care during transitional periods, violating Medicaid regulations under 42 U.S.C. § 1396a. _____ 2. Non-Compliance with ADA and Accessibility Requirements • Lack of ADA-Compliant Communication: o DSS and state contractors have failed to provide clear, accessible communication methods for individuals with disabilities, as mandated by Title II of the ADA (42 U.S.C. § 12132). o Beneficiaries with cognitive impairments, including those caused by brain injuries, were denied reasonable accommodations to navigate the program, including



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	simplified application processes and accessible documentation. • Barriers to Transparency: o FOIA requests related to program operations were systematically denied or delayed without justification, further obstructing beneficiaries' ability to understand or challenge program decisions. _____ 3. Evidence of Systemic Neglect by Oversight Entities • Failure to Enforce Compliance: o Federal oversight agencies, including CMS and HHS, failed to enforce compliance with Medicaid standards and ADA requirements, despite clear evidence of systemic violations. o HHS Region 1, which oversees Medicaid operations in Connecticut, did not conduct regular audits or require corrective actions to address deficiencies in the ABI Waiver Program. • Whistleblower Testimonies: o Internal whistleblower reports highlighted severe administrative lapses, including the diversion of funds intended for beneficiary services and negligence in addressing service complaints. These reports were ignored or suppressed by DSS and related agencies. _____ 4. Financial Mismanagement Impacting Public Health • Improper Allocation of Funds: o A significant portion of Medicaid funds was diverted to administrative overhead, rather than being used to directly benefit bra
Allegation	Danger to Public Safety
What action did they take?	Ongoing failures in transparency, financial accountability, and service delivery within the Connecticut Medicaid Acquired Brain Injury (ABI) Waiver Program have directly contributed to systemic risks threatening public safety. These actions—or inactions—by federal, state, and contracted entities have jeopardized the health and well-being of vulnerable populations reliant on Medicaid services. _____ Detailed Actions Taken Federal Entities and Officials 1. Xavier Becerra o Title: Secretary, U.S. Department of Health and Human Services (HHS) o Action Taken: • Failed to ensure that federal Medicaid oversight



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	mechanisms effectively addressed public safety risks tied to programmatic failures. • Did not enforce corrective measures or direct HHS agencies, such as CMS, to intervene in the systemic issues reported in Connecticut. • Allowed the continuation of non-compliance with federal Medicaid standards and ADA regulations. 2. Chiquita Brooks-LaSure o Title: Administrator, Centers for Medicare & Medicaid Services (CMS) o Action Taken: • Did not mandate state-level compliance with Medicaid program standards to protect public safety. • Neglected to enforce the timely resolution of risks identified in whistleblower disclosures and audits. • Allowed Connecticut DSS to operate without proper oversight or accountability measures to address public safety concerns. 3. Everett L. Handford o Title: Regional Director, HHS Region 1 o Action Taken: • Failed to monitor Connecticut's compliance with Medicaid service delivery standards. • Did not escalate known risks to federal authorities or direct interventions to mitigate public safety concerns in the ABI Waiver Program. _____ State Entities and Officials 4. Ned Lamont o Title: Governor of Connecticut o Action Taken: • Failed to exercise executive authority to resolve systemic issues in the ABI Waiver Program. • Did not direct state agencies to prioritize public safety or implement reforms to mitigate risks to Medicaid beneficiaries. • Allowed ineffective policies and practices to persist under his administration, threatening vulnerable populations reliant on Medicaid services. 5. Andrea Barton Reeves o Title: Commissioner, Connecticut Department of Social Services (DSS) o Action Taken: • Did not implement oversight mechanisms to ensure that Medicaid services met required safety standards. • Failed to address reported deficiencies in service delivery, including delays, denials, and inadequate care for brain injury survivors. • Allowed systemic mismanagement to persist, compromising the health and



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	safety of Medicaid recipients. 6. William Tong o Title: Attorney General, State of Connecticut o Action Taken: • Did not investigate or prosecute systemic violations impacting Medicaid service delivery and public safety. • Failed to respond to whistleblower disclosures detailing risks to vulnerable populations. 7. Yamuna (Yam) Menon o Title: General Counsel
When did this occur?	Broader systemic risks to vulnerable populations reliant on Medicaid services began manifesting years ago due to repeated failures in transparency, financial accountability, and service delivery within the Connecticut Medicaid Acquired Brain Injury (ABI) Waiver Program. These failures evolved into a systemic crisis, marked by recurring incidents and escalating public safety threats from 2015 through the present day. _____ Comprehensive and Detailed Timeline Phase 1: Early Warning Signs and Systemic Weaknesses (2015–2018) • 2015: o Event: Initial whistleblower complaints about improper fund allocations within the ABI Waiver Program. o Impact: • Delays in approving Medicaid service claims for brain injury survivors. • Complaints from providers about non-payment and inconsistencies in reimbursement processes. • 2016: o Event: Audits from the Connecticut Office of Policy and Management flagged irregularities in Medicaid fund usage, but no corrective measu
How did you discover this action?	Broader systemic risks to vulnerable populations reliant on Medicaid services caused by the ongoing failures in transparency, financial accountability, and service delivery. Evidence underscores potential harm to public trust and safety if these issues persist. The discovery of these systemic failures was the result of a combination of direct experiences, whistleblower reports, formal complaints, and document reviews highlighting critical gaps in Medicaid program administration and public safety measures. _____ Comprehensive and Detailed Account of Discovery 1.



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	Direct Experiences as a Medicaid Consumer and Advocate (2015–Present) • Observation of Service Failures: As an advocate for brain injury survivors, I have consistently encountered cases where Medicaid recipients under the ABI Waiver Program were denied necessary medical and rehabilitative services due to administrative inefficiencies. o Impact: • Delays in accessing life-sustaining care. • Increased risk of hospitalization and long-term health complications for brain injury survivors. • Reports from Medicaid Recipients and Families: o Recipients reported excessive delays in service approvals, arbitrary denials of coverage, and inconsistent communication from the Connecticut Department of Social Services (DSS). o Families detailed the emotional and financial toll caused by service interruptions and administrative barriers. _____ 2. Whistleblower Disclosures (2017–Present) • 2017–2020: o Whistleblowers within DSS and contracted Medicaid service providers highlighted systemic inefficiencies, including improper billing practices, untracked expenditures, and a lack of oversight for service delivery. o Complaints filed with DSS leadership and federal agencies, including CMS and HHS Region 1, failed to prompt meaningful action. • 2021–2024: o Disclosures to advocacy groups and federal oversight agencies, including the Office of Civil Rights (OCR) and the Centers for Medicare & Medicaid Services (CMS), revealed: • Repeated violations of ADA requirements for equitable service delivery. • Failures to investigate or address complaints regarding Medicaid program transparency and accountability. o Whistleblower reports were supported by internal emails, incomplete financial records, and audit reports that demonstrated gross mismanagement. _____ 3. Formal Complaints and FOIA Requests (2020–2024) • Filing of Complaints: o Numerous complaints were filed with DSS, CMS, and OCR concerning gaps in Medicaid service



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	delivery, financial tracking, and ADA compliance. o These complaints were met with inadequate responses, with federal and state agencies often redirecting responsibility without taking corrective action. • FOIA Requests: o Requests for transparency, including records on Medicaid provider compliance, financial audits, and internal oversight policies, were systematically denied or delayed. o Respo
What additional facts support your allegation?	Broader systemic risks to vulnerable populations reliant on Medicaid services caused by the ongoing failures in transparency, financial accountability, and service delivery. Evidence underscores potential harm to public trust and safety if these issues persist. _____ Comprehensive and Detailed Supporting Facts 1. Documented Service Delivery Failures • Inconsistent Access to Services: Medicaid recipients under the ABI Waiver Program have faced delays, denials, and inconsistencies in accessing critical medical and rehabilitative services. o Examples: • Home care services denied or delayed, leaving recipients without essential daily living assistance. • • Medical transportation services inconsistently provided, causing missed appointments and worsening health outcomes. • • Provider Shortages and Disruptions: Reports indicate frequent interruptions in services due to provider shortages, contract mismanagement, and financial instability. o Evidence: • Testimonies from recipients and providers during legislative hearings cite systemic gaps in service coverage. • Complaints filed with DSS highlight the program's inability to ensure service continuity. _____ 2. Whistleblower Reports Highlighting Negligence • Systemic Neglect by State and Federal Agencies: Whistleblowers have provided detailed accounts of negligence within DSS, CMS, and HHS oversight processes. o Issues Identified: • Lack of investigations into complaints about service failures. • Ignoring patterns of non-compliance with ADA and Medicaid program requirements. o Evidence Provided: •



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	Internal emails, budget records, and complaints submitted to DSS and CMS documenting inefficiencies. _____ 3. Financial Mismanagement Impacting Public Safety • Improper Fund Allocation: Gross mismanagement of federally allocated Medicaid funds has resulted in overpayments to certain providers and insufficient funding for critical services. o Evidence: • Financial audits from Connecticut’s Office of the State Comptroller reveal discrepancies in fund allocation. • Lack of proper financial tracking mechanisms cited in whistleblower reports. • Impact on Public Safety: Mismanagement has directly undermined the availability and quality of services essential to public health, increasing risks of preventable hospitalizations, deteriorating health outcomes, and even fatalities. _____ 4. Inadequate Oversight and Accountability • Lack of Federal Intervention: Despite evidence of systemic failures, federal oversight agencies, including CMS and HHS Region 1, failed to enforce corrective actions or conduct meaningful audits. oEvidence: • Absence of any comprehensive federal audit or investigation into the ABI Waiver Program over the past five years. • CMS documentation highlighting deficiencies but failing to mandate corrective measures. • State-Level Oversight Gaps: Connecticut DSS and the

DISCLOSURE SUBJECTS

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

First Name	Last Name	Title	Chain of Command
Xavier Becerra	Xavier Becerra	Xavier Becerra Title: Secretary, U.S. Department of Health and	Xavier Becerra Title: Secretary, U.S. Department of Health and Human



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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)
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
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
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



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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
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
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)
Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Connecticut Office of the Sta	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Connecticut Office of the Sta	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Connecticut Office of the Sta	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Connecticut Office of the Sta
William Tong – Attorney General, Connecticut	William Tong – Attorney General, Connecticut	William Tong – Attorney General, Connecticut	William Tong – Attorney General, Connecticut
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



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		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
Dick Durbin Title: Chair, Senate Judiciary Committee	Dick Durbin Title: Chair, Senate Judiciary Committee	Dick Durbin Title: Chair, Senate Judiciary Committee	Dick Durbin Title: Chair, Senate Judiciary Committee
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)	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)
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
Andrea Barton Reeves Title: Commissioner, Connecticut	Andrea Barton Reeves Title: Commissioner, Connecticut	Andrea Barton Reeves Title: Commissioner, Connecticut	Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS)



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*Denotes required fields.

Department of Social Services (DSS)	Department of Social Services (DSS)	Department of Social Services (DSS)	
Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Connecticut Office of the Sta	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Connecticut Office of the Sta	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Connecticut Office of the Sta	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Connecticut Office of the Sta
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
William Tong – Attorney General, Connecticut	William Tong – Attorney General, Connecticut	William Tong – Attorney General, Connecticut	William Tong – Attorney General, Connecticut
Regional Administrator, CMS (Name TBD)	Regional Administrator, CMS (Name TBD)	Regional Administrator, CMS (Name TBD)	Regional Administrator, CMS (Name TBD)
State Medicaid Director (Name TBD)	State Medicaid Director (Name TBD)	State Medicaid Director (Name TBD)	State Medicaid Director (Name TBD)
Medicaid Fraud Control Unit (MFCU) Director (Name TBD)	Medicaid Fraud Control Unit (MFCU) Director (Name TBD)	Medicaid Fraud Control Unit (MFCU) Director (Name TBD)	Medicaid Fraud Control Unit (MFCU) Director (Name TBD)
State Auditors of Public Accounts (Connecticut)	State Auditors of Public Accounts (Connecticut)	State Auditors of Public Accounts (Connecticut)	State Auditors of Public Accounts (Connecticut)
Legislative Oversight Committees	Legislative Oversight Committees	Legislative Oversight Committees	Legislative Oversight Committees



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*Denotes required fields.

Regional Administrator, Centers for Medicare & Medicaid Services (CMS) Region 1	Regional Administrator, Centers for Medicare & Medicaid Services (CMS) Region 1	Regional Administrator, Centers for Medicare & Medicaid Services (CMS) Region 1	Regional Administrator, Centers for Medicare & Medicaid Services (CMS) Region 1
Kate McEvoy Title: Former Director, Connecticut Medicaid Program Role: Previously oversaw the state	ate McEvoy Title: Former Director, Connecticut Medicaid Program Role: Previously oversaw the state	ate McEvoy Title: Former Director, Connecticut Medicaid Program Role: Previously oversaw the state	ate McEvoy Title: Former Director, Connecticut Medicaid Program Role: Previously oversaw the state
Christopher Godialis Title: Director, Medicaid Fraud Control Unit (MFCU), State of Connecticut	Christopher Godialis Title: Director, Medicaid Fraud Control Unit (MFCU), State of Connecticut	Christopher Godialis Title: Director, Medicaid Fraud Control Unit (MFCU), State of Connecticut	Christopher Godialis Title: Director, Medicaid Fraud Control Unit (MFCU), State of Connecticut
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 Division Position in Chain of Command	Kristen Clarke Title: Assistant Attorney General, Civil Rights Division Position in Chain of Command	Kristen Clarke Title: Assistant Attorney General, Civil Rights Division Position in Chain of Command	Kristen Clarke Title: Assistant Attorney General, Civil Rights Division Position in Chain of Command
Chiquita Brooks-LaSure Title: Administrator, Centers for	Chiquita Brooks-LaSure Title: Administrator, Centers for	Chiquita Brooks-LaSure Title: Administrator, Centers for	Chiquita Brooks-LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS)



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*Denotes required fields.

Medicare & Medicaid Services (CMS)	Medicare & Medicaid Services (CMS)	Medicare & Medicaid Services (CMS)	
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
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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	Christi Grimm Title: Inspector General Position in Chain of Command: Health and Human Services (HHS)
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
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 – Attorney General, Connecticut	William Tong – Attorney General, Connecticut	William Tong – Attorney General, Connecticut	William Tong – Attorney General, Connecticut
Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Connecticut Office of the Sta	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Connecticut Office of the Sta	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Connecticut Office of the Sta	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Connecticut Office of the Sta
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
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
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
Gary Peters Title: Chair, Senate Committee on Homeland Security and	Gary Peters Title: Chair, Senate Committee on Homeland Security and	Gary Peters Title: Chair, Senate Committee on Homeland Security and	Gary Peters Title: Chair, Senate Committee on Homeland Security and Governmental Affairs Position i



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*Denotes required fields.

Governmental Affairs Position i	Governmental Affairs Position i	Governmental Affairs Position i	
Dick Durbin Title: Chair, Senate Judiciary Committee	Dick Durbin Title: Chair, Senate Judiciary Committee	Dick Durbin Title: Chair, Senate Judiciary Committee	Dick Durbin Title: Chair, Senate Judiciary Committee Position in Chain of Command: Supervises feder
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
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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
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Yamuna (Yam) Menon Title: General Counsel/Assistant	Yamuna (Yam) Menon Title: General Counsel/Assistant	Yamuna (Yam) Menon Title: General Counsel/Assistant	Y



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*Denotes required fields.

State Comptroller, Connecticut Office of the Sta	State Comptroller, Connecticut Office of the Sta	State Comptroller, Connecticut Office of the Sta	
William Tong – Attorney General, Connecticut	William Tong – Attorney General, Connecticut	William Tong – Attorney General, Connecticut	William Tong – Attorney General, Connecticut
Everett L. Handford Title: Regional Director, HHS Region 1	Everett L. Handford Title: Regional Director, HHS Region 1	Everett L. Handford Title: Regional Director, HHS Region 1	Everett L. Handford Title: Regional Director, HHS Region 1 Role: Serves as the primary representati
Marjorie Sozanski Title: Director, Connecticut Medicaid Fraud Control Unit (MFCU)	Marjorie Sozanski Title: Director, Connecticut Medicaid Fraud Control Unit (MFCU)	Marjorie Sozanski Title: Director, Connecticut Medicaid Fraud Control Unit (MFCU)	Marjorie Sozanski Title: Director, Connecticut Medicaid Fraud Control Unit (MFCU)
John C. Geragosian	John C. Geragosian	State Auditors, Connecticut Auditors of Public Accounts	State Auditors, Connecticut Auditors of Public Accounts
Robert Kane Title: State Auditor, Connecticut	Robert M. Kane Title: State Auditors, Connecticut Auditors of Public Account	Robert Kane Title: State Auditor, Connecticut	Robert Kane Title: State Auditor, Connecticut
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 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
CMS Medicaid Program Integrity Director	CMS Medicaid Program Integrity Director	CMS Medicaid Program Integrity Director	CMS Medicaid Program Integrity Director



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*Denotes required fields.

Private Auditing Firms	Private Auditing Firms	Private Auditing Firms	Private Auditing Firms
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
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Everett L. Handford Title: Regional Director, HHS Region 1	Everett L. Handford Title: Regional Director, HHS Region 1	Everett L. Handford Title: Regional Director, HHS Region 1	Everett L. Handford
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
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



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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
Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Connecticut Office of the Sta	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Connecticut Office of the Sta	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Connecticut Office of the Sta	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Connecticut Office of the Sta
Marjorie Sozanski Title: Director, Connecticut Medicaid Fraud Control Unit (MFCU)	Marjorie Sozanski Title: Director, Connecticut Medicaid Fraud Control Unit (MFCU)	Marjorie Sozanski Title: Director, Connecticut Medicaid Fraud Control Unit (MFCU)	Marjorie Sozanski Title: Director, Connecticut Medicaid Fraud Control Unit (MFCU)
Connecticut General Assembly Human Services Committee	Connecticut General Assembly Human Services Committee	Connecticut General Assembly Human Services Committee	Connecticut General Assembly Human Services Committee
State Auditors of Public Accounts (John C. Geragosian and Robert M. Kane)	State Auditors of Public Accounts (John C. Geragosian and Robert M. Kane)	State Auditors of Public Accounts (John C. Geragosian and Robert M. Kane)	State Auditors of Public Accounts (John C. Geragosian and Robert M. Kane)
John C. Geragosian	John C. Geragosian	State Auditors of Public Accounts (John C. Geragosian and Robert M. Kane)	State Auditors of Public Accounts (John C. Geragosian and Robert M. Kane)
Robert M. Kane Title: State	Robert M. Kane Title: State	State Auditors of Public Accounts	Robert M. Kane



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*Denotes required fields.

Auditors, Connecticut Auditors of Public Account	Auditors, Connecticut Auditors of Public Account	(John C. Geragosian and Robert M. Kane)	
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)	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)
Everett L. Handford Title: Regional Director, HHS Region 1	Everett L. Handford Title: Regional Director, HHS Region 1	Everett L. Handford Title: Regional Director, HHS Region 1	Everett L. Handford Title: Regional Director, HHS Region 1 Role: Serves as the primary representati
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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 – Attorney General, Connecticut	William Tong – Attorney General, Connecticut	William Tong – Attorney General, Connecticut	William Tong – Attorney General, Connecticut
Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Connecticut Office of the Sta	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Connecticut Office of the Sta	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Connecticut Office of the Sta	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Connecticut Office of the Sta
Medicaid Fraud Control Unit (MFCU)	Medicaid Fraud Control Unit (MFCU)	Medicaid Fraud Control Unit (MFCU)	Medicaid Fraud Control Unit (MFCU)
State Auditors of Public Accounts (Connecticut)	State Auditors of Public Accounts (Connecticut)	State Auditors of Public Accounts (Connecticut)	State Auditors of Public Accounts (Connecticut)
Private Auditing Firms Independent Auditors Contracted by Connecticut DSS	Private Auditing Firms Independent Auditors Contracted by Connecticut DSS	Private Auditing Firms Independent Auditors Contracted by Connecticut DSS	Private Auditing Firms
Connecticut State Legislature Title: Members of the General Assembly	Connecticut State Legislature	Connecticut State Legislature Title: Members of the General Assembly	Connecticut State Legislature Title: Members of the General Assembly
Congressional Oversight Committees	Congressional Oversight Committees	Congressional Oversight Committees	Congressional Oversight Committees

REQUESTED OSC ACTION

What action would you like OSC to take?

Documentation Attached. This submission constitutes an urgent and non-negotiable demand for immediate enforcement of federal and constitutional laws to rectify systemic



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violations and gross mismanagement in the Connecticut Medicaid Acquired Brain Injury (ABI) Waiver Program. The current failings jeopardize public safety, waste taxpayer resources, and violate the constitutional rights of Medicaid recipients, whistleblowers, and taxpayers. The Office of Special Counsel (OSC), in collaboration with federal oversight bodies, must act decisively to restore accountability, ensure compliance, and protect vulnerable populations.

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.



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I have attached the following documents to my filing:

File Name
12.07.2024 Enforce Federal and Constitutional Compliance Without Delay HHS CMS OCR OIG DOJ GAO USC FOIA ADA DSS OSC DAS OAG FOIC CGS DB.42.131.Inf. ABI Medeiros Connecticut DOGE .pdf
efilecomplaint · Custom Portal.pdf
USAJOBS 2 - Profile Dashboard.pdf
Thank You, David Medeiros!.pdf
643743803.pdf
David Medeiros (1).pdf
USAJOBS - Profile Dashboard.pdf
643741292.pdf
Application Progress Review and Submit.pdf
Application Progress CMS Thank You, !.pdf
CMS application fro employment Review and Submit.pdf
545526-ZDV DOJ Submission complete.pdf
545526-ZDV DOJ Submission complete.pdf
requests (22).csv
Subject_ Comprehensive FOIA Request for Connecticut Medicaid Acquired Brain Injury Waiver Program Records (Office of the State Comptroller) (3).zip
12.07.2024 Enforce Federal and Constitutional Compliance Without Delay HHS CMS OCR OIG DOJ GAO USC FOIA ADA DSS OSC DAS OAG FOIC CGS DB.42.131.Inf. ABI Medeiros Connecticut DOGE .docx
OSCFiling-MedeirosDavid-DI-12022024333 (1).pdf
OSCFiling-MedeirosDavid-DI-11252024342 (2).pdf
DOJ Complaints 534659-XGL and 539298-RJM, ADA Compliance, and Related Correspondence (Department Of Justice) (3).zip
12.05.2024 foia doj Binder1.pdf
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
DAVID MEDEIROS VS CONNECTICUT DEPARTMENT OF SOCIAL SERVICES DSS CT GOV 10.30.2024 .PDF
09.24.2024
Federal Intervention HHS_OIG_CMS_GAO_DOJ_OCR_Whistleblower_Report_2024.pdf
requests (26).csv



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*Denotes required fields.

FOIA_Acknowledgement_Letter_-_FIG_-_Medeiros.pdf
Admin-CL (1).pdf
01.01.2024 2nd FOIA.gov - Freedom of Information Act_ Create a request.pdf
4_Day_Acknowledgement_Letter_FOI_24-86..pdf
Medeiros Response.pdf
Governor Mail - ABI RESOURCES 860 942-0365 - Outlook.zip
2410220 CAR Dismissal .pdf
12.14.2023 Dear Matthew S. Antonetti CT DSS .pdf
12.23.2023 CHRO COMPLAINT .docx

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



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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: 12/11/2024

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 the Inspector General (OIG)

Street Address: 200 Independence Avenue, SW

City: Washington

State: DC

Zip Code: 20201

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?	Violation of Law, Rule, or Regulation Description: Systematic non-compliance with federal laws governing ADA accommodations (42 U.S.C. § 12132), FOIA transparency (5 U.S.C. § 552), and Medicaid oversight (42 U.S.C. § 1396 et seq.), resulting in direct harm to beneficiaries and whistleblowers. Supporting evidence includes denials of ADA accommodations and withheld records essential to accountability. _____ Federal Officials and Departments 1. Xavier Becerra Action Taken: o Failed to enforce ADA and Medicaid compliance standards across federally funded state programs, allowing systemic violations to persist in the Connecticut ABI Waiver Program. o Did not act on multiple reports of non-compliance from whistleblowers and stakeholders. 2. Chiquita Brooks-LaSure Action Taken: o Did not ensure that CMS effectively monitored Connecticut's Medicaid program for ADA compliance, financial transparency, and operational



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	integrity. o Allowed state-level agencies to obstruct transparency and deny whistleblower protections without federal oversight. 3. Kristen Clarke Action Taken: o Failed to initiate enforcement of ADA Title II protections and investigate systemic violations of civil rights impacting individuals with disabilities. o Did not address FOIA non-compliance and transparency issues raised by whistleblowers. 4. Gene L. Dodaro Action Taken: o Did not initiate audits or reviews of Connecticut's Medicaid spending, particularly concerning allegations of misuse of funds in the ABI Waiver Program. o Allowed gaps in oversight to compromise federal accountability for taxpayer-funded programs. 5. Michael E. Horowitz Action Taken: o Did not investigate whistleblower claims or systemic failures reported within Connecticut's Medicaid administration. o Failed to ensure DOJ acted on reports of non-compliance with FOIA and ADA requirements. 6. Christi Grimm Action Taken: o Neglected to investigate complaints regarding financial mismanagement and lack of ADA compliance in the Connecticut Medicaid ABI Waiver Program. o Did not enforce federal oversight mechanisms to correct systemic issues despite whistleblower disclosures. 7. Eric F. Stein Action Taken: o Closed FOIA requests prematurely, providing insufficient justifications and failing to release requested records essential to transparency and accountability. o Did not uphold FOIA procedural requirements, violating federal transparency mandates. State Officials 8. Ned Lamont Action Taken: o Failed to exercise executive authority to ensure state agencies complied with federal Medicaid regulations, ADA standards, and whistleblower protections. o Neglected to address systemic mismanagement within the ABI Waiver Program under his administration. 9. Andrea Barton Reeves Action Taken: o Did not implement accountability measures to address financial



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	mismanagement, ADA non-compliance, and operational failures in the ABI Waiver Program. o Ignored whi
When did this occur?	Violation of Law, Rule, or Regulation Description: Systematic non-compliance with federal laws governing ADA accommodations (42 U.S.C. § 12132), FOIA transparency (5 U.S.C. § 552), and Medicaid oversight (42 U.S.C. § 1396 et seq.), resulting in direct harm to beneficiaries and whistleblowers. Supporting evidence includes denials of ADA accommodations and withheld records essential to accountability. _____ Timeline of Violations 1. Initial Onset of Violations: 2013 - 2024 o Persistent and systemic non-compliance with FOIA requests and ADA accommodation obligations began January 2013 and remains ongoing. o Patterns of failure in Medicaid program oversight were identified, including mismanagement of federal funds and failure to implement corrective actions in response to whistleblower complaints. 2. Key Escalation Events o November 2018 - August 2022: Reports from whistleblowers highlighted failures in Medicaid oversight, including financial mismanagemen
How did you discover this action?	Violation of Law, Rule, or Regulation Description: Systematic non-compliance with federal laws governing ADA accommodations (42 U.S.C. § 12132), FOIA transparency (5 U.S.C. § 552), and Medicaid oversight (42 U.S.C. § 1396 et seq.), resulting in direct harm to beneficiaries and whistleblowers. Supporting evidence includes denials of ADA accommodations and withheld records essential to accountability. _____ Discovery Timeline and Process 1. Personal Experience with ADA Non-Compliance o In March 2024, I personally requested ADA accommodations in relation to accessing critical information under FOIA. These accommodations, including screen-reader-compatible documents, email-only communication, and simplified summaries, were explicitly denied or ignored by multiple agencies. This demonstrated a systematic failure to adhere to ADA and



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	Section 504 of the Rehabilitation Act requirements. 2. Analysis of FOIA Request Responses o Between 2018 and 2024, a pattern emerged across several FOIA submissions where: • Requests were marked as "Closed" without statutory explanations or records provided, violating 5 U.S.C. § 552. • Denials of records lacked detailed justification under FOIA exemption codes, hindering transparency. • Agencies failed to release information necessary for evaluating Medicaid compliance, highlighting systemic obfuscation. 3. Whistleblower and Oversight Disclosures o Reports from whistleblowers and oversight agencies, reviewed between 2020 and 2023, revealed critical failures in Medicaid oversight. These included mismanagement of federal funds, lack of transparency, and barriers to accountability mechanisms. These disclosures were systematically disregarded by state and federal entities. 4. Review of Public and Internal Records o In 2023, I conducted an analysis of publicly available reports and agency documents. The absence of critical records related to Medicaid provider audits, enforcement of ADA compliance, and corrective actions highlighted systemic failures. Additionally: • Records requested under FOIA were not provided. • Internal communications obtained through secondary sources revealed deliberate delays and procedural barriers. 5. External Reports and Investigations o Independent reports from advocacy organizations and state auditors, reviewed in 2022, indicated pervasive issues, including financial mismanagement and inadequate ADA accommodations. These findings aligned with my personal observations and whistleblower disclosures, further validating systemic violations. 6. Direct Evidence from Correspondence and Requests o Communications with agencies like the DOJ, HHS, and CMS between 2023 and 2024 explicitly documented failures to comply with statutory obligations under FOIA and ADA. Key examples include: • Denials of accessible documentation formats. • Mismanagement



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	of Medicaid provider complaints and audit records. • Refusal to provide detailed explanations for procedural denials, violating fed
What additional facts support your allegation?	Violation of Law, Rule, or Regulation Description: Systematic non-compliance with federal laws governing ADA accommodations (42 U.S.C. § 12132), FOIA transparency (5 U.S.C. § 552), and Medicaid oversight (42 U.S.C. § 1396 et seq.), resulting in direct harm to beneficiaries and whistleblowers. Supporting evidence includes denials of ADA accommodations and withheld records essential to accountability. Detailed Supporting Facts 1. Failure to Adhere to ADA Standards o Federal and state agencies ignored legally mandated accommodations, creating systemic barriers to access: • Specific Violations: • Denial of screen-reader-compatible documents. • Failure to provide simplified summaries of complex records. • Refusal to use email-only communication despite explicit requests. • Impact: • This excluded individuals with disabilities, including myself, from equitable access to critical public information. 2. FOIA Mismanagement o Agencies repeatedly failed to comply with FOIA's statutory obligations: • Denials and Delays: • Requests were marked "Closed" without adequate justification or explanations for withholding records. • Agencies provided incomplete or non-existent Vaughn Indices, violating the requirements for transparency under 5 U.S.C. § 552(b). • Patterns Identified: • Requests involving ADA compliance and Medicaid transparency were deprioritized or dismissed without legal grounds. 3. Obstruction of Medicaid Oversight o Agencies failed to provide records critical for assessing compliance with Medicaid regulations under 42 U.S.C. § 1396 et seq.: • Financial Mismanagement: • Records detailing the allocation and expenditure of Medicaid funds were withheld or claimed to not exist. • Independent audits suggested mismanagement of



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	federal funds in state-level programs. • Service Gaps: • Lack of transparency obstructed accountability for service disruptions impacting vulnerable Medicaid recipients. 4. Whistleblower Reports Ignored o Whistleblower disclosures provided direct evidence of systemic issues: • Unaddressed Allegations: • Mismanagement of Medicaid funds and non-compliance with ADA standards. • Retaliation against individuals reporting misconduct within government agencies. • Impact: • Whistleblowers were denied protection under 5 U.S.C. § 2302(b)(8), further undermining transparency and accountability. 5. Systemic Barriers to Accountability o Internal and external communication failures obstructed oversight: • Agency Coordination Failures: • • Federal and state agencies failed to collaborate effectively to resolve transparency and compliance issues. • • Records requests routed between agencies were never fulfilled or confirmed. • Lack of Oversight: • Congressional oversight committees and federal agencies with jurisdiction did not take action to address systemic violations despite documented evidence. 6. Public Interest and Broader Implications o The violations documented have broader systemic impacts: • Health an
Allegation	Gross Mismanagement
What action did they take?	Description: Persistent failure to manage federally allocated Medicaid funds within the Connecticut Medicaid ABI Waiver Program. Evidence includes incomplete financial audits, insufficient oversight mechanisms, and lack of coordination among federal and state agencies, jeopardizing the program's integrity and taxpayers' funds. _____ Actions Taken by Key Individuals and Entities 1. Xavier Becerra o Action: As Secretary of HHS, failed to direct federal oversight or mandate corrective actions to ensure accountability for Medicaid funding allocated to Connecticut. Did not require CMS to enforce transparency or compliance measures for the ABI Waiver



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	Program. 2. Chiquita Brooks-LaSure o Action: As Administrator of CMS, did not initiate or enforce audits, compliance reviews, or corrective actions for systemic financial mismanagement and lack of service delivery within the program. Ignored whistleblower reports highlighting mismanagement. 3. Ned Lamont o Action: As Governor of Connecticut, neglected to use executive authority to investigate or address systemic issues within the ABI Waiver Program. Allowed state agencies to operate without adequate oversight, leading to unchecked financial inefficiencies and lapses in service provision. 4. Andrea Barton Reeves o Action: As Commissioner of Connecticut DSS, failed to establish financial tracking systems, enforce accountability measures, or address repeated instances of financial and operational inefficiencies. Did not ensure service providers met contractual and program standards. 5. Yamuna (Yam) Menon o Action: As General Counsel/Assistant State Comptroller, claimed "no responsive records" existed for financial oversight related to the ABI Waiver Program. Obstructed transparency by failing to provide critical documentation required for accountability. 6. Gene L. Dodaro o Action: As Comptroller General of GAO, did not initiate an independent federal investigation or audit to address whistleblower allegations and evidence of financial mismanagement. Did not leverage GAO's authority to enforce Medicaid fund oversight. 7. William Tong o Action: As Attorney General of Connecticut, failed to investigate or prosecute financial mismanagement and systemic violations within the ABI Waiver Program. Did not enforce compliance with federal Medicaid regulations or state transparency laws. 8. Regional Administrator, CMS (Name TBD) o Action: Failed to enforce CMS's standards for Medicaid program oversight in Connecticut. Did not ensure corrective actions for financial mismanagement or address systemic operational failures. 9. State Medicaid Director (Name TBD) o Action: Neglected to address reports



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	of financial mismanagement, inefficiencies, and non-compliance. Did not escalate critical issues to federal oversight entities for resolution. 10. Medicaid Fraud Control Unit (MFCU) Director (Name TBD) o Action: Did not investigate whistleblower allegations or pursue cases of financial fraud a
When did this occur?	Persistent failure to manage federally allocated Medicaid funds within the Connecticut Medicaid ABI Waiver Program. Evidence includes incomplete financial audits, insufficient oversight mechanisms, and lack of coordination among federal and state agencies, jeopardizing the program's integrity and taxpayers' funds. Timeline of Occurrences 1. Initial Mismanagement (2015-2024): Systemic issues in Medicaid fund management began surfacing as early as 2015, marked by repeated reports of non-compliance with financial and operational oversight requirements. These issues persisted over the years without substantial corrective actions by state or federal authorities. 2. Whistleblower Reports (2020-Present): Numerous whistleblower complaints and reports from concerned stakeholders highlighted mismanagement and non-compliance in Medicaid funding. These reports, submitted to both state and federal agencies, were either ignored or inadequately addressed, exac
How did you discover this action?	Description: Persistent failure to manage federally allocated Medicaid funds within the Connecticut Medicaid ABI Waiver Program. Evidence includes incomplete financial audits, insufficient oversight mechanisms, and lack of coordination among federal and state agencies, jeopardizing the program's integrity and taxpayers' funds. Discovery Timeline and Sources 1. Personal Experience as a Medicaid Consumer Advocate (2015-Present): Through years of direct involvement as a consumer advocate for individuals with acquired brain injuries (ABI), systemic issues in Medicaid fund allocation and program management became apparent. Reports of service disruptions, inconsistent reimbursements, and poor



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	administrative oversight were consistently raised by program participants and providers. 2. FOIA Requests and Denials (2022-2024): Formal Freedom of Information Act (FOIA) requests were submitted to obtain records on Medicaid program operations, including provider registry information, financial audits, and compliance reports. These requests were systematically denied or delayed, revealing a lack of transparency and accountability within the system. 3. Whistleblower Reports and Disclosures (2020-Present): Whistleblower reports from within state agencies and contracted service providers highlighted mismanagement of funds and insufficient oversight. These disclosures corroborated ongoing issues and indicated systemic failures across multiple agencies. 4. Failed ADA Accommodations and Accessibility Barriers (2021-Present): Attempts to access program-related records and services revealed ADA non-compliance, including the failure to provide accessible communication formats and reasonable accommodations for individuals with disabilities. This further obstructed transparency and accountability efforts. 5. Incomplete Financial Audits and Reporting (2023-2024): Reviews of publicly available financial audits and government reports indicated significant gaps in documentation and discrepancies in fund allocation. These findings were consistent with whistleblower disclosures and personal observations of systemic inefficiencies. 6. Stakeholder Feedback and Advocacy Efforts (2018-Present): Continuous feedback from Medicaid beneficiaries, healthcare providers, and advocacy organizations reinforced concerns about mismanagement, service inconsistencies, and the lack of corrective actions by responsible agencies. Key Observations • - Inaccessible Records: Repeated FOIA denials and incomplete audit reports hindered transparency. • - Service Disruptions: Reports from beneficiaries and providers revealed lapses in critical Medicaid services due to poor management. • - Whistleblower Consistency:



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	Multiple reports from internal and external stakeholders consistently pointed to systemic mismanagement. • Lack of Accountability: Evidence of coordination failures between federal and state agencies highlighted the absence
What additional facts support your allegation?	Persistent failure to manage federally allocated Medicaid funds within the Connecticut Medicaid ABI Waiver Program. Evidence includes incomplete financial audits, insufficient oversight mechanisms, and lack of coordination among federal and state agencies, jeopardizing the program's integrity and taxpayers' funds. _____ Supporting Facts 1. Incomplete and Delayed Financial Audits: o Fact: Publicly available audit reports lack critical financial details, including fund allocation records and provider payment data. Annual audits mandated under Medicaid regulations (42 CFR § 431.16) are incomplete or delayed. o Evidence: Reviews of Connecticut State Auditors' reports and federal CMS audits reveal unaddressed discrepancies in Medicaid fund distribution and utilization. 2. Lack of Accountability Measures: o Fact: Key oversight bodies, including the Connecticut Department of Social Services (DSS) and the Office of the State Comptroller, failed to implement effective accountability mechanisms for monitoring Medicaid expenditures. o Evidence: Whistleblower disclosures and stakeholder complaints indicate that funds were mismanaged without adequate tracking systems or follow-up actions. 3. Service Disruptions and Beneficiary Impact: o Fact: Medicaid ABI Waiver Program participants experienced service interruptions due to delayed provider payments and administrative inefficiencies. o Evidence: Testimonies from affected beneficiaries and providers document cases of delayed reimbursements, resulting in lapses in care and service quality. 4. Whistleblower Reports of Mismanagement: o Fact: Multiple whistleblowers within state agencies and contracted service providers have reported systemic failures in fund management, including overpayments,



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	underpayments, and misuse of federal Medicaid funds. o Evidence: Official whistleblower reports submitted to federal and state oversight bodies detail persistent mismanagement practices over several years. 5. FOIA Non-Compliance: o Fact: Systematic denials of FOIA requests for financial and operational records indicate deliberate obfuscation by state agencies. o Evidence: FOIA requests submitted between 2022 and 2024 were either denied or delayed without valid legal justification, violating 5 U.S.C. § 552. 6. Failure to Implement Corrective Actions: o Fact: Federal agencies, including the Centers for Medicare & Medicaid Services (CMS), failed to enforce remedial measures to address identified deficiencies. o Evidence: CMS oversight reports highlight repeated compliance failures without evidence of substantive enforcement actions or penalties. 7. Discrepancies in Provider Records: o Fact: Provider registry records for the ABI Waiver Program lack updated enrollment statuses, areas of specialty, and disciplinary actions. o Evidence: Reviews of publicly available registry data reveal outdated or incomplete information, raising concerns about transparency and oversight. 8. Coordination Failures
Allegation	Abuse of Authority
What action did they take?	Deliberate obstruction of transparency and ADA compliance through denials of FOIA requests and failure to provide ADA-required accommodations. Evidence highlights actions by federal and state officials that undermine whistleblower protections and public accountability, violating constitutional rights under the First, Fifth, and Fourteenth Amendments. _____ Federal Officials and Entities 1. Merrick B. Garland Action Taken: o Failed to ensure DOJ divisions complied with FOIA transparency standards and ADA accommodations. o Allowed systemic delays and lack of enforcement for whistleblower protections. o Did not initiate corrective measures despite clear evidence of non-compliance. 2. Kristen Clarke Action Taken: o



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	Did not enforce ADA requirements or ensure FOIA accommodations were provided by the Civil Rights Division. o Allowed denials of requests without detailed justifications or statutory basis, violating FOIA and ADA regulations. o Ignored whistleblower disclosures highlighting systemic failures. 3. Chiquita Brooks-LaSure Action Taken: o Failed to implement oversight measures ensuring Medicaid program compliance with ADA standards. o Did not enforce accountability for state-level violations or escalate systemic issues impacting transparency and service delivery. o Neglected whistleblower reports identifying mismanagement and ADA violations in Medicaid programs. 4. Xavier Becerra Action Taken: o Allowed systemic inaction by HHS and its subdivisions, including CMS and OCR, in addressing ADA and FOIA compliance. o Failed to enforce measures ensuring federally allocated funds were managed transparently. o Did not address barriers to accessibility or whistleblower retaliation in federally funded programs. 5. Gene L. Dodaro Action Taken: o Did not initiate audits or reviews addressing systemic non-compliance with FOIA, ADA, and whistleblower protections. o Failed to ensure GAO fulfilled its oversight responsibilities to safeguard taxpayer funds and public accountability. 6. Christi Grimm Action Taken: o Ignored whistleblower complaints and failed to investigate systemic ADA and FOIA violations reported within HHS-administered programs. o Did not enforce HHS OIG oversight responsibilities, allowing abuse of authority to persist unchecked. _____ State Officials and Entities 1. Ned Lamont Action Taken: o Did not use executive authority to address systemic failures in ADA compliance and Medicaid program transparency. o Allowed state agencies to deny FOIA requests and obstruct ADA-required accommodations. o Failed to ensure public accountability despite multiple reports of systemic violations. 2. Andrea Barton Reeves Action Taken: o Did not



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	enforce DSS compliance with ADA standards or ensure Medicaid transparency. o Allowed denials of FOIA requests for Medicaid provider information essential to accountability. o Ignored whistleblower disclosures identifying critical programmatic failure
When did this occur?	Deliberate obstruction of transparency and ADA compliance through denials of FOIA requests and failure to provide ADA-required accommodations. Evidence highlights actions by federal and state officials that undermine whistleblower protections and public accountability, violating constitutional rights under the First, Fifth, and Fourteenth Amendments. _____ Comprehensive Timeline and Details of Occurrence 1. Initial Acts of Non-Compliance • Start Date: January 1, 2023 • Description: Systematic failures to comply with federal requirements began in early 2023. This included refusals to: o Respond to FOIA requests promptly or completely under 5 U.S.C. § 552. o Honor ADA accommodation requests under 42 U.S.C. § 12132 and 29 U.S.C. § 794. o Provide requested transparency regarding Medicaid ABI Waiver Program records. • Evidence: o Ignored FOIA requests submitted to state and federal agencies for records on Medicaid provider accountability and expenditures.
How did you discover this action?	Deliberate obstruction of transparency and ADA compliance through denials of FOIA requests and failure to provide ADA-required accommodations. Evidence highlights actions by federal and state officials that undermine whistleblower protections and public accountability, violating constitutional rights under the First, Fifth, and Fourteenth Amendments. _____ Comprehensive and Detailed Discovery Process 1. Direct Impact from FOIA Request Denials • Initial Request Experience: I submitted multiple FOIA requests to federal and state agencies, including the U.S. Department of State, HHS, and DOJ, seeking information critical to Medicaid oversight, ADA enforcement, and whistleblower



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	protections. Despite providing detailed records, case numbers, and accommodations for my disabilities, the requests were either ignored, improperly denied, or marked as "Closed" without substantive response. • Examples of FOIA Denials: o Case #F-2025-03145: The U.S. Department of State claimed no responsive records existed despite clear evidence that such records were under their purview. o Agencies failed to cite valid FOIA exemptions under 5 U.S.C. § 552(b), instead providing vague or irrelevant justifications, obstructing access to crucial records. 2. ADA Accommodation Violations and Barriers • Failure to Honor ADA Requests: My FOIA requests included explicit ADA accommodation requirements, such as: o Providing email-only communication. o Delivering accessible, screen-reader-compatible PDFs. o Including simplified summaries for complex documents. o Embedding response text directly in email bodies. • Observed Violations: Agencies consistently ignored these accommodations, violating 42 U.S.C. § 12132 (ADA Title II) and 29 U.S.C. § 794 (Section 504 of the Rehabilitation Act). For example: o Responses required navigating inaccessible portals. o Key documents were provided in formats incompatible with assistive technologies. o Denials lacked accompanying justifications or detailed summaries. 3. Escalation by Whistleblower Reports • Whistleblower Disclosures: As a whistleblower and advocate, I received corroborating reports from other stakeholders, including: o Medicaid providers frustrated by the lack of oversight and financial accountability in the ABI Waiver Program. o Beneficiaries who faced service disruptions due to mismanagement. o State and federal employees who witnessed internal failures but feared retaliation under inadequate whistleblower protections. • Corroborated Failures: Reports highlighted deliberate non-compliance, systemic fraud, and barriers to transparency that aligned with my own experiences, underscoring the depth of abuse. 4. Documented Patterns of Obstruction •



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	Repeated Lack of Transparency: Agencies demonstrated a recurring pattern of: - o Providing non-substantive or contradictory responses to FOIA and whistleblower inquiries. - o Closing cases without addressing the core issues or fulfilling requests. - o Avoiding account
What additional facts support your allegation?	Deliberate obstruction of transparency and ADA compliance through denials of FOIA requests and failure to provide ADA-required accommodations. Evidence highlights actions by federal and state officials that undermine whistleblower protections and public accountability, violating constitutional rights under the First, Fifth, and Fourteenth Amendments. _____ Comprehensive and Detailed Additional Facts 1. Pattern of FOIA Denials Without Legal Justification • Improperly Closed Requests: Numerous FOIA requests, including Case #F-2025-03145, were marked as "Closed" without substantive responses or valid exemptions under 5 U.S.C. § 552(b). Agencies consistently failed to: - o Provide a Vaughn Index or detailed explanation for redactions or denials. - o Cite specific legal grounds for withholding requested records. • Obstructive Practices: Agencies imposed barriers such as: - o Redirecting requests to inaccessible external portals. - o Requiring the use of password-protected links incompatible with ADA accommodations. - o Refusing to identify responsible personnel or decision-makers in responses. 2. Systematic ADA Accommodation Violations • Failure to Provide Reasonable Accommodations: Despite explicit ADA requests based on cognitive impairments resulting from a traumatic brain injury, agencies repeatedly: - o Failed to use email-only communication as requested. - o Denied requests to embed text directly in the email body for screen-reader compatibility. - o Provided documents in inaccessible formats, violating 42 U.S.C. § 12132 (ADA Title II) and 29 U.S.C. § 794 (Section 504 of the Rehabilitation Act). • Evidence of Non-Compliance: - o Multiple correspondences lacked accessible



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	formatting, rendering the information unusable for individuals with disabilities. o Requests for simplified summaries of complex records were ignored, creating further barriers to understanding. 3. Whistleblower Disclosures Highlighting Agency Failures • Corroborating Testimonies: Whistleblowers within federal and state agencies reported systemic efforts to avoid accountability, including: o Suppressing records related to Medicaid oversight and ADA compliance. o Failing to address internal reports of non-compliance with federal transparency and anti-discrimination laws. • Retaliation Risks: Whistleblowers expressed concerns about retaliation, citing inadequate protections under 5 U.S.C. § 2302(b)(8) (Whistleblower Protection Act). 4. Lack of Oversight and Accountability • State and Federal Coordination Failures: Agencies failed to collaborate effectively to address known issues within the Medicaid ABI Waiver Program. For example: o The Connecticut Department of Social Services (DSS) and Office of the State Comptroller failed to provide requested financial records to federal oversight entities. o Federal agencies, including CMS and OCR, did not enforce corrective actions or audits to address these gaps. • Absence of Oversight Reports: Publicly available audits and
Allegation	Gross Waste of Funds
What action did they take?	Improper use of Medicaid funds due to inefficiencies, overpayments to service providers, and failure to track expenditures effectively. Evidence demonstrates systemic lack of financial accountability, resulting in significant misuse of taxpayer dollars. _____ Detailed Actions Taken by Key Individuals and Entities 1. Xavier Becerra o Title: Secretary, U.S. Department of Health and Human Services (HHS) o Actions Taken: • Failed to implement federal oversight mechanisms to prevent improper fund usage at the state level. • Did not mandate audits or issue directives for immediate corrective action despite reports of financial irregularities



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	in Medicaid programs. 2. Chiquita Brooks-LaSure o Title: Administrator, Centers for Medicare & Medicaid Services (CMS) o Actions Taken: • Neglected to enforce Medicaid financial compliance and reporting standards in Connecticut. • Failed to require Connecticut DSS to reconcile discrepancies in expenditures and address improper payments to providers. 3. Ned Lamont o Title: Governor of Connecticut o Actions Taken: • Allowed systemic inefficiencies and financial mismanagement to persist under his administration. • Did not provide adequate state-level oversight or allocate resources to prevent improper Medicaid fund utilization. 4. Andrea Barton Reeves o Title: Commissioner, Connecticut Department of Social Services (DSS) o Actions Taken: • Allowed overpayments and unverified billing by service providers. • Failed to implement transparent financial tracking systems or address known inefficiencies within the ABI Waiver Program. 5. Yamuna (Yam) Menon o Title: General Counsel/Assistant State Comptroller, Connecticut o Actions Taken: • Did not ensure financial accountability or enforce compliance with Medicaid fund allocation requirements. • Failed to conduct audits to address discrepancies in financial reporting. 6. William Tong o Title: Attorney General, State of Connecticut o Actions Taken: • Did not investigate or pursue legal actions against parties involved in the misuse of Medicaid funds. • Ignored whistleblower complaints and reports of systemic financial mismanagement. 7. Everett L. Handford o Title: Regional Director, HHS Region 1 o Actions Taken: • Failed to conduct regional audits or investigations to ensure compliance with Medicaid financial standards. • Neglected to enforce accountability measures for state agencies managing Medicaid funds. 8. Marjorie Sozanski o Title: Director, Connecticut Medicaid Fraud Control Unit (MFCU) o Actions Taken: • Did not investigate fraudulent claims or financial mismanagement within the ABI Waiver



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	Program. • Allowed improper billing practices to persist unchecked. 9. John C. Geragosian and Robert M. Kane o Title: State Auditors, Connecticut Auditors of Public Accounts o Actions Taken: • Failed to identify or address systemic inefficiencies in Medicaid fund utilization during audits. • Did not publish detailed findings on the mismanagement of
When did this occur?	Improper use of Medicaid funds due to inefficiencies, overpayments to service providers, and failure to track expenditures effectively. Evidence shows that the lack of financial accountability resulted in significant misuse of taxpayer dollars. _____ Detailed Timeline of Events and Actions Phase 1: Initial Failures to Establish Accountability Mechanisms (2013–2017) 1. Timeline: o Financial mismanagement within the Connecticut Medicaid ABI Waiver Program began as early as 2013, following changes to Medicaid fund allocation policies and lack of internal checks. 2. Evidence: o Auditor Reports: Early internal DSS reviews identified missing provider documentation, including unverified claims and missing invoices. o Whistleblower Attempts: Several internal whistleblowers flagged the lack of standardized financial oversight protocols during this period. 3. Impact: o Opportunities for early intervention were missed, enabling systemic inefficiencies and overpa
How did you discover this action?	Improper use of Medicaid funds due to inefficiencies, overpayments to service providers, and failure to track expenditures effectively. Evidence shows that the lack of financial accountability resulted in significant misuse of taxpayer dollars. _____ Comprehensive and Detailed Discovery Timeline Phase 1: Initial Observations and Emerging Red Flags (2013–2017) 1. Inconsistent Financial Records: • During a review of publicly available Medicaid expenditure data and state-level reports, inconsistencies emerged between allocated federal Medicaid funds and reported program expenditures. • Certain categories of expenditures were either unaccounted for or significantly inflated



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	without supporting documentation. 2. Provider Complaints and Anecdotal Evidence: • Direct communication from service providers indicated delays in payments, while others reported unexplained overpayments. • Providers shared concerns that the Department of Social Services (DSS) lacked adequate mechanisms to verify service claims. 3. Internal Whistleblower Disclosures: • Several DSS employees confidentially disclosed concerns about the absence of a standardized auditing process to track Medicaid funds. • These disclosures highlighted that mismanagement stemmed from systemic inefficiencies and a lack of oversight. _____ Phase 2: Escalation of Irregularities and Whistleblower Reports (2018–2020) 1. Access to Internal Reports and State Audit Summaries: • Access to internal summaries revealed substantial gaps in financial audits conducted by DSS and the Connecticut Office of Policy and Management (OPM). • Audit summaries lacked reconciliation data, with certain financial anomalies labeled as "pending review" for years without resolution. 2. Freedom of Information Act (FOIA) Requests: • Formal FOIA requests for detailed financial records and program audits yielded insufficient responses or outright denials, raising further concerns about transparency. • Redacted documents failed to provide clarity regarding the disposition of unspent Medicaid funds. 3. Advocacy and Beneficiary Reports: • Advocacy organizations working with Medicaid beneficiaries documented recurring service delays attributed to unexplained funding shortages. • Beneficiaries reported disruptions in critical services, such as in-home support and rehabilitative care, which providers cited as stemming from inconsistent fund allocation. _____ Phase 3: Federal Oversight and FOIA Disclosures (2021–2023) 1. Responses from Federal Agencies (CMS and HHS): • Responses to FOIA requests from the Centers for Medicare & Medicaid Services (CMS) and the



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	Department of Health and Human Services (HHS) revealed a lack of federal oversight into Connecticut's Medicaid expenditures. • CMS officials acknowledged receiving "high-level concerns" about Connecticut's ABI Waiver Program but failed to provide detailed compliance reports. 2. Whistle
What additional facts support your allegation?	Improper use of Medicaid funds due to inefficiencies, overpayments to service providers, and failure to track expenditures effectively. Evidence shows that the lack of financial accountability resulted in significant misuse of taxpayer dollars. _____ Comprehensive and Detailed Supporting Facts A. Audit Deficiencies and Financial Mismanagement 1. Absence of Comprehensive Audits oThe Connecticut Department of Social Services (DSS) failed to conduct or provide complete and accurate audits of Medicaid expenditures within the Acquired Brain Injury (ABI) Waiver Program. o State Auditors of Public Accounts did not identify or resolve discrepancies in provider claims, leaving millions of dollars unaccounted for. o Annual reports lacked reconciliation between allocated federal Medicaid funds and actual program expenditures. 2. Overpayments and Unverified Claims o Evidence from whistleblower reports indicates overpayments to service providers who submitted unverified or incomplete claims. o Medicaid service providers billed for services outside their contractual scope, and no mechanism was in place to flag or investigate these discrepancies. 3. Improper Fund Allocations o Significant funds were categorized under vague or generic labels such as "miscellaneous expenditures," without supporting documentation or explanation. o Disproportionate increases in administrative costs were recorded with no corresponding improvements in program delivery. _____ B. Federal and State Oversight Failures 1. Inadequate Federal Oversight by CMS o The Centers for Medicare & Medicaid Services (CMS) did not enforce financial accountability measures for state-level Medicaid



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	operations in Connecticut. o Despite receiving high-level complaints about inefficiencies and waste, CMS failed to initiate audits or corrective actions. 2. Neglect by the Office of Policy and Management (OPM) o The Connecticut Office of Policy and Management allowed systemic inefficiencies to persist without coordinating with DSS or other oversight bodies to implement corrective measures. 3. HHS Region 1 Negligence o The HHS Regional Director did not ensure that DSS complied with Medicaid program integrity standards, contributing to unchecked financial waste. _____ C. Whistleblower and Advocacy Disclosures 1. Whistleblower Testimonies o Internal DSS whistleblowers reported systemic mismanagement, including deliberate efforts to suppress findings of financial discrepancies to avoid federal scrutiny. o Whistleblower disclosures documented gaps in financial reporting, including missing expenditure details and unverified provider reimbursements. 2. Advocacy Organization Investigations o Nonprofit organizations investigating Medicaid program inefficiencies found patterns of financial irregularities, including delayed reimbursements and gaps in service delivery tied to unaccounted funds. _____
Allegation	Danger to Public Health
What action did they take?	The mismanagement of the Connecticut Medicaid ABI Waiver Program by federal, state, and contracted entities has directly jeopardized the health and safety of brain injury survivors. These failures include non-compliance with Medicaid regulations, lack of ADA accommodations, and insufficient oversight, all of which have resulted in inadequate care and service disruptions for vulnerable populations. Below is a comprehensive detailing of the actions and omissions that contributed to this systemic failure. _____ Federal Oversight Failures 1. Xavier Becerra • Action Taken: o Did not establish or enforce oversight mechanisms within HHS to monitor Connecticut's Medicaid ABI



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	Waiver Program. o Allowed gaps in program accountability that led to service failures for brain injury survivors. o Failed to mandate corrective actions despite reports of systemic violations affecting public health. 2. Chiquita Brooks-LaSure • Action Taken: o Did not enforce federal Medicaid standards requiring states to ensure continuity of care for beneficiaries. o Allowed Connecticut DSS to operate the ABI Waiver Program without addressing critical failures in compliance and service delivery. o Neglected to conduct federal-level audits or impose penalties for non-compliance, leaving programmatic failures unchecked. 3. Everett L. Handford • Action Taken: o Failed to require corrective actions from Connecticut state agencies under his purview as HHS Region 1 Director. o Did not intervene to address complaints or public health risks reported by beneficiaries and whistleblowers. o Neglected to provide direct oversight or escalate systemic issues to CMS leadership. _____ State Leadership Failures 4. Ned Lamont • Action Taken: o Did not use executive authority to initiate investigations or reforms to address deficiencies in the ABI Waiver Program. o Allowed inadequate funding and mismanagement to persist, compromising essential healthcare services. o Failed to establish an inter-agency task force to address widespread non-compliance and service disruptions. 5. Andrea Barton Reeves • Action Taken: o Did not implement operational or compliance reforms within DSS to ensure adequate service delivery under the ABI Waiver Program. o Allowed unverified service providers and contractors to continue operating without accountability, resulting in gaps in care. o Overlooked systemic complaints from Medicaid beneficiaries regarding lapses in healthcare services. 6. William Tong • Action Taken: o Failed to investigate legal violations tied to mismanagement and public health risks within the ABI



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	Waiver Program. o Did not initiate lawsuits or legal actions to compel programmatic compliance with state and federal laws. o Ignored whistleblower complaints highlighting imminent risks to vulnerable populations. State Medicaid Leadership Failures 7. Jeffrey Beckham • Action Taken: o Did not address
When did this occur?	The mismanagement of the Connecticut Medicaid ABI Waiver Program has persisted over a decade, marked by systemic failures, lapses in oversight, and non-compliance with federal laws. These failures have directly endangered the health and safety of brain injury survivors reliant on Medicaid services. Below is a comprehensive and detailed timeline highlighting key events and patterns of negligence contributing to the ongoing public health crisis. _____ Detailed Timeline of Events 1. Program Establishment and Initial Oversight Failures (2010–2015): • Program Creation and Goals: The Connecticut Medicaid Acquired Brain Injury (ABI) Waiver Program was created to provide essential services for individuals with brain injuries, enabling them to live independently in the community. • Early Indicators of Non-Compliance: o Lack of foundational oversight mechanisms to ensure compliance with Medicaid standards, including the verification of service provider qualific
How did you discover this action?	Mismanagement of the ABI Waiver Program has directly endangered the health and safety of brain injury survivors dependent on Medicaid services. This discovery stems from a combination of firsthand observations, whistleblower disclosures, beneficiary complaints, documented evidence of non-compliance, and systematic failures reported across multiple oversight entities. _____ Detailed and Comprehensive Account 1. Firsthand Observations and Personal Experience • Direct Interactions with the Program: As a stakeholder in the Connecticut Medicaid Acquired Brain Injury (ABI) Waiver Program, I have experienced recurring issues, including: o Delays in



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	service provision such as cognitive rehabilitation, case management, and transportation services. o Denials of essential care despite documented medical necessity. o Non-compliance with ADA accommodations, creating barriers to accessing information and program resources. • Impact on Beneficiaries: Personal interactions with other program beneficiaries revealed a widespread pattern of unmet healthcare needs, inconsistent service delivery, and financial strain due to out-of-pocket expenses for services that Medicaid is obligated to cover. _____ 2. Whistleblower Disclosures • Internal Reports of Program Mismanagement: Whistleblowers, including state employees and Medicaid service providers, have disclosed critical information, including: o Improper financial management, including delayed reimbursements and unverified claims. o Neglect of federal compliance requirements, particularly related to ADA, FOIA, and Medicaid standards. o Service gaps resulting from systemic inefficiencies and lack of accountability. • Barriers to Transparency: Whistleblower reports have also highlighted deliberate obstruction by state and federal agencies to prevent public scrutiny, including: o Denial of Freedom of Information Act (FOIA) requests. o Refusal to disclose internal audits and corrective action plans. _____ 3. Beneficiary Complaints • Recurring Themes in Complaints: Formal and informal complaints submitted by program beneficiaries reveal systemic failures, including: o Interrupted access to care due to provider shortages and reimbursement delays. o Poor communication and lack of guidance from program administrators. o Health and safety risks resulting from delays or denials of medically necessary services. • Documented Cases: Specific cases include: o Individuals who experienced worsened medical conditions due to delayed therapies or treatments. o Caregivers who were forced to bear the financial



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	burden of essential services after Medicaid failed to reimburse providers. _____ 4. FOIA Responses and Non-Responses • Incomplete or Denied FOIA Requests: o FOIA requests submitted to federal (CMS, HHS) and state agencies (DSS, State Comptroller) have been met with either outright denials or inc
What additional facts support your allegation?	Mismanagement of the ABI Waiver Program has directly endangered the health and safety of brain injury survivors dependent on Medicaid services. Additional facts underscore programmatic failures, systemic negligence, and non-compliance with federal laws, resulting in immediate and long-term risks to public health. _____ Comprehensive and Detailed Evidence 1. Documented Failures in Program Administration • Service Interruptions: o Significant delays in care delivery, including cognitive rehabilitation, behavioral therapy, and transportation, have been widely reported. These interruptions jeopardize recovery outcomes for brain injury survivors. o Gaps in service provider availability have led to individuals missing critical medical appointments and therapies, exacerbating pre-existing conditions. • Failure to Reassess Eligibility Timely: o Many beneficiaries report being dropped from the program or facing delays in eligibility reassessments, leaving them without access to essential medical and support services. o DSS failed to meet its obligation to ensure continuity of care during transitional periods, violating Medicaid regulations under 42 U.S.C. § 1396a. _____ 2. Non-Compliance with ADA and Accessibility Requirements • Lack of ADA-Compliant Communication: o DSS and state contractors have failed to provide clear, accessible communication methods for individuals with disabilities, as mandated by Title II of the ADA (42 U.S.C. § 12132). o Beneficiaries with cognitive impairments, including those caused by brain injuries, were denied reasonable accommodations to navigate the program, including



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	simplified application processes and accessible documentation. • Barriers to Transparency: o FOIA requests related to program operations were systematically denied or delayed without justification, further obstructing beneficiaries' ability to understand or challenge program decisions. _____ 3. Evidence of Systemic Neglect by Oversight Entities • Failure to Enforce Compliance: o Federal oversight agencies, including CMS and HHS, failed to enforce compliance with Medicaid standards and ADA requirements, despite clear evidence of systemic violations. o HHS Region 1, which oversees Medicaid operations in Connecticut, did not conduct regular audits or require corrective actions to address deficiencies in the ABI Waiver Program. • Whistleblower Testimonies: o Internal whistleblower reports highlighted severe administrative lapses, including the diversion of funds intended for beneficiary services and negligence in addressing service complaints. These reports were ignored or suppressed by DSS and related agencies. _____ 4. Financial Mismanagement Impacting Public Health • Improper Allocation of Funds: o A significant portion of Medicaid funds was diverted to administrative overhead, rather than being used to directly benefit bra
Allegation	Danger to Public Safety
What action did they take?	Ongoing failures in transparency, financial accountability, and service delivery within the Connecticut Medicaid Acquired Brain Injury (ABI) Waiver Program have directly contributed to systemic risks threatening public safety. These actions—or inactions—by federal, state, and contracted entities have jeopardized the health and well-being of vulnerable populations reliant on Medicaid services. _____ Detailed Actions Taken Federal Entities and Officials 1. Xavier Becerra o Title: Secretary, U.S. Department of Health and Human Services (HHS) o Action Taken: • Failed to ensure that federal Medicaid oversight



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	mechanisms effectively addressed public safety risks tied to programmatic failures. • Did not enforce corrective measures or direct HHS agencies, such as CMS, to intervene in the systemic issues reported in Connecticut. • Allowed the continuation of non-compliance with federal Medicaid standards and ADA regulations. 2. Chiquita Brooks-LaSure o Title: Administrator, Centers for Medicare & Medicaid Services (CMS) o Action Taken: • Did not mandate state-level compliance with Medicaid program standards to protect public safety. • Neglected to enforce the timely resolution of risks identified in whistleblower disclosures and audits. • Allowed Connecticut DSS to operate without proper oversight or accountability measures to address public safety concerns. 3. Everett L. Handford o Title: Regional Director, HHS Region 1 o Action Taken: • Failed to monitor Connecticut's compliance with Medicaid service delivery standards. • Did not escalate known risks to federal authorities or direct interventions to mitigate public safety concerns in the ABI Waiver Program. _____ State Entities and Officials 4. Ned Lamont o Title: Governor of Connecticut o Action Taken: • Failed to exercise executive authority to resolve systemic issues in the ABI Waiver Program. • Did not direct state agencies to prioritize public safety or implement reforms to mitigate risks to Medicaid beneficiaries. • Allowed ineffective policies and practices to persist under his administration, threatening vulnerable populations reliant on Medicaid services. 5. Andrea Barton Reeves o Title: Commissioner, Connecticut Department of Social Services (DSS) o Action Taken: • Did not implement oversight mechanisms to ensure that Medicaid services met required safety standards. • Failed to address reported deficiencies in service delivery, including delays, denials, and inadequate care for brain injury survivors. • Allowed systemic mismanagement to persist, compromising the health and



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	safety of Medicaid recipients. 6. William Tong o Title: Attorney General, State of Connecticut o Action Taken: • Did not investigate or prosecute systemic violations impacting Medicaid service delivery and public safety. • Failed to respond to whistleblower disclosures detailing risks to vulnerable populations. 7. Yamuna (Yam) Menon o Title: General Counsel
When did this occur?	Broader systemic risks to vulnerable populations reliant on Medicaid services began manifesting years ago due to repeated failures in transparency, financial accountability, and service delivery within the Connecticut Medicaid Acquired Brain Injury (ABI) Waiver Program. These failures evolved into a systemic crisis, marked by recurring incidents and escalating public safety threats from 2015 through the present day. _____ Comprehensive and Detailed Timeline Phase 1: Early Warning Signs and Systemic Weaknesses (2015–2018) • 2015: o Event: Initial whistleblower complaints about improper fund allocations within the ABI Waiver Program. o Impact: • Delays in approving Medicaid service claims for brain injury survivors. • Complaints from providers about non-payment and inconsistencies in reimbursement processes. • 2016: o Event: Audits from the Connecticut Office of Policy and Management flagged irregularities in Medicaid fund usage, but no corrective measu
How did you discover this action?	Broader systemic risks to vulnerable populations reliant on Medicaid services caused by the ongoing failures in transparency, financial accountability, and service delivery. Evidence underscores potential harm to public trust and safety if these issues persist. The discovery of these systemic failures was the result of a combination of direct experiences, whistleblower reports, formal complaints, and document reviews highlighting critical gaps in Medicaid program administration and public safety measures. _____ Comprehensive and Detailed Account of Discovery 1.



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	Direct Experiences as a Medicaid Consumer and Advocate (2015–Present) • Observation of Service Failures: As an advocate for brain injury survivors, I have consistently encountered cases where Medicaid recipients under the ABI Waiver Program were denied necessary medical and rehabilitative services due to administrative inefficiencies. o Impact: • Delays in accessing life-sustaining care. • Increased risk of hospitalization and long-term health complications for brain injury survivors. • Reports from Medicaid Recipients and Families: o Recipients reported excessive delays in service approvals, arbitrary denials of coverage, and inconsistent communication from the Connecticut Department of Social Services (DSS). o Families detailed the emotional and financial toll caused by service interruptions and administrative barriers. _____ 2. Whistleblower Disclosures (2017–Present) • 2017–2020: o Whistleblowers within DSS and contracted Medicaid service providers highlighted systemic inefficiencies, including improper billing practices, untracked expenditures, and a lack of oversight for service delivery. o Complaints filed with DSS leadership and federal agencies, including CMS and HHS Region 1, failed to prompt meaningful action. • 2021–2024: o Disclosures to advocacy groups and federal oversight agencies, including the Office of Civil Rights (OCR) and the Centers for Medicare & Medicaid Services (CMS), revealed: • Repeated violations of ADA requirements for equitable service delivery. • Failures to investigate or address complaints regarding Medicaid program transparency and accountability. o Whistleblower reports were supported by internal emails, incomplete financial records, and audit reports that demonstrated gross mismanagement. _____ 3. Formal Complaints and FOIA Requests (2020–2024) • Filing of Complaints: o Numerous complaints were filed with DSS, CMS, and OCR concerning gaps in Medicaid service



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	delivery, financial tracking, and ADA compliance. o These complaints were met with inadequate responses, with federal and state agencies often redirecting responsibility without taking corrective action. • FOIA Requests: o Requests for transparency, including records on Medicaid provider compliance, financial audits, and internal oversight policies, were systematically denied or delayed. o Respo
What additional facts support your allegation?	Broader systemic risks to vulnerable populations reliant on Medicaid services caused by the ongoing failures in transparency, financial accountability, and service delivery. Evidence underscores potential harm to public trust and safety if these issues persist. _____ Comprehensive and Detailed Supporting Facts 1. Documented Service Delivery Failures • Inconsistent Access to Services: Medicaid recipients under the ABI Waiver Program have faced delays, denials, and inconsistencies in accessing critical medical and rehabilitative services. o Examples: • Home care services denied or delayed, leaving recipients without essential daily living assistance. • • Medical transportation services inconsistently provided, causing missed appointments and worsening health outcomes. • • Provider Shortages and Disruptions: Reports indicate frequent interruptions in services due to provider shortages, contract mismanagement, and financial instability. o Evidence: • Testimonies from recipients and providers during legislative hearings cite systemic gaps in service coverage. • Complaints filed with DSS highlight the program's inability to ensure service continuity. _____ 2. Whistleblower Reports Highlighting Negligence • Systemic Neglect by State and Federal Agencies: Whistleblowers have provided detailed accounts of negligence within DSS, CMS, and HHS oversight processes. o Issues Identified: • Lack of investigations into complaints about service failures. • Ignoring patterns of non-compliance with ADA and Medicaid program requirements. o Evidence Provided: •



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	Internal emails, budget records, and complaints submitted to DSS and CMS documenting inefficiencies. _____ 3. Financial Mismanagement Impacting Public Safety • Improper Fund Allocation: Gross mismanagement of federally allocated Medicaid funds has resulted in overpayments to certain providers and insufficient funding for critical services. o Evidence: • Financial audits from Connecticut's Office of the State Comptroller reveal discrepancies in fund allocation. • Lack of proper financial tracking mechanisms cited in whistleblower reports. • Impact on Public Safety: Mismanagement has directly undermined the availability and quality of services essential to public health, increasing risks of preventable hospitalizations, deteriorating health outcomes, and even fatalities. _____ 4. Inadequate Oversight and Accountability • Lack of Federal Intervention: Despite evidence of systemic failures, federal oversight agencies, including CMS and HHS Region 1, failed to enforce corrective actions or conduct meaningful audits. oEvidence: • Absence of any comprehensive federal audit or investigation into the ABI Waiver Program over the past five years. • CMS documentation highlighting deficiencies but failing to mandate corrective measures. • State-Level Oversight Gaps: Connecticut DSS and the

DISCLOSURE SUBJECTS

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

First Name	Last Name	Title	Chain of Command
Xavier Becerra	Xavier Becerra	Xavier Becerra Title: Secretary, U.S. Department of Health and	Xavier Becerra Title: Secretary, U.S. Department of Health and Human



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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)
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
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
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



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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
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
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)
Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Connecticut Office of the Sta	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Connecticut Office of the Sta	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Connecticut Office of the Sta	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Connecticut Office of the Sta
William Tong – Attorney General, Connecticut	William Tong – Attorney General, Connecticut	William Tong – Attorney General, Connecticut	William Tong – Attorney General, Connecticut
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



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		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
Dick Durbin Title: Chair, Senate Judiciary Committee	Dick Durbin Title: Chair, Senate Judiciary Committee	Dick Durbin Title: Chair, Senate Judiciary Committee	Dick Durbin Title: Chair, Senate Judiciary Committee
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)	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)
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
Andrea Barton Reeves Title: Commissioner, Connecticut	Andrea Barton Reeves Title: Commissioner, Connecticut	Andrea Barton Reeves Title: Commissioner, Connecticut	Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS)



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Department of Social Services (DSS)	Department of Social Services (DSS)	Department of Social Services (DSS)	
Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Connecticut Office of the Sta	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Connecticut Office of the Sta	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Connecticut Office of the Sta	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Connecticut Office of the Sta
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
William Tong – Attorney General, Connecticut	William Tong – Attorney General, Connecticut	William Tong – Attorney General, Connecticut	William Tong – Attorney General, Connecticut
Regional Administrator, CMS (Name TBD)	Regional Administrator, CMS (Name TBD)	Regional Administrator, CMS (Name TBD)	Regional Administrator, CMS (Name TBD)
State Medicaid Director (Name TBD)	State Medicaid Director (Name TBD)	State Medicaid Director (Name TBD)	State Medicaid Director (Name TBD)
Medicaid Fraud Control Unit (MFCU) Director (Name TBD)	Medicaid Fraud Control Unit (MFCU) Director (Name TBD)	Medicaid Fraud Control Unit (MFCU) Director (Name TBD)	Medicaid Fraud Control Unit (MFCU) Director (Name TBD)
State Auditors of Public Accounts (Connecticut)	State Auditors of Public Accounts (Connecticut)	State Auditors of Public Accounts (Connecticut)	State Auditors of Public Accounts (Connecticut)
Legislative Oversight Committees	Legislative Oversight Committees	Legislative Oversight Committees	Legislative Oversight Committees



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Regional Administrator, Centers for Medicare & Medicaid Services (CMS) Region 1	Regional Administrator, Centers for Medicare & Medicaid Services (CMS) Region 1	Regional Administrator, Centers for Medicare & Medicaid Services (CMS) Region 1	Regional Administrator, Centers for Medicare & Medicaid Services (CMS) Region 1
Kate McEvoy Title: Former Director, Connecticut Medicaid Program Role: Previously oversaw the state	ate McEvoy Title: Former Director, Connecticut Medicaid Program Role: Previously oversaw the state	ate McEvoy Title: Former Director, Connecticut Medicaid Program Role: Previously oversaw the state	ate McEvoy Title: Former Director, Connecticut Medicaid Program Role: Previously oversaw the state
Christopher Godialis Title: Director, Medicaid Fraud Control Unit (MFCU), State of Connecticut	Christopher Godialis Title: Director, Medicaid Fraud Control Unit (MFCU), State of Connecticut	Christopher Godialis Title: Director, Medicaid Fraud Control Unit (MFCU), State of Connecticut	Christopher Godialis Title: Director, Medicaid Fraud Control Unit (MFCU), State of Connecticut
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 Division Position in Chain of Command	Kristen Clarke Title: Assistant Attorney General, Civil Rights Division Position in Chain of Command	Kristen Clarke Title: Assistant Attorney General, Civil Rights Division Position in Chain of Command	Kristen Clarke Title: Assistant Attorney General, Civil Rights Division Position in Chain of Command
Chiquita Brooks-LaSure Title: Administrator, Centers for	Chiquita Brooks-LaSure Title: Administrator, Centers for	Chiquita Brooks-LaSure Title: Administrator, Centers for	Chiquita Brooks-LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS)



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*Denotes required fields.

Medicare & Medicaid Services (CMS)	Medicare & Medicaid Services (CMS)	Medicare & Medicaid Services (CMS)	
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
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	Christi Grimm Title: Inspector General Position in Chain of Command: Health and Human Services (HHS)
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
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 – Attorney General, Connecticut	William Tong – Attorney General, Connecticut	William Tong – Attorney General, Connecticut	William Tong – Attorney General, Connecticut
Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Connecticut Office of the Sta	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Connecticut Office of the Sta	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Connecticut Office of the Sta	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Connecticut Office of the Sta
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
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
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
Gary Peters Title: Chair, Senate Committee on Homeland Security and	Gary Peters Title: Chair, Senate Committee on Homeland Security and	Gary Peters Title: Chair, Senate Committee on Homeland Security and	Gary Peters Title: Chair, Senate Committee on Homeland Security and Governmental Affairs Position i



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*Denotes required fields.

Governmental Affairs Position i	Governmental Affairs Position i	Governmental Affairs Position i	
Dick Durbin Title: Chair, Senate Judiciary Committee	Dick Durbin Title: Chair, Senate Judiciary Committee	Dick Durbin Title: Chair, Senate Judiciary Committee	Dick Durbin Title: Chair, Senate Judiciary Committee Position in Chain of Command: Supervises feder
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)	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)
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
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Yamuna (Yam) Menon Title: General Counsel/Assistant	Yamuna (Yam) Menon Title: General Counsel/Assistant	Yamuna (Yam) Menon Title: General Counsel/Assistant	Y



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*Denotes required fields.

State Comptroller, Connecticut Office of the Sta	State Comptroller, Connecticut Office of the Sta	State Comptroller, Connecticut Office of the Sta	
William Tong – Attorney General, Connecticut	William Tong – Attorney General, Connecticut	William Tong – Attorney General, Connecticut	William Tong – Attorney General, Connecticut
Everett L. Handford Title: Regional Director, HHS Region 1	Everett L. Handford Title: Regional Director, HHS Region 1	Everett L. Handford Title: Regional Director, HHS Region 1	Everett L. Handford Title: Regional Director, HHS Region 1 Role: Serves as the primary representati
Marjorie Sozanski Title: Director, Connecticut Medicaid Fraud Control Unit (MFCU)	Marjorie Sozanski Title: Director, Connecticut Medicaid Fraud Control Unit (MFCU)	Marjorie Sozanski Title: Director, Connecticut Medicaid Fraud Control Unit (MFCU)	Marjorie Sozanski Title: Director, Connecticut Medicaid Fraud Control Unit (MFCU)
John C. Geragosian	John C. Geragosian	State Auditors, Connecticut Auditors of Public Accounts	State Auditors, Connecticut Auditors of Public Accounts
Robert Kane Title: State Auditor, Connecticut	Robert M. Kane Title: State Auditors, Connecticut Auditors of Public Account	Robert Kane Title: State Auditor, Connecticut	Robert Kane Title: State Auditor, Connecticut
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 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
CMS Medicaid Program Integrity Director	CMS Medicaid Program Integrity Director	CMS Medicaid Program Integrity Director	CMS Medicaid Program Integrity Director



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*Denotes required fields.

Private Auditing Firms	Private Auditing Firms	Private Auditing Firms	Private Auditing Firms
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
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Everett L. Handford Title: Regional Director, HHS Region 1	Everett L. Handford Title: Regional Director, HHS Region 1	Everett L. Handford Title: Regional Director, HHS Region 1	Everett L. Handford
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
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William Tong – Attorney General, Connecticut	William Tong – Attorney General, Connecticut	William Tong – Attorney General, Connecticut	William Tong – Attorney General, Connecticut



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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
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Connecticut General Assembly Human Services Committee	Connecticut General Assembly Human Services Committee	Connecticut General Assembly Human Services Committee	Connecticut General Assembly Human Services Committee
State Auditors of Public Accounts (John C. Geragosian and Robert M. Kane)	State Auditors of Public Accounts (John C. Geragosian and Robert M. Kane)	State Auditors of Public Accounts (John C. Geragosian and Robert M. Kane)	State Auditors of Public Accounts (John C. Geragosian and Robert M. Kane)
John C. Geragosian	John C. Geragosian	State Auditors of Public Accounts (John C. Geragosian and Robert M. Kane)	State Auditors of Public Accounts (John C. Geragosian and Robert M. Kane)
Robert M. Kane Title: State	Robert M. Kane Title: State	State Auditors of Public Accounts	Robert M. Kane



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*Denotes required fields.

Auditors, Connecticut Auditors of Public Account	Auditors, Connecticut Auditors of Public Account	(John C. Geragosian and Robert M. Kane)	
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
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William Tong – Attorney General, Connecticut	William Tong – Attorney General, Connecticut	William Tong – Attorney General, Connecticut	William Tong – Attorney General, Connecticut
Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Connecticut Office of the Sta	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Connecticut Office of the Sta	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Connecticut Office of the Sta	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Connecticut Office of the Sta
Medicaid Fraud Control Unit (MFCU)	Medicaid Fraud Control Unit (MFCU)	Medicaid Fraud Control Unit (MFCU)	Medicaid Fraud Control Unit (MFCU)
State Auditors of Public Accounts (Connecticut)	State Auditors of Public Accounts (Connecticut)	State Auditors of Public Accounts (Connecticut)	State Auditors of Public Accounts (Connecticut)
Private Auditing Firms Independent Auditors Contracted by Connecticut DSS	Private Auditing Firms Independent Auditors Contracted by Connecticut DSS	Private Auditing Firms Independent Auditors Contracted by Connecticut DSS	Private Auditing Firms
Connecticut State Legislature Title: Members of the General Assembly	Connecticut State Legislature	Connecticut State Legislature Title: Members of the General Assembly	Connecticut State Legislature Title: Members of the General Assembly
Congressional Oversight Committees	Congressional Oversight Committees	Congressional Oversight Committees	Congressional Oversight Committees

REQUESTED OSC ACTION

What action would you like OSC to take?

Documentation Attached. This submission constitutes an urgent and non-negotiable demand for immediate enforcement of federal and constitutional laws to rectify systemic



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violations and gross mismanagement in the Connecticut Medicaid Acquired Brain Injury (ABI) Waiver Program. The current failings jeopardize public safety, waste taxpayer resources, and violate the constitutional rights of Medicaid recipients, whistleblowers, and taxpayers. The Office of Special Counsel (OSC), in collaboration with federal oversight bodies, must act decisively to restore accountability, ensure compliance, and protect vulnerable populations.

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.



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*Denotes required fields.

I have attached the following documents to my filing:

File Name
12.07.2024 Enforce Federal and Constitutional Compliance Without Delay HHS CMS OCR OIG DOJ GAO USC FOIA ADA DSS OSC DAS OAG FOIC CGS DB.42.131.Inf. ABI Medeiros Connecticut DOGE .pdf
efilecomplaint · Custom Portal.pdf
USAJOBS 2 - Profile Dashboard.pdf
Thank You, David Medeiros!.pdf
643743803.pdf
David Medeiros (1).pdf
USAJOBS - Profile Dashboard.pdf
643741292.pdf
Application Progress Review and Submit.pdf
Application Progress CMS Thank You, !.pdf
CMS application fro employment Review and Submit.pdf
545526-ZDV DOJ Submission complete.pdf
545526-ZDV DOJ Submission complete.pdf
requests (22).csv
Subject_ Comprehensive FOIA Request for Connecticut Medicaid Acquired Brain Injury Waiver Program Records (Office of the State Comptroller) (3).zip
12.07.2024 Enforce Federal and Constitutional Compliance Without Delay HHS CMS OCR OIG DOJ GAO USC FOIA ADA DSS OSC DAS OAG FOIC CGS DB.42.131.Inf. ABI Medeiros Connecticut DOGE .docx
OSCFiling-MedeirosDavid-DI-12022024333 (1).pdf
OSCFiling-MedeirosDavid-DI-11252024342 (2).pdf
DOJ Complaints 534659-XGL and 539298-RJM, ADA Compliance, and Related Correspondence (Department Of Justice) (3).zip
12.05.2024 foia doj Binder1.pdf
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
DAVID MEDEIROS VS CONNECTICUT DEPARTMENT OF SOCIAL SERVICES DSS CT GOV 10.30.2024 .PDF
09.24.2024
Federal Intervention HHS_OIG_CMS_GAO_DOJ_OCR_Whistleblower_Report_2024.pdf
requests (26).csv



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*Denotes required fields.

FOIA_Acknowledgement_Letter_-_FIG_-_Medeiros.pdf
Admin-CL (1).pdf
01.01.2024 2nd FOIA.gov - Freedom of Information Act_ Create a request.pdf
4_Day_Acknowledgement_Letter_FOI_24-86..pdf
Medeiros Response.pdf
Governor Mail - ABI RESOURCES 860 942-0365 - Outlook.zip
2410220 CAR Dismissal .pdf
12.14.2023 Dear Matthew S. Antonetti CT DSS .pdf
12.23.2023 CHRO COMPLAINT .docx

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



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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: 12/11/2024

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.

Office of Special Counsel Filing Details

From Filing NoReply <filing-noreply@osc.gov>

Date Wed 12/11/2024 8:35 AM

To aabiwr@live.com <aabiwr@live.com>

 1 attachment (440 KB)

OSCFiling-MedeirosDavid-DI-12112024134.pdf;

Please find attached a PDF documenting the details of your filing with the Office of Special Counsel. Please review and make sure your information is correct. Changes cannot be made using the Online Filing Portal. If you need to amend or add information regarding your complaint, please contact the attorney/investigator assigned or email info@osc.gov.



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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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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 the Inspector General (OIG)

Street Address: 200 Independence Avenue, SW

City: Washington

State: DC

Zip Code: 20201

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?	Violation of Law, Rule, or Regulation Description: Systematic non-compliance with federal laws governing ADA accommodations (42 U.S.C. § 12132), FOIA transparency (5 U.S.C. § 552), and Medicaid oversight (42 U.S.C. § 1396 et seq.), resulting in direct harm to beneficiaries and whistleblowers. Supporting evidence includes denials of ADA accommodations and withheld records essential to accountability. _____ Federal Officials and Departments 1. Xavier Becerra Action Taken: o Failed to enforce ADA and Medicaid compliance standards across federally funded state programs, allowing systemic violations to persist in the Connecticut ABI Waiver Program. o Did not act on multiple reports of non-compliance from whistleblowers and stakeholders. 2. Chiquita Brooks-LaSure Action Taken: o Did not ensure that CMS effectively monitored Connecticut's Medicaid program for ADA compliance, financial transparency, and operational



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	integrity. o Allowed state-level agencies to obstruct transparency and deny whistleblower protections without federal oversight. 3. Kristen Clarke Action Taken: o Failed to initiate enforcement of ADA Title II protections and investigate systemic violations of civil rights impacting individuals with disabilities. o Did not address FOIA non-compliance and transparency issues raised by whistleblowers. 4. Gene L. Dodaro Action Taken: o Did not initiate audits or reviews of Connecticut's Medicaid spending, particularly concerning allegations of misuse of funds in the ABI Waiver Program. o Allowed gaps in oversight to compromise federal accountability for taxpayer-funded programs. 5. Michael E. Horowitz Action Taken: o Did not investigate whistleblower claims or systemic failures reported within Connecticut's Medicaid administration. o Failed to ensure DOJ acted on reports of non-compliance with FOIA and ADA requirements. 6. Christi Grimm Action Taken: o Neglected to investigate complaints regarding financial mismanagement and lack of ADA compliance in the Connecticut Medicaid ABI Waiver Program. o Did not enforce federal oversight mechanisms to correct systemic issues despite whistleblower disclosures. 7. Eric F. Stein Action Taken: o Closed FOIA requests prematurely, providing insufficient justifications and failing to release requested records essential to transparency and accountability. o Did not uphold FOIA procedural requirements, violating federal transparency mandates. State Officials 8. Ned Lamont Action Taken: o Failed to exercise executive authority to ensure state agencies complied with federal Medicaid regulations, ADA standards, and whistleblower protections. o Neglected to address systemic mismanagement within the ABI Waiver Program under his administration. 9. Andrea Barton Reeves Action Taken: o Did not implement accountability measures to address financial



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	mismanagement, ADA non-compliance, and operational failures in the ABI Waiver Program. o Ignored whi
When did this occur?	Violation of Law, Rule, or Regulation Description: Systematic non-compliance with federal laws governing ADA accommodations (42 U.S.C. § 12132), FOIA transparency (5 U.S.C. § 552), and Medicaid oversight (42 U.S.C. § 1396 et seq.), resulting in direct harm to beneficiaries and whistleblowers. Supporting evidence includes denials of ADA accommodations and withheld records essential to accountability. _____ Timeline of Violations 1. Initial Onset of Violations: 2013 - 2024 o Persistent and systemic non-compliance with FOIA requests and ADA accommodation obligations began January 2013 and remains ongoing. o Patterns of failure in Medicaid program oversight were identified, including mismanagement of federal funds and failure to implement corrective actions in response to whistleblower complaints. 2. Key Escalation Events o November 2018 - August 2022: Reports from whistleblowers highlighted failures in Medicaid oversight, including financial mismanagemen
How did you discover this action?	Violation of Law, Rule, or Regulation Description: Systematic non-compliance with federal laws governing ADA accommodations (42 U.S.C. § 12132), FOIA transparency (5 U.S.C. § 552), and Medicaid oversight (42 U.S.C. § 1396 et seq.), resulting in direct harm to beneficiaries and whistleblowers. Supporting evidence includes denials of ADA accommodations and withheld records essential to accountability. _____ Discovery Timeline and Process 1. Personal Experience with ADA Non-Compliance o In March 2024, I personally requested ADA accommodations in relation to accessing critical information under FOIA. These accommodations, including screen-reader-compatible documents, email-only communication, and simplified summaries, were explicitly denied or ignored by multiple agencies. This demonstrated a systematic failure to adhere to ADA and



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	Section 504 of the Rehabilitation Act requirements. 2. Analysis of FOIA Request Responses o Between 2018 and 2024, a pattern emerged across several FOIA submissions where: • Requests were marked as "Closed" without statutory explanations or records provided, violating 5 U.S.C. § 552. • Denials of records lacked detailed justification under FOIA exemption codes, hindering transparency. • Agencies failed to release information necessary for evaluating Medicaid compliance, highlighting systemic obfuscation. 3. Whistleblower and Oversight Disclosures o Reports from whistleblowers and oversight agencies, reviewed between 2020 and 2023, revealed critical failures in Medicaid oversight. These included mismanagement of federal funds, lack of transparency, and barriers to accountability mechanisms. These disclosures were systematically disregarded by state and federal entities. 4. Review of Public and Internal Records o In 2023, I conducted an analysis of publicly available reports and agency documents. The absence of critical records related to Medicaid provider audits, enforcement of ADA compliance, and corrective actions highlighted systemic failures. Additionally: • Records requested under FOIA were not provided. • Internal communications obtained through secondary sources revealed deliberate delays and procedural barriers. 5. External Reports and Investigations o Independent reports from advocacy organizations and state auditors, reviewed in 2022, indicated pervasive issues, including financial mismanagement and inadequate ADA accommodations. These findings aligned with my personal observations and whistleblower disclosures, further validating systemic violations. 6. Direct Evidence from Correspondence and Requests o Communications with agencies like the DOJ, HHS, and CMS between 2023 and 2024 explicitly documented failures to comply with statutory obligations under FOIA and ADA. Key examples include: • Denials of accessible documentation formats. • Mismanagement



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	of Medicaid provider complaints and audit records. • Refusal to provide detailed explanations for procedural denials, violating fed
What additional facts support your allegation?	Violation of Law, Rule, or Regulation Description: Systematic non-compliance with federal laws governing ADA accommodations (42 U.S.C. § 12132), FOIA transparency (5 U.S.C. § 552), and Medicaid oversight (42 U.S.C. § 1396 et seq.), resulting in direct harm to beneficiaries and whistleblowers. Supporting evidence includes denials of ADA accommodations and withheld records essential to accountability. _____ Detailed Supporting Facts 1. Failure to Adhere to ADA Standards o Federal and state agencies ignored legally mandated accommodations, creating systemic barriers to access: • Specific Violations: • Denial of screen-reader-compatible documents. • Failure to provide simplified summaries of complex records. • Refusal to use email-only communication despite explicit requests. • Impact: • This excluded individuals with disabilities, including myself, from equitable access to critical public information. 2. FOIA Mismanagement o Agencies repeatedly failed to comply with FOIA's statutory obligations: • Denials and Delays: • Requests were marked "Closed" without adequate justification or explanations for withholding records. • Agencies provided incomplete or non-existent Vaughn Indices, violating the requirements for transparency under 5 U.S.C. § 552(b). • Patterns Identified: • Requests involving ADA compliance and Medicaid transparency were deprioritized or dismissed without legal grounds. 3. Obstruction of Medicaid Oversight o Agencies failed to provide records critical for assessing compliance with Medicaid regulations under 42 U.S.C. § 1396 et seq.: • Financial Mismanagement: • Records detailing the allocation and expenditure of Medicaid funds were withheld or claimed to not exist. • Independent audits suggested mismanagement of



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	federal funds in state-level programs. • Service Gaps: • Lack of transparency obstructed accountability for service disruptions impacting vulnerable Medicaid recipients. 4. Whistleblower Reports Ignored o Whistleblower disclosures provided direct evidence of systemic issues: • Unaddressed Allegations: • Mismanagement of Medicaid funds and non-compliance with ADA standards. • Retaliation against individuals reporting misconduct within government agencies. • Impact: • Whistleblowers were denied protection under 5 U.S.C. § 2302(b)(8), further undermining transparency and accountability. 5. Systemic Barriers to Accountability o Internal and external communication failures obstructed oversight: • Agency Coordination Failures: • Federal and state agencies failed to collaborate effectively to resolve transparency and compliance issues. • Records requests routed between agencies were never fulfilled or confirmed. • Lack of Oversight: • Congressional oversight committees and federal agencies with jurisdiction did not take action to address systemic violations despite documented evidence. 6. Public Interest and Broader Implications o The violations documented have broader systemic impacts: • Health an
Allegation	Gross Mismanagement
What action did they take?	Description: Persistent failure to manage federally allocated Medicaid funds within the Connecticut Medicaid ABI Waiver Program. Evidence includes incomplete financial audits, insufficient oversight mechanisms, and lack of coordination among federal and state agencies, jeopardizing the program's integrity and taxpayers' funds. _____ Actions Taken by Key Individuals and Entities 1. Xavier Becerra o Action: As Secretary of HHS, failed to direct federal oversight or mandate corrective actions to ensure accountability for Medicaid funding allocated to Connecticut. Did not require CMS to enforce transparency or compliance measures for the ABI Waiver



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	Program. 2. Chiquita Brooks-LaSure o Action: As Administrator of CMS, did not initiate or enforce audits, compliance reviews, or corrective actions for systemic financial mismanagement and lack of service delivery within the program. Ignored whistleblower reports highlighting mismanagement. 3. Ned Lamont o Action: As Governor of Connecticut, neglected to use executive authority to investigate or address systemic issues within the ABI Waiver Program. Allowed state agencies to operate without adequate oversight, leading to unchecked financial inefficiencies and lapses in service provision. 4. Andrea Barton Reeves o Action: As Commissioner of Connecticut DSS, failed to establish financial tracking systems, enforce accountability measures, or address repeated instances of financial and operational inefficiencies. Did not ensure service providers met contractual and program standards. 5. Yamuna (Yam) Menon o Action: As General Counsel/Assistant State Comptroller, claimed "no responsive records" existed for financial oversight related to the ABI Waiver Program. Obstructed transparency by failing to provide critical documentation required for accountability. 6. Gene L. Dodaro o Action: As Comptroller General of GAO, did not initiate an independent federal investigation or audit to address whistleblower allegations and evidence of financial mismanagement. Did not leverage GAO's authority to enforce Medicaid fund oversight. 7. William Tong o Action: As Attorney General of Connecticut, failed to investigate or prosecute financial mismanagement and systemic violations within the ABI Waiver Program. Did not enforce compliance with federal Medicaid regulations or state transparency laws. 8. Regional Administrator, CMS (Name TBD) o Action: Failed to enforce CMS's standards for Medicaid program oversight in Connecticut. Did not ensure corrective actions for financial mismanagement or address systemic operational failures. 9. State Medicaid Director (Name TBD) o Action: Neglected to address reports



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	of financial mismanagement, inefficiencies, and non-compliance. Did not escalate critical issues to federal oversight entities for resolution. 10. Medicaid Fraud Control Unit (MFCU) Director (Name TBD) o Action: Did not investigate whistleblower allegations or pursue cases of financial fraud a
When did this occur?	Persistent failure to manage federally allocated Medicaid funds within the Connecticut Medicaid ABI Waiver Program. Evidence includes incomplete financial audits, insufficient oversight mechanisms, and lack of coordination among federal and state agencies, jeopardizing the program's integrity and taxpayers' funds. Timeline of Occurrences 1. Initial Mismanagement (2015-2024): Systemic issues in Medicaid fund management began surfacing as early as 2015, marked by repeated reports of non-compliance with financial and operational oversight requirements. These issues persisted over the years without substantial corrective actions by state or federal authorities. 2. Whistleblower Reports (2020-Present): Numerous whistleblower complaints and reports from concerned stakeholders highlighted mismanagement and non-compliance in Medicaid funding. These reports, submitted to both state and federal agencies, were either ignored or inadequately addressed, exac
How did you discover this action?	Description: Persistent failure to manage federally allocated Medicaid funds within the Connecticut Medicaid ABI Waiver Program. Evidence includes incomplete financial audits, insufficient oversight mechanisms, and lack of coordination among federal and state agencies, jeopardizing the program's integrity and taxpayers' funds. Discovery Timeline and Sources 1. Personal Experience as a Medicaid Consumer Advocate (2015-Present): Through years of direct involvement as a consumer advocate for individuals with acquired brain injuries (ABI), systemic issues in Medicaid fund allocation and program management became apparent. Reports of service disruptions, inconsistent reimbursements, and poor



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	administrative oversight were consistently raised by program participants and providers. 2. FOIA Requests and Denials (2022-2024): Formal Freedom of Information Act (FOIA) requests were submitted to obtain records on Medicaid program operations, including provider registry information, financial audits, and compliance reports. These requests were systematically denied or delayed, revealing a lack of transparency and accountability within the system. 3. Whistleblower Reports and Disclosures (2020-Present): Whistleblower reports from within state agencies and contracted service providers highlighted mismanagement of funds and insufficient oversight. These disclosures corroborated ongoing issues and indicated systemic failures across multiple agencies. 4. Failed ADA Accommodations and Accessibility Barriers (2021-Present): Attempts to access program-related records and services revealed ADA non-compliance, including the failure to provide accessible communication formats and reasonable accommodations for individuals with disabilities. This further obstructed transparency and accountability efforts. 5. Incomplete Financial Audits and Reporting (2023-2024): Reviews of publicly available financial audits and government reports indicated significant gaps in documentation and discrepancies in fund allocation. These findings were consistent with whistleblower disclosures and personal observations of systemic inefficiencies. 6. Stakeholder Feedback and Advocacy Efforts (2018-Present): Continuous feedback from Medicaid beneficiaries, healthcare providers, and advocacy organizations reinforced concerns about mismanagement, service inconsistencies, and the lack of corrective actions by responsible agencies. _____ Key Observations • Inaccessible Records: Repeated FOIA denials and incomplete audit reports hindered transparency. • Service Disruptions: Reports from beneficiaries and providers revealed lapses in critical Medicaid services due to poor management. • Whistleblower Consistency:



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	Multiple reports from internal and external stakeholders consistently pointed to systemic mismanagement. • Lack of Accountability: Evidence of coordination failures between federal and state agencies highlighted the absence
What additional facts support your allegation?	Persistent failure to manage federally allocated Medicaid funds within the Connecticut Medicaid ABI Waiver Program. Evidence includes incomplete financial audits, insufficient oversight mechanisms, and lack of coordination among federal and state agencies, jeopardizing the program's integrity and taxpayers' funds. _____ Supporting Facts 1. Incomplete and Delayed Financial Audits: o Fact: Publicly available audit reports lack critical financial details, including fund allocation records and provider payment data. Annual audits mandated under Medicaid regulations (42 CFR § 431.16) are incomplete or delayed. o Evidence: Reviews of Connecticut State Auditors' reports and federal CMS audits reveal unaddressed discrepancies in Medicaid fund distribution and utilization. 2. Lack of Accountability Measures: o Fact: Key oversight bodies, including the Connecticut Department of Social Services (DSS) and the Office of the State Comptroller, failed to implement effective accountability mechanisms for monitoring Medicaid expenditures. o Evidence: Whistleblower disclosures and stakeholder complaints indicate that funds were mismanaged without adequate tracking systems or follow-up actions. 3. Service Disruptions and Beneficiary Impact: o Fact: Medicaid ABI Waiver Program participants experienced service interruptions due to delayed provider payments and administrative inefficiencies. o Evidence: Testimonies from affected beneficiaries and providers document cases of delayed reimbursements, resulting in lapses in care and service quality. 4. Whistleblower Reports of Mismanagement: o Fact: Multiple whistleblowers within state agencies and contracted service providers have reported systemic failures in fund management, including overpayments,



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	underpayments, and misuse of federal Medicaid funds. o Evidence: Official whistleblower reports submitted to federal and state oversight bodies detail persistent mismanagement practices over several years. 5. FOIA Non-Compliance: o Fact: Systematic denials of FOIA requests for financial and operational records indicate deliberate obfuscation by state agencies. o Evidence: FOIA requests submitted between 2022 and 2024 were either denied or delayed without valid legal justification, violating 5 U.S.C. § 552. 6. Failure to Implement Corrective Actions: o Fact: Federal agencies, including the Centers for Medicare & Medicaid Services (CMS), failed to enforce remedial measures to address identified deficiencies. o Evidence: CMS oversight reports highlight repeated compliance failures without evidence of substantive enforcement actions or penalties. 7. Discrepancies in Provider Records: o Fact: Provider registry records for the ABI Waiver Program lack updated enrollment statuses, areas of specialty, and disciplinary actions. o Evidence: Reviews of publicly available registry data reveal outdated or incomplete information, raising concerns about transparency and oversight. 8. Coordination Failures
Allegation	Abuse of Authority
What action did they take?	Deliberate obstruction of transparency and ADA compliance through denials of FOIA requests and failure to provide ADA-required accommodations. Evidence highlights actions by federal and state officials that undermine whistleblower protections and public accountability, violating constitutional rights under the First, Fifth, and Fourteenth Amendments. _____ Federal Officials and Entities 1. Merrick B. Garland Action Taken: o Failed to ensure DOJ divisions complied with FOIA transparency standards and ADA accommodations. o Allowed systemic delays and lack of enforcement for whistleblower protections. o Did not initiate corrective measures despite clear evidence of non-compliance. 2. Kristen Clarke Action Taken: o



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	Did not enforce ADA requirements or ensure FOIA accommodations were provided by the Civil Rights Division. o Allowed denials of requests without detailed justifications or statutory basis, violating FOIA and ADA regulations. o Ignored whistleblower disclosures highlighting systemic failures. 3. Chiquita Brooks-LaSure Action Taken: o Failed to implement oversight measures ensuring Medicaid program compliance with ADA standards. o Did not enforce accountability for state-level violations or escalate systemic issues impacting transparency and service delivery. o Neglected whistleblower reports identifying mismanagement and ADA violations in Medicaid programs. 4. Xavier Becerra Action Taken: o Allowed systemic inaction by HHS and its subdivisions, including CMS and OCR, in addressing ADA and FOIA compliance. o Failed to enforce measures ensuring federally allocated funds were managed transparently. o Did not address barriers to accessibility or whistleblower retaliation in federally funded programs. 5. Gene L. Dodaro Action Taken: o Did not initiate audits or reviews addressing systemic non-compliance with FOIA, ADA, and whistleblower protections. o Failed to ensure GAO fulfilled its oversight responsibilities to safeguard taxpayer funds and public accountability. 6. Christi Grimm Action Taken: o Ignored whistleblower complaints and failed to investigate systemic ADA and FOIA violations reported within HHS-administered programs. o Did not enforce HHS OIG oversight responsibilities, allowing abuse of authority to persist unchecked. _____ State Officials and Entities 1. Ned Lamont Action Taken: o Did not use executive authority to address systemic failures in ADA compliance and Medicaid program transparency. o Allowed state agencies to deny FOIA requests and obstruct ADA-required accommodations. o Failed to ensure public accountability despite multiple reports of systemic violations. 2. Andrea Barton Reeves Action Taken: o Did not



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	enforce DSS compliance with ADA standards or ensure Medicaid transparency. o Allowed denials of FOIA requests for Medicaid provider information essential to accountability. o Ignored whistleblower disclosures identifying critical programmatic failure
When did this occur?	Deliberate obstruction of transparency and ADA compliance through denials of FOIA requests and failure to provide ADA-required accommodations. Evidence highlights actions by federal and state officials that undermine whistleblower protections and public accountability, violating constitutional rights under the First, Fifth, and Fourteenth Amendments. _____ Comprehensive Timeline and Details of Occurrence 1. Initial Acts of Non-Compliance • Start Date: January 1, 2023 • Description: Systematic failures to comply with federal requirements began in early 2023. This included refusals to: o Respond to FOIA requests promptly or completely under 5 U.S.C. § 552. o Honor ADA accommodation requests under 42 U.S.C. § 12132 and 29 U.S.C. § 794. o Provide requested transparency regarding Medicaid ABI Waiver Program records. • Evidence: o Ignored FOIA requests submitted to state and federal agencies for records on Medicaid provider accountability and expenditures.
How did you discover this action?	Deliberate obstruction of transparency and ADA compliance through denials of FOIA requests and failure to provide ADA-required accommodations. Evidence highlights actions by federal and state officials that undermine whistleblower protections and public accountability, violating constitutional rights under the First, Fifth, and Fourteenth Amendments. _____ Comprehensive and Detailed Discovery Process 1. Direct Impact from FOIA Request Denials • Initial Request Experience: I submitted multiple FOIA requests to federal and state agencies, including the U.S. Department of State, HHS, and DOJ, seeking information critical to Medicaid oversight, ADA enforcement, and whistleblower



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	protections. Despite providing detailed records, case numbers, and accommodations for my disabilities, the requests were either ignored, improperly denied, or marked as "Closed" without substantive response. • Examples of FOIA Denials: o Case #F-2025-03145: The U.S. Department of State claimed no responsive records existed despite clear evidence that such records were under their purview. o Agencies failed to cite valid FOIA exemptions under 5 U.S.C. § 552(b), instead providing vague or irrelevant justifications, obstructing access to crucial records. 2. ADA Accommodation Violations and Barriers • Failure to Honor ADA Requests: My FOIA requests included explicit ADA accommodation requirements, such as: o Providing email-only communication. o Delivering accessible, screen-reader-compatible PDFs. o Including simplified summaries for complex documents. o Embedding response text directly in email bodies. • Observed Violations: Agencies consistently ignored these accommodations, violating 42 U.S.C. § 12132 (ADA Title II) and 29 U.S.C. § 794 (Section 504 of the Rehabilitation Act). For example: o Responses required navigating inaccessible portals. o Key documents were provided in formats incompatible with assistive technologies. o Denials lacked accompanying justifications or detailed summaries. 3. Escalation by Whistleblower Reports • Whistleblower Disclosures: As a whistleblower and advocate, I received corroborating reports from other stakeholders, including: o Medicaid providers frustrated by the lack of oversight and financial accountability in the ABI Waiver Program. o Beneficiaries who faced service disruptions due to mismanagement. o State and federal employees who witnessed internal failures but feared retaliation under inadequate whistleblower protections. • Corroborated Failures: Reports highlighted deliberate non-compliance, systemic fraud, and barriers to transparency that aligned with my own experiences, underscoring the depth of abuse. 4. Documented Patterns of Obstruction •



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	Repeated Lack of Transparency: Agencies demonstrated a recurring pattern of: - o Providing non-substantive or contradictory responses to FOIA and whistleblower inquiries. - o Closing cases without addressing the core issues or fulfilling requests. - o Avoiding account
What additional facts support your allegation?	Deliberate obstruction of transparency and ADA compliance through denials of FOIA requests and failure to provide ADA-required accommodations. Evidence highlights actions by federal and state officials that undermine whistleblower protections and public accountability, violating constitutional rights under the First, Fifth, and Fourteenth Amendments. Comprehensive and Detailed Additional Facts 1. Pattern of FOIA Denials Without Legal Justification • Improperly Closed Requests: Numerous FOIA requests, including Case #F-2025-03145, were marked as "Closed" without substantive responses or valid exemptions under 5 U.S.C. § 552(b). Agencies consistently failed to: - o Provide a Vaughn Index or detailed explanation for redactions or denials. - o Cite specific legal grounds for withholding requested records. • Obstructive Practices: Agencies imposed barriers such as: - o Redirecting requests to inaccessible external portals. - o Requiring the use of password-protected links incompatible with ADA accommodations. - o Refusing to identify responsible personnel or decision-makers in responses. 2. Systematic ADA Accommodation Violations • Failure to Provide Reasonable Accommodations: Despite explicit ADA requests based on cognitive impairments resulting from a traumatic brain injury, agencies repeatedly: - o Failed to use email-only communication as requested. - o Denied requests to embed text directly in the email body for screen-reader compatibility. - o Provided documents in inaccessible formats, violating 42 U.S.C. § 12132 (ADA Title II) and 29 U.S.C. § 794 (Section 504 of the Rehabilitation Act). • Evidence of Non-Compliance: - o Multiple correspondences lacked accessible



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	formatting, rendering the information unusable for individuals with disabilities. o Requests for simplified summaries of complex records were ignored, creating further barriers to understanding. 3. Whistleblower Disclosures Highlighting Agency Failures • Corroborating Testimonies: Whistleblowers within federal and state agencies reported systemic efforts to avoid accountability, including: o Suppressing records related to Medicaid oversight and ADA compliance. o Failing to address internal reports of non-compliance with federal transparency and anti-discrimination laws. • Retaliation Risks: Whistleblowers expressed concerns about retaliation, citing inadequate protections under 5 U.S.C. § 2302(b)(8) (Whistleblower Protection Act). 4. Lack of Oversight and Accountability • State and Federal Coordination Failures: Agencies failed to collaborate effectively to address known issues within the Medicaid ABI Waiver Program. For example: o The Connecticut Department of Social Services (DSS) and Office of the State Comptroller failed to provide requested financial records to federal oversight entities. o Federal agencies, including CMS and OCR, did not enforce corrective actions or audits to address these gaps. • Absence of Oversight Reports: Publicly available audits and
Allegation	Gross Waste of Funds
What action did they take?	Improper use of Medicaid funds due to inefficiencies, overpayments to service providers, and failure to track expenditures effectively. Evidence demonstrates systemic lack of financial accountability, resulting in significant misuse of taxpayer dollars. _____ Detailed Actions Taken by Key Individuals and Entities 1. Xavier Becerra o Title: Secretary, U.S. Department of Health and Human Services (HHS) o Actions Taken: • Failed to implement federal oversight mechanisms to prevent improper fund usage at the state level. • Did not mandate audits or issue directives for immediate corrective action despite reports of financial irregularities



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	in Medicaid programs. 2. Chiquita Brooks-LaSure o Title: Administrator, Centers for Medicare & Medicaid Services (CMS) o Actions Taken: • Neglected to enforce Medicaid financial compliance and reporting standards in Connecticut. • Failed to require Connecticut DSS to reconcile discrepancies in expenditures and address improper payments to providers. 3. Ned Lamont o Title: Governor of Connecticut o Actions Taken: • Allowed systemic inefficiencies and financial mismanagement to persist under his administration. • Did not provide adequate state-level oversight or allocate resources to prevent improper Medicaid fund utilization. 4. Andrea Barton Reeves o Title: Commissioner, Connecticut Department of Social Services (DSS) o Actions Taken: • Allowed overpayments and unverified billing by service providers. • Failed to implement transparent financial tracking systems or address known inefficiencies within the ABI Waiver Program. 5. Yamuna (Yam) Menon o Title: General Counsel/Assistant State Comptroller, Connecticut o Actions Taken: • Did not ensure financial accountability or enforce compliance with Medicaid fund allocation requirements. • Failed to conduct audits to address discrepancies in financial reporting. 6. William Tong o Title: Attorney General, State of Connecticut o Actions Taken: • Did not investigate or pursue legal actions against parties involved in the misuse of Medicaid funds. • Ignored whistleblower complaints and reports of systemic financial mismanagement. 7. Everett L. Handford o Title: Regional Director, HHS Region 1 o Actions Taken: • Failed to conduct regional audits or investigations to ensure compliance with Medicaid financial standards. • Neglected to enforce accountability measures for state agencies managing Medicaid funds. 8. Marjorie Sozanski o Title: Director, Connecticut Medicaid Fraud Control Unit (MFCU) o Actions Taken: • Did not investigate fraudulent claims or financial mismanagement within the ABI Waiver



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	Program. • Allowed improper billing practices to persist unchecked. 9. John C. Geragosian and Robert M. Kane o Title: State Auditors, Connecticut Auditors of Public Accounts o Actions Taken: • Failed to identify or address systemic inefficiencies in Medicaid fund utilization during audits. • Did not publish detailed findings on the mismanagement of
When did this occur?	Improper use of Medicaid funds due to inefficiencies, overpayments to service providers, and failure to track expenditures effectively. Evidence shows that the lack of financial accountability resulted in significant misuse of taxpayer dollars. _____ Detailed Timeline of Events and Actions Phase 1: Initial Failures to Establish Accountability Mechanisms (2013–2017) 1. Timeline: o Financial mismanagement within the Connecticut Medicaid ABI Waiver Program began as early as 2013, following changes to Medicaid fund allocation policies and lack of internal checks. 2. Evidence: o Auditor Reports: Early internal DSS reviews identified missing provider documentation, including unverified claims and missing invoices. o Whistleblower Attempts: Several internal whistleblowers flagged the lack of standardized financial oversight protocols during this period. 3. Impact: o Opportunities for early intervention were missed, enabling systemic inefficiencies and overpa
How did you discover this action?	Improper use of Medicaid funds due to inefficiencies, overpayments to service providers, and failure to track expenditures effectively. Evidence shows that the lack of financial accountability resulted in significant misuse of taxpayer dollars. _____ Comprehensive and Detailed Discovery Timeline Phase 1: Initial Observations and Emerging Red Flags (2013–2017) 1. Inconsistent Financial Records: • During a review of publicly available Medicaid expenditure data and state-level reports, inconsistencies emerged between allocated federal Medicaid funds and reported program expenditures. • Certain categories of expenditures were either unaccounted for or significantly inflated



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	without supporting documentation. 2. Provider Complaints and Anecdotal Evidence: • Direct communication from service providers indicated delays in payments, while others reported unexplained overpayments. • Providers shared concerns that the Department of Social Services (DSS) lacked adequate mechanisms to verify service claims. 3. Internal Whistleblower Disclosures: • Several DSS employees confidentially disclosed concerns about the absence of a standardized auditing process to track Medicaid funds. • These disclosures highlighted that mismanagement stemmed from systemic inefficiencies and a lack of oversight. _____ Phase 2: Escalation of Irregularities and Whistleblower Reports (2018–2020) 1. Access to Internal Reports and State Audit Summaries: • Access to internal summaries revealed substantial gaps in financial audits conducted by DSS and the Connecticut Office of Policy and Management (OPM). • Audit summaries lacked reconciliation data, with certain financial anomalies labeled as "pending review" for years without resolution. 2. Freedom of Information Act (FOIA) Requests: • Formal FOIA requests for detailed financial records and program audits yielded insufficient responses or outright denials, raising further concerns about transparency. • Redacted documents failed to provide clarity regarding the disposition of unspent Medicaid funds. 3. Advocacy and Beneficiary Reports: • Advocacy organizations working with Medicaid beneficiaries documented recurring service delays attributed to unexplained funding shortages. • Beneficiaries reported disruptions in critical services, such as in-home support and rehabilitative care, which providers cited as stemming from inconsistent fund allocation. _____ Phase 3: Federal Oversight and FOIA Disclosures (2021–2023) 1. Responses from Federal Agencies (CMS and HHS): • Responses to FOIA requests from the Centers for Medicare & Medicaid Services (CMS) and the



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	Department of Health and Human Services (HHS) revealed a lack of federal oversight into Connecticut's Medicaid expenditures. • CMS officials acknowledged receiving "high-level concerns" about Connecticut's ABI Waiver Program but failed to provide detailed compliance reports. 2. Whistle
What additional facts support your allegation?	Improper use of Medicaid funds due to inefficiencies, overpayments to service providers, and failure to track expenditures effectively. Evidence shows that the lack of financial accountability resulted in significant misuse of taxpayer dollars. _____ Comprehensive and Detailed Supporting Facts A. Audit Deficiencies and Financial Mismanagement 1. Absence of Comprehensive Audits oThe Connecticut Department of Social Services (DSS) failed to conduct or provide complete and accurate audits of Medicaid expenditures within the Acquired Brain Injury (ABI) Waiver Program. o State Auditors of Public Accounts did not identify or resolve discrepancies in provider claims, leaving millions of dollars unaccounted for. o Annual reports lacked reconciliation between allocated federal Medicaid funds and actual program expenditures. 2. Overpayments and Unverified Claims o Evidence from whistleblower reports indicates overpayments to service providers who submitted unverified or incomplete claims. o Medicaid service providers billed for services outside their contractual scope, and no mechanism was in place to flag or investigate these discrepancies. 3. Improper Fund Allocations o Significant funds were categorized under vague or generic labels such as "miscellaneous expenditures," without supporting documentation or explanation. o Disproportionate increases in administrative costs were recorded with no corresponding improvements in program delivery. _____ B. Federal and State Oversight Failures 1. Inadequate Federal Oversight by CMS o The Centers for Medicare & Medicaid Services (CMS) did not enforce financial accountability measures for state-level Medicaid



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	operations in Connecticut. o Despite receiving high-level complaints about inefficiencies and waste, CMS failed to initiate audits or corrective actions. 2. Neglect by the Office of Policy and Management (OPM) o The Connecticut Office of Policy and Management allowed systemic inefficiencies to persist without coordinating with DSS or other oversight bodies to implement corrective measures. 3. HHS Region 1 Negligence o The HHS Regional Director did not ensure that DSS complied with Medicaid program integrity standards, contributing to unchecked financial waste. _____ C. Whistleblower and Advocacy Disclosures 1. Whistleblower Testimonies o Internal DSS whistleblowers reported systemic mismanagement, including deliberate efforts to suppress findings of financial discrepancies to avoid federal scrutiny. o Whistleblower disclosures documented gaps in financial reporting, including missing expenditure details and unverified provider reimbursements. 2. Advocacy Organization Investigations o Nonprofit organizations investigating Medicaid program inefficiencies found patterns of financial irregularities, including delayed reimbursements and gaps in service delivery tied to unaccounted funds. _____
Allegation	Danger to Public Health
What action did they take?	The mismanagement of the Connecticut Medicaid ABI Waiver Program by federal, state, and contracted entities has directly jeopardized the health and safety of brain injury survivors. These failures include non-compliance with Medicaid regulations, lack of ADA accommodations, and insufficient oversight, all of which have resulted in inadequate care and service disruptions for vulnerable populations. Below is a comprehensive detailing of the actions and omissions that contributed to this systemic failure. _____ Federal Oversight Failures 1. Xavier Becerra • Action Taken: o Did not establish or enforce oversight mechanisms within HHS to monitor Connecticut's Medicaid ABI



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	Waiver Program. o Allowed gaps in program accountability that led to service failures for brain injury survivors. o Failed to mandate corrective actions despite reports of systemic violations affecting public health. 2. Chiquita Brooks-LaSure • Action Taken: o Did not enforce federal Medicaid standards requiring states to ensure continuity of care for beneficiaries. o Allowed Connecticut DSS to operate the ABI Waiver Program without addressing critical failures in compliance and service delivery. o Neglected to conduct federal-level audits or impose penalties for non-compliance, leaving programmatic failures unchecked. 3. Everett L. Handford • Action Taken: o Failed to require corrective actions from Connecticut state agencies under his purview as HHS Region 1 Director. o Did not intervene to address complaints or public health risks reported by beneficiaries and whistleblowers. o Neglected to provide direct oversight or escalate systemic issues to CMS leadership. State Leadership Failures 4. Ned Lamont • Action Taken: o Did not use executive authority to initiate investigations or reforms to address deficiencies in the ABI Waiver Program. o Allowed inadequate funding and mismanagement to persist, compromising essential healthcare services. o Failed to establish an inter-agency task force to address widespread non-compliance and service disruptions. 5. Andrea Barton Reeves • Action Taken: o Did not implement operational or compliance reforms within DSS to ensure adequate service delivery under the ABI Waiver Program. o Allowed unverified service providers and contractors to continue operating without accountability, resulting in gaps in care. o Overlooked systemic complaints from Medicaid beneficiaries regarding lapses in healthcare services. 6. William Tong • Action Taken: o Failed to investigate legal violations tied to mismanagement and public health risks within the ABI



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	Waiver Program. o Did not initiate lawsuits or legal actions to compel programmatic compliance with state and federal laws. o Ignored whistleblower complaints highlighting imminent risks to vulnerable populations. State Medicaid Leadership Failures 7. Jeffrey Beckham • Action Taken: o Did not address
When did this occur?	The mismanagement of the Connecticut Medicaid ABI Waiver Program has persisted over a decade, marked by systemic failures, lapses in oversight, and non-compliance with federal laws. These failures have directly endangered the health and safety of brain injury survivors reliant on Medicaid services. Below is a comprehensive and detailed timeline highlighting key events and patterns of negligence contributing to the ongoing public health crisis. _____ Detailed Timeline of Events 1. Program Establishment and Initial Oversight Failures (2010–2015): • Program Creation and Goals: The Connecticut Medicaid Acquired Brain Injury (ABI) Waiver Program was created to provide essential services for individuals with brain injuries, enabling them to live independently in the community. • Early Indicators of Non-Compliance: o Lack of foundational oversight mechanisms to ensure compliance with Medicaid standards, including the verification of service provider qualific
How did you discover this action?	Mismanagement of the ABI Waiver Program has directly endangered the health and safety of brain injury survivors dependent on Medicaid services. This discovery stems from a combination of firsthand observations, whistleblower disclosures, beneficiary complaints, documented evidence of non-compliance, and systematic failures reported across multiple oversight entities. _____ Detailed and Comprehensive Account 1. Firsthand Observations and Personal Experience • Direct Interactions with the Program: As a stakeholder in the Connecticut Medicaid Acquired Brain Injury (ABI) Waiver Program, I have experienced recurring issues, including: o Delays in



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	service provision such as cognitive rehabilitation, case management, and transportation services. o Denials of essential care despite documented medical necessity. o Non-compliance with ADA accommodations, creating barriers to accessing information and program resources. • Impact on Beneficiaries: Personal interactions with other program beneficiaries revealed a widespread pattern of unmet healthcare needs, inconsistent service delivery, and financial strain due to out-of-pocket expenses for services that Medicaid is obligated to cover. _____ 2. Whistleblower Disclosures • Internal Reports of Program Mismanagement: Whistleblowers, including state employees and Medicaid service providers, have disclosed critical information, including: o Improper financial management, including delayed reimbursements and unverified claims. o Neglect of federal compliance requirements, particularly related to ADA, FOIA, and Medicaid standards. o Service gaps resulting from systemic inefficiencies and lack of accountability. • Barriers to Transparency: Whistleblower reports have also highlighted deliberate obstruction by state and federal agencies to prevent public scrutiny, including: o Denial of Freedom of Information Act (FOIA) requests. o Refusal to disclose internal audits and corrective action plans. _____ 3. Beneficiary Complaints • Recurring Themes in Complaints: Formal and informal complaints submitted by program beneficiaries reveal systemic failures, including: o Interrupted access to care due to provider shortages and reimbursement delays. o Poor communication and lack of guidance from program administrators. o Health and safety risks resulting from delays or denials of medically necessary services. • Documented Cases: Specific cases include: o Individuals who experienced worsened medical conditions due to delayed therapies or treatments. o Caregivers who were forced to bear the financial



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	burden of essential services after Medicaid failed to reimburse providers. _____ 4. FOIA Responses and Non-Responses • Incomplete or Denied FOIA Requests: o FOIA requests submitted to federal (CMS, HHS) and state agencies (DSS, State Comptroller) have been met with either outright denials or inc
What additional facts support your allegation?	Mismanagement of the ABI Waiver Program has directly endangered the health and safety of brain injury survivors dependent on Medicaid services. Additional facts underscore programmatic failures, systemic negligence, and non-compliance with federal laws, resulting in immediate and long-term risks to public health. _____ Comprehensive and Detailed Evidence 1. Documented Failures in Program Administration • Service Interruptions: o Significant delays in care delivery, including cognitive rehabilitation, behavioral therapy, and transportation, have been widely reported. These interruptions jeopardize recovery outcomes for brain injury survivors. o Gaps in service provider availability have led to individuals missing critical medical appointments and therapies, exacerbating pre-existing conditions. • Failure to Reassess Eligibility Timely: o Many beneficiaries report being dropped from the program or facing delays in eligibility reassessments, leaving them without access to essential medical and support services. o DSS failed to meet its obligation to ensure continuity of care during transitional periods, violating Medicaid regulations under 42 U.S.C. § 1396a. _____ 2. Non-Compliance with ADA and Accessibility Requirements • Lack of ADA-Compliant Communication: o DSS and state contractors have failed to provide clear, accessible communication methods for individuals with disabilities, as mandated by Title II of the ADA (42 U.S.C. § 12132). o Beneficiaries with cognitive impairments, including those caused by brain injuries, were denied reasonable accommodations to navigate the program, including



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	simplified application processes and accessible documentation. • Barriers to Transparency: o FOIA requests related to program operations were systematically denied or delayed without justification, further obstructing beneficiaries' ability to understand or challenge program decisions. _____ 3. Evidence of Systemic Neglect by Oversight Entities • Failure to Enforce Compliance: o Federal oversight agencies, including CMS and HHS, failed to enforce compliance with Medicaid standards and ADA requirements, despite clear evidence of systemic violations. o HHS Region 1, which oversees Medicaid operations in Connecticut, did not conduct regular audits or require corrective actions to address deficiencies in the ABI Waiver Program. • Whistleblower Testimonies: o Internal whistleblower reports highlighted severe administrative lapses, including the diversion of funds intended for beneficiary services and negligence in addressing service complaints. These reports were ignored or suppressed by DSS and related agencies. _____ 4. Financial Mismanagement Impacting Public Health • Improper Allocation of Funds: o A significant portion of Medicaid funds was diverted to administrative overhead, rather than being used to directly benefit bra
Allegation	Danger to Public Safety
What action did they take?	Ongoing failures in transparency, financial accountability, and service delivery within the Connecticut Medicaid Acquired Brain Injury (ABI) Waiver Program have directly contributed to systemic risks threatening public safety. These actions—or inactions—by federal, state, and contracted entities have jeopardized the health and well-being of vulnerable populations reliant on Medicaid services. _____ Detailed Actions Taken Federal Entities and Officials 1. Xavier Becerra o Title: Secretary, U.S. Department of Health and Human Services (HHS) o Action Taken: • Failed to ensure that federal Medicaid oversight



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	mechanisms effectively addressed public safety risks tied to programmatic failures. • Did not enforce corrective measures or direct HHS agencies, such as CMS, to intervene in the systemic issues reported in Connecticut. • Allowed the continuation of non-compliance with federal Medicaid standards and ADA regulations. 2. Chiquita Brooks-LaSure o Title: Administrator, Centers for Medicare & Medicaid Services (CMS) o Action Taken: • Did not mandate state-level compliance with Medicaid program standards to protect public safety. • Neglected to enforce the timely resolution of risks identified in whistleblower disclosures and audits. • Allowed Connecticut DSS to operate without proper oversight or accountability measures to address public safety concerns. 3. Everett L. Handford o Title: Regional Director, HHS Region 1 o Action Taken: • Failed to monitor Connecticut's compliance with Medicaid service delivery standards. • Did not escalate known risks to federal authorities or direct interventions to mitigate public safety concerns in the ABI Waiver Program. _____ State Entities and Officials 4. Ned Lamont o Title: Governor of Connecticut o Action Taken: • Failed to exercise executive authority to resolve systemic issues in the ABI Waiver Program. • Did not direct state agencies to prioritize public safety or implement reforms to mitigate risks to Medicaid beneficiaries. • Allowed ineffective policies and practices to persist under his administration, threatening vulnerable populations reliant on Medicaid services. 5. Andrea Barton Reeves o Title: Commissioner, Connecticut Department of Social Services (DSS) o Action Taken: • Did not implement oversight mechanisms to ensure that Medicaid services met required safety standards. • Failed to address reported deficiencies in service delivery, including delays, denials, and inadequate care for brain injury survivors. • Allowed systemic mismanagement to persist, compromising the health and



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	safety of Medicaid recipients. 6. William Tong o Title: Attorney General, State of Connecticut o Action Taken: • Did not investigate or prosecute systemic violations impacting Medicaid service delivery and public safety. • Failed to respond to whistleblower disclosures detailing risks to vulnerable populations. 7. Yamuna (Yam) Menon o Title: General Counsel
When did this occur?	Broader systemic risks to vulnerable populations reliant on Medicaid services began manifesting years ago due to repeated failures in transparency, financial accountability, and service delivery within the Connecticut Medicaid Acquired Brain Injury (ABI) Waiver Program. These failures evolved into a systemic crisis, marked by recurring incidents and escalating public safety threats from 2015 through the present day. _____ Comprehensive and Detailed Timeline Phase 1: Early Warning Signs and Systemic Weaknesses (2015–2018) • 2015: o Event: Initial whistleblower complaints about improper fund allocations within the ABI Waiver Program. o Impact: • Delays in approving Medicaid service claims for brain injury survivors. • Complaints from providers about non-payment and inconsistencies in reimbursement processes. • 2016: o Event: Audits from the Connecticut Office of Policy and Management flagged irregularities in Medicaid fund usage, but no corrective measu
How did you discover this action?	Broader systemic risks to vulnerable populations reliant on Medicaid services caused by the ongoing failures in transparency, financial accountability, and service delivery. Evidence underscores potential harm to public trust and safety if these issues persist. The discovery of these systemic failures was the result of a combination of direct experiences, whistleblower reports, formal complaints, and document reviews highlighting critical gaps in Medicaid program administration and public safety measures. _____ Comprehensive and Detailed Account of Discovery 1.



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	Direct Experiences as a Medicaid Consumer and Advocate (2015–Present) • Observation of Service Failures: As an advocate for brain injury survivors, I have consistently encountered cases where Medicaid recipients under the ABI Waiver Program were denied necessary medical and rehabilitative services due to administrative inefficiencies. o Impact: • Delays in accessing life-sustaining care. • Increased risk of hospitalization and long-term health complications for brain injury survivors. • Reports from Medicaid Recipients and Families: o Recipients reported excessive delays in service approvals, arbitrary denials of coverage, and inconsistent communication from the Connecticut Department of Social Services (DSS). o Families detailed the emotional and financial toll caused by service interruptions and administrative barriers. _____ 2. Whistleblower Disclosures (2017–Present) • 2017–2020: o Whistleblowers within DSS and contracted Medicaid service providers highlighted systemic inefficiencies, including improper billing practices, untracked expenditures, and a lack of oversight for service delivery. o Complaints filed with DSS leadership and federal agencies, including CMS and HHS Region 1, failed to prompt meaningful action. • 2021–2024: o Disclosures to advocacy groups and federal oversight agencies, including the Office of Civil Rights (OCR) and the Centers for Medicare & Medicaid Services (CMS), revealed: • Repeated violations of ADA requirements for equitable service delivery. • Failures to investigate or address complaints regarding Medicaid program transparency and accountability. o Whistleblower reports were supported by internal emails, incomplete financial records, and audit reports that demonstrated gross mismanagement. _____ 3. Formal Complaints and FOIA Requests (2020–2024) • Filing of Complaints: o Numerous complaints were filed with DSS, CMS, and OCR concerning gaps in Medicaid service



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	delivery, financial tracking, and ADA compliance. o These complaints were met with inadequate responses, with federal and state agencies often redirecting responsibility without taking corrective action. • FOIA Requests: o Requests for transparency, including records on Medicaid provider compliance, financial audits, and internal oversight policies, were systematically denied or delayed. o Respo
What additional facts support your allegation?	Broader systemic risks to vulnerable populations reliant on Medicaid services caused by the ongoing failures in transparency, financial accountability, and service delivery. Evidence underscores potential harm to public trust and safety if these issues persist. _____ Comprehensive and Detailed Supporting Facts 1. Documented Service Delivery Failures • Inconsistent Access to Services: Medicaid recipients under the ABI Waiver Program have faced delays, denials, and inconsistencies in accessing critical medical and rehabilitative services. o Examples: • Home care services denied or delayed, leaving recipients without essential daily living assistance. • • Medical transportation services inconsistently provided, causing missed appointments and worsening health outcomes. • • Provider Shortages and Disruptions: Reports indicate frequent interruptions in services due to provider shortages, contract mismanagement, and financial instability. o Evidence: • Testimonies from recipients and providers during legislative hearings cite systemic gaps in service coverage. • Complaints filed with DSS highlight the program's inability to ensure service continuity. _____ 2. Whistleblower Reports Highlighting Negligence • Systemic Neglect by State and Federal Agencies: Whistleblowers have provided detailed accounts of negligence within DSS, CMS, and HHS oversight processes. o Issues Identified: • Lack of investigations into complaints about service failures. • Ignoring patterns of non-compliance with ADA and Medicaid program requirements. o Evidence Provided: •



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	Internal emails, budget records, and complaints submitted to DSS and CMS documenting inefficiencies. _____ 3. Financial Mismanagement Impacting Public Safety • Improper Fund Allocation: Gross mismanagement of federally allocated Medicaid funds has resulted in overpayments to certain providers and insufficient funding for critical services. o Evidence: • Financial audits from Connecticut's Office of the State Comptroller reveal discrepancies in fund allocation. • Lack of proper financial tracking mechanisms cited in whistleblower reports. • Impact on Public Safety: Mismanagement has directly undermined the availability and quality of services essential to public health, increasing risks of preventable hospitalizations, deteriorating health outcomes, and even fatalities. _____ 4. Inadequate Oversight and Accountability • Lack of Federal Intervention: Despite evidence of systemic failures, federal oversight agencies, including CMS and HHS Region 1, failed to enforce corrective actions or conduct meaningful audits. oEvidence: • Absence of any comprehensive federal audit or investigation into the ABI Waiver Program over the past five years. • CMS documentation highlighting deficiencies but failing to mandate corrective measures. • State-Level Oversight Gaps: Connecticut DSS and the

DISCLOSURE SUBJECTS

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

First Name	Last Name	Title	Chain of Command
Xavier Becerra	Xavier Becerra	Xavier Becerra Title: Secretary, U.S. Department of Health and	Xavier Becerra Title: Secretary, U.S. Department of Health and Human



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		Human Services (HHS) Position in Cha	Services (HHS) Position in Cha
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)
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
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
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



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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
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
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)
Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Connecticut Office of the Sta	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Connecticut Office of the Sta	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Connecticut Office of the Sta	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Connecticut Office of the Sta
William Tong – Attorney General, Connecticut	William Tong – Attorney General, Connecticut	William Tong – Attorney General, Connecticut	William Tong – Attorney General, Connecticut
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



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		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
Dick Durbin Title: Chair, Senate Judiciary Committee	Dick Durbin Title: Chair, Senate Judiciary Committee	Dick Durbin Title: Chair, Senate Judiciary Committee	Dick Durbin Title: Chair, Senate Judiciary Committee
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)	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)
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
Andrea Barton Reeves Title: Commissioner, Connecticut	Andrea Barton Reeves Title: Commissioner, Connecticut	Andrea Barton Reeves Title: Commissioner, Connecticut	Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS)



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Department of Social Services (DSS)	Department of Social Services (DSS)	Department of Social Services (DSS)	
Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Connecticut Office of the Sta	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Connecticut Office of the Sta	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Connecticut Office of the Sta	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Connecticut Office of the Sta
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
William Tong – Attorney General, Connecticut	William Tong – Attorney General, Connecticut	William Tong – Attorney General, Connecticut	William Tong – Attorney General, Connecticut
Regional Administrator, CMS (Name TBD)	Regional Administrator, CMS (Name TBD)	Regional Administrator, CMS (Name TBD)	Regional Administrator, CMS (Name TBD)
State Medicaid Director (Name TBD)	State Medicaid Director (Name TBD)	State Medicaid Director (Name TBD)	State Medicaid Director (Name TBD)
Medicaid Fraud Control Unit (MFCU) Director (Name TBD)	Medicaid Fraud Control Unit (MFCU) Director (Name TBD)	Medicaid Fraud Control Unit (MFCU) Director (Name TBD)	Medicaid Fraud Control Unit (MFCU) Director (Name TBD)
State Auditors of Public Accounts (Connecticut)	State Auditors of Public Accounts (Connecticut)	State Auditors of Public Accounts (Connecticut)	State Auditors of Public Accounts (Connecticut)
Legislative Oversight Committees	Legislative Oversight Committees	Legislative Oversight Committees	Legislative Oversight Committees



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Regional Administrator, Centers for Medicare & Medicaid Services (CMS) Region 1	Regional Administrator, Centers for Medicare & Medicaid Services (CMS) Region 1	Regional Administrator, Centers for Medicare & Medicaid Services (CMS) Region 1	Regional Administrator, Centers for Medicare & Medicaid Services (CMS) Region 1
Kate McEvoy Title: Former Director, Connecticut Medicaid Program Role: Previously oversaw the state	Kate McEvoy Title: Former Director, Connecticut Medicaid Program Role: Previously oversaw the state	Kate McEvoy Title: Former Director, Connecticut Medicaid Program Role: Previously oversaw the state	Kate McEvoy Title: Former Director, Connecticut Medicaid Program Role: Previously oversaw the state
Christopher Godialis Title: Director, Medicaid Fraud Control Unit (MFCU), State of Connecticut	Christopher Godialis Title: Director, Medicaid Fraud Control Unit (MFCU), State of Connecticut	Christopher Godialis Title: Director, Medicaid Fraud Control Unit (MFCU), State of Connecticut	Christopher Godialis Title: Director, Medicaid Fraud Control Unit (MFCU), State of Connecticut
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 Division Position in Chain of Command	Kristen Clarke Title: Assistant Attorney General, Civil Rights Division Position in Chain of Command	Kristen Clarke Title: Assistant Attorney General, Civil Rights Division Position in Chain of Command	Kristen Clarke Title: Assistant Attorney General, Civil Rights Division Position in Chain of Command
Chiquita Brooks-LaSure Title: Administrator, Centers for	Chiquita Brooks-LaSure Title: Administrator, Centers for	Chiquita Brooks-LaSure Title: Administrator, Centers for	Chiquita Brooks-LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS)



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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
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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	Christi Grimm Title: Inspector General Position in Chain of Command: Health and Human Services (HHS)
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
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*Denotes required fields.

William Tong – Attorney General, Connecticut	William Tong – Attorney General, Connecticut	William Tong – Attorney General, Connecticut	William Tong – Attorney General, Connecticut
Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Connecticut Office of the Sta	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Connecticut Office of the Sta	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Connecticut Office of the Sta	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Connecticut Office of the Sta
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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
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
Gary Peters Title: Chair, Senate Committee on Homeland Security and	Gary Peters Title: Chair, Senate Committee on Homeland Security and	Gary Peters Title: Chair, Senate Committee on Homeland Security and	Gary Peters Title: Chair, Senate Committee on Homeland Security and Governmental Affairs Position i



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*Denotes required fields.

Governmental Affairs Position i	Governmental Affairs Position i	Governmental Affairs Position i	
Dick Durbin Title: Chair, Senate Judiciary Committee	Dick Durbin Title: Chair, Senate Judiciary Committee	Dick Durbin Title: Chair, Senate Judiciary Committee	Dick Durbin Title: Chair, Senate Judiciary Committee Position in Chain of Command: Supervises feder
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)	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)
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Yamuna (Yam) Menon Title: General Counsel/Assistant	Yamuna (Yam) Menon Title: General Counsel/Assistant	Yamuna (Yam) Menon Title: General Counsel/Assistant	Y



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State Comptroller, Connecticut Office of the Sta	State Comptroller, Connecticut Office of the Sta	State Comptroller, Connecticut Office of the Sta	
William Tong – Attorney General, Connecticut	William Tong – Attorney General, Connecticut	William Tong – Attorney General, Connecticut	William Tong – Attorney General, Connecticut
Everett L. Handford Title: Regional Director, HHS Region 1	Everett L. Handford Title: Regional Director, HHS Region 1	Everett L. Handford Title: Regional Director, HHS Region 1	Everett L. Handford Title: Regional Director, HHS Region 1 Role: Serves as the primary representati
Marjorie Sozanski Title: Director, Connecticut Medicaid Fraud Control Unit (MFCU)	Marjorie Sozanski Title: Director, Connecticut Medicaid Fraud Control Unit (MFCU)	Marjorie Sozanski Title: Director, Connecticut Medicaid Fraud Control Unit (MFCU)	Marjorie Sozanski Title: Director, Connecticut Medicaid Fraud Control Unit (MFCU)
John C. Geragosian	John C. Geragosian	State Auditors, Connecticut Auditors of Public Accounts	State Auditors, Connecticut Auditors of Public Accounts
Robert Kane Title: State Auditor, Connecticut	Robert M. Kane Title: State Auditors, Connecticut Auditors of Public Account	Robert Kane Title: State Auditor, Connecticut	Robert Kane Title: State Auditor, Connecticut
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CMS Medicaid Program Integrity Director	CMS Medicaid Program Integrity Director	CMS Medicaid Program Integrity Director	CMS Medicaid Program Integrity Director



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Private Auditing Firms	Private Auditing Firms	Private Auditing Firms	Private Auditing Firms
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Connecticut General Assembly Human Services Committee	Connecticut General Assembly Human Services Committee	Connecticut General Assembly Human Services Committee	Connecticut General Assembly Human Services Committee
State Auditors of Public Accounts (John C. Geragosian and Robert M. Kane)	State Auditors of Public Accounts (John C. Geragosian and Robert M. Kane)	State Auditors of Public Accounts (John C. Geragosian and Robert M. Kane)	State Auditors of Public Accounts (John C. Geragosian and Robert M. Kane)
John C. Geragosian	John C. Geragosian	State Auditors of Public Accounts (John C. Geragosian and Robert M. Kane)	State Auditors of Public Accounts (John C. Geragosian and Robert M. Kane)
Robert M. Kane Title: State	Robert M. Kane Title: State	State Auditors of Public Accounts	Robert M. Kane



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Auditors, Connecticut Auditors of Public Account	Auditors, Connecticut Auditors of Public Account	(John C. Geragosian and Robert M. Kane)	
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State Auditors of Public Accounts (Connecticut)	State Auditors of Public Accounts (Connecticut)	State Auditors of Public Accounts (Connecticut)	State Auditors of Public Accounts (Connecticut)
Private Auditing Firms Independent Auditors Contracted by Connecticut DSS	Private Auditing Firms Independent Auditors Contracted by Connecticut DSS	Private Auditing Firms Independent Auditors Contracted by Connecticut DSS	Private Auditing Firms
Connecticut State Legislature Title: Members of the General Assembly	Connecticut State Legislature	Connecticut State Legislature Title: Members of the General Assembly	Connecticut State Legislature Title: Members of the General Assembly
Congressional Oversight Committees	Congressional Oversight Committees	Congressional Oversight Committees	Congressional Oversight Committees

REQUESTED OSC ACTION

What action would you like OSC to take?

Documentation Attached. This submission constitutes an urgent and non-negotiable demand for immediate enforcement of federal and constitutional laws to rectify systemic



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violations and gross mismanagement in the Connecticut Medicaid Acquired Brain Injury (ABI) Waiver Program. The current failings jeopardize public safety, waste taxpayer resources, and violate the constitutional rights of Medicaid recipients, whistleblowers, and taxpayers. The Office of Special Counsel (OSC), in collaboration with federal oversight bodies, must act decisively to restore accountability, ensure compliance, and protect vulnerable populations.

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.



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I have attached the following documents to my filing:

File Name
12.07.2024 Enforce Federal and Constitutional Compliance Without Delay HHS CMS OCR OIG DOJ GAO USC FOIA ADA DSS OSC DAS OAG FOIC CGS DB.42.131.Inf. ABI Medeiros Connecticut DOGE .pdf
efilecomplaint · Custom Portal.pdf
USAJOBS 2 - Profile Dashboard.pdf
Thank You, David Medeiros!.pdf
643743803.pdf
David Medeiros (1).pdf
USAJOBS - Profile Dashboard.pdf
643741292.pdf
Application Progress Review and Submit.pdf
Application Progress CMS Thank You, !.pdf
CMS application fro employment Review and Submit.pdf
545526-ZDV DOJ Submission complete.pdf
545526-ZDV DOJ Submission complete.pdf
requests (22).csv
Subject_ Comprehensive FOIA Request for Connecticut Medicaid Acquired Brain Injury Waiver Program Records (Office of the State Comptroller) (3).zip
12.07.2024 Enforce Federal and Constitutional Compliance Without Delay HHS CMS OCR OIG DOJ GAO USC FOIA ADA DSS OSC DAS OAG FOIC CGS DB.42.131.Inf. ABI Medeiros Connecticut DOGE .docx
OSCFiling-MedeirosDavid-DI-12022024333 (1).pdf
OSCFiling-MedeirosDavid-DI-11252024342 (2).pdf
DOJ Complaints 534659-XGL and 539298-RJM, ADA Compliance, and Related Correspondence (Department Of Justice) (3).zip
12.05.2024 foia doj Binder1.pdf
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
DAVID MEDEIROS VS CONNECTICUT DEPARTMENT OF SOCIAL SERVICES DSS CT GOV 10.30.2024 .PDF
09.24.2024
Federal Intervention HHS_OIG_CMS_GAO_DOJ_OCR_Whistleblower_Report_2024.pdf
requests (26).csv



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FOIA_Acknowledgement_Letter_-_FIG_-_Medeiros.pdf
Admin-CL (1).pdf
01.01.2024 2nd FOIA.gov - Freedom of Information Act_ Create a request.pdf
4_Day_Acknowledgement_Letter_FOI_24-86..pdf
Medeiros Response.pdf
Governor Mail - ABI RESOURCES 860 942-0365 - Outlook.zip
2410220 CAR Dismissal .pdf
12.14.2023 Dear Matthew S. Antonetti CT DSS .pdf
12.23.2023 CHRO COMPLAINT .docx

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



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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: 12/11/2024

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:* Other/Independent Agency

Agency:* Office Of Special Counsel

Agency subcomponent: FOIA Office / Whistleblower Protection Program

Street Address: 1730 M Street, N.W., Suite 218

City: Washington

State: DC

Zip Code: 20201

Employment Status:* Applicant For Federal Employment

Title	Series	Grade

Please provide your dates of employment in this position.

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

Are you covered by a collective bargaining agreement?



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DETAILS OF YOUR DISCLOSURES

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 U.S. Office of Special Counsel (OSC), through Barbara Wheeler Jones, Jennifer Wheeler, and associated personnel, took the following actions: Denied the Existence of Valid Records: Refused to acknowledge the existence of whistleblower complaint DI-12112024134, despite documented confirmations of receipt via email and attached filings. Obstructed Justice: Provided contradictory responses regarding the status of the whistleblower complaint and related FOIA request (#FOIA-2025-063), impeding transparency and accountability. Delayed and hindered access to critical records required for whistleblower protections and federal oversight. Violated Federal Disclosure Laws: Failed to comply with FOIA requirements under 5 U.S.C. § 552, including timely processing and the provision of



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	records related to whistleblower disclosures and ADA accommodations. Failed to Process a Whistleblower Disclosure: Neglected their statutory duty under 5 U.S.C. § 1213 to review, process, and act upon the whistleblower disclosure associated with DI-12112024134, thereby undermining protections for reporting misconduct. Violated ADA and Rehabilitation Act Requirements: Refused to provide requested accommodations for a documented disability, including: Accessible, screen-reader-compatible formats for all documents. Plain-language summaries for complex records. Exclusive email communication as requested. Failed to Identify Responsible Personnel: Did not disclose the names, titles, or roles of the individuals involved in the search, review, and handling of the FOIA and whistleblower requests, further obstructing accountability. These actions collectively violated federal laws, constitutional rights, whistleblower protections, taxpayer rights, and ADA mandates.
When did this occur?	This occurred between December 11, 2024, and December 19, 2024, with key events as follows: December 11, 2024: The whistleblower complaint DI-12112024134 was submitted and acknowledged by the U.S. Office of Special Counsel (OSC) via email. OSC sent confirmation of receipt, including the detailed filing document, confirming the complaint submission and case number. December 16, 2024: OSC acknowledged receipt of FOIA request #FOIA-2025-063 and assigned it a tracking number. This acknowledgment confirmed the request for records related to DI-12112024134. December 18, 2024: OSC provided a contradictory response, claiming that complaint DI-12112024134 was not a valid record and requested clarification, despite prior confirmation of its existence and processing. December 19, 2024: As of this date, OSC has continued to deny the existence of complaint DI-12112024134, obstructing justice, violating whistleblower and ADA laws, and failing to comply with FOIA and constitutional requirements.



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How did you discover this action?	I discovered this action through direct correspondence and official communications from the U.S. Office of Special Counsel (OSC). Specifically: December 11, 2024: I submitted whistleblower complaint DI-12112024134 to OSC. Shortly after submission, I received an email confirmation from OSC acknowledging receipt and providing documentation that included the complaint details and case number. December 16, 2024: I submitted a FOIA request (#FOIA-2025-063) seeking records related to the whistleblower complaint. OSC acknowledged receipt of this FOIA request, confirming their obligation to respond under federal law. December 18, 2024: OSC issued a contradictory response, stating that complaint DI-12112024134 was invalid or nonexistent. This claim directly conflicted with their earlier acknowledgment of receipt and confirmation emails. The conflicting responses and refusal to recognize complaint DI-12112024134 exposed OSC's obstruction of justice, non-compliance with whistleblower laws, and violations of ADA and FOIA requirements. These were confirmed through the discrepancies in OSC's official communications, which I tracked and documented.
What additional facts support your allegation?	The following additional facts substantiate my allegation: Official Documentation Contradicting OSC's Denial December 11, 2024 – Confirmation of Complaint Filing (DI-12112024134): Upon submitting whistleblower complaint DI-12112024134, I received an email from OSC's automated system acknowledging receipt of the complaint. Attached to the email was a PDF document confirming the full submission details, including the complaint's specific identifier, DI-12112024134, and advising me of the next steps in the process. December 16, 2024 – FOIA Request Submission (#FOIA-2025-063): I submitted a FOIA request seeking all records related to DI-12112024134. OSC confirmed receipt of this request and assigned tracking number #FOIA-2025-063, indicating their responsibility to process the request under the Freedom of Information Act (5 U.S.C. § 552). December 18, 2024 – Contradictory Response from OSC:



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	OSC issued a written response stating that complaint DI-12112024134 did not exist or was invalid. This directly contradicted their prior acknowledgment of the filing and the attached confirmation document. Legal Obligations and OSC's Violations FOIA Requirements (5 U.S.C. § 552): OSC's denial of records and refusal to process a valid FOIA request violates FOIA, which mandates transparency and timely access to government-held information. Their conflicting responses suggest either a failure to conduct a proper search or an intentional suppression of records, constituting obstruction of justice. ADA Compliance: I submitted ADA accommodation requests to OSC, including the provision of accessible formats and simplified summaries. OSC ignored these legally mandated accommodations, violating Title II of the ADA (42 U.S.C. § 12132) and Section 504 of the Rehabilitation Act (29 U.S.C. § 794). Whistleblower Protection Act Violations (5 U.S.C. § 1213): OSC's denial of the existence of a validly submitted whistleblower complaint indicates a systemic failure to comply with its statutory duty to protect whistleblowers and process their disclosures in good faith. Documented Evidence: Emails and Attachments from OSC: The acknowledgment email and the attached confirmation document (dated December 11, 2024) confirm that complaint DI-12112024134 was successfully filed and entered into OSC's system. The FOIA acknowledgment email (dated December 16, 2024) demonstrates that OSC received my request for records related to this complaint. OSC's Contradictory Statement (December 18, 2024): OSC's claim that the complaint was "invalid" or "nonexistent" directly contradicts their own documented confirmations. Patterns of Obstruction and Neglect: OSC's refusal to process a valid complaint and their contradictory statements suggest intentional suppression of whistleblower disclosures. Their failure to provide legally required accommodations under ADA indicates systemic neglect of accessibility requirements, further obstructing my ability to obtain information. Public Interest and Urge



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Allegation	Gross Mismanagement
What action did they take?	What Action Did They Take? The following actions, or failures to act, demonstrate gross mismanagement at the U.S. Office of Special Counsel (OSC) and related entities: 1. Mishandling of Whistleblower Complaint (DI-12112024134) Refusal to Acknowledge Filing: Despite OSC confirming the submission of complaint DI-12112024134 via email and issuing a detailed filing receipt, it later denied the existence of the case. This constitutes systemic mismanagement and failure to process whistleblower complaints under 5 U.S.C. § 1213. Failure to Assign or Investigate: OSC failed to assign a responsible investigator or attorney to address the complaint, violating whistleblower protection statutes and undermining accountability. Obstruction of Justice: The contradictory claims and lack of progress in handling the complaint suggest intentional suppression or systemic inefficiency, violating 18 U.S.C. § 1505 (obstruction of proceedings). 2. Non-Compliance with FOIA Request (#FOIA-2025-063) Failure to Conduct Adequate Search: OSC's FOIA staff failed to perform a thorough search for records related to DI-12112024134, directly violating 5 U.S.C. § 552. Falsification of Records Status: OSC falsely claimed the complaint did not exist, despite having acknowledged its receipt. This undermines transparency and public trust in government processes. Delays in Responding: OSC failed to comply with statutory timelines for FOIA processing, denying lawful access to records within the required 20 business days. 3. Systemic Non-Compliance with ADA Requirements Failure to Provide Reasonable Accommodations: OSC did not implement requested accommodations under Title II of the ADA and Section 504 of the Rehabilitation Act, including: Providing accessible formats for records (e.g., screen-reader-compatible PDFs). Summarizing technical or complex documents in plain language. Ensuring communication through email-only platforms as requested. Discrimination Against Individuals with Disabilities: The lack of accommodations constitutes



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	systemic exclusion and unequal treatment, violating 42 U.S.C. § 12132. 4. Suppression of Transparency and Accountability Gross Mismanagement of Whistleblower Protections: By failing to process the complaint, OSC has discouraged whistleblower disclosures, undermining public oversight and violating the Whistleblower Protection Act. Lack of Oversight or Escalation: No steps were taken to involve higher authorities (e.g., DOJ Inspector General, Congressional Committees) to address or resolve systemic failures. Failure to Document Decision-Making: OSC has not provided any written justification for its denial of records or its contradictory responses, violating transparency mandates under FOIA and 5 U.S.C. § 1214. 5. Mismanagement of Taxpayer Resources Wasting Public Funds: The failure to process valid whistleblower complaints and FOIA requests has wasted taxpayer dollars and resources, constituting gross mismanagement of funds. Loss of Public Confiden
When did this occur?	When Did This Occur? The gross mismanagement at the U.S. Office of Special Counsel (OSC) occurred over the following timeline: December 11, 2024: Complaint DI-12112024134 was submitted and acknowledged by OSC via email, with a receipt confirmation and filing details sent to the complainant. Supporting evidence was attached, including detailed documentation of whistleblower allegations and violations. December 16, 2024: FOIA request #FOIA-2025-063 was submitted to OSC for records related to DI-12112024134. OSC acknowledged receipt of the FOIA request, assigned a tracking number, and confirmed processing was underway. December 18, 2024: OSC issued a contradictory response denying the existence of complaint DI-12112024134, despite previous acknowledgment and associated documentation. OSC failed to provide any statutory justification for the denial or the inability to locate records. Ongoing: OSC has failed to process the complaint or escalate it to the appropriate investigative autho



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How did you discover this action?	How Did You Discover This Action? The actions constituting gross mismanagement were discovered through the following sequence of events: Acknowledgment of Filing: On December 11, 2024, I received an email confirmation from the U.S. Office of Special Counsel (OSC) acknowledging receipt of my whistleblower complaint DI-12112024134. The acknowledgment included filing details and a reference to OSC's role in processing whistleblower disclosures. FOIA Request Submission: On December 16, 2024, I submitted a FOIA request (#FOIA-2025-063) to OSC seeking records and communications related to DI-12112024134. This request was acknowledged by OSC, confirming its receipt and processing. Contradictory Response: On December 18, 2024, OSC issued a response to the FOIA request, claiming that complaint DI-12112024134 does not exist, despite the previously documented acknowledgment and the provided filing reference. ADA Non-Compliance: Throughout the process, OSC failed to implement requested ADA accommodations (e.g., accessible formats, plain-language summaries) despite repeated and legally justified requests. This pattern revealed systemic deficiencies in OSC's adherence to accessibility standards. Cross-Referencing Documentation: By cross-referencing the complaint confirmation email, FOIA tracking information, and subsequent denials, I identified clear contradictions and failures in OSC's handling of both the complaint and FOIA request. These contradictions revealed severe procedural lapses and possible intentional suppression of records. Ongoing Lack of Action: Continued failure to address the complaint, respond to the FOIA request, or comply with statutory and constitutional obligations further confirmed systemic gross mismanagement within OSC operations.
What additional facts support your allegation?	What Additional Facts Support Your Allegation? The following facts substantiate the allegation of gross mismanagement by the U.S. Office of Special Counsel (OSC): 1. Documented Acknowledgment of Complaint



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	Submission On December 11, 2024, OSC acknowledged the receipt of whistleblower complaint DI-12112024134 through an official confirmation email. This acknowledgment provided: A unique filing number (DI-12112024134). Confirmation of the complaint's submission and details on how OSC would process it. Attached documentation of the filing, establishing its authenticity and receipt by OSC. 2. Contradictory FOIA Responses On December 16, 2024, OSC acknowledged receipt of my FOIA request #FOIA-2025-063, seeking records related to complaint DI-12112024134. On December 18, 2024, OSC issued a contradictory response claiming that complaint DI-12112024134 does not exist, despite the previously documented acknowledgment. The discrepancy indicates either systemic procedural breakdowns or intentional suppression of records. 3. Violations of ADA Accommodations Despite multiple requests for ADA accommodations under Title II of the ADA and Section 504 of the Rehabilitation Act, OSC failed to: Provide records in accessible formats. Include plain-language summaries of complex documents. Respond exclusively through accessible electronic means (e.g., email). This non-compliance with legally mandated accommodations highlights systemic management failures and potential discrimination against individuals with disabilities. 4. Failure to Process Whistleblower Complaint Under 5 U.S.C. § 1213, OSC is mandated to: Accept and process whistleblower disclosures. Conduct investigations or appropriately refer complaints to relevant agencies. OSC has failed to provide any substantive updates, actions, or resolution regarding complaint DI-12112024134, despite legal requirements and my repeated inquiries. 5. Obstruction of Justice The refusal to acknowledge or act upon a valid whistleblower complaint constitutes obstruction under 18 U.S.C. § 1505. This behavior raises serious concerns about intentional efforts to suppress or retaliate against whistleblowers. 6. Systemic Lack of Transparency and Accountability The combination of: Contradictory responses to FOIA



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	requests. Failure to act on the whistleblower complaint. Non-compliance with ADA accommodations. Lack of communication or explanation regarding procedural lapses. This pattern reflects systemic gross mismanagement and a failure to uphold OSC's statutory responsibilities under FOIA, the Whistleblower Protection Act, and the ADA. 7. Economic and Ethical Implications By failing to address whistleblower disclosures, OSC allows potential fraud, waste, and abuse of federal resources to go unchecked. Such failures undermine public trust in OSC's ability to safeguard whistleblower protections and ensure government accountability. Conclusion These facts demonstrate a consistent pattern of gross mismanagement within OSC, including pro
Allegation	Abuse of Authority
What action did they take?	Actions Taken by Individuals Involved in Abuse of Authority: Denial of Records (FOIA and Whistleblower): Falsely claimed that DI-12112024134 does not exist despite documented evidence of its receipt and acknowledgment by the Office of Special Counsel (OSC). Refused to provide requested records under FOIA request FOIA-2025-063, obstructing access to information protected under 5 U.S.C. § 552 (FOIA) and whistleblower protection laws (5 U.S.C. § 1213). Obstruction of Justice: Intentionally delayed or misrepresented the status of the whistleblower complaint (DI-12112024134), preventing timely investigation and enforcement of whistleblower protections. Suppressed whistleblower disclosures by failing to document or act upon reported violations, contravening 18 U.S.C. § 1505. Failure to Implement ADA Accommodations: Ignored explicit requests for ADA-mandated accommodations, including accessible formats for communication, plain-language summaries, and exclusive email communication. This violates Title II of the ADA (42 U.S.C. § 12132) and Section 504 of the Rehabilitation Act (29 U.S.C. § 794). Systemic Mismanagement and Retaliation: Allowed procedural mismanagement to undermine the integrity of OSC's whistleblower protection and



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	complaint resolution processes. Created an environment of retaliation or neglect, deterring whistleblowers from filing complaints or seeking recourse for misconduct. Misinformation and Lack of Transparency: Misrepresented the chain of custody, procedural steps, and investigative actions related to DI-12112024134. Failed to disclose search methodologies, personnel involved, or databases queried, undermining trust in OSC's operations and violating public accountability standards. Collusion or Neglect in Oversight: Federal and state officials failed to intervene despite evident non-compliance with federal statutes, contributing to systemic failures. Key personnel, including FOIA officers, legal counsel, and program administrators, allowed procedural delays, denials, and suppressions to persist unchallenged. Summary: The actions taken demonstrate a pattern of abuse of authority through procedural obstruction, denial of legal rights under FOIA and whistleblower statutes, systemic mismanagement, and the failure to implement disability accommodations. These actions collectively undermine public trust, transparency, and accountability while violating multiple federal laws and constitutional protections.
When did this occur?	Timeline of Abuse of Authority: Initial Submission and Confirmation (December 11, 2024): Whistleblower complaint DI-12112024134 was submitted to the Office of Special Counsel (OSC) and acknowledged via email. Supporting documents were attached, and acknowledgment emails confirmed receipt of the submission. FOIA Request Submission (December 16, 2024): FOIA request FOIA-2025-063 was submitted, requesting all records related to DI-12112024134. OSC acknowledged receipt of the request, confirming the tracking number. OSC's Denial of Records (December 18, 2024): OSC claimed that DI-12112024134 is "not a valid OSC record number," contradicting earlier acknowledgment emails and submitted evidence. Escalated Communications and ADA Requests (December 19, 2024): Multiple communications were sent



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	demanding compliance with FOIA, ADA accommodations, and whistleblower protection statutes. OSC failed to respond substantively or address the inconsistencies. Ongoing Delays and Obstruction (December
How did you discover this action?	I discovered this abuse of authority through: Confirmation Emails from OSC (December 11, 2024): After submitting my whistleblower complaint DI-12112024134, I received confirmation emails from the OSC acknowledging receipt of the complaint and assigning it a filing identifier. These emails included details of my submission and assured me that further communication would follow. FOIA Submission and Acknowledgment (December 16, 2024): When I submitted FOIA request FOIA-2025-063, OSC acknowledged receipt of the request and provided a tracking number, reaffirming that my complaint and related records existed within their system. Contradictory Response from OSC (December 18, 2024): OSC claimed that DI-12112024134 was "not a valid OSC record number" despite previous confirmations. This directly contradicted the acknowledgment emails and attached supporting documents I had received and provided. Failure to Provide ADA Accommodations and Records (Ongoing): OSC failed to respond to ADA accommodation requests, release records, or address discrepancies in its contradictory claims. This obstruction became evident as I attempted to resolve these issues through direct communication with OSC officials. These actions demonstrated a clear pattern of obstruction, inconsistency, and abuse of authority, which I identified through OSC's own contradictory communications and their failure to fulfill statutory obligations.
What additional facts support your allegation?	Additional facts supporting the allegation of abuse of authority include: Documented Confirmation of Complaint Submission: On December 11, 2024, OSC acknowledged receipt of my whistleblower complaint DI-12112024134 via multiple confirmation emails. These included a detailed record of my submission and the



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	assigned filing identifier. These documents demonstrate that the complaint was submitted and recognized by OSC. Contradictory Denial of Complaint's Existence: On December 18, 2024, OSC claimed that DI-12112024134 was "not a valid OSC record number," directly contradicting their earlier acknowledgment emails. This inconsistency suggests intentional misrepresentation or systemic mismanagement. Failure to Respond to FOIA Request: Despite acknowledging receipt of FOIA request FOIA-2025-063 on December 16, 2024, OSC has failed to produce any responsive records. This delay violates FOIA's statutory time limits and suggests deliberate obstruction of transparency. Ignored ADA Accommodation Requests: My requests for ADA-compliant communication formats and plain-language summaries—required under Title II of the ADA and Section 504 of the Rehabilitation Act—have been systematically ignored, further obstructing my ability to participate in the process. OSC's Statutory Responsibilities: As mandated by 5 U.S.C. § 1213, OSC is required to process whistleblower disclosures promptly and ensure transparency. Its failure to address my complaint or provide records undermines its statutory obligations and raises concerns about internal accountability. Pattern of Non-Compliance: OSC's refusal to act on confirmed submissions and its contradictory responses highlight systemic issues of neglect, mismanagement, and potential retaliation against whistleblowers. Impact on Public Trust and Transparency: By obstructing the processing of my disclosure and withholding records, OSC has not only harmed me as a whistleblower but also undermined public trust in its oversight functions. These facts collectively establish a pattern of abuse of authority by OSC officials, who have failed to fulfill their statutory duties, comply with legal obligations, and uphold the principles of transparency and accountability.
Allegation	Gross Waste of Funds



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What action did they take?	Actions Taken Contributing to Gross Waste of Funds: Mismanagement of Whistleblower Complaints Failure to properly process and investigate whistleblower complaints, including DI-12112024134, resulted in prolonged delays, duplicated efforts, and unresolved issues. Resources allocated for complaint handling were misused or underutilized. Denial and Obstruction of Records Systematic denial of FOIA requests (#FOIA-2025-063) and other related disclosures required extensive follow-up, appeals, and escalations, wasting administrative time and taxpayer funds. Non-Compliance with ADA Accommodations OSC failed to provide legally mandated ADA accommodations, resulting in redundant efforts, communication inefficiencies, and the need for escalations to external entities (e.g., DOJ Civil Rights Division, OGIS). This non-compliance caused significant delays and misallocation of resources. Inefficient Recordkeeping and Search Processes OSC's internal disorganization and failure to maintain accessible records led to repeated claims of "no responsive records," requiring additional searches, appeals, and administrative time that could have been avoided. Failure to Utilize Oversight and Accountability Mechanisms OSC neglected its statutory responsibility to ensure proper oversight of whistleblower complaints and resource management. This resulted in unchecked misallocation of funds and lack of resolution for key cases. Improper Resource Allocation to Legal and Administrative Support Resources intended for whistleblower protection and investigation were diverted to address unnecessary legal disputes, FOIA denials, and appeals. These actions reflect a lack of prioritization and accountability. Inadequate Training and Oversight of Staff and Contractors OSC failed to adequately train staff and contractors on compliance with FOIA, ADA, and whistleblower statutes. This led to inefficient complaint processing, record management, and communication practices. Engagement in Repetitive and Unnecessary Correspondence OSC repeatedly sent contradictory responses, including



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	acknowledgment of complaints followed by claims of nonexistence. These actions consumed excessive resources and created confusion, requiring escalations to external oversight bodies. Neglect of Transparency Obligations Systemic lack of adherence to transparency mandates under FOIA and whistleblower statutes undermined trust, requiring unnecessary intervention from higher authorities and advocacy organizations, further wasting public resources. Failure to Collaborate with Other Agencies OSC failed to collaborate effectively with the DOJ, OGIS, and Congressional Oversight Committees to resolve systemic issues, leading to duplication of efforts and misallocation of funds. Consequences of These Actions These actions demonstrate a systemic failure to efficiently manage taxpayer funds, undermining OSC's mission and violating legal obligations under FOIA, ADA, and whistleblower statutes. This gross mismanagem
When did this occur?	Timeline of Actions Contributing to Gross Waste of Funds: Initial Complaint Filing December 11, 2024: Complaint DI-12112024134 submitted to the U.S. Office of Special Counsel (OSC). Confirmation of receipt provided within minutes. FOIA Request Submission December 16, 2024: FOIA request #FOIA-2025-063 submitted, seeking records related to DI-12112024134. Confirmation of receipt was provided the same day. Contradictory Communications Begin December 18, 2024: OSC claims that complaint DI-12112024134 is "not a valid OSC record," despite previously acknowledging its receipt. Contradictory responses ensue, requiring clarification and escalation. ADA Accommodation Failures Persist Throughout December 2024: OSC repeatedly failed to honor ADA accommodation requests for accessible formats and plain-language summaries, resulting in delays and inefficient communication. Repeated Record Search Denials December 19, 2024: OSC denies the existence of records responsive to FOIA request #FOIA-2025-



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How did you discover this action?	How This Action Was Discovered Direct Involvement in Filing and Submission On December 11, 2024, I personally filed a whistleblower complaint (DI-12112024134) with the U.S. Office of Special Counsel (OSC). I received immediate email confirmation acknowledging the filing and detailing its contents. Contradictory Responses from OSC Following the submission, on December 16, 2024, I submitted a Freedom of Information Act (FOIA) request (#FOIA-2025-063) to obtain records related to the complaint. OSC confirmed receipt of the FOIA request. However, on December 18, 2024, OSC claimed that DI-12112024134 was "not a valid OSC record," directly contradicting its initial acknowledgment of the complaint. Review of FOIA and ADA Non-Compliance Upon receiving OSC's contradictory statements and denial of records, I reviewed their responses in detail and found repeated failures to comply with FOIA statutory obligations and ADA accommodation requests. Analysis of Escalation Delays and Repeated Denials Despite documented evidence of complaint submission and FOIA confirmation, OSC's subsequent denial of valid records raised concerns about systemic failures, waste, and abuse. Analysis of their responses revealed a pattern of obstruction and mismanagement. Supporting Documentation Documentation from OSC emails, FOIA responses, and submitted appeals, along with corroborative evidence of ADA accommodation requests and denials, further demonstrated the breadth of mismanagement. These actions were discovered through firsthand experience, official correspondence, and analysis of inconsistencies in OSC's handling of statutory responsibilities.
What additional facts support your allegation?	Additional Facts Supporting the Allegation Contradictory Documentation from OSC Complaint Submission Acknowledged: On December 11, 2024, OSC sent an email confirmation acknowledging the submission of complaint DI-12112024134, attaching a detailed PDF of the filing and indicating that an assigned attorney or investigator would follow up. FOIA Acknowledgment: On



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	December 16, 2024, OSC acknowledged receipt of FOIA request #FOIA-2025-063, indicating compliance with its legal obligation to search for and provide relevant records. Contradictory Claim: On December 18, 2024, OSC claimed that DI-12112024134 was "not a valid OSC record," contradicting their prior acknowledgment and raising concerns about record tampering or intentional obstruction. Violation of FOIA Requirements OSC's refusal to produce records violated the Freedom of Information Act (5 U.S.C. § 552), which mandates timely responses, thorough searches, and transparency in public records. The refusal to acknowledge records they previously confirmed demonstrates systemic non-compliance. Failure to Comply with ADA Accommodations Multiple ADA accommodation requests, including accessible formats, plain-language summaries, and email-only communication, were ignored or denied, violating Title II of the ADA (42 U.S.C. § 12132) and Section 504 of the Rehabilitation Act (29 U.S.C. § 794). Impact on Whistleblower Protections By refusing to act on DI-12112024134, OSC violated its statutory duties under the Whistleblower Protection Act (5 U.S.C. § 1213), which requires documentation, investigation, and action on whistleblower complaints. Their inaction undermines federal protections and deters others from reporting wrongdoing. Evidence of Systemic Gross Waste of Funds OSC's handling of this matter reflects gross waste of taxpayer funds, as public resources are being used to obstruct rather than fulfill statutory obligations. This undermines the integrity of federal oversight processes. Failure to Address Escalated Appeals Despite multiple appeals and documentation sent to OSC and oversight authorities, there has been no substantive resolution. This pattern of neglect highlights systemic issues and potential abuse of authority within OSC operations. Pattern of Mismanagement and Obstruction OSC's actions and inactions collectively demonstrate a pattern of mismanagement, obstruction of justice, and disregard for legal obligations under FOIA, ADA, and whistleblower



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	protection laws. These additional facts underscore the seriousness of OSC's violations and the need for an independent investigation to ensure accountability and transparency.
Allegation	Danger to Public Health
What action did they take?	Actions Taken in Danger to Public Health: Systematic Obstruction of Justice Denied the existence of whistleblower complaint DI-12112024134 despite documented confirmation of its filing. Provided contradictory responses, creating delays and confusion regarding the status of the complaint and associated FOIA requests. Failure to Address Medicaid Program Mismanagement Neglected oversight and enforcement of standards in Medicaid-funded programs, including the ABI Waiver Program, which supports individuals with brain injuries and disabilities. Allowed potential fraud, waste, and abuse in federally funded health programs to go unchecked, increasing the risk of harm to vulnerable populations. Suppression of Critical Public Health Disclosures Failed to process whistleblower complaints regarding systemic failures in Medicaid and public health programs. Ignored or obstructed disclosure of mismanagement and violations of law that could directly impact public health outcomes. Neglecting ADA Mandates Denied ADA-compliant accommodations, obstructing access to information for individuals with disabilities and impeding their ability to participate in oversight and accountability processes. Created systemic barriers for disabled individuals to access critical healthcare and complaint resolution processes. Gross Mismanagement of FOIA Requests Mishandled FOIA-2025-063, obstructing access to vital records related to Medicaid programs and public health oversight. Refused to conduct thorough searches or provide sworn affidavits detailing search methodologies, thereby delaying transparency and accountability. Endangerment of Public Health and Safety Allowed systemic failures in oversight to persist, potentially exacerbating risks to the health and safety of Medicaid beneficiaries reliant on adequate care



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	and services. Failed to investigate and rectify structural issues within state and federal programs critical to public health. Concealment of Key Records and Evidence Obstructed access to evidence that could reveal systemic negligence, regulatory violations, and mismanagement within Medicaid programs, further endangering public health. Actively delayed the release of critical documentation by misrepresenting the validity of DI-12112024134 and other associated records. Collective Impact: The actions above represent deliberate obstruction and systemic neglect, leading to heightened risks for vulnerable populations dependent on transparent and accountable Medicaid services. These actions directly endanger public health by delaying oversight, exacerbating inequities, and preventing corrective measures.
When did this occur?	Timeline of Events: Initial Filing of Complaint December 11, 2024, 8:34 AM: Complaint DI-12112024134 was filed with the U.S. Office of Special Counsel (OSC). Confirmation of receipt was provided via email, with an acknowledgment of the filing and the assignment of a case number. Subsequent FOIA Requests December 16, 2024: FOIA request #FOIA-2025-063 was submitted to OSC, seeking all records and correspondence related to complaint DI-12112024134. OSC Contradictory Response December 18, 2024: OSC claimed that complaint DI-12112024134 was invalid and denied having records related to the FOIA request, despite previous confirmations of receipt. Ongoing Non-Compliance Between December 11, 2024, and December 19, 2024, OSC failed to provide requested records, obstructed justice, and did not comply with ADA-mandated accommodations, such as accessible formats and plain-language summaries. Impact on Public Health The actions occurred over the course of multiple days and continue as of Decemb
How did you discover this action?	How the Action Was Discovered: Direct Communication: On December 11, 2024, I received a confirmation email from the U.S. Office of Special Counsel (OSC)



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	acknowledging the filing of complaint DI-12112024134. The email included detailed filing information and confirmed that the complaint had been received and logged into their system. FOIA Request Responses: On December 16, 2024, I submitted a FOIA request (#FOIA-2025-063) to obtain records related to my complaint. This request was confirmed by OSC. Contradictory Correspondence: On December 18, 2024, OSC issued a response denying the existence of complaint DI-12112024134, contradicting their initial acknowledgment. This inconsistency highlighted a systemic failure in record-keeping, transparency, and adherence to legal obligations. Pattern of Non-Compliance: Follow-up communications revealed OSC's refusal to address ADA accommodations, disclose records, or provide clarity on the contradictory responses. These actions directly indicated mismanagement and obstruction. Escalation to Oversight Bodies: Analysis of OSC's actions in the context of whistleblower protections, FOIA statutes, and ADA compliance revealed gross mismanagement, deliberate obstruction, and violations of constitutional rights, further corroborated by OSC's own contradictory statements. Evidence Supporting Discovery: Email records from OSC confirming receipt of the complaint. FOIA correspondence highlighting discrepancies in OSC's responses. Documented communications requesting ADA accommodations and whistleblower protections, which were ignored or denied.
What additional facts support your allegation?	Additional Facts Supporting Allegations: Contradictory Documentation: On December 11, 2024, OSC confirmed receipt of complaint DI-12112024134 through an automated email, assigning it a tracking number and confirming its entry into their system. On December 18, 2024, OSC denied the existence of the same complaint in response to FOIA request #FOIA-2025-063. This directly contradicts their earlier confirmation, demonstrating gross mismanagement of case records and possible deliberate obstruction. Failure to Provide ADA Accommodations: OSC ignored multiple requests for



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	ADA-compliant communication, including accessible formats, plain-language summaries, and exclusive email correspondence. These omissions are violations of the Americans with Disabilities Act (42 U.S.C. § 12132) and Section 504 of the Rehabilitation Act (29 U.S.C. § 794). Non-Compliance with FOIA Obligations: OSC failed to produce requested records within the statutory timeframe, as required by 5 U.S.C. § 552. Their refusal to acknowledge or locate records, despite proof of submission, constitutes a breach of federal transparency laws. Pattern of Obstruction and Retaliation: The denial of the complaint's existence raises concerns about deliberate retaliation or negligence by OSC personnel. This obstructs whistleblower protections outlined under 5 U.S.C. § 1213 and may deter other whistleblowers from reporting critical issues. Danger to Public Health and Safety: The mismanagement and suppression of whistleblower disclosures undermine accountability and oversight mechanisms. This has the potential to allow unchecked violations of law or harmful practices within federal agencies, posing a broader risk to public health, safety, and trust in government. Financial Implications: Gross waste of federal funds is evident in the failure to manage whistleblower disclosures, ADA requests, and FOIA compliance. These actions erode taxpayer confidence and increase the risk of undetected fraud or mismanagement within OSC operations. Supporting Evidence: Emails confirming submission and acknowledgment of DI-12112024134. FOIA correspondence (Request #FOIA-2025-063) highlighting OSC's contradictory statements. Documented requests for ADA accommodations, which were ignored or inadequately addressed. Legal analysis showing violations of constitutional rights, FOIA obligations, and ADA requirements. Conclusion: The evidence reveals systemic failures within OSC, including gross mismanagement, obstruction, and non-compliance with legal and constitutional obligations. These actions demand immediate investigation and corrective measures to



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	prevent further harm to whistleblowers, public trust, and government accountability.
Allegation	Danger to Public Safety
What action did they take?	2. What Action Did They Take? Henry Kerner (Special Counsel, OSC): Action Taken: Failed to ensure the proper handling, acknowledgment, and investigation of whistleblower disclosure DI-12112024134. Specifically, Kerner's office obstructed justice by denying the existence of a documented submission while simultaneously confirming its receipt in earlier communications. The refusal to process or act on the disclosure created systemic barriers to oversight. Impact: Undermined OSC's statutory duty to protect whistleblowers, investigate disclosures, and ensure accountability for agency wrongdoing. Michael E. Horowitz (Inspector General, DOJ): Action Taken: Neglected to enforce accountability for OSC's non-compliance with FOIA and whistleblower statutes, despite receiving detailed complaints highlighting systemic obstruction of justice and non-compliance with federal laws. Failed to initiate or escalate an investigation into OSC's handling of whistleblower submissions. Impact: Allowed systemic failures within OSC to persist, creating a chilling effect on whistleblowers and compromising oversight mechanisms. Alina M. Semo (Director, OGIS): Action Taken: Failed to mediate or intervene effectively in the FOIA dispute between the complainant and OSC. Did not address OSC's refusal to provide requested records or adhere to ADA accommodations, despite OGIS's mandate to resolve such disputes. Impact: Prolonged the delay in accessing critical records and failed to enforce government transparency requirements. Barbara Wheeler Jones (Acting Chief FOIA Officer, OSC): Action Taken: Provided contradictory responses to FOIA request #FOIA-2025-063, confirming receipt of DI-12112024134 and later denying its existence. Refused to disclose records or justify exemptions as required by FOIA. Impact: Directly obstructed justice and undermined public confidence in government accountability. Xavier Becerra (Secretary,



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*Denotes required fields.

	HHS): Action Taken: Failed to act on whistleblower disclosures related to public health concerns, including systemic non-compliance within Medicaid-funded programs. Did not coordinate with OSC to address overlapping issues affecting public health. Impact: Increased risks to public health by neglecting whistleblower disclosures and failing to enforce compliance with Medicaid oversight requirements. Chiquita Brooks-LaSure (Administrator, CMS): Action Taken: Neglected to investigate or address disclosures involving systemic issues within Medicaid-funded programs. Failed to collaborate with OSC or provide guidance on health and safety violations highlighted in the complaint. Impact: Allowed potential harm to public health to escalate due to lack of intervention and oversight. Merrick Garland (Attorney General, DOJ): Action Taken: Did not enforce compliance or investigate OSC's failures to handle whistleblower complaints, respond to FOIA requests, or honor ADA accommodations. Failed to address systemic misconduct despite being the head of the DOJ, which oversees
When did this occur?	3. When Did This Occur? Initial Submission and Confirmation: Date: December 11, 2024, at approximately 8:34 AM (EST). Event: Whistleblower disclosure DI-12112024134 was submitted to the U.S. Office of Special Counsel (OSC) and immediately acknowledged via email. A confirmation document was also attached, providing detailed filing information. Contradictory Responses Begin: Date: December 16, 2024. Event: OSC acknowledged receipt of FOIA request #FOIA-2025-063, referencing the associated whistleblower disclosure DI-12112024134. However, no substantive response was provided regarding the status of the disclosure or records requested. Denial of Records and Obstruction: Date: December 18, 2024. Event: OSC claimed that disclosure DI-12112024134 "is not a valid OSC record number," directly contradicting earlier confirmations of its receipt and existence. This marked a significant escalation in the obstruction of justice.



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	Continued Failure to Respond or Act: Ongoing: As of December 19, 20
How did you discover this action?	4. How Did You Discover This Action? I discovered this series of actions through direct engagement with the Office of Special Counsel (OSC) and their documented responses to my complaint and Freedom of Information Act (FOIA) request. Specifically: Initial Confirmation of Submission: On December 11, 2024, I submitted whistleblower disclosure DI-12112024134 to OSC via their online filing portal. I received an immediate email confirmation acknowledging receipt, along with a detailed PDF document confirming the submission and filing number (DI-12112024134). FOIA Request and Confirmation: On December 16, 2024, I submitted FOIA request #FOIA-2025-063 to access records related to my whistleblower disclosure. OSC confirmed receipt of my FOIA request via email, stating that it had been assigned tracking number #FOIA-2025-063 and acknowledging the subject of the request. Contradictory Denial: On December 18, 2024, OSC issued a contradictory response claiming that the whistleblower disclosure DI-12112024134 "is not a valid OSC record number." This denial directly conflicted with their previous confirmations of receipt and acknowledgment. Failure to Provide Substantive Responses: Repeated follow-ups to OSC, including communications with named individuals such as Barbara Wheeler Jones and Jennifer Wheeler, yielded no resolution. Their responses either ignored critical inquiries or continued to deny the existence of the submission. Discovery Through Documentation: The pattern of mismanagement, obstruction, and non-compliance became apparent as I analyzed the documented communications from OSC. These include: Email confirmations of the whistleblower submission. FOIA tracking and acknowledgment correspondence. Contradictory responses denying the existence of the disclosed filing. This series of actions raised significant concerns about systemic failures, negligence, and potential misconduct within OSC's operations.



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What additional facts support your allegation?	5. Additional Facts Supporting the Allegation Documented Evidence of Submission and Confirmation On December 11, 2024, I received an email from OSC confirming the submission of whistleblower disclosure DI-12112024134. The email included: A PDF titled "OSC Filing-MedeirosDavid-DI-12112024134" that details the content of the disclosure. Confirmation of receipt, stating that changes to the filing could only be made through OSC. This acknowledgment is indisputable evidence that the filing was received and recorded by OSC. OSC's FOIA Acknowledgment Confirms Relevant Records On December 16, 2024, OSC confirmed receipt of FOIA request #FOIA-2025-063, explicitly referencing the subject matter and the submission. This acknowledgment demonstrates that OSC was aware of and had begun processing records related to my whistleblower disclosure. Contradictory Responses Indicating Obstruction On December 18, 2024, OSC claimed that disclosure DI-12112024134 "is not a valid OSC record number," directly contradicting their earlier acknowledgment of receipt and detailed record creation. This sudden denial raises serious concerns about intentional suppression, obstruction of justice, or gross mismanagement of whistleblower disclosures. Failure to Comply with FOIA and ADA Obligations OSC failed to provide requested records under FOIA, despite statutory requirements to do so within the prescribed timeline. OSC ignored my ADA accommodation requests, including accessible document formats, simplified summaries, and email-only correspondence. This failure constitutes systemic discrimination and violates federal disability rights laws. Pattern of Non-Compliance and Evasion Follow-up communications with OSC personnel, including Acting Chief FOIA Officer Barbara Wheeler Jones and Jennifer Wheeler, yielded no clarification or resolution. Their repeated failures to address the contradictions or provide valid explanations suggest intentional evasion rather than administrative error. Potential Retaliation and Systemic Misconduct As a



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	whistleblower, I am entitled to protections under federal law. The denial of my disclosure and refusal to process my complaint undermine these protections, raising concerns of systemic retaliation or neglect. These actions not only violate whistleblower protection laws but also obstruct oversight and accountability mechanisms meant to safeguard public trust. Harm to Public Safety and Accountability By obstructing my disclosure and denying access to critical records, OSC has jeopardized efforts to expose gross mismanagement, waste, and violations of federal law. This obstruction directly harms public oversight of government operations, particularly in the enforcement of whistleblower protections and taxpayer-funded programs. Supporting Documentation: Email confirmations from OSC acknowledging receipt of DI-12112024134 and FOIA-2025-063. PDF document containing the complete details of DI-12112024134. Correspondence with OSC personnel, documenting

DISCLOSURE SUBJECTS

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

First Name	Last Name	Title	Chain of Command
Barbara Wheeler Jones	Barbara Wheeler Jones	Acting Chief FOIA Officer	Responsible for overseeing OSC's FOIA operations and compliance. As the Acting Chief FOIA Officer, B
Jennifer Wheeler	Jennifer Wheeler	FOIA Team Office of the Clerk	Member of the OSC FOIA team, responsible for processing FOIA requests. Likely delegated tasks to res
Henry J. Kerner – Special Counsel, U.S. Office of Special Counsel (OSC)	Henry J. Kerner – Special Counsel, U.S. Office of Special Counsel (OSC)	Henry J. Kerner – Special Counsel, U.S. Office of	Head of the U.S. Office of Special Counsel. As the leader of OSC, Kerner is ultimately accountable f



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		Special Counsel (OSC)	
Barbara Wheeler Jones	Barbara Wheeler Jones	Acting Chief FOIA Officer	FOIA Officer, Office of Special Counsel (OSC), accountable for overseeing the proper management and
Jennifer Wheeler	Jennifer Wheeler	FOIA Team Member, Office of the Clerk	Tasked with processing FOIA requests and ensuring proper response under 5 U.S.C. § 552.
Henry J. Kerner – Special Counsel, U.S. Office of Special Counsel (OSC)	Henry J. Kerner – Special Counsel, U.S. Office of Special Counsel (OSC)	Special Counsel, OSC	Overall leader of the OSC, with responsibility for ensuring the organization complies with its statu
Michael E. Horowitz	Michael E. Horowitz	Inspector General, U.S. Department of Justice (DOJ)	Responsible for overseeing accountability at federal agencies, including potential systemic failures
Kristen Clarke	Kristen Clarke	Assistant Attorney General, Civil Rights Division, DOJ	Oversees federal enforcement of ADA compliance and civil rights violations in public agencies.
Xavier Becerra	Xavier Becerra	Secretary, U.S. Department of Health and Human Services (HHS)	HHS oversees CMS (Centers for Medicare & Medicaid Services), which has a vested interest in whistlebl
Chiquita Brooks-LaSure	Chiquita Brooks-LaSure	Administrator, CMS (Centers for Medicare & Medicaid Services)	Oversee Medicaid-related compliance and investigations potentially connected to your whistleblower
James Comer	James Comer	Chair, House Committee on	Congressional oversight of federal agency compliance



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		Oversight and Accountability	with FOIA and whistleblower protection laws.
Gary Peters	Gary Peters	Chair, Senate Committee on Homeland Security and Governmental Affairs	Responsible for investigating systemic failures and mismanagement in federal agencies.
Jamie Raskin	Jamie Raskin	Chair, House Subcommittee on Civil Rights and Civil Liberties	Investigates civil rights and whistleblower retaliation claims in federal agencies.
Barbara Wheeler Jones	Barbara Wheeler Jones	Acting Chief FOIA Officer	Senior leadership overseeing FOIA requests, ADA compliance, and whistleblower-related disclosures at
Jennifer Wheeler	Jennifer Wheeler	FOIA Team Member, Office of the Clerk	Staff member responsible for processing FOIA requests, maintaining records, and corresponding with w
Henry J. Kerner – Special Counsel, U.S. Office of Special Counsel (OSC)	Henry J. Kerner – Special Counsel, U.S. Office of Special Counsel (OSC)	Special Counsel, U.S. Office of Special Counsel	Chief official responsible for the oversight, management, and enforcement of whistleblower protectio
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	Inspector General, U.S. Department of Justice	Oversight authority for misconduct, systemic issues, and whistleblower retaliation across federal ag
Erica Hamrick	Erica Hamrick	Deputy Special Counsel for	Directly responsible for overseeing investigations of



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		Investigation and Prosecution	whistleblower disclosures and allegations of m
William Reukauf	William Reukauf	Associate Special Counsel	Senior official managing legal and procedural compliance for OSC operations. Played a role in determ
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	Assistant Attorney General, Civil Rights Division	Responsible for ensuring ADA compliance and investigating systemic violations of civil rights within
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	Director, Office of Government Information Services (OGIS)	Federal FOIA Ombudsman tasked with resolving disputes, ensuring compliance, and addressing systemic
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	Secretary of Health and Human Services	Chief executive of HHS, ultimately accountable for oversight of Centers for Medicare & Medicaid Serv
Chiquita Brooks-LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS)	Chiquita Brooks-LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS)	Administrator, CMS	Directly responsible for oversight of Medicaid-funded programs, including ADA accommodations and com



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Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS)	Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS)	Commissioner, Connecticut Department of Social Services (DSS)	Responsible for implementing the Acquired Brain Injury Medicaid Waiver Program and ensuring ADA comp
William Tong Title: Attorney General Position in Chain of Command: Chief Legal Officer, State of Co	William Tong – Attorney General, Connecticut	Connecticut Attorney General	Legal oversight for state agencies and responsible for addressing potential violations of state and
Barbara Wheeler Jones	Barbara Wheeler Jones	Acting Chief FOIA Officer	Oversees FOIA compliance and record management within the OSC.
Jennifer Wheeler	Jennifer Wheeler	FOIA Team Member, Office of the Clerk	Directly responsible for processing FOIA requests and ensuring accurate responses to records request
Henry J. Kerner	Henry J. Kerner	Special Counsel of the U.S. Office of Special Counsel	The ultimate authority overseeing the operations and accountability of the OSC, including FOIA compl
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	Inspector General, U.S. Department of Justice (DOJ)	Responsible for overseeing systemic accountability within federal agencies, including OSC. His overs
Alina M. Semo	Alina M. Semo	Director, Office of Government Information	Provides mediation services and ensures compliance with FOIA processes across federal agencies, incl



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		Services (OGIS)	
Merrick B. Garland	Merrick B. Garland	Attorney General of the United States	As the head of the DOJ, he oversees the actions of federal entities like OSC. Neglecting systemic ac
Chiquita Brooks-LaSure	Chiquita Brooks-LaSure	Administrator, Centers for Medicare & Medicaid Services (CMS)	Administrator, Centers for Medicare & Medicaid Services (CMS)
OSC Administrative Division	OSC Administrative Division	Departmental Unit within OSC	Manages internal administrative resources, funding allocations, and processes related to recordkeepi
Oversight Committees	Oversight Committees	House Committee on Oversight and Accountability	Failure to ensure OSC accountability allows systemic waste of taxpayer funds to persist without reme
Senate Committee on Homeland Security and Governmental Affairs	Senate Committee on Homeland Security and Governmental Affairs	Failure to ensure OSC accountability allows systemic waste of taxpayer funds to persist without reme	Failure to ensure OSC accountability allows systemic waste of taxpayer funds to persist without reme
Barbara Wheeler Jones	Barbara Wheeler Jones	Acting Chief FOIA Officer	Responsible for overseeing FOIA compliance and ensuring timely and accurate responses to requests re
Jennifer Wheeler	Jennifer Wheeler	FOIA Team, Office of the Clerk	Assigned to handle the processing of FOIA request #FOIA-2025-063 and to provide records related to c



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Henry J. Kerner	Henry J. Kerner	Special Counsel	Overall responsible for the agency's compliance with statutory mandates, including whistleblower pro
Michael E. Horowitz	Michael E. Horowitz	Inspector General, Department of Justice (DOJ)	Oversight authority for systemic failures in whistleblower protection and compliance with transparen
Henry J. Kerner	Henry J. Kerner	Special Counsel, U.S. Office of Special Counsel (OSC)	Ultimately accountable for ensuring that all whistleblower disclosures and FOIA requests are properl
Ned Lamont	Ned Lamont	Governor, State of Connecticut	Responsible for oversight of state agencies involved in federally funded programs related to Medicaid
Andrea Barton Reeves	Andrea Barton Reeves	Commissioner, Connecticut Department of Social Services (DSS)	Direct oversight of Medicaid-funded programs, including the ABI Waiver. Mismanagement or failure to
William Tong	William Tong	Attorney General, State of Connecticut	Legal oversight for ensuring that state agencies comply with constitutional and statutory requiremen
Chiquita Brooks-LaSure	Chiquita Brooks-LaSure	Administrator, Centers for Medicare & Medicaid Services (CMS)	Responsible for overseeing federal programs related to Medicaid, including enforcing compliance with
Kristen Clarke	Kristen Clarke	Assistant Attorney General, Civil Rights Division, DOJ	Oversight of ADA compliance and ensuring access for individuals with disabilities to government prog



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Barbara Wheeler Jones	Barbara Wheeler Jones	Acting Chief FOIA Officer	Responsible for overseeing FOIA requests and ensuring compliance with federal transparency laws.
Jennifer Wheeler	Jennifer Wheeler	FOIA Team, Office of the Clerk	Directly involved in responding to FOIA requests and providing status updates.
Henry J. Kerner	Henry J. Kerner	Special Counsel, U.S. Office of Special Counsel	Head of OSC, ultimately responsible for all agency operations and compliance with whistleblower and
Michael E. Horowitz	Michael E. Horowitz	Inspector General, U.S. Department of Justice (DOJ)	Oversees DOJ investigations, including compliance with whistleblower protection statutes and agency
Alina M. Semo	Alina M. Semo	Director, Office of Government Information Services (OGIS)	Responsible for mediating FOIA disputes and ensuring government agencies comply with transparency ob
Henry Kerner's Deputy or Designee	Henry Kerner's Deputy or Designee	Deputy Special Counsel or Senior Leadership Member of OSC	Directly assists the Special Counsel in managing agency operations and compliance.
Xavier Becerra	Xavier Becerra	Secretary, U.S. Department of Health and Human Services (HHS)	Responsible for overseeing public health-related programs and ensuring federal agencies comply with
Chiquita Brooks-LaSure	Chiquita Brooks-LaSure	Administrator, Centers for Medicare &	Manages Medicaid programs and ensures



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		Medicaid Services (CMS)	compliance with federal regulations.
Merrick Garland	Merrick Garland	Attorney General, DOJ	Provides oversight and leadership for DOJ operations, including FOIA compliance and civil rights enf

REQUESTED OSC ACTION

What action would you like OSC to take?

I have attached all relevant documents, detailed requests, and supporting evidence to this communication. These include:

Complaint Submissions: Copies of my initial filings, including complaint DI-12112024134, and the associated acknowledgments from the U.S. Office of Special Counsel (OSC).

Evidence of Mismanagement and Violations: Detailed records and communications highlighting the violations, contradictions, and failures to act in compliance with legal and constitutional mandates.

Document Requests and Responses: Correspondence related to FOIA-2025-063, including OSC's contradictory and non-compliant responses.

Legal and Procedural Frameworks: References to the laws, regulations, and constitutional protections violated, alongside a timeline of relevant events.

These materials substantiate my allegations and provide the necessary context for immediate and comprehensive action. If additional information is required, I am prepared to furnish further documentation upon request.

I urge you to act with integrity, courage, and an unwavering commitment to justice. The path forward demands not just adherence to the law, but a moral duty to uphold the principles that define fairness, accountability, and equality.

Do what is right—not because it is easy, but because it is necessary. Honor the trust placed in your position to safeguard the truth, protect the vulnerable, and ensure that no voice is silenced by injustice. Every action taken to correct these wrongs sends a powerful message: that the system works for the people, that accountability matters, and that justice prevails.



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The opportunity to restore faith in the process and affirm the values of transparency and equality is before you. I trust that you will rise to meet this challenge with the dignity and resolve it deserves. Let this be a moment where doing what is right becomes a beacon for lasting change.

David Medeiros

ABI Resources

DB.42.131.Inf.

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
12.19.2024 Violation of Civil Rights or Liberties Complaint _ U.S. Department of Justice Office of the Inspector General 548805-RXF .pdf
OSCFiling-MedeirosDavid-DI-12112024134 (3).pdf
OSCFiling-MedeirosDavid-DI-12072024240.pdf
DI-25-000325 FDL 12.9.2024.pdf
OSC case number_ DI-12112024134 the Office of Special Counsel (OSC).zip
Information for FBI Director Christopher A. Wray.zip
Comprehensive Grievance Report and Request for Clarity Whistleblower Report Mediciad ABI Waiver Programs.pdf
12.19.2024 Enforce Federal and Constitutional Compliance Without Delay HHS CMS OCR OIG DOJ GAO USC FOIA ADA DSS OSC DAS OAG FOIC CGS DB.42.131.Inf. ABI Medeiros Connecticut DOGE .pdf
12.19.2024 548805-RXF DI-12112024134 Violation of Civil Rights or Liberties Complaint _ U.S. Department of Justice Office of the Inspector General 548805-RXF .zip

CONSENT



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*Denotes required fields.

Do you consent to the disclosure of your identity 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. 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: 12/19/2024



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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:* Other/Independent Agency

Agency:* Office Of Special Counsel

Agency subcomponent: FOIA Office / Whistleblower Protection Program

Street Address: 1730 M Street, N.W., Suite 218

City: Washington

State: DC

Zip Code: 20201

Employment Status:* Applicant For Federal Employment

Title	Series	Grade

Please provide your dates of employment in this position.

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

Are you covered by a collective bargaining agreement?



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DETAILS OF YOUR DISCLOSURES

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 U.S. Office of Special Counsel (OSC), through Barbara Wheeler Jones, Jennifer Wheeler, and associated personnel, took the following actions: Denied the Existence of Valid Records: Refused to acknowledge the existence of whistleblower complaint DI-12112024134, despite documented confirmations of receipt via email and attached filings. Obstructed Justice: Provided contradictory responses regarding the status of the whistleblower complaint and related FOIA request (#FOIA-2025-063), impeding transparency and accountability. Delayed and hindered access to critical records required for whistleblower protections and federal oversight. Violated Federal Disclosure Laws: Failed to comply with FOIA requirements under 5 U.S.C. § 552, including timely processing and the provision of



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	records related to whistleblower disclosures and ADA accommodations. Failed to Process a Whistleblower Disclosure: Neglected their statutory duty under 5 U.S.C. § 1213 to review, process, and act upon the whistleblower disclosure associated with DI-12112024134, thereby undermining protections for reporting misconduct. Violated ADA and Rehabilitation Act Requirements: Refused to provide requested accommodations for a documented disability, including: Accessible, screen-reader-compatible formats for all documents. Plain-language summaries for complex records. Exclusive email communication as requested. Failed to Identify Responsible Personnel: Did not disclose the names, titles, or roles of the individuals involved in the search, review, and handling of the FOIA and whistleblower requests, further obstructing accountability. These actions collectively violated federal laws, constitutional rights, whistleblower protections, taxpayer rights, and ADA mandates.
When did this occur?	This occurred between December 11, 2024, and December 19, 2024, with key events as follows: December 11, 2024: The whistleblower complaint DI-12112024134 was submitted and acknowledged by the U.S. Office of Special Counsel (OSC) via email. OSC sent confirmation of receipt, including the detailed filing document, confirming the complaint submission and case number. December 16, 2024: OSC acknowledged receipt of FOIA request #FOIA-2025-063 and assigned it a tracking number. This acknowledgment confirmed the request for records related to DI-12112024134. December 18, 2024: OSC provided a contradictory response, claiming that complaint DI-12112024134 was not a valid record and requested clarification, despite prior confirmation of its existence and processing. December 19, 2024: As of this date, OSC has continued to deny the existence of complaint DI-12112024134, obstructing justice, violating whistleblower and ADA laws, and failing to comply with FOIA and constitutional requirements.



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How did you discover this action?	I discovered this action through direct correspondence and official communications from the U.S. Office of Special Counsel (OSC). Specifically: December 11, 2024: I submitted whistleblower complaint DI-12112024134 to OSC. Shortly after submission, I received an email confirmation from OSC acknowledging receipt and providing documentation that included the complaint details and case number. December 16, 2024: I submitted a FOIA request (#FOIA-2025-063) seeking records related to the whistleblower complaint. OSC acknowledged receipt of this FOIA request, confirming their obligation to respond under federal law. December 18, 2024: OSC issued a contradictory response, stating that complaint DI-12112024134 was invalid or nonexistent. This claim directly conflicted with their earlier acknowledgment of receipt and confirmation emails. The conflicting responses and refusal to recognize complaint DI-12112024134 exposed OSC's obstruction of justice, non-compliance with whistleblower laws, and violations of ADA and FOIA requirements. These were confirmed through the discrepancies in OSC's official communications, which I tracked and documented.
What additional facts support your allegation?	The following additional facts substantiate my allegation: Official Documentation Contradicting OSC's Denial December 11, 2024 – Confirmation of Complaint Filing (DI-12112024134): Upon submitting whistleblower complaint DI-12112024134, I received an email from OSC's automated system acknowledging receipt of the complaint. Attached to the email was a PDF document confirming the full submission details, including the complaint's specific identifier, DI-12112024134, and advising me of the next steps in the process. December 16, 2024 – FOIA Request Submission (#FOIA-2025-063): I submitted a FOIA request seeking all records related to DI-12112024134. OSC confirmed receipt of this request and assigned tracking number #FOIA-2025-063, indicating their responsibility to process the request under the Freedom of Information Act (5 U.S.C. § 552). December 18, 2024 – Contradictory Response from OSC:



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	OSC issued a written response stating that complaint DI-12112024134 did not exist or was invalid. This directly contradicted their prior acknowledgment of the filing and the attached confirmation document. Legal Obligations and OSC's Violations FOIA Requirements (5 U.S.C. § 552): OSC's denial of records and refusal to process a valid FOIA request violates FOIA, which mandates transparency and timely access to government-held information. Their conflicting responses suggest either a failure to conduct a proper search or an intentional suppression of records, constituting obstruction of justice. ADA Compliance: I submitted ADA accommodation requests to OSC, including the provision of accessible formats and simplified summaries. OSC ignored these legally mandated accommodations, violating Title II of the ADA (42 U.S.C. § 12132) and Section 504 of the Rehabilitation Act (29 U.S.C. § 794). Whistleblower Protection Act Violations (5 U.S.C. § 1213): OSC's denial of the existence of a validly submitted whistleblower complaint indicates a systemic failure to comply with its statutory duty to protect whistleblowers and process their disclosures in good faith. Documented Evidence: Emails and Attachments from OSC: The acknowledgment email and the attached confirmation document (dated December 11, 2024) confirm that complaint DI-12112024134 was successfully filed and entered into OSC's system. The FOIA acknowledgment email (dated December 16, 2024) demonstrates that OSC received my request for records related to this complaint. OSC's Contradictory Statement (December 18, 2024): OSC's claim that the complaint was "invalid" or "nonexistent" directly contradicts their own documented confirmations. Patterns of Obstruction and Neglect: OSC's refusal to process a valid complaint and their contradictory statements suggest intentional suppression of whistleblower disclosures. Their failure to provide legally required accommodations under ADA indicates systemic neglect of accessibility requirements, further obstructing my ability to obtain information. Public Interest and Urge



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Allegation	Gross Mismanagement
What action did they take?	What Action Did They Take? The following actions, or failures to act, demonstrate gross mismanagement at the U.S. Office of Special Counsel (OSC) and related entities: 1. Mishandling of Whistleblower Complaint (DI-12112024134) Refusal to Acknowledge Filing: Despite OSC confirming the submission of complaint DI-12112024134 via email and issuing a detailed filing receipt, it later denied the existence of the case. This constitutes systemic mismanagement and failure to process whistleblower complaints under 5 U.S.C. § 1213. Failure to Assign or Investigate: OSC failed to assign a responsible investigator or attorney to address the complaint, violating whistleblower protection statutes and undermining accountability. Obstruction of Justice: The contradictory claims and lack of progress in handling the complaint suggest intentional suppression or systemic inefficiency, violating 18 U.S.C. § 1505 (obstruction of proceedings). 2. Non-Compliance with FOIA Request (#FOIA-2025-063) Failure to Conduct Adequate Search: OSC's FOIA staff failed to perform a thorough search for records related to DI-12112024134, directly violating 5 U.S.C. § 552. Falsification of Records Status: OSC falsely claimed the complaint did not exist, despite having acknowledged its receipt. This undermines transparency and public trust in government processes. Delays in Responding: OSC failed to comply with statutory timelines for FOIA processing, denying lawful access to records within the required 20 business days. 3. Systemic Non-Compliance with ADA Requirements Failure to Provide Reasonable Accommodations: OSC did not implement requested accommodations under Title II of the ADA and Section 504 of the Rehabilitation Act, including: Providing accessible formats for records (e.g., screen-reader-compatible PDFs). Summarizing technical or complex documents in plain language. Ensuring communication through email-only platforms as requested. Discrimination Against Individuals with Disabilities: The lack of accommodations constitutes



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	systemic exclusion and unequal treatment, violating 42 U.S.C. § 12132. 4. Suppression of Transparency and Accountability Gross Mismanagement of Whistleblower Protections: By failing to process the complaint, OSC has discouraged whistleblower disclosures, undermining public oversight and violating the Whistleblower Protection Act. Lack of Oversight or Escalation: No steps were taken to involve higher authorities (e.g., DOJ Inspector General, Congressional Committees) to address or resolve systemic failures. Failure to Document Decision-Making: OSC has not provided any written justification for its denial of records or its contradictory responses, violating transparency mandates under FOIA and 5 U.S.C. § 1214. 5. Mismanagement of Taxpayer Resources Wasting Public Funds: The failure to process valid whistleblower complaints and FOIA requests has wasted taxpayer dollars and resources, constituting gross mismanagement of funds. Loss of Public Confiden
When did this occur?	When Did This Occur? The gross mismanagement at the U.S. Office of Special Counsel (OSC) occurred over the following timeline: December 11, 2024: Complaint DI-12112024134 was submitted and acknowledged by OSC via email, with a receipt confirmation and filing details sent to the complainant. Supporting evidence was attached, including detailed documentation of whistleblower allegations and violations. December 16, 2024: FOIA request #FOIA-2025-063 was submitted to OSC for records related to DI-12112024134. OSC acknowledged receipt of the FOIA request, assigned a tracking number, and confirmed processing was underway. December 18, 2024: OSC issued a contradictory response denying the existence of complaint DI-12112024134, despite previous acknowledgment and associated documentation. OSC failed to provide any statutory justification for the denial or the inability to locate records. Ongoing: OSC has failed to process the complaint or escalate it to the appropriate investigative autho



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How did you discover this action?	How Did You Discover This Action? The actions constituting gross mismanagement were discovered through the following sequence of events: Acknowledgment of Filing: On December 11, 2024, I received an email confirmation from the U.S. Office of Special Counsel (OSC) acknowledging receipt of my whistleblower complaint DI-12112024134. The acknowledgment included filing details and a reference to OSC's role in processing whistleblower disclosures. FOIA Request Submission: On December 16, 2024, I submitted a FOIA request (#FOIA-2025-063) to OSC seeking records and communications related to DI-12112024134. This request was acknowledged by OSC, confirming its receipt and processing. Contradictory Response: On December 18, 2024, OSC issued a response to the FOIA request, claiming that complaint DI-12112024134 does not exist, despite the previously documented acknowledgment and the provided filing reference. ADA Non-Compliance: Throughout the process, OSC failed to implement requested ADA accommodations (e.g., accessible formats, plain-language summaries) despite repeated and legally justified requests. This pattern revealed systemic deficiencies in OSC's adherence to accessibility standards. Cross-Referencing Documentation: By cross-referencing the complaint confirmation email, FOIA tracking information, and subsequent denials, I identified clear contradictions and failures in OSC's handling of both the complaint and FOIA request. These contradictions revealed severe procedural lapses and possible intentional suppression of records. Ongoing Lack of Action: Continued failure to address the complaint, respond to the FOIA request, or comply with statutory and constitutional obligations further confirmed systemic gross mismanagement within OSC operations.
What additional facts support your allegation?	What Additional Facts Support Your Allegation? The following facts substantiate the allegation of gross mismanagement by the U.S. Office of Special Counsel (OSC): 1. Documented Acknowledgment of Complaint



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	Submission On December 11, 2024, OSC acknowledged the receipt of whistleblower complaint DI-12112024134 through an official confirmation email. This acknowledgment provided: A unique filing number (DI-12112024134). Confirmation of the complaint's submission and details on how OSC would process it. Attached documentation of the filing, establishing its authenticity and receipt by OSC. 2. Contradictory FOIA Responses On December 16, 2024, OSC acknowledged receipt of my FOIA request #FOIA-2025-063, seeking records related to complaint DI-12112024134. On December 18, 2024, OSC issued a contradictory response claiming that complaint DI-12112024134 does not exist, despite the previously documented acknowledgment. The discrepancy indicates either systemic procedural breakdowns or intentional suppression of records. 3. Violations of ADA Accommodations Despite multiple requests for ADA accommodations under Title II of the ADA and Section 504 of the Rehabilitation Act, OSC failed to: Provide records in accessible formats. Include plain-language summaries of complex documents. Respond exclusively through accessible electronic means (e.g., email). This non-compliance with legally mandated accommodations highlights systemic management failures and potential discrimination against individuals with disabilities. 4. Failure to Process Whistleblower Complaint Under 5 U.S.C. § 1213, OSC is mandated to: Accept and process whistleblower disclosures. Conduct investigations or appropriately refer complaints to relevant agencies. OSC has failed to provide any substantive updates, actions, or resolution regarding complaint DI-12112024134, despite legal requirements and my repeated inquiries. 5. Obstruction of Justice The refusal to acknowledge or act upon a valid whistleblower complaint constitutes obstruction under 18 U.S.C. § 1505. This behavior raises serious concerns about intentional efforts to suppress or retaliate against whistleblowers. 6. Systemic Lack of Transparency and Accountability The combination of: Contradictory responses to FOIA



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	requests. Failure to act on the whistleblower complaint. Non-compliance with ADA accommodations. Lack of communication or explanation regarding procedural lapses. This pattern reflects systemic gross mismanagement and a failure to uphold OSC's statutory responsibilities under FOIA, the Whistleblower Protection Act, and the ADA. 7. Economic and Ethical Implications By failing to address whistleblower disclosures, OSC allows potential fraud, waste, and abuse of federal resources to go unchecked. Such failures undermine public trust in OSC's ability to safeguard whistleblower protections and ensure government accountability. Conclusion These facts demonstrate a consistent pattern of gross mismanagement within OSC, including pro
Allegation	Abuse of Authority
What action did they take?	Actions Taken by Individuals Involved in Abuse of Authority: Denial of Records (FOIA and Whistleblower): Falsely claimed that DI-12112024134 does not exist despite documented evidence of its receipt and acknowledgment by the Office of Special Counsel (OSC). Refused to provide requested records under FOIA request FOIA-2025-063, obstructing access to information protected under 5 U.S.C. § 552 (FOIA) and whistleblower protection laws (5 U.S.C. § 1213). Obstruction of Justice: Intentionally delayed or misrepresented the status of the whistleblower complaint (DI-12112024134), preventing timely investigation and enforcement of whistleblower protections. Suppressed whistleblower disclosures by failing to document or act upon reported violations, contravening 18 U.S.C. § 1505. Failure to Implement ADA Accommodations: Ignored explicit requests for ADA-mandated accommodations, including accessible formats for communication, plain-language summaries, and exclusive email communication. This violates Title II of the ADA (42 U.S.C. § 12132) and Section 504 of the Rehabilitation Act (29 U.S.C. § 794). Systemic Mismanagement and Retaliation: Allowed procedural mismanagement to undermine the integrity of OSC's whistleblower protection and



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	complaint resolution processes. Created an environment of retaliation or neglect, deterring whistleblowers from filing complaints or seeking recourse for misconduct. Misinformation and Lack of Transparency: Misrepresented the chain of custody, procedural steps, and investigative actions related to DI-12112024134. Failed to disclose search methodologies, personnel involved, or databases queried, undermining trust in OSC's operations and violating public accountability standards. Collusion or Neglect in Oversight: Federal and state officials failed to intervene despite evident non-compliance with federal statutes, contributing to systemic failures. Key personnel, including FOIA officers, legal counsel, and program administrators, allowed procedural delays, denials, and suppressions to persist unchallenged. Summary: The actions taken demonstrate a pattern of abuse of authority through procedural obstruction, denial of legal rights under FOIA and whistleblower statutes, systemic mismanagement, and the failure to implement disability accommodations. These actions collectively undermine public trust, transparency, and accountability while violating multiple federal laws and constitutional protections.
When did this occur?	Timeline of Abuse of Authority: Initial Submission and Confirmation (December 11, 2024): Whistleblower complaint DI-12112024134 was submitted to the Office of Special Counsel (OSC) and acknowledged via email. Supporting documents were attached, and acknowledgment emails confirmed receipt of the submission. FOIA Request Submission (December 16, 2024): FOIA request FOIA-2025-063 was submitted, requesting all records related to DI-12112024134. OSC acknowledged receipt of the request, confirming the tracking number. OSC's Denial of Records (December 18, 2024): OSC claimed that DI-12112024134 is "not a valid OSC record number," contradicting earlier acknowledgment emails and submitted evidence. Escalated Communications and ADA Requests (December 19, 2024): Multiple communications were sent



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	demanding compliance with FOIA, ADA accommodations, and whistleblower protection statutes. OSC failed to respond substantively or address the inconsistencies. Ongoing Delays and Obstruction (December
How did you discover this action?	I discovered this abuse of authority through: Confirmation Emails from OSC (December 11, 2024): After submitting my whistleblower complaint DI-12112024134, I received confirmation emails from the OSC acknowledging receipt of the complaint and assigning it a filing identifier. These emails included details of my submission and assured me that further communication would follow. FOIA Submission and Acknowledgment (December 16, 2024): When I submitted FOIA request FOIA-2025-063, OSC acknowledged receipt of the request and provided a tracking number, reaffirming that my complaint and related records existed within their system. Contradictory Response from OSC (December 18, 2024): OSC claimed that DI-12112024134 was "not a valid OSC record number" despite previous confirmations. This directly contradicted the acknowledgment emails and attached supporting documents I had received and provided. Failure to Provide ADA Accommodations and Records (Ongoing): OSC failed to respond to ADA accommodation requests, release records, or address discrepancies in its contradictory claims. This obstruction became evident as I attempted to resolve these issues through direct communication with OSC officials. These actions demonstrated a clear pattern of obstruction, inconsistency, and abuse of authority, which I identified through OSC's own contradictory communications and their failure to fulfill statutory obligations.
What additional facts support your allegation?	Additional facts supporting the allegation of abuse of authority include: Documented Confirmation of Complaint Submission: On December 11, 2024, OSC acknowledged receipt of my whistleblower complaint DI-12112024134 via multiple confirmation emails. These included a detailed record of my submission and the



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	assigned filing identifier. These documents demonstrate that the complaint was submitted and recognized by OSC. Contradictory Denial of Complaint's Existence: On December 18, 2024, OSC claimed that DI-12112024134 was "not a valid OSC record number," directly contradicting their earlier acknowledgment emails. This inconsistency suggests intentional misrepresentation or systemic mismanagement. Failure to Respond to FOIA Request: Despite acknowledging receipt of FOIA request FOIA-2025-063 on December 16, 2024, OSC has failed to produce any responsive records. This delay violates FOIA's statutory time limits and suggests deliberate obstruction of transparency. Ignored ADA Accommodation Requests: My requests for ADA-compliant communication formats and plain-language summaries—required under Title II of the ADA and Section 504 of the Rehabilitation Act—have been systematically ignored, further obstructing my ability to participate in the process. OSC's Statutory Responsibilities: As mandated by 5 U.S.C. § 1213, OSC is required to process whistleblower disclosures promptly and ensure transparency. Its failure to address my complaint or provide records undermines its statutory obligations and raises concerns about internal accountability. Pattern of Non-Compliance: OSC's refusal to act on confirmed submissions and its contradictory responses highlight systemic issues of neglect, mismanagement, and potential retaliation against whistleblowers. Impact on Public Trust and Transparency: By obstructing the processing of my disclosure and withholding records, OSC has not only harmed me as a whistleblower but also undermined public trust in its oversight functions. These facts collectively establish a pattern of abuse of authority by OSC officials, who have failed to fulfill their statutory duties, comply with legal obligations, and uphold the principles of transparency and accountability.
Allegation	Gross Waste of Funds



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What action did they take?	Actions Taken Contributing to Gross Waste of Funds: Mismanagement of Whistleblower Complaints Failure to properly process and investigate whistleblower complaints, including DI-12112024134, resulted in prolonged delays, duplicated efforts, and unresolved issues. Resources allocated for complaint handling were misused or underutilized. Denial and Obstruction of Records Systematic denial of FOIA requests (#FOIA-2025-063) and other related disclosures required extensive follow-up, appeals, and escalations, wasting administrative time and taxpayer funds. Non-Compliance with ADA Accommodations OSC failed to provide legally mandated ADA accommodations, resulting in redundant efforts, communication inefficiencies, and the need for escalations to external entities (e.g., DOJ Civil Rights Division, OGIS). This non-compliance caused significant delays and misallocation of resources. Inefficient Recordkeeping and Search Processes OSC's internal disorganization and failure to maintain accessible records led to repeated claims of "no responsive records," requiring additional searches, appeals, and administrative time that could have been avoided. Failure to Utilize Oversight and Accountability Mechanisms OSC neglected its statutory responsibility to ensure proper oversight of whistleblower complaints and resource management. This resulted in unchecked misallocation of funds and lack of resolution for key cases. Improper Resource Allocation to Legal and Administrative Support Resources intended for whistleblower protection and investigation were diverted to address unnecessary legal disputes, FOIA denials, and appeals. These actions reflect a lack of prioritization and accountability. Inadequate Training and Oversight of Staff and Contractors OSC failed to adequately train staff and contractors on compliance with FOIA, ADA, and whistleblower statutes. This led to inefficient complaint processing, record management, and communication practices. Engagement in Repetitive and Unnecessary Correspondence OSC repeatedly sent contradictory responses, including



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	acknowledgment of complaints followed by claims of nonexistence. These actions consumed excessive resources and created confusion, requiring escalations to external oversight bodies. Neglect of Transparency Obligations Systemic lack of adherence to transparency mandates under FOIA and whistleblower statutes undermined trust, requiring unnecessary intervention from higher authorities and advocacy organizations, further wasting public resources. Failure to Collaborate with Other Agencies OSC failed to collaborate effectively with the DOJ, OGIS, and Congressional Oversight Committees to resolve systemic issues, leading to duplication of efforts and misallocation of funds. Consequences of These Actions These actions demonstrate a systemic failure to efficiently manage taxpayer funds, undermining OSC's mission and violating legal obligations under FOIA, ADA, and whistleblower statutes. This gross mismanagem
When did this occur?	Timeline of Actions Contributing to Gross Waste of Funds: Initial Complaint Filing December 11, 2024: Complaint DI-12112024134 submitted to the U.S. Office of Special Counsel (OSC). Confirmation of receipt provided within minutes. FOIA Request Submission December 16, 2024: FOIA request #FOIA-2025-063 submitted, seeking records related to DI-12112024134. Confirmation of receipt was provided the same day. Contradictory Communications Begin December 18, 2024: OSC claims that complaint DI-12112024134 is "not a valid OSC record," despite previously acknowledging its receipt. Contradictory responses ensue, requiring clarification and escalation. ADA Accommodation Failures Persist Throughout December 2024: OSC repeatedly failed to honor ADA accommodation requests for accessible formats and plain-language summaries, resulting in delays and inefficient communication. Repeated Record Search Denials December 19, 2024: OSC denies the existence of records responsive to FOIA request #FOIA-2025-



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How did you discover this action?	How This Action Was Discovered Direct Involvement in Filing and Submission On December 11, 2024, I personally filed a whistleblower complaint (DI-12112024134) with the U.S. Office of Special Counsel (OSC). I received immediate email confirmation acknowledging the filing and detailing its contents. Contradictory Responses from OSC Following the submission, on December 16, 2024, I submitted a Freedom of Information Act (FOIA) request (#FOIA-2025-063) to obtain records related to the complaint. OSC confirmed receipt of the FOIA request. However, on December 18, 2024, OSC claimed that DI-12112024134 was "not a valid OSC record," directly contradicting its initial acknowledgment of the complaint. Review of FOIA and ADA Non-Compliance Upon receiving OSC's contradictory statements and denial of records, I reviewed their responses in detail and found repeated failures to comply with FOIA statutory obligations and ADA accommodation requests. Analysis of Escalation Delays and Repeated Denials Despite documented evidence of complaint submission and FOIA confirmation, OSC's subsequent denial of valid records raised concerns about systemic failures, waste, and abuse. Analysis of their responses revealed a pattern of obstruction and mismanagement. Supporting Documentation Documentation from OSC emails, FOIA responses, and submitted appeals, along with corroborative evidence of ADA accommodation requests and denials, further demonstrated the breadth of mismanagement. These actions were discovered through firsthand experience, official correspondence, and analysis of inconsistencies in OSC's handling of statutory responsibilities.
What additional facts support your allegation?	Additional Facts Supporting the Allegation Contradictory Documentation from OSC Complaint Submission Acknowledged: On December 11, 2024, OSC sent an email confirmation acknowledging the submission of complaint DI-12112024134, attaching a detailed PDF of the filing and indicating that an assigned attorney or investigator would follow up. FOIA Acknowledgment: On



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	December 16, 2024, OSC acknowledged receipt of FOIA request #FOIA-2025-063, indicating compliance with its legal obligation to search for and provide relevant records. Contradictory Claim: On December 18, 2024, OSC claimed that DI-12112024134 was "not a valid OSC record," contradicting their prior acknowledgment and raising concerns about record tampering or intentional obstruction. Violation of FOIA Requirements OSC's refusal to produce records violated the Freedom of Information Act (5 U.S.C. § 552), which mandates timely responses, thorough searches, and transparency in public records. The refusal to acknowledge records they previously confirmed demonstrates systemic non-compliance. Failure to Comply with ADA Accommodations Multiple ADA accommodation requests, including accessible formats, plain-language summaries, and email-only communication, were ignored or denied, violating Title II of the ADA (42 U.S.C. § 12132) and Section 504 of the Rehabilitation Act (29 U.S.C. § 794). Impact on Whistleblower Protections By refusing to act on DI-12112024134, OSC violated its statutory duties under the Whistleblower Protection Act (5 U.S.C. § 1213), which requires documentation, investigation, and action on whistleblower complaints. Their inaction undermines federal protections and deters others from reporting wrongdoing. Evidence of Systemic Gross Waste of Funds OSC's handling of this matter reflects gross waste of taxpayer funds, as public resources are being used to obstruct rather than fulfill statutory obligations. This undermines the integrity of federal oversight processes. Failure to Address Escalated Appeals Despite multiple appeals and documentation sent to OSC and oversight authorities, there has been no substantive resolution. This pattern of neglect highlights systemic issues and potential abuse of authority within OSC operations. Pattern of Mismanagement and Obstruction OSC's actions and inactions collectively demonstrate a pattern of mismanagement, obstruction of justice, and disregard for legal obligations under FOIA, ADA, and whistleblower