3. *Important Updates for Sandata Agency Management Users*

Visit Maintenance Module Fixes for Providers using Schedules

As of December 14, 2023, issues in the *Visit Maintenance* module for providers using schedules have been resolved. Providers will no longer experience auto-confirm issues. Visits and schedules are now merging correctly. Additionally, the service captured at the time of visit, check in-time, event code modifier of *ZZ*, and visit type (e.g., "visit", "hourly") are now displaying correctly, eliminating incorrect exceptions in *Visit Maintenance* and/or a need for providers to manually merge and correct the data in their systems in order to confirm and bill properly.

Outstanding Visit Type Issue for Providers not using Schedules

For providers not using schedules, there is a known issue where the visit type is changing from "visit" to "hourly". In the interim, it is important for providers to confirm the visit data is correct. Sandata Technologies is researching and will provide an update as soon as available.

Client Bulk Upload for Non-Waiver Clients

For providers that have submitted client bulk upload files to add non-waiver clients, there continues to be a known issue that Sandata is working to resolve. Sandata is researching and will provide an update as soon as available. Any files previously submitted to Sandata will be processed after this date.

Providers are reminded not to begin manual entry of clients while awaiting this fix as any duplicates that exist on the previously provided bulk upload files will cause issues requiring manual resolution within Sandata Agency Management.

Manual Client Data Entry for Non-Waiver Clients

As a reminder for providers manually adding non-waiver clients within Sandata Agency Management, please be advised that there are two areas in which the *client ID* must be entered. Failure to do so may cause visit issues and data not being reported in the Aggregator. Please reference **Attachment A** on the final page of this Important Message for screen prints that demonstrate entry of the *client ID* in two locations.

Group Visit Feature and Visits Less than Eight (8) Minutes Update

Sandata has been working on the implementation of a new feature to accommodate group visit functionality to better serve the needs of non-waiver HHCS providers. This feature is expected to be available prior to January 1, 2024. Updates will be provided when available.

Changes to accommodate visits less than eight (8) minutes were previously implemented.

4. *Select Questions & Answers to be included in a Second EVV FAQ Document*

DSS and Gainwell Technologies are currently working on a second FAQ document. In the meantime, we would like to share three critical questions raised by providers along with corresponding answers.

Question #1: Can you give me some direction on when a clinician does a recertification for an existing patient regarding the appropriate time in/out of EVV? Many of our clients will not be agreeable to have the clinician stay in the home to complete the OASIS paperwork.

Answer: The clinician may complete the recertification document (i.e., review of care plan) outside of the member's home. Please note, if documentation is completed outside the home, the clinician will need to check-in and check-out for the time spent with the member. The EVV visit check-out time may be manually adjusted in Sandata Agency Management – *Visit Maintenance* to reflect the

additional time used to complete the required documentation. The reason code of "Other", with a note identifying the reason for the manual adjustment to the visit, must be utilized to document the change. For providers using an Alternate EVV solution, the visit start and end times sent to the Aggregator must include the time spent completing the documentation. If the visit is manually adjusted due to the documentation being completed outside the member's home, the visit change segment must be updated with the reason code of "Other" and a note must be entered to notate the reason for the change.

Question #2: Will EVV be required for instances when Medicaid is billed as the secondary payer for clients with Medicare or private insurance (i.e., primary payer)?

Answer: DSS is not requiring EVV for crossover claims or when a private insurance, i.e., third-party insurance (TPL), pays a portion of the claim.

Question #3: If a Medicaid-eligible member resides in a 24-hour residential setting such as a group home and a home health provider is providing additional billable services to the member, do these services require EVV?

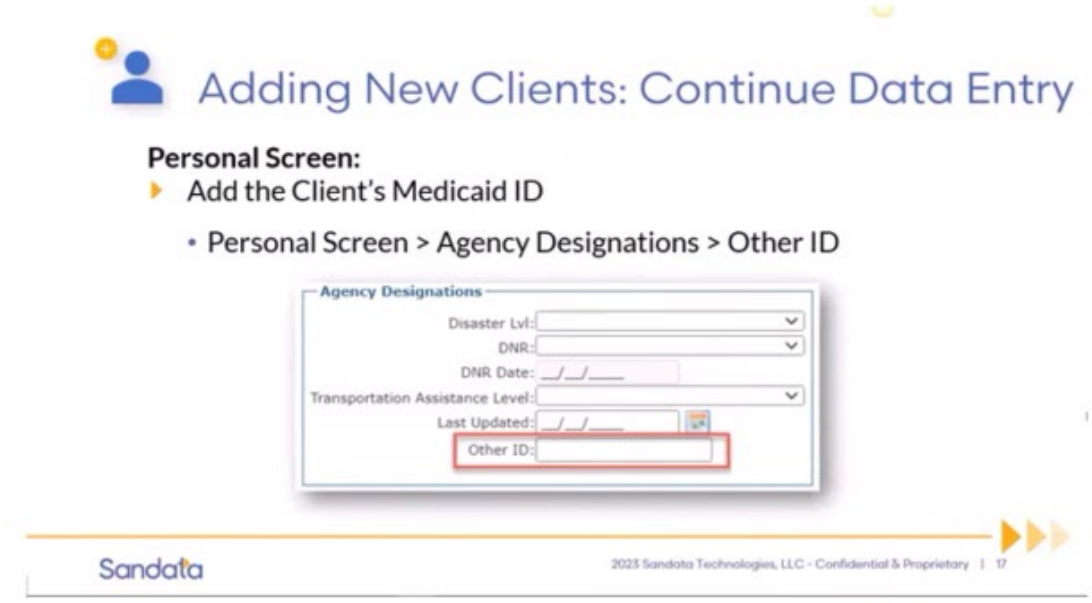
Answer: Since the home health provider is a separate agency from the 24-hour residential home and is providing HHCS, then EVV requirements would apply to the home health provider.

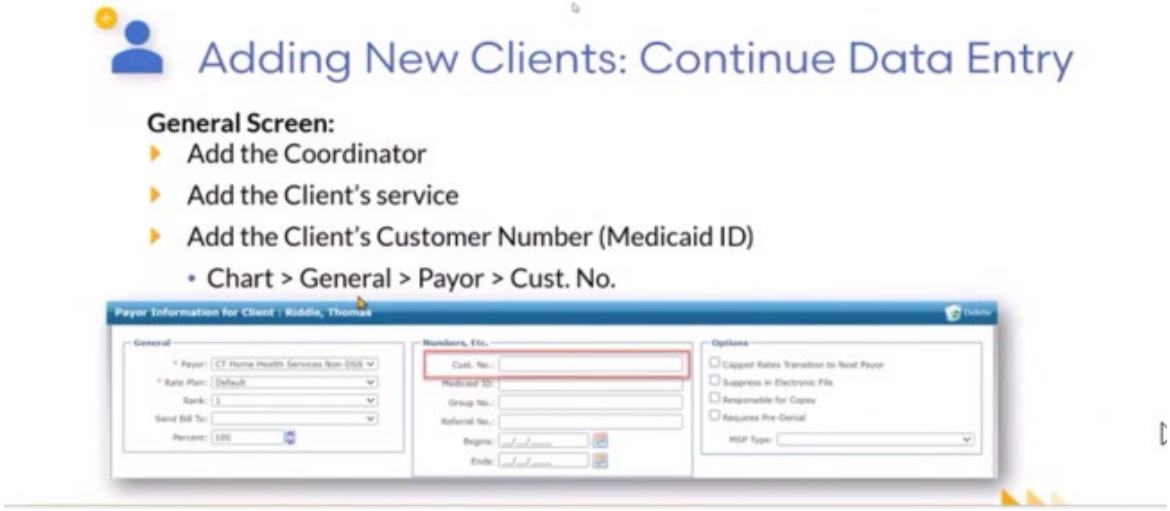
5. ***Resources***

Helpful and up-to-date information regarding the EVV HHCS implementation is available on the Connecticut Medical Assistance Program (CMAP) Web site – EVV Home Health Implementation Documentation Web page including Alternate EVV Specifications, Alternate EVV Frequently Asked Questions, Provider Bulletins, Important Messages, Town Hall materials, and training requirements.

For questions related to Alternate EVV support, providers can contact Sandata at the following email address: ctaltevv@sandata.com. As a reminder, questions related to EVV can be submitted securely to ctevv@gainwelltechnologies.com.

Attachment A
Manual Client Data Entry – Non-Waiver Clients





Re: Solicitation of ABI Waiver Consumers by CCSNCT

ABI RESOURCES 860 942-0365 <AABIWR@LIVE.COM>

Tue 5/30/2023 2:45 PM

To:

- Dumont, Amy E <amy.dumont@ct.gov>;
- Slitt, Michael <Michael.Slitt@ct.gov>;
- Orejuela, Elizabeth <Elizabeth.Orejuela@ct.gov>;
- DSS, Commis <commis.dss@ct.gov>

Cc:

- ABI Resources HIPAA Secure Correspondence www.CTBRAININJURY.com <abi@ctbraininjury.com>

Dear DSS Commissioner, Amy Dumont, COU CT Department of Social Services.

I am writing to again draw your immediate attention to a matter of significant concern and urgency. It has come to our notice that ABI Resources, a vital service provider within our community, has been subject to a series of distressing incidents which, to our knowledge, have not been appropriately addressed by the Department of Social Services (DSS).

The lack of evident response or preventative measures from DSS is raising concerns about the department's commitment to promoting a safe and supportive environment for such essential organizations like ABI Resources. Their invaluable contribution towards serving some of our community's most vulnerable individuals cannot be underestimated, and it is deeply concerning to observe the apparent lack of action taken to safeguard this vital institution.

We understand the complexities involved in such circumstances, but it is crucial that DSS acknowledges the issue to further occurrences. This includes conducting a thorough investigation into these incidents, implementing stricter security measures where necessary, and ensuring those responsible are held accountable for their actions.

By addressing these concerns promptly and efficiently, DSS COU will send a strong message that such behaviors are unacceptable and will not be tolerated. This decisive action will undoubtedly contribute to the strengthening of community trust and confidence in the department's dedication to ensuring the safety and welfare of all organizations under its jurisdiction.

We look forward to your prompt attention to this matter. We are confident that the DSS COU will take our concerns seriously and demonstrate its commitment to uphold the dignity and safety of all service providers in our community, particularly those as vital as ABI Resources.

Please inform us about the measures that are being taken to address this situation. We remain hopeful that with your department's prompt intervention, we can ensure a safer and more secure environment for ABI Resources, allowing them to continue their important work unhindered.

Thank you for your cooperation.

David Medeiros

A.B.I. RESOURCES

WEBSITE | FACEBOOK | BLOG | UPDATES
Main Office: 1-860-942-0365 | Ledyard Fax: 1-860-464-4960 | Windham Fax: 1-860-465-9591

An amazing opportunity to be a part of something much greater than ourselves, supporting people become the best version of themselves.

ABI Resources Connecticut home-based supported living and community care services for the MFP, ABI and PCA Waivers.

From: Dumont, Amy E <Amy.Dumont@ct.gov>
Sent: Tuesday, May 23, 2023 3:29 PM
To: ABI RESOURCES 860 942-0365 <aabiwr@live.com>; Slitt, Michael <Michael.Slitt@ct.gov>; Orejuela, Elizabeth <Elizabeth.Orejuela@ct.gov>; DSS, Commis <Commis.DSS@ct.gov>
Cc: ABI Resources HIPAA Secure Correspondence www.CTBRAININJURY.com <abi@ctbraininjury.com>
Subject: RE: Solicitation of ABI Waiver Consumers by CCSNCT

Hi David! I am looking into this matter and I will get back you.

Amy

Amy Dumont, LCSW
Interim Director/Program Manager
CT Department of Social Services
Community Options Unit
55 Farmington Avenue
Hartford CT 06105-3725
Tel: 860 424-5173

Fax: 860 424:4963
amy.dumont@ct.gov

From: ABI RESOURCES 860 942-0365 <AABIWR@LIVE.COM>
Sent: Tuesday, May 23, 2023 12:01 PM
To: Amy Dumont <amy.dumont@ct.gov>; Slitt, Michael <Michael.Slitt@ct.gov>; elizabeth orejuela <Elizabeth.Orejuela@ct.gov>
Cc: ABI Resources HIPAA Secure Correspondence www.CTBRAININJURY.com <abi@ctbraininjury.com>
Subject: Re: Solicitation of ABI Waiver Consumers by CCSNCT

05/23/2023

Hello Amy and Department of Social Services (DSS) COU.

I am writing this letter to formally bring to your attention a matter of grave concern, which pertains to the activities of the ABI Waiver Program behavioral service provider, CCSNCT, with regards to Medicaid Acquired Brain Injury (ABI) Waiver consumers referrals and solicitation.

CCSNCT, in their capacity as a Medicaid ABI Waiver service provider, is involved in a concerning practice of actively referring, promoting and encouraging ABI Waiver consumers to register for events and services organized by Project Genesis, an entirely separate entity. These solicitations have included adding Project Genesis events to consumer calendars and communication logs, and verbal endorsements of their services during Medicaid Waiver Team meetings as well as directly with consumers.

This practice violates the established norms and principles of professional conduct and integrity. It unfairly influences the choices of ABI Waiver consumers who rely on CCSNCT for their caregiving needs, and creates an undue burden on these individuals to participate in services or events they may not have otherwise chosen or needed.

Given the sensitive nature of the services offered and the vulnerability of the consumers under the Medicaid ABI Waiver, such behavior by CCSNCT is highly inappropriate. It can potentially lead to a conflict of interest, and adversely affect the consumers' ability to make fully informed decisions regarding their care and participation in various events or services.

In light of these concerns, ABI Resources respectfully request immediate attention and intervention from the Department of Social Services. The promotion of Project Genesis by CCSNCT to Medicaid ABI Waiver consumers should cease forthwith to ensure the preservation of the consumers' rights, as well as to maintain the ethical standards that service providers are expected to uphold.

Thank you in advance for your attention to this matter. I have full faith that the Department will take appropriate action to rectify this situation.
Will DSS provide detailed information on the specific steps the department plans to take in rectifying the ongoing issue of unauthorized solicitation and steering by CCSNCT towards ABI Waiver consumers for Project Genesis.

Your prompt response is highly appreciated.

All the best,

David Medeiros

A.B.I. RESOURCES

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From: ABI RESOURCES 860 942-0365 <aabiwr@live.com>
Sent: Tuesday, May 23, 2023 11:59 AM
To: Amy Dumont <amy.dumont@ct.gov>; Jennifer.cavallaro@ct.gov <Jennifer.Cavallaro@ct.gov>; Slitt, Michael <Michael.Slitt@ct.gov>; elizabeth orejuela <Elizabeth.Orejuela@ct.gov>
Cc: ABI Resources HIPAA Secure Correspondence www.CTBRAININJURY.com <abi@ctbraininjury.com>; ABI RESOURCES 860 942-0365 <aabiwr@live.com>
Subject: Solicitation of ABI Waiver Consumers by CCSNCT

05/23/2023

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All the best,
David Medeiros

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Phone: (860) 942-0365
Fax: (860) 465-9591
https://www.CTbrainINJURY.com

A.B.I. RESOURCES

11/16/2023

Subject: Formal Complaint and Request for Immediate Clarification on Unauthorized Care Management Consultation Services in ABI Waiver Program 1.

To: All pertinent departments within the state of Connecticut,

Connecticut Department of Social Services and Relevant Oversight Bodies

I am writing on behalf of ABI Resources to express grave concerns and urgently seek detailed clarification on practices we have observed within the Medicaid Acquired Brain Injury (ABI) Waiver Program, particularly in ABI Waiver Program 1. Our complaint specifically focuses on what appears to be an unauthorized provision of care management consultation services in Program 1, a practice traditionally and explicitly designated for Program 2 under existing guidelines. This letter outlines our observations, the potential negative impacts on our business operations and our consumers, and our urgent requests for resolution

Key concerns and grievances:

1. Unauthorized Consultation Services**:** The core of our concern lies in the apparent provision of care management consultation services to consumers in ABI Waiver Program 1. This practice is not authorized under the current program guidelines and represents a significant breach of protocol,

raising serious concerns about compliance and oversight within the program.

2. Lack of Clarity and Transparency in Program Administration: The sudden and unexplained introduction of these services in Program 1 has created an atmosphere of confusion and uncertainty. We seek immediate and detailed clarification from the Department on whether there have been any recent changes to the scope or administration of ABI Waiver Program 1 that would authorize such services.

3. Improper Recommendations for Program Transitions: Additionally, we have noted instances where care managers are inappropriately advising Program 1 consumers to transition to Program 2. This advice, given without proper authority or assessment, potentially disrupts the tailored care plans crucial for the recovery of individuals with acquired brain injuries.

In-Depth Analysis of Impact on ABI Resources and Consumers:

1. Operational and Strategic Challenges: The introduction of potentially unauthorized services has disrupted our strategic planning and operational execution. It has forced us to reevaluate our service delivery models and resource allocation, potentially leading to inefficiencies and diminished care quality.

2. Risk to Consumer Trust and Quality of Care: The ambiguity surrounding these services risks damaging the trust that consumers and their families have in the system. It raises concerns about the appropriateness of care

provided, which is essential for effective recovery and rehabilitation in ABI cases.

3. Market Imbalance and Competitive Disadvantage: This situation creates an unfair market environment. Providers adhering to the guidelines may be at a disadvantage compared to those who are offering these additional, potentially unauthorized services. This not only affects our competitive position but also skews the overall market dynamics in ABI care services.

Specific Requests for Resolution and Enhanced Transparency:

1. Comprehensive Investigation and Clear Communication: We request an immediate, comprehensive investigation into the provision of care management consultation services in ABI Waiver Program 1, accompanied by clear communication on any policy adjustments.

2. Immediate Enforcement of Compliance: We urge the prompt enforcement of existing program guidelines and the cessation of any unauthorized practices.

3. Proactive Support and Guidance for All Stakeholders: We advocate for the development of support and guidance initiatives for both service providers and consumers to navigate these changes effectively, ensuring everyone is fully informed about their rights and the services available.

4. Corrective Measures for Non-Compliance: Implementation of corrective actions, including disciplinary measures, against entities found in violation of program rules, to maintain the integrity and effectiveness of the program.

Conclusion:

ABI Resources is deeply committed to providing high-quality care within the ABI Waiver Program framework. The current situation, marked by potential unauthorized practices, poses significant challenges to our operations and the well-being of our consumers. We trust that the Connecticut Department of Social Services and relevant oversight bodies will address these issues with the urgency and thoroughness they demand, ensuring the program's integrity and efficacy.

We look forward to a swift, detailed, and transparent response to this critical issue.

Call to Action:

I earnestly seek your prompt intervention and advocacy in ensuring this grievance is communicated to all pertinent departments within the state of Connecticut tasked with addressing such critical matters. The departments that ought to be immediately apprised of this situation include, but are not limited to:

Connecticut Department of Social Services

Connecticut Attorney General's Office

Connecticut Commission on Human Rights and Opportunities

Connecticut Office of the Healthcare Advocate

Connecticut Office of Policy and Management

I have proactively initiated complaints and have directly engaged with the Connecticut Department of Social Services. Rest assured, all communications have been meticulously documented, encompassing dates, times, and the identities of the individuals engaged in these discussions.

We urge the Connecticut Department of Social Services, alongside the Attorney General's Office, the Commission on Human Rights and Opportunities, the Office of the Healthcare Advocate, and the Office of Policy and Management, to address this grievance promptly. The issue at hand not only affects ABI Resources but also speaks to the larger matter of public trust and the accessibility of crucial healthcare information.

We anticipate a constructive and swift response to this urgent matter, underscoring the importance of transparency and accessibility in public services, especially those catering to vulnerable populations.

I place my trust in your unwavering commitment to justice and fairness, confident that you will accord this matter the urgency and gravitas it demands, ensuring a comprehensive investigation and the implementation of corrective measures. The equitable treatment of all service providers operating under the Connecticut Medicaid ABI Waiver Program is of utmost importance, and I am optimistic that your intervention will usher in a just resolution.

I am grateful for your time and thoughtful consideration of this crucial matter.

Best regards,

David Medeiros

David Medeiros

ABI Resources , CEO, Director, Team Member

ABI Resources

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Gales Ferry CT, 06335
Phone: (860) 942-0365
Fax: (860) 465-9591
https://www.CTbrainINJURY.com

A.B.I. RESOURCES

11/16/2023

Subject: Formal Complaint Regarding Unethical Practices and Possible Kickback Schemes in ABI Waiver Program.

To: All pertinent departments within the state of Connecticut,

I am David Medeiros from ABI Resources, and I present this document to voice our serious concerns about certain activities within the Medicaid Acquired Brain Injury (ABI) Waiver program. These activities, which appear to breach ethical standards and potentially violate Medicaid regulations, require immediate scrutiny and action.

Examination of the ABI Waiver Program's Framework:

The ABI Waiver Program, established under sections 17b-260a-1 to 17b-260a-17 of the Connecticut State Agencies regulations, is designed to offer nonmedical, home, and community-based services to eligible individuals with an ABI. This program emphasizes the need for cost-effective services, personalized care, and adherence to strict qualifications for providers, ensuring that the services provided meet the highest ethical and professional standards.

Conflicts Arising from Service Provision:

Dual Service Conflict:

In the context of the ABI Waiver Program, a significant conflict has emerged due to an agency providing both Clinical Behavioral Therapy (CBT) and daily non-medical services to the same group of consumers. This situation raises several concerns:

Therapeutic Recommendations Overlapping with Financial Interests:

There is an apparent alignment of therapeutic recommendations with the agency's financial interests. The agency uses the platform of CBT sessions to recommend additional non-medical services that it also provides. This practice suggests a dual benefit for the agency, where it gains financially from both therapy sessions and the subsequent non-medical services.

Influence on Consumer Choice:

The dual role of the agency potentially influences consumer choice, where therapeutic sessions, which should be neutral and solely in the interest of the Consumer's health, may be used to steer consumers towards additional services provided by the same agency. This situation can lead to biased recommendations that may not always be in the best interest of the consumer.

Cycle of Service Provision and Financial Gain:

There is a creation of a cycle wherein the agency, through its provision of CBT, identifies or creates a need for additional services, fulfills these needs through its non-medical services arm, and consequently benefits financially. This cycle raises questions about the objectivity of the service recommendations and the potential for unnecessary or excessive services being provided.

Potential for Overutilization of Services:

This overlap in services could lead to overutilization, where consumers receive more services than are necessary, leading to increased costs for the Medicaid program.

Ethical Implications:

The practice blurs the lines between therapeutic need and financial gain, potentially compromising the ethical standards expected in healthcare and social service provision.

These concerns necessitate a thorough examination to ensure that services provided under the ABI Waiver Program are free from conflicts of interest, maintain the highest ethical standards, and truly serve the best interests of the consumers.

Manipulative Consumer Steering and Personnel Poaching:

Directing Consumer Choices:

The conduct of the agency's Clinical Behavioral Therapy (CBT) providers has raised significant concerns regarding the manipulation of Consumer choices. This issue manifests in several ways:

Targeted Referrals:

CBT providers are reportedly channeling consumers towards the agency's own non-medical services. This practice goes beyond the realm of impartial medical advice, as it systematically directs consumers to services that benefit the agency financially, rather than based on the unbiased assessment of Consumer needs.

Influence on Consumer Decision-Making:

This approach potentially undermines the autonomy of consumers in making informed decisions about their care. By directing consumers towards specific services, there's a risk that consumers are being provided a narrowed view of available options, influenced more by the agency's financial interests than by Consumer welfare.

Questionable Ethical Practices:

The behavior of these CBT providers raises ethical questions, particularly regarding the integrity of their recommendations. It potentially violates the principle of acting in the best interests of the Consumer, a cornerstone of healthcare and therapeutic professions.

Unfair Competitive Tactics:

The agency's practices extend beyond Consumer manipulation, affecting the broader operational dynamics within the industry:

Staff Poaching:

Reports indicate that the agency has engaged in poaching staff from other providers. This action not only disrupts the operations of other agencies but also indicates a strategic approach to weaken competition and consolidate the agency's position in the market.

Disruption of Industry Standards:

Such tactics contribute to an uneven playing field, where ethical providers adhering to fair hiring practices are disadvantaged. This behavior can lead to a destabilization of the market, with one agency gaining undue advantage and influence.

Impact on Service Quality:

The poaching of staff may lead to a shortage of skilled professionals in other agencies, potentially affecting the quality of care and services provided to consumers across the industry.

These practices of manipulative Consumer steering and personnel poaching call for an in-depth review to ensure that the ABI Waiver Program operates in a fair, ethical, and competitive environment, where Consumer welfare and industry standards are upheld.

Indicators of Potential Kickback Arrangements:

Referral for Incentives:

The relationships and interactions among the service provider, Clinical Behavioral Therapy (CBT) professionals, and care management consultants reveal possible mechanisms of kickback arrangements. This is characterized by:

Questionable Referral Patterns:

There appears to be a consistent pattern where CBT professionals and care management consultants funnel consumers to specific services offered by the agency. This pattern suggests a systematic approach to referrals that may not be solely based on Consumer needs but rather on underlying incentives.

Financial Incentives for Referrals:

The possibility that CBT professionals and care management consultants receive financial or other forms of incentives for directing consumers to the agency's services is a major concern. Such incentives could significantly compromise the

integrity of Consumer referrals, with decisions potentially driven by personal gain rather than Consumer welfare.

Cyclical Billing and Service Utilization:

The referral system seems to create a cyclical pattern of billing and service utilization, where Consumer needs are continuously identified and serviced within the same agency network, fostering an environment of repeated financial gain for the agency.

Impact on Medicaid Expenditures:

If these practices are occurring, they could lead to increased and potentially unnecessary Medicaid expenditures. Consumers may be receiving more services than medically necessary, or services that could be more effectively provided elsewhere, leading to inflated costs borne by the Medicaid program.

Ethical and Legal Implications:

Such kickback arrangements, if confirmed, would not only breach ethical standards but also could contravene legal statutes governing Medicaid and healthcare services. Kickbacks in healthcare are illegal and undermine the principle of fair competition and the integrity of patient care.

The existence of these indicators necessitates a thorough investigation to ascertain the presence of kickback arrangements and to evaluate their impact on the Medicaid program's ethical standards and financial integrity. It is imperative to ensure that all practices within the ABI Waiver Program align with legal and ethical guidelines, safeguarding the program's integrity and the wellbeing of its beneficiaries.

Impact on ABI Resources:

Revenue Reduction

Consumer Diversion Impact:

ABI Resources has experienced a significant downturn in revenue, which can be directly attributed to the diversion of consumers towards the agency in question. This diversion likely results from the alleged unethical steering and manipulative practices, leading to a reduced Consumer base for ABI Resources.

Financial Viability Threatened:

The reduction in revenue poses a threat to the financial viability and sustainability of ABI Resources, impacting our ability to provide quality care and services to our consumers.

Operational Cost Surge:

Increased Marketing Expenditures: In an effort to counteract the loss of consumers and to rebuild our Consumer base, ABI Resources has had to significantly increase our investment in marketing. These additional expenses are necessary to communicate our commitment to ethical practices and quality care to the community.

Legal and Consultation Fees:

Addressing these unethical practices and exploring legal avenues for recourse has led to increased spending on legal consultations and related services. These expenditures are essential for navigating the complexities of the situation and seeking justice, but they also divert resources from other operational areas.

Consumer Relationship Erosion:

Loss of Trust and Business: The most profound impact has been on our established Consumer relationships. The manipulative practices of the agency in question have led to a loss of trust among our consumers, as they are steered away from ABI Resources. This erosion of trust is deeply concerning, as it undermines the long-standing relationships we have built based on care, integrity, and ethical service provision.

Reputation Damage:

The wider implications of these practices in the industry have led to a tarnished reputation, not just for the agency in question, but for service providers in general, including ABI Resources. Restoring our reputation in the wake of these events is a significant challenge, requiring substantial effort and resources.

The cumulative effect of these impacts on ABI Resources is profound, affecting not just our financial stability but also our reputation and, most importantly, our ability to serve our consumers effectively. It is imperative that these issues are addressed comprehensively to restore the integrity of service provision within the ABI Waiver Program and to protect agencies like ours that are committed to ethical practices.

Formal Requests Thorough Examination and Compliance Review:

Comprehensive Investigation:

We formally request a complete and thorough examination of the outlined practices. This investigation should encompass all entities involved, including the service provider, CBT professionals, and care management consultants.

Medicaid Compliance Review:

A detailed review of Medicaid compliance is crucial to determine if these practices violate Medicaid regulations and standards.

Application of Corrective and Disciplinary Measures:

Immediate Corrective Action: Upon confirmation of these practices, we strongly advocate for swift implementation of corrective measures to address and rectify the identified issues.

Disciplinary Proceedings:

We also call for appropriate disciplinary actions against any parties found to be complicit in these unethical practices, in accordance with legal and regulatory guidelines.

Review and Revision of Policies and Oversight:

Policy Overhaul:

A comprehensive review and subsequent revision of existing policies within the ABI Waiver Program is necessary. This review should focus on closing loopholes that allow for such unethical practices and ensuring robust safeguards against future violations.

Enhanced Oversight Mechanisms:

We propose the establishment or enhancement of oversight mechanisms within the ABI Waiver Program to ensure ongoing compliance with ethical and legal standards.

In Closing:

The concerns we have raised in this document, if validated, point towards serious ethical lapses and potential legal infractions concerning Medicaid regulations. The very foundation of the ABI Waiver program, along with the trust placed in it by its beneficiaries, relies on prompt, effective, and transparent action from the Connecticut Department of Social Services.

We appreciate your attention to this urgent and significant matter and hope for a swift resolution that upholds the principles of justice and integrity.

Call to Action:

I earnestly seek your prompt intervention and advocacy in ensuring this grievance is communicated to all pertinent departments within the state of Connecticut tasked with addressing such critical matters. The departments that ought to be immediately apprised of this situation include, but are not limited to:

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A.B.I. RESOURCES

11/20/2023

Subject Complaint and Request for Clarity Regarding Rental Agreements in the Medicaid ABI Waiver Program 1 and 2.

To: All pertinent departments within the state of Connecticut,

As a stakeholder in the Medicaid Acquired Brain Injury (ABI) Waiver Program, we, David Medeiros and ABI Resources, wish to raise a serious concern and request clarity regarding a critical issue impacting consumers and service providers within the program.

Key Grievance and Request:

We have observed a growing trend where consumers of the ABI Waiver Program are being locked into rental agreements with agency service providers or their business partners. These arrangements appear to significantly restrict consumer choice and freedom, creating a monopolistic environment detrimental to both consumers and independent service providers like ABI Resources.

Concerns:

Restricted Consumer Choice: Consumers are often coerced into staying with a particular agency due to fears of losing their housing, and belongings, or causing

inconvenience to roommates. This undermines the fundamental principle of consumer choice and control in the ABI Waiver Program.

Fear of Repercussions:

Many consumers feel trapped, unable to voice concerns about neglect or abuse due to the fear of losing their housing or facing other retaliatory actions.

Isolation from Advocacy and Assistance:

These rental agreements may isolate consumers from external resources and advocacy groups, further reducing their ability to seek help or change service providers.

Monopolistic Practices:

Such arrangements foster a monopolistic marketplace, hindering the ability of independent providers like ABI Resources to compete fairly and offer services to consumers.

Financial Concerns:

These rental agreements often involve dual payments - for waiver program services and rent - potentially leading to financial improprieties, especially when both payments are sourced from state or federal funding.

Request for Action:

Investigation into Legal and Ethical Violations:

We request a thorough investigation into these practices for potential violations of consumer rights, anti-trust laws, and Medicaid regulations.

Transparency and Regulatory Oversight:

There is a need for greater transparency and oversight in how rental agreements are managed within the ABI Waiver Program to ensure they do not conflict with program objectives or consumer rights.

Guidance and Policy Review:

We seek clear guidance on acceptable practices regarding rental agreements and the integration of housing with service provision.

Support for Affected Service Providers:

We request consideration of the adverse impact these practices have on service providers like ABI Resources, who strive to offer competitive and consumer-focused services.

Your prompt attention to this matter is crucial for maintaining the integrity of the ABI Waiver Program and the well-being of its consumers.

Indicators of Potential Kickback Arrangements:

Referral for Incentives:

The relationships and interactions among the service provider, and care management consultants reveal possible mechanisms of kickback arrangements.

This is characterized by:

Questionable Referral Patterns:

There appears to be a consistent pattern where care management consultants funnel consumers to specific services offered by the agency. This pattern suggests a systematic approach to referrals that may not be solely based on Consumer needs but rather on underlying incentives.

Financial Incentives for Referrals:

The possibility that professionals and care management consultants receive financial or other forms of incentives for directing consumers to the agency's services is a major concern. Such incentives could significantly compromise the integrity of Consumer referrals, with decisions potentially driven by personal gain rather than Consumer welfare.

Cyclical Billing and Service Utilization:

The referral system seems to create a cyclical pattern of billing, service utilization, and rental arrangements where consumer needs are continuously identified and serviced within the same agency network, fostering an environment of repeated financial gain for the agency.

Impact on Medicaid Expenditures:

If these practices are occurring, they could lead to increased and potentially unnecessary Medicaid expenditures. Consumers may be receiving more services than medically necessary, or services that could be more effectively provided elsewhere, leading to inflated costs borne by the Medicaid program.

Ethical and Legal Implications:

Such kickback arrangements, if confirmed, would not only breach ethical standards but also could contravene legal statutes governing Medicaid and healthcare services. Kickbacks in healthcare are illegal and undermine the principle of fair competition and the integrity of patient care.

The existence of these indicators necessitates a thorough investigation to ascertain the presence of kickback arrangements and to evaluate their impact on the Medicaid program's ethical standards and financial integrity. It is imperative to ensure that all practices within the ABI Waiver Program align with legal and ethical guidelines, safeguarding the program's integrity and the wellbeing of its beneficiaries.

Impact on ABI Resources:

Revenue Reduction

Consumer Diversion Impact:

ABI Resources has experienced a significant downturn in revenue, which can be directly attributed to the diversion of consumers towards the agencies in question. This diversion likely results from the alleged unethical steering and manipulative practices, leading to a reduced Consumer base for ABI Resources.

Financial Viability Threatened:

The reduction in revenue poses a threat to the financial viability and sustainability of ABI Resources, impacting our ability to provide quality care and services to our consumers.

Operational Cost Surge:

Increased Marketing Expenditures:

In an effort to counteract the loss of consumers and to rebuild our Consumer base, ABI Resources has had to significantly increase our investment in

marketing. These additional expenses are necessary to communicate our commitment to ethical practices and quality care to the community.

Legal and Consultation Fees:

Addressing these unethical practices and exploring legal avenues for recourse has led to increased spending on legal consultations and related services. These expenditures are essential for navigating the complexities of the situation and seeking justice, but they also divert resources from other operational areas.

Consumer Relationship Erosion:

Loss of Trust and Business:

The most profound impact has been on our established Consumer relationships. The manipulative practices of the agency in question have led to a loss of trust among our consumers, as they are steered away from ABI Resources. This erosion of trust is deeply concerning, as it undermines the long-standing relationships we have built based on care, integrity, and ethical service provision.

Reputation Damage:

The wider implications of these practices in the industry have led to a tarnished reputation, not just for the agency in question, but for service providers in general, including ABI Resources. Restoring our reputation in the wake of these events is a significant challenge, requiring substantial effort and resources.

The cumulative effect of these impacts on ABI Resources is profound, affecting not just our financial stability but also our reputation and, most importantly, our ability to serve our consumers effectively. It is imperative that these issues are addressed comprehensively to restore the integrity of service provision within the

ABI Waiver Program and to protect agencies like ours that are committed to ethical practices.

Formal Requests Thorough Examination and Compliance Review:

Comprehensive Investigation:

We formally request a complete and thorough examination of the outlined practices. This investigation should encompass all entities involved, including the agency service provider and care management consultants.

Medicaid Compliance Review:

A detailed review of Medicaid compliance is crucial to determine if these practices violate Medicaid regulations and standards.

Review and Revision of Policies and Oversight:

Policy Overhaul:

A comprehensive review and subsequent revision of existing policies within the ABI Waiver Program is necessary. This review should focus on closing loopholes that allow for such unethical practices and ensuring robust safeguards against future violations.

Enhanced Oversight Mechanisms:

We propose the establishment or enhancement of oversight mechanisms within the ABI Waiver Program to ensure ongoing compliance with ethical and legal standards.

In Closing:

The concerns we have raised in this document, if validated, point towards serious ethical lapses and potential legal infractions concerning Medicaid regulations. The very foundation of the ABI Waiver program, along with the trust placed in it by its beneficiaries, relies on prompt, effective, and transparent action from the Connecticut Department of Social Services.

We appreciate your attention to this urgent and significant matter and hope for a swift resolution that upholds the principles of justice and integrity.

Call to Action:

I earnestly seek your prompt intervention and advocacy in ensuring this grievance is communicated to all pertinent departments within the state of Connecticut tasked with addressing such critical matters. The departments that ought to be immediately apprised of this situation include, but are not limited to:

Connecticut Department of Social Services

Connecticut Attorney General's Office

Connecticut Commission on Human Rights and Opportunities

Connecticut Office of the Healthcare Advocate

Connecticut Office of Policy and Management

I have proactively initiated complaints and have directly engaged with the Connecticut Department of Social Services. Rest assured, all communications

have been meticulously documented, encompassing dates, times, and the identities of the individuals engaged in these discussions.

We urge the Connecticut Department of Social Services, alongside the Attorney General's Office, the Commission on Human Rights and Opportunities, the Office of the Healthcare Advocate, and the Office of Policy and Management, to address this grievance promptly. The issue at hand not only affects ABI Resources but also speaks to the larger matter of public trust and the accessibility of crucial healthcare information.

We anticipate a constructive and swift response to this urgent matter, underscoring the importance of transparency and accessibility in public services, especially those catering to vulnerable populations.

I place my trust in your unwavering commitment to justice and fairness, confident that you will accord this matter the urgency and gravitas it demands, ensuring a comprehensive investigation and the implementation of corrective measures. The equitable treatment of all service providers operating under the Connecticut Medicaid ABI Waiver Program is of utmost importance, and I am optimistic that your intervention will usher in a just resolution.

I am grateful for your time and thoughtful consideration of this crucial matter.

Best regards,

David Medeiros

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ABI Resources, CEO, Director, Team Member

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Date: 12/15/2023

Office for Civil Rights
U.S. Department of Health & Human Services
200 Independence Avenue, S.W.
Room 509F, HHS Building
Washington, D.C. 20201

Complaint and Request for Federal Intervention and Support in Addressing Misconduct and Ensuring Accommodations for Self-Advocacy and Protection from Whistleblower Retaliations.

Dear Office for Civil Rights,

I am writing to lodge a formal complaint against Matthew S. Antonetti of the Connecticut Department of Social Services regarding his correspondence dated December 13, 2023. As a brain injury survivor and the founder of A.B.I. Resources LLC, I have faced significant challenges in advocating for myself, my business and the disabled population we serve. Mr. Antonetti's letter contains misleading, inaccurate, non-accommodating and intimidating statements that undermine my efforts and rights as a person living with a brain injury and as a whistleblower.

I request your assistance in ensuring fair treatment and accommodations, which are crucial for my effective communication and participation in these matters. Additionally, I seek guidance and support from the federal government to uphold my rights to self-advocate, both as an individual with a disability, a whistleblower, and as a business owner.

It is imperative that government entities respect and facilitate the participation of individuals like me in matters affecting our lives and businesses. I am committed to advocating for transparency and accountability, and I believe the federal government's intervention is crucial in rectifying the current situation.

Thank you for your attention to this matter.

Best regards,
David Medeiros
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Medicaid ABI Waiver Program Support Provider.

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Date: 12/28/2023

Complaint: Evaluating the Implications and Solutions for Equitable Referral Distribution in Connecticut's Disability Support Services for people and family programs managed by The Connecticut Department of Social Services.

When considering the recent update on care management practices, particularly in the context of the methodology for distributing referrals within the Department of Social Services provider network, there are several potential conflicts of interest that are concerning. Care management states:

"If a Client doesn't have a preferred provider, the Care Manager uses a specially designed, proprietary software system to ensure equitable randomization of referrals to a provider enrolled with the Department of Social Services that can render the required services."

These conflicts can affect both service recipients (individuals and families) and service providers. There is no specific mention of a CMS-approved systematic electronic randomized referral program in the current documentation and resources available from HHS and CMS.

For Recipients and Families:

Lack of Choice Transparency: If clients are unaware of the full range of available providers, they might not be able to make a truly informed choice, potentially leading to a mismatch in services received and services needed.

Potential Bias in Software Algorithm: The proprietary software used for

randomizing referrals may have inherent biases or flaws that could skew referral distribution, possibly disadvantaging certain groups of recipients.

Limited Accountability: Without public access to the referral process, recipients and their families might have limited recourse to question or challenge referral decisions.

Perceived Inequity: Even if the system is fair in practice, the perception of inequity can undermine trust in the system and affect recipient satisfaction and engagement with services.

Conflict with Personal Preferences: The system might override personal preferences of recipients in favor of an algorithmic choice, which could lead to dissatisfaction or less effective services.

The implementation of a referral distribution using a proprietary software system, if not carefully managed, presents several risks that could negatively impact, discriminate, manipulate, mislead, and inadequately accommodate disabled people and their families. It's crucial to comprehensively understand these risks to ensure that the system is fair and equitable for all involved.

Risk of Inequitable Service Access

Discrimination in Algorithm: If the software algorithm isn't designed with an in-depth understanding of diverse needs, it could inadvertently favor certain groups over others, leading to systemic discrimination.

Geographical Disparities: The system might not adequately account for geographic distribution, leading to some areas being underserved.

Manipulation of Service Provision

Provider Gaming the System: Providers might find ways to manipulate the