

Formal Response to Acknowledgment – FOIA Request for Medicaid Records (NPI 1962278119 & NPI 1023012345)

To: Kelly Bartomioli, Paralegal Specialist, Privacy Officer & FOIA Officer
Department of Social Services
Email: FOIA.DSS@ct.gov

Date: November 7, 2024

Dear Ms. Bartomioli,

Thank you for your acknowledgment dated November 4, 2024, confirming receipt of my Connecticut Freedom of Information Act request for records pertaining to Medicaid services linked to NPI 1962278119 and NPI 1023012345. I appreciate the Department of Social Services' (DSS) commitment to responding in alignment with Connecticut FOIA statutes.

1. Request for Fee Waiver

Under Conn. Gen. Stat. § 1-212(d), fees should be waived for requests made in the public interest, particularly where disclosure serves transparency without furthering a commercial benefit. The records requested are intended to:

Enable public scrutiny of Medicaid spending;

Assess consumer choice limitations;

Investigate labor practices affecting Medicaid recipients within Connecticut's ABI Waiver Program.

As this request directly supports public oversight and accountability, I respectfully reiterate my request for a complete fee waiver. Should DSS nonetheless determine fees are required, please provide a preliminary cost estimate, in compliance with Conn. Gen. Stat. § 1-212(a).

2. Request for Expedited Processing

The urgency of this request is grounded in the statutory and regulatory requirements of promptness under Connecticut and federal FOIA laws. Per Conn. Gen. Stat. § 1-210(a), public agency records should be made "promptly available" unless an express exemption applies. Additionally, under 5 U.S.C. § 552(a)(6)(E), expedited processing is warranted where an "urgency to inform the public concerning actual or alleged Federal Government activity" exists. Given that these records have immediate implications for the welfare of Medicaid beneficiaries with disabilities, expedited processing is both reasonable and necessary.

Please provide confirmation of the Department's intention to expedite the processing of this request or, alternatively, a projected timeline for disclosure of records.

3. Reaffirmation of Accessibility Accommodations

To ensure accessibility and transparency, I reiterate the following accommodations as outlined in my original request:

Electronic Communication Only: Kindly correspond exclusively via email to AabiWR@live.com. All responses and attachments should be directly included in the body of the email or as email attachments to eliminate barriers to access.

Unredacted Records and Transparency for Any Redactions: Full access to responsive records is requested, with redactions limited to those strictly required by law. Where redactions are applied, please cite specific legal exemptions and provide contextual summaries per Conn. Gen. Stat. § 1-210(b).

Detailed Justification for Any Denials: In the event of any denial of access to records, a complete explanation is requested under Conn. Gen. Stat. § 1-210(b), with reference to the relevant exemption applied and reasoning for its applicability.

Summaries for Complex Records: For any records involving complex financial, legal, or technical language, I request simplified summaries to support accessibility, per DSS's obligations to provide access "in a form comprehensible to the requester" (Conn. Gen. Stat. § 1-210(a)).

Identification of FOIA Officer Assigned to This Request: For transparency and accountability, I respectfully

request the name, title, and contact information of the FOIA officer assigned to process this request.

4. Obligation for Timely Compliance

Please note that the Department's duty to promptly provide access to public records, as set forth in Conn. Gen. Stat. § 1-210(a), remains paramount. I remind DSS of its statutory obligation to fulfill FOIA requests with due diligence and respect for the statutory timelines established under Connecticut law.

Confirmation of Receipt

Please confirm receipt of this communication and provide the requested updates on the projected timeline for record disclosure.

Thank you for your continued attention to this matter. I look forward to DSS's full compliance with its obligations under the Connecticut FOIA statutes and all relevant federal guidelines.

Respectfully,

David Medeiros
ABI Resources
215 Mountain Street
Willimantic, CT 06226
Email: AabiWR@live.com

FOIA Appeal: Connecticut Medicaid Program Records Request — DSS, ABI Waiver Amendments, Accenture and Manatt Communications (2012–Present)

To:
FOIA Appeals Officer
Department of Social Services (DSS)
55 Farmington Avenue
Hartford, CT 06105
Email: FOIA.DSS@ct.gov

Date: November 7, 2024

From:
David Medeiros
ABI Resources
215 Mountain Street
Willimantic, CT 06226
Email: AabiWR@live.com

Re: Appeal for Expedited Compliance with FOIA Request Regarding Connecticut Medicaid Programs, ABI Waiver, Amendments, and Federal Agency Oversight and Communications with Accenture and Manatt (2012–Present)

Dear FOIA Appeals Officer:

I am formally appealing the handling and anticipated delays in processing my October 29, 2024, FOIA request for records related to Connecticut Medicaid programs, specifically the ABI Waiver, program amendments, and all communications with Accenture and Manatt. This request, submitted under the Connecticut Freedom of Information Act (Conn. Gen. Stat. § 1-200 et seq.) and the federal Freedom of Information Act (5 U.S.C. § 552), seeks critical records that impact vulnerable Medicaid recipients and the ethical administration of taxpayer-funded programs. In light of DSS's recent acknowledgment, I am submitting this appeal to secure timely, comprehensive access to the requested documents, as required by law.

Grounds for Appeal

1. Failure to Acknowledge Expedited Processing

My original request, filed on October 29, 2024, explicitly sought expedited processing, in accordance with Conn. Gen. Stat. § 1-210(a) and 5 U.S.C. § 552(a)(6)(E). FOIA mandates such expedited processing where there exists a demonstrated "urgency to inform the public" on matters of significant public interest. The records in question directly relate to DSS's administration of the ABI Waiver, Medicaid policy amendments, and consulting engagements that affect vulnerable Medicaid beneficiaries.

Legal Basis: Under Conn. Gen. Stat. § 1-210(a), DSS is obligated to provide public records "promptly" when substantial public interest is at stake. Furthermore, under federal FOIA, 5 U.S.C. § 552(a)(6)(E)(v), the public's interest in government accountability concerning Medicaid oversight, consultant conduct, and the allocation of public funds warrants expedited treatment.

Action Requested: I request immediate confirmation that DSS will prioritize this request on an expedited basis. If DSS is unwilling to grant expedited processing, I require a written explanation detailing the grounds for such a decision and a specific timeline for fulfillment.

2. Right to a Fee Waiver

I am requesting a waiver of all fees associated with this FOIA request under Conn. Gen. Stat. § 1-212(d), which permits fee waivers where records are requested in the public interest and without commercial purpose. The requested records will be publicly accessible and will serve to enhance public understanding of DSS's use of taxpayer funds, Medicaid oversight practices, and contractual relationships with private entities such as Accenture and Manatt.

Legal Basis: Conn. Gen. Stat. § 1-212(d) mandates that fees should be waived when disclosure is intended for the public benefit and supports government transparency, as is the case here. Furthermore, DSS's disclosure of these records would contribute significantly to public discourse on the responsible stewardship of public funds and equitable Medicaid administration.

Action Requested: I request written confirmation that DSS will waive all fees for this request. If DSS concludes that fees are unavoidable, please provide an itemized estimate in advance, detailing each cost as required under Conn. Gen. Stat. § 1-212(a).

3. Accessibility and Accommodation Requirements

As requested in my original submission, I reiterate the necessity of specific accommodations to ensure complete, accessible processing of this FOIA request. The following accommodations are necessary to meet statutory accessibility obligations and facilitate comprehensive analysis of responsive records:

Electronic Delivery Only: To maintain accessibility and efficiency, I request that all responses, updates, and documents be sent exclusively via email to AabiWR@live.com. This accommodation precludes any requirement for physical mail or portal-based access, consistent with Connecticut FOIA guidelines for accessible record delivery.

Full Document Disclosure with Legal Citations for Redactions: Per Conn. Gen. Stat. § 1-210(b), I request unredacted copies of all records unless specific statutory exemptions apply. For each redaction, DSS must provide a legal citation and summary explanation to ensure transparency.

Detailed Justification for Any Denials: Should any records or portions thereof be withheld, Connecticut FOIA requires DSS to provide a comprehensive legal basis for each denial, including statutory references, to comply with Conn. Gen. Stat. § 1-210(b).

Plain-Language Summaries for Complex Records: Given the technical nature of Medicaid policy and compliance documents, I request plain-language summaries for all records involving complex financial, legal, or regulatory language to facilitate thorough understanding, as permitted under DSS's discretionary accommodations policy.

Action Requested: I request DSS's immediate confirmation that all accommodations above will be applied without modification. If DSS cannot meet these requests in full, please provide a detailed explanation of the limitations.

4. Request for Timeline and Compliance Assurance

Under Conn. Gen. Stat. § 1-210(a), DSS is required to make public records "promptly available." Given the urgent public interest at issue, I request DSS's confirmation of a timeline that ensures statutory compliance and transparency.

Action Requested: I request that DSS provide a preliminary timeline for completion and indicate any anticipated delays beyond the statutory response period. Furthermore, please designate a specific FOIA officer responsible for overseeing this request to facilitate clear accountability and timely communication.

Conclusion and Demand for Prompt Compliance

This FOIA request is essential to promoting transparency in Medicaid administration, particularly concerning the management of the ABI Waiver and the roles of private contractors in shaping Medicaid policy. The Connecticut Freedom of Information Act requires DSS to act promptly and transparently, particularly where public funds and vulnerable populations are involved. Failure to fulfill these statutory obligations may necessitate further escalation, including but not limited to formal legal proceedings to compel compliance.

Please confirm receipt of this appeal by replying to AabiWR@live.com, and provide DSS's detailed response to each item herein. Thank you for your attention to this matter and for ensuring DSS's full compliance with the Connecticut Freedom of Information Act.

Sincerely,

David Medeiros
ABI Resources
215 Mountain Street
Willimantic, CT 06226
Email: AabiWR@live.com

To: FOIA Appeals Officer and Supervisory Officers
Centers for Medicare & Medicaid Services (CMS)
Freedom of Information Act Office
Mail Stop N2-20-16
7500 Security Boulevard
Baltimore, Maryland 21244

And to:
FOIA Officer, Privacy Officer, and Supervisory Officers
Connecticut Department of Social Services (DSS)
55 Farmington Avenue
Hartford, CT 06105
KELLY BARTOMIOLI
Paralegal Specialist
Communications & Legislative Management
Privacy Officer & FOIA Officer
Department of Social Services<https://portal.ct.gov/dsshome?language=en_US>
Phone: 860-984-0215
Kelly.Bartomioli@ct.gov<<mailto:Kelly.Bartomioli@ct.gov>>
PrivacyOfficer.DSS@ct.gov<<mailto:PrivacyOfficer.DSS@ct.gov>>
FOIA.DSS@ct.gov<<mailto:FOIA.DSS@ct.gov>>

Subject: Appeal for Immediate and Full Compliance with Federal and State FOIA Request – Medicaid ABI Waiver Program Provider Registry and Related Documents

To the FOIA Appeals Officers and Supervisory Officers at CMS and DSS,

This appeal is submitted pursuant to the Freedom of Information Act (5 U.S.C. § 552) and the Connecticut Freedom of Information Act (Conn. Gen. Stat. § 1-200 et seq.) regarding my October 25, 2024, request for critical public records concerning the Connecticut Medicaid Acquired Brain Injury (ABI) Waiver Program provider registry. The specific information I seek includes provider names, contact details, service details, provider status, regulatory criteria for provider selection, and records of complaints or disciplinary actions, along with relevant documentation regarding registry maintenance.

1. Legal and Statutory Obligations for Disclosure

Federal FOIA Obligations of CMS: Under 5 U.S.C. § 552, the Centers for Medicare & Medicaid Services (CMS) must provide public access to records unless a specific statutory exemption applies. The CMS, as a federal agency overseeing Medicaid, is therefore required to disclose requested records that shed light on Medicaid program integrity and the appropriate administration of ABI waiver services.

Connecticut FOIA Obligations of DSS: Connecticut Department of Social Services (DSS), as a public state agency, is similarly bound under Conn. Gen. Stat. § 1-200 et seq. to provide public access to records essential to the transparency of its Medicaid programs. These laws serve as vital tools to uphold public accountability within Medicaid programs, particularly those impacting individuals with disabilities.

Public Interest in Medicaid Transparency and Oversight: Transparency in the Medicaid ABI Waiver Program is of critical public interest due to the program's impact on care and support for individuals with acquired brain injuries. These documents will be used to inform public oversight on how the ABI program operates, monitors, and enforces provider compliance with Medicaid standards.

2. Request for Expedited Processing and Fee Waiver

Immediate Public Interest: Given the nature of the records requested and their significance in promoting public oversight, I request expedited processing as provided under 5 U.S.C. § 552(a)(6)(E) for CMS and per Connecticut FOIA guidelines for DSS. Any delay in disclosing these records would impede timely public review and transparency in the delivery of services to a vulnerable population.

Fee Waiver Justification: This request is submitted purely in the public interest and not for commercial purposes. Under 5 U.S.C. § 552(a)(4)(A)(iii) and Conn. Gen. Stat. § 1-212(d), I request a complete waiver of fees as the records sought are essential to the public's understanding of the management and oversight of Medicaid services and are intended for public distribution.

3. Scope of Records Requested and Requirement for Comprehensive Response Requested Records Include but Are Not Limited to:

A complete, current ABI Waiver Program provider registry, detailing provider names, contact information, areas of specialty, enrollment dates, and current status.

Policies, regulations, or statutes governing provider inclusion, removal, or monitoring criteria for the ABI Waiver Program.

Complaints, violations, or disciplinary action records involving ABI Waiver Program providers, detailing any investigations or actions taken against providers in the course of program participation.

Registry maintenance records and correspondence, including documentation on the process and frequency of registry updates, personnel responsible for updates, and methods of public communication.

Specific Instructions for Thorough Record Search: I request a comprehensive search across all DSS and CMS departments, divisions, and communications to ensure complete responsiveness. This includes internal memos, emails, inter-agency correspondence, policy documents, and publicly released statements.

4. Reasonable Accommodation Under the ADA

As a brain injury survivor, I request that all records be provided in an accessible, electronic format as a reasonable accommodation under the Americans with Disabilities Act (42 U.S.C. § 12101 et seq.). Please ensure that documents are not restricted to portals or third-party websites that pose barriers to individuals with disabilities.

5. Response Timelines and Agency Contact Points for Oversight

Timeliness: Under FOIA, DSS is required to respond within four business days per Conn. Gen. Stat. § 1-210, while CMS must respond within 20 business days as stipulated by federal law. To facilitate compliance, I have also notified the following agencies of my request and the critical nature of a prompt response:

Connecticut Freedom of Information Commission (FOIC)

18-20 Trinity Street, Hartford, CT 06106

Phone: (860) 566-5682

(FOIC ensures Connecticut FOIA compliance.)

U.S. Department of Health and Human Services (HHS) Office for Civil Rights (OCR)

200 Independence Avenue, S.W., Washington, D.C. 20201

Phone: (800) 368-1019

(HHS OCR monitors civil rights compliance in health program administration.)

Office of Inspector General (OIG) for HHS

Wilbur J. Cohen Building, 330 Independence Ave., SW, Washington, D.C. 20201

Phone: (800) 447-8477

(OIG investigates non-compliance or misconduct within Medicaid.)

Medicaid Fraud Control Unit, Connecticut Attorney General's Office

165 Capitol Avenue, Hartford, CT 06106

Phone: (860) 808-5318

(MFCU oversees fraud prevention in Medicaid services.)

U.S. Department of Justice (DOJ), Civil Rights Division

950 Pennsylvania Avenue NW, Washington, D.C. 20530

Phone: (202) 514-4609

(The DOJ enforces ADA and other civil rights in healthcare services.)

6. Conclusion

I urge both DSS and CMS to expedite the release of these records in full compliance with federal and state FOIA requirements. Please inform me via email at AabiWR@live.com if additional information or clarification is required to process this request completely and promptly. Delays in compliance with FOIA and ADA obligations will be noted, and I reserve the right to seek enforcement through FOIC, HHS OCR, OIG, MFCU, and the DOJ as necessary.

Thank you for your attention to this matter. I expect full compliance within the statutory timelines and look forward to receiving the requested records promptly.

Sincerely,

David Medeiros
Founder & Owner, ABI Resources
39 Kings HWY STE C
Gales Ferry, Connecticut, 06335
AabiWR@live.com

To:
Kelly Bartomioli, Paralegal Specialist, FOIA Officer and Privacy Officer
Connecticut Department of Social Services (DSS)
55 Farmington Avenue
Hartford, CT 06105
Email: Kelly.Bartomioli@ct.gov
PrivacyOfficer.DSS@ct.gov
FOIA.DSS@ct.gov

And to:
FOIA Officer and Supervisory Officers
Centers for Medicare & Medicaid Services (CMS)
Freedom of Information Act Office
Mail Stop N2-20-16
7500 Security Boulevard
Baltimore, Maryland 21244

Subject: Follow-up on Compliance and Timeliness for FOIA Request – Medicaid ABI Waiver Program Provider Registry

To the FOIA Officers and Supervisory Officers at DSS and CMS,

This letter serves as a follow-up and an official appeal to ensure complete, timely compliance with my October 23, 2024, Freedom of Information Act (FOIA) request submitted to the Connecticut Department of Social Services (DSS) and the Centers for Medicare & Medicaid Services (CMS). This request seeks essential records on the Medicaid Acquired Brain Injury (ABI) Waiver Program provider registry.

My FOIA request is made pursuant to 5 U.S.C. § 552 (Federal FOIA) and Conn. Gen. Stat. § 1-200 et seq. (Connecticut FOIA). It details specific records that are necessary for the public oversight of Medicaid programs, particularly those affecting individuals with acquired brain injuries. Under federal and state FOIA statutes, DSS and CMS are obligated to comply promptly and fully.

1. Reiteration of Requested Records

For clarity and completeness, the requested records include:

A current provider registry for the ABI Waiver Program with:

Provider names

Contact details (addresses, emails)

Specialties and services offered

Enrollment dates and current status

Policies, regulations, and statutes on criteria for provider selection, monitoring, and removal from the registry

Records of complaints, violations, and disciplinary actions involving providers in the ABI Waiver Program

Documentation of registry maintenance processes, update frequency, personnel responsible, and public communication methods

2. Requirement for Expedited Processing

In my initial request, I requested expedited processing under 5 U.S.C. § 552(a)(6)(E) due to the public interest in transparency within Medicaid programs. The ABI Waiver Program supports vulnerable populations, and delays in information disclosure could hinder timely oversight and accountability. Federal and Connecticut FOIA regulations mandate that agencies respond to such requests within defined timeframes—specifically, four business days for Connecticut state agencies (Conn. Gen. Stat. § 1-210) and 20 business days for federal agencies. I urge DSS and CMS to honor these statutory requirements.

3. Fee Waiver and ADA Accommodation Request

This request is made strictly in the public interest, intending to promote transparency and inform public oversight. Therefore:

Fee Waiver: As this request does not serve a commercial interest, I request a waiver of all associated fees in accordance with 5 U.S.C. § 552(a)(4)(A)(iii) and Conn. Gen. Stat. § 1-212(d).

ADA Accommodation: As a brain injury survivor, I require reasonable accommodations under the Americans with Disabilities Act (ADA), 42 U.S.C. § 12101 et seq. This includes access to records in an accessible electronic format and direct email communication without intermediary portals. Additionally, I request that all correspondence include the full names and titles of FOIA representatives communicating with me to ensure clarity and facilitate follow-up if needed.

4. Compliance and Oversight Agencies

To reinforce the significance of this request, I have notified oversight bodies responsible for monitoring FOIA compliance:

Connecticut Freedom of Information Commission (FOIC)

(Contact: 18-20 Trinity Street, Hartford, CT 06106 | Phone: (860) 566-5682)

U.S. Department of Health and Human Services (HHS) Office for Civil Rights (OCR)

(Contact: 200 Independence Avenue, S.W., Washington, D.C. 20201 | Phone: (800) 368-1019)

Office of Inspector General (OIG) for HHS

(Contact: Wilbur J. Cohen Building, 330 Independence Ave., SW, Washington, D.C. 20201 | Phone: (800) 447-8477)

Medicaid Fraud Control Unit, Connecticut Attorney General's Office

(Contact: 165 Capitol Avenue, Hartford, CT 06106 | Phone: (860) 808-5318)

5. Conclusion and Request for Timely Compliance

In compliance with federal and state FOIA laws and ADA accommodation requirements, I respectfully request that both DSS and CMS:

Confirm the scope of records being compiled to satisfy this request

Provide the requested records electronically by email within the statutory timelines

Disclose any anticipated delays or provide a cost estimate only if fee waiver is denied

Please address all correspondence to me directly via email at AabiWR@live.com to ensure uninterrupted and accessible communication. If clarification is needed on any portion of this request, do not hesitate to reach out to facilitate prompt compliance.

Thank you for your attention and cooperation. I look forward to receiving a timely response in accordance with FOIA and ADA regulations.

Sincerely,

David Medeiros

Founder & Owner, ABI Resources

39 Kings HWY STE C

Gales Ferry, Connecticut, 06335

AabiWR@live.com

Checking in

ABI RESOURCES L.L.C. CTbrainINJURY.com 860 942-0365 <AABIWR@LIVE.COM>

Wed 2/20/2019 10:15 AM

To: Chamberlin, George <George.Chamberlin@ct.gov>; ROBERT BRULE <robert.b@ctbraininjury.com>; aabiwr@live.com <AABIWR@LIVE.COM>

Hi George,

We are wondering what the status is with Allied. Have they contacted you back?

David and Robert

A.B.I. RESOURCES

www.CTbrainINJURY.com 1-860-942-0365

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

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Fax : (860) 465-9591

<https://www.CTbrainINJURY.com>

02.27.2024

Department of Social Services

Jenna Giacomi

Office Of Quality Assurance

55 Farmington Ave.

Hartford, CT 06105

Formal Request for the Cessation of Retaliatory Actions and Comprehensive Investigation into Whistleblower Complaints.

Dear Jenna Giacomi,

It is critical to explicitly address the direct correlation between my experiences and Case 2410220, currently under review by the Connecticut Commission on Human Rights and Opportunities (CHRO). The service of this CHRO complaint is directly related to the treatment I have received in connection with the Medicaid ABI Waiver Program and, more importantly, the Department of Social Services. This action is not taken lightly but stems from a profound concern for the systemic issues and individual experiences that underline the necessity for such a civil rights case.

My engagement in this civil rights case is a testament to the severity of the issues at hand and underscores the need for immediate and substantive changes within the program. It is a clear indicator of the legal and ethical implications of the treatment I, and potentially others, have encountered. This involvement in the CHRO complaint



process is a critical element of our ongoing discourse and should be considered in the context of any requests for further information or actions on my part.

This case represents a formal appeal for justice and accountability, reflecting the broader struggles for equity and dignity within systems meant to support individuals with disabilities. As such, I trust that the Department of Social Services will recognize the gravity of this situation and the imperative to address these concerns with the seriousness and urgency they deserve.

I write to address the recent communication from your office regarding the Department of Social Services' (DSS) request for a verbal conversation concerning issues previously detailed in comprehensive written complaints submitted to DSS / COU. It is paramount to reiterate that these documents provide exhaustive answers to the questions you have posed, documented meticulously in real-time as events unfolded. This correspondence aims to highlight legal and procedural concerns stemming from this request and to seek clarity and accountability in the ongoing investigative process.

Comprehensive Documentation and Concerns Over Lack of Awareness:

It appears there may be a significant gap in communication or document management within your office, as evidenced by the request for information already provided in detail. This raises critical concerns about the integrity of the investigation and the safeguarding of information submitted in good faith by concerned parties. The comprehensive nature of the submitted documents was intended to ensure a clear, detailed account of the issues at hand, facilitating a thorough and informed investigation.

Given this context, I must request a confirmation of the receipt and review of all previously submitted

complaints and documentation. If, for any reason, these documents are not readily available to your office or have not been reviewed, I urge you to obtain and examine these records as an essential step. The depth and specificity of the information contained in these submissions serve as the basis for any further clarifications required by the CT DSS investigation.

Legal and Procedural Implications of Requesting Verbal Communications:

The insistence on verbal communication, particularly when comprehensive and detailed written responses have been provided, introduces unnecessary risks and challenges. This approach not only undermines the evidentiary value of the documented submissions but also raises concerns regarding the procedural integrity of the CT DSS protocols. The potential for undocumented verbal exchanges to lead to misunderstandings, misinterpretations, or disputes over the content of discussions is significant and poses a risk to both the investigation's transparency and the protection of whistleblower rights.

Request for Documentation and Transparency:

In light of these concerns, I formally request a complete inventory of all complaints, documents, and requests for clarity of information previously submitted by my office to DSS, COU. This request is made to ensure that all parties have a mutual understanding of the evidence and submissions. The provision of this information will also serve to clarify the scope of the inquiry and the specific areas of concern.

It is essential that the concerns outlined above are addressed satisfactorily. The integrity of the CT DSS protocols and the protection of the rights of all involved parties hinge upon a transparent, accountable,

and documented approach to handling these serious concerns and requests for clarity.

In the context of our ongoing communications, it is imperative to underline that all relevant information and detailed responses to the inquiries posed by the Department of Social Services (DSS) have been meticulously provided in writing. The request for redundant verbal discourse not only raises concerns but also overlooks the comprehensive efforts undertaken to document these issues thoroughly. The challenges being addressed are not novel but have been persistently vocalized and recorded over years within the Medicaid ABI Waiver Program, regrettably without substantive response or amendment from the relevant authorities.

I must also draw attention to a personal circumstance that significantly impacts my ability to fully engage, especially on matters of such complexity. Living with a brain injury presents unique challenges, making written communication not merely a preference but a necessity for clear and effective dialogue. The reliance on documented exchanges ensures accuracy and comprehensiveness in communication, accommodating the cognitive demands posed by my condition.

I am writing to you not only as a concerned citizen and service provider within the Medicaid ABI Waiver Program but also as an individual who has found himself compelled to become a whistleblower to report systemic issues within the Connecticut Department of Social Services (DSS). My actions, motivated by a commitment to integrity and accountability, have unfortunately led to a series of retaliatory measures that I believe violate both my civil rights and the legal protections afforded to whistleblowers under federal and state laws.

Following my disclosures, I have been subjected to undue scrutiny, repeated requests for information

already provided in comprehensive detail, unwarranted inquiries, and a general atmosphere of harassment. These actions not only impose significant personal and professional stress but also fundamentally undermine the spirit of the whistleblower protection statutes designed to encourage the reporting of misconduct and to safeguard the public interest.

The treatment I have received since raising concerns about the administration of the Medicaid ABI Waiver Program is concerning, not only for myself but for the integrity of public services and the rights of individuals who, in the future, may witness and wish to report wrongdoing. It is clear that the actions taken against me serve as a deterrent to transparency and accountability, principles that are vital to the functioning of our society and governance.

Therefore, I demand an immediate cessation of all retaliatory actions against me and seek a formal investigation into the issues I have reported. I also request appropriate remedies for the harm I have suffered as a result of this retaliation, including any necessary compensatory measures.

Please consider this letter as a formal appeal to address these matters with the seriousness and urgency they deserve. I am open to engaging in constructive dialogue to resolve this issue amicably. However, should these concerns not be adequately addressed, I am prepared to pursue all legal remedies available to protect my rights and to ensure that the principles of justice and accountability are upheld.

I trust that the Department will recognize the gravity of this situation and take immediate steps to rectify the issues at hand. I look forward to your prompt response and to a resolution that reflects our mutual commitment to the highest standards of integrity and public service.

I look forward to your prompt response and to receiving the requested confirmation and documentation.

It is my sincere hope that we can proceed in a manner that upholds the highest standards of integrity, ensuring a fair and just resolution to the matters at hand.

Best regards,
David Medeiros
David Medeiros
ABI Resources, Founder, Team Member
Medicaid ABI Waiver Program Support Provider.



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02.27.2024

Department of Social Services

Jenna Giacomi

Office Of Quality Assurance

55 Farmington Ave.

Hartford, CT 06105

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process is a critical element of our ongoing discourse and should be considered in the context of any requests for further information or actions on my part.

This case represents a formal appeal for justice and accountability, reflecting the broader struggles for equity and dignity within systems meant to support individuals with disabilities. As such, I trust that the Department of Social Services will recognize the gravity of this situation and the imperative to address these concerns with the seriousness and urgency they deserve.

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Comprehensive Documentation and Concerns Over Lack of Awareness:

It appears there may be a significant gap in communication or document management within your office, as evidenced by the request for information already provided in detail. This raises critical concerns about the integrity of the investigation and the safeguarding of information submitted in good faith by concerned parties. The comprehensive nature of the submitted documents was intended to ensure a clear, detailed account of the issues at hand, facilitating a thorough and informed investigation.

Given this context, I must request a confirmation of the receipt and review of all previously submitted

complaints and documentation. If, for any reason, these documents are not readily available to your office or have not been reviewed, I urge you to obtain and examine these records as an essential step. The depth and specificity of the information contained in these submissions serve as the basis for any further clarifications required by the CT DSS investigation.

Legal and Procedural Implications of Requesting Verbal Communications:

The insistence on verbal communication, particularly when comprehensive and detailed written responses have been provided, introduces unnecessary risks and challenges. This approach not only undermines the evidentiary value of the documented submissions but also raises concerns regarding the procedural integrity of the CT DSS protocols. The potential for undocumented verbal exchanges to lead to misunderstandings, misinterpretations, or disputes over the content of discussions is significant and poses a risk to both the investigation's transparency and the protection of whistleblower rights.

Request for Documentation and Transparency:

In light of these concerns, I formally request a complete inventory of all complaints, documents, and requests for clarity of information previously submitted by my office to DSS, COU. This request is made to ensure that all parties have a mutual understanding of the evidence and submissions. The provision of this information will also serve to clarify the scope of the inquiry and the specific areas of concern.

It is essential that the concerns outlined above are addressed satisfactorily. The integrity of the CT DSS protocols and the protection of the rights of all involved parties hinge upon a transparent, accountable,

and documented approach to handling these serious concerns and requests for clarity.

In the context of our ongoing communications, it is imperative to underline that all relevant information and detailed responses to the inquiries posed by the Department of Social Services (DSS) have been meticulously provided in writing. The request for redundant verbal discourse not only raises concerns but also overlooks the comprehensive efforts undertaken to document these issues thoroughly. The challenges being addressed are not novel but have been persistently vocalized and recorded over years within the Medicaid ABI Waiver Program, regrettably without substantive response or amendment from the relevant authorities.

I must also draw attention to a personal circumstance that significantly impacts my ability to fully engage, especially on matters of such complexity. Living with a brain injury presents unique challenges, making written communication not merely a preference but a necessity for clear and effective dialogue. The reliance on documented exchanges ensures accuracy and comprehensiveness in communication, accommodating the cognitive demands posed by my condition.

I am writing to you not only as a concerned citizen and service provider within the Medicaid ABI Waiver Program but also as an individual who has found himself compelled to become a whistleblower to report systemic issues within the Connecticut Department of Social Services (DSS). My actions, motivated by a commitment to integrity and accountability, have unfortunately led to a series of retaliatory measures that I believe violate both my civil rights and the legal protections afforded to whistleblowers under federal and state laws.

Following my disclosures, I have been subjected to undue scrutiny, repeated requests for information

already provided in comprehensive detail, unwarranted inquiries, and a general atmosphere of harassment. These actions not only impose significant personal and professional stress but also fundamentally undermine the spirit of the whistleblower protection statutes designed to encourage the reporting of misconduct and to safeguard the public interest.

The treatment I have received since raising concerns about the administration of the Medicaid ABI Waiver Program is concerning, not only for myself but for the integrity of public services and the rights of individuals who, in the future, may witness and wish to report wrongdoing. It is clear that the actions taken against me serve as a deterrent to transparency and accountability, principles that are vital to the functioning of our society and governance.

Therefore, I demand an immediate cessation of all retaliatory actions against me and seek a formal investigation into the issues I have reported. I also request appropriate remedies for the harm I have suffered as a result of this retaliation, including any necessary compensatory measures.

Please consider this letter as a formal appeal to address these matters with the seriousness and urgency they deserve. I am open to engaging in constructive dialogue to resolve this issue amicably. However, should these concerns not be adequately addressed, I am prepared to pursue all legal remedies available to protect my rights and to ensure that the principles of justice and accountability are upheld.

I trust that the Department will recognize the gravity of this situation and take immediate steps to rectify the issues at hand. I look forward to your prompt response and to a resolution that reflects our mutual commitment to the highest standards of integrity and public service.

I look forward to your prompt response and to receiving the requested confirmation and documentation.

It is my sincere hope that we can proceed in a manner that upholds the highest standards of integrity, ensuring a fair and just resolution to the matters at hand.

Best regards,
David Medeiros
David Medeiros
ABI Resources, Founder, Team Member
Medicaid ABI Waiver Program Support Provider.



A.B.I. Resources LLC

39 Kings Highway, Suite C

Gales Ferry CT, 06335

Phone: (860) 942-0365

Fax : (860) 465-9591

<https://www.CTbrainINJURY.com>

02.27.2024

Department of Social Services

Jenna Giacomi

Office Of Quality Assurance

55 Farmington Ave.

Hartford, CT 06105

Formal Request for the Cessation of Retaliatory Actions and Comprehensive Investigation into Whistleblower Complaints.

Dear Jenna Giacomi,

It is critical to explicitly address the direct correlation between my experiences and Case 2410220, currently under review by the Connecticut Commission on Human Rights and Opportunities (CHRO). The service of this CHRO complaint is directly related to the treatment I have received in connection with the Medicaid ABI Waiver Program and, more importantly, the Department of Social Services. This action is not taken lightly but stems from a profound concern for the systemic issues and individual experiences that underline the necessity for such a civil rights case.

My engagement in this civil rights case is a testament to the severity of the issues at hand and underscores the need for immediate and substantive changes within the program. It is a clear indicator of the legal and ethical implications of the treatment I, and potentially others, have encountered. This involvement in the CHRO complaint



process is a critical element of our ongoing discourse and should be considered in the context of any requests for further information or actions on my part.

This case represents a formal appeal for justice and accountability, reflecting the broader struggles for equity and dignity within systems meant to support individuals with disabilities. As such, I trust that the Department of Social Services will recognize the gravity of this situation and the imperative to address these concerns with the seriousness and urgency they deserve.

I write to address the recent communication from your office regarding the Department of Social Services' (DSS) request for a verbal conversation concerning issues previously detailed in comprehensive written complaints submitted to DSS / COU. It is paramount to reiterate that these documents provide exhaustive answers to the questions you have posed, documented meticulously in real-time as events unfolded. This correspondence aims to highlight legal and procedural concerns stemming from this request and to seek clarity and accountability in the ongoing investigative process.

Comprehensive Documentation and Concerns Over Lack of Awareness:

It appears there may be a significant gap in communication or document management within your office, as evidenced by the request for information already provided in detail. This raises critical concerns about the integrity of the investigation and the safeguarding of information submitted in good faith by concerned parties. The comprehensive nature of the submitted documents was intended to ensure a clear, detailed account of the issues at hand, facilitating a thorough and informed investigation.

Given this context, I must request a confirmation of the receipt and review of all previously submitted

complaints and documentation. If, for any reason, these documents are not readily available to your office or have not been reviewed, I urge you to obtain and examine these records as an essential step. The depth and specificity of the information contained in these submissions serve as the basis for any further clarifications required by the CT DSS investigation.

Legal and Procedural Implications of Requesting Verbal Communications:

The insistence on verbal communication, particularly when comprehensive and detailed written responses have been provided, introduces unnecessary risks and challenges. This approach not only undermines the evidentiary value of the documented submissions but also raises concerns regarding the procedural integrity of the CT DSS protocols. The potential for undocumented verbal exchanges to lead to misunderstandings, misinterpretations, or disputes over the content of discussions is significant and poses a risk to both the investigation's transparency and the protection of whistleblower rights.

Request for Documentation and Transparency:

In light of these concerns, I formally request a complete inventory of all complaints, documents, and requests for clarity of information previously submitted by my office to DSS, COU. This request is made to ensure that all parties have a mutual understanding of the evidence and submissions. The provision of this information will also serve to clarify the scope of the inquiry and the specific areas of concern.

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02.27.2024

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Best regards,
David Medeiros
David Medeiros
ABI Resources, Founder, Team Member
Medicaid ABI Waiver Program Support Provider.



Subject: Reaffirmation of Legal Requirements for FOIA Request Processing – Records Pertaining to Medicaid Services (NPI 1962278119 & NPI 1023012345)

To: Kelly Bartomioli, Paralegal Specialist, Privacy Officer & FOIA Officer
Department of Social Services
Email: FOIA.DSS@ct.gov

Date: November 7, 2024

Dear Ms. Bartomioli,

Thank you for your acknowledgment of my Freedom of Information Act request dated November 4, 2024, concerning records related to Medicaid services under NPI 1962278119 and NPI 1023012345. I appreciate the Department of Social Services' prompt acknowledgment and the statement that DSS will fulfill its statutory obligations under Connecticut FOIA law.

In order to facilitate transparent and timely processing of this request, I respectfully reiterate the following key components of my request, which the agency is statutorily obligated to address in compliance with Conn. Gen. Stat. § 1-200 et seq. and the federal FOIA, 5 U.S.C. § 552.

1. Fee Waiver Request

Per Conn. Gen. Stat. § 1-212(d), I respectfully reiterate my request for a waiver of any fees associated with this request, as it serves the public interest and is not being made for commercial benefit. The requested documents will be made available to the public on MuckRock.com and will directly contribute to public oversight of Connecticut Medicaid practices, including spending accountability, provider selection transparency, and labor standards for Medicaid-supported employees. Should DSS determine that fees are unavoidable, please provide an itemized cost estimate per Conn. Gen. Stat. § 1-212(a) prior to any record compilation.

2. Request for Expedited Processing

In my initial submission, I requested expedited processing based on the urgency of the issues addressed, as authorized under Conn. Gen. Stat. § 1-210(a) and 5 U.S.C. § 552(a)(6)(E). These records are of immediate importance due to their relevance to the autonomy, financial independence, and security of Medicaid beneficiaries with disabilities under the ABI Waiver Program. Delays could impede corrective action, impacting vulnerable populations.

In light of these factors, please confirm DSS's intent to process this request on an expedited basis. If DSS cannot provide expedited processing, I request an explanation outlining the reasons and an estimated timeline for fulfillment, as the Connecticut FOIA mandates that "prompt" access to public records must be provided.

3. Reminder of Specific Accessibility Accommodations

I wish to reaffirm the following accommodations, which are necessary for my full participation and understanding of the information provided:

Electronic Correspondence and Format: All responses, documents, and updates should be delivered exclusively via email to AabiWR@live.com. Any responses should be included within the body of the email or as accessible attachments to ensure immediate accessibility without external links or downloads.

Full Access and Redaction Transparency: I request full, unredacted copies of all responsive records unless redactions are legally required. For any redacted material, DSS must provide specific legal citations per Conn. Gen. Stat. § 1-210(b), along with summaries where appropriate.

Detailed Justification for Any Denials: If any records are withheld, I request a comprehensive explanation for each item withheld, with specific reference to applicable legal exemptions.

Plain-Language Summaries for Complex Records: For records that involve complex legal, financial, or technical language, I request plain-language summaries to support accessibility and comprehensive understanding, as consistent with the agency's obligation to provide access in a comprehensible format.

Identification of Assigned FOIA Officer: For transparency and accountability, please provide the name, title, and contact information of the FOIA officer assigned to handle this request.

4. Obligation for Compliance with FOIA Timelines

I wish to remind DSS of its statutory obligations to provide a "prompt" response under Conn. Gen. Stat. § 1-210(a). As noted, this request is submitted in the interest of public transparency, particularly regarding potential practices that may affect Medicaid beneficiaries' rights, independence, and financial welfare. I respectfully request DSS's full cooperation to ensure compliance with these statutory requirements and timely fulfillment of this request.

Confirmation of Receipt

Please confirm receipt of this communication and acknowledge that each of the specific accommodations listed herein will be applied. I also request an update on the projected timeline for fulfillment or any further action DSS may require to ensure timely compliance.

Thank you for your commitment to transparency and your attention to this matter.

Sincerely,

David Medeiros
ABI Resources
215 Mountain Street
Willimantic, CT 06226
Email: AabiWR@live.com

To:
Kelly Bartomioli, Paralegal Specialist, FOIA Officer and Privacy Officer
Connecticut Department of Social Services (DSS)
55 Farmington Avenue
Hartford, CT 06105
Email: Kelly.Bartomioli@ct.gov
PrivacyOfficer.DSS@ct.gov
FOIA.DSS@ct.gov

And to Other Relevant State and Federal FOIA Officers as Listed in Original Request

Subject: Follow-Up and Appeal on Comprehensive FOIA Request – Connecticut Medicaid ABI Waiver Program Records

To All Freedom of Information Officers and Supervisory Officers,

This letter serves as a formal follow-up and an appeal regarding my Freedom of Information Act (FOIA) request submitted on October 17, 2024, seeking records related to the Connecticut Medicaid Acquired Brain Injury (ABI) Waiver Program. I filed this request under 5 U.S.C. § 552 (Federal FOIA) and Conn. Gen. Stat. § 1-200 et seq. (Connecticut FOIA) to obtain records essential for transparency and oversight of a critical public health program.

Given the urgent nature of the information and the public interest at stake, I emphasize the need for compliance within statutory timeframes and full accommodation under the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act.

1. Scope of Original FOIA Request

The request details the following categories of records, which are essential to assess the integrity, accountability, and management of the Medicaid ABI Waiver Program:

Legislative Records: Bills, amendments, voting records, and meeting transcripts related to the program's legislative framework.

Public Records: Financial statements, budget allocations, audit results, and other records on program operations.

Correspondence: Internal and external communications regarding policy, decision-making, and program implementation.

Personnel and Organizational Records: Non-confidential records on the roles and performance of personnel involved in the program.

Program Guidelines and Performance Data: Policies, evaluation reports, metrics, and data on program effectiveness, as required under CMS guidelines (42 CFR § 440.180).

Each of these categories is necessary to uphold the public's right to transparency and accountability in Medicaid program management. A complete response to each category is imperative.

2. Compliance with Statutory Response Times and FOIA Obligations

I request adherence to the following statutory deadlines as specified under Connecticut and federal FOIA laws:

Connecticut FOIA mandates that the Department of Social Services (DSS) provide an initial response within four business days of receiving the request, per Conn. Gen. Stat. § 1-210.

Federal FOIA (5 U.S.C. § 552) requires an agency response within 20 business days. For records maintained or overseen by federal entities such as CMS and the Department of Health and Human Services, this timeline is critical to ensure compliance.

Please confirm the timeline and steps for compliance with each aspect of my request.

3. ADA and Rehabilitation Act Accommodations

As a brain injury survivor, I am requesting reasonable accommodations under the ADA (42 U.S.C. § 12101 et

seq.) and Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. § 794). I request that all documents be provided in electronic format and directly via email, without reliance on portals or intermediary websites that may pose accessibility barriers. Additionally, I ask that the full names and titles of all FOIA officers and personnel involved in the processing of this request be clearly disclosed in all communications to facilitate follow-up and verification.

4. Public Interest and Fee Waiver Request

This request is made entirely in the public interest, with the aim of supporting transparency and public understanding of government operations related to Medicaid services for individuals with brain injuries. Consequently:

Fee Waiver: Pursuant to 5 U.S.C. § 552(a)(4)(A)(iii) and Conn. Gen. Stat. § 1-212(d), I request a waiver of all fees associated with this request. The information will not be used for commercial purposes but rather to inform the public and promote accountability.

Expedited Processing: In light of the program's impact on a vulnerable population, I also reiterate my request for expedited processing under 5 U.S.C. § 552(a)(6)(E). This program's significance to public welfare warrants prioritized handling, as delays impede timely public oversight.

5. Oversight Agencies Notified for Compliance Assurance

For oversight and to ensure compliance with FOIA and accommodation requirements, I have notified the following agencies:

Connecticut Freedom of Information Commission (FOIC)

(18-20 Trinity Street, Hartford, CT 06106 | Phone: (860) 566-5682)

U.S. Department of Health and Human Services (HHS) Office for Civil Rights (OCR)

(200 Independence Avenue, S.W., Washington, D.C. 20201 | Phone: (800) 368-1019)

Office of Inspector General (OIG) for HHS

(Wilbur J. Cohen Building, 330 Independence Ave., SW, Washington, D.C. 20201 | Phone: (800) 447-8477)

Connecticut Attorney General's Office, Medicaid Fraud Control Unit

(165 Capitol Avenue, Hartford, CT 06106 | Phone: (860) 808-5318)

6. Conclusion and Request for Prompt Action

To fulfill Connecticut and federal FOIA mandates and the ADA/Rehabilitation Act accommodations required, I respectfully ask DSS and CMS to:

Confirm the comprehensive scope of records included in the response to each category outlined above. Provide all requested records electronically and in full by email within the statutory timelines outlined for state and federal agencies.

Disclose any anticipated delays promptly and provide a cost estimate in advance only if the fee waiver request is denied.

Please direct all responses and any necessary communications exclusively via email at AabiWR@live.com. If any clarification is required to ensure the completeness of this request, I am readily available to facilitate prompt compliance.

Thank you for your cooperation and attention to this matter.

Sincerely,

David Medeiros

Founder & Owner, ABI Resources

39 Kings HWY STE C

Gales Ferry, Connecticut, 06335

AabiWR@live.com

Reaffirmation of Statutory Obligations for FOIA Request Fulfillment — Medicaid Records for NPI 1962278119 and NPI 1023012345

To: Kelly Bartomioli, Paralegal Specialist, Privacy Officer & FOIA Officer
Department of Social Services
Email: FOIA.DSS@ct.gov

Date: November 7, 2024

Dear Ms. Bartomioli,

Thank you for your acknowledgment dated November 4, 2024, confirming receipt of my Freedom of Information Act (FOIA) request for records relating to Medicaid services associated with NPI 1962278119 and NPI 1023012345.

This request, submitted in accordance with the Connecticut FOIA (Conn. Gen. Stat. § 1-200 et seq.) and federal FOIA (5 U.S.C. § 552), seeks critical public records to promote transparency and oversight of Medicaid-related practices impacting Connecticut's ABI Waiver Program. Given the significant public interest and urgent nature of these records, I respectfully request the Department's full adherence to its statutory obligations in processing this FOIA request.

1. Confirmation of Fee Waiver Eligibility

As indicated in my initial request, I seek a waiver of fees for this FOIA request under Conn. Gen. Stat. § 1-212(d). This statute encourages fee waivers for requests serving the public interest without commercial benefit. The requested records, which address the oversight of public Medicaid funds, provider practices, and regulatory compliance, will be made publicly available and used solely to inform the public.

Please confirm DSS's intent to waive fees for this request. Should fees nonetheless apply, I request an advance, itemized estimate per Conn. Gen. Stat. § 1-212(a) before any action to compile records, ensuring transparency regarding potential costs.

2. Request for Expedited Processing

This FOIA request was submitted with a request for expedited processing due to the immediate relevance of these records to vulnerable Medicaid beneficiaries, as supported by Conn. Gen. Stat. § 1-210(a) and 5 U.S.C. § 552(a)(6)(E). Federal and Connecticut FOIA statutes underscore that records with substantial public interest, especially those affecting individuals' autonomy, financial welfare, and legal protections, require prompt access. I request DSS's written confirmation of expedited processing or, if denied, a detailed explanation of the legal basis for that decision.

3. Required Accommodations for Accessibility and Transparency

To ensure full accessibility, I emphasize the importance of the following accommodations, which were detailed in the original request and are necessary to facilitate the complete and efficient processing of this FOIA request:

Exclusive Electronic Correspondence: Please communicate solely via email to AabiWR@live.com, including all response text within the body of the email and attaching any relevant documents. This accommodation ensures immediate and unrestricted access to communications.

Full Document Access with Limited Redactions: I request full, unredacted access to all responsive records, with redactions limited to those required by law. Each redaction must be supported by a specific statutory citation, per Conn. Gen. Stat. § 1-210(b).

Detailed Explanations for Any Denials: Should any records be denied, I expect a comprehensive justification for each withheld item, with citations to all applicable statutory exemptions, to comply with Conn. Gen. Stat. § 1-210(b).

Summaries for Complex Documentation: For records involving technical, legal, or financial terminology, please provide plain-language summaries or contextual explanations to ensure full comprehension.

Identification of FOIA Officer: For transparency and accountability, please provide the name, title, and

contact information of the FOIA officer assigned to manage this request.

4. Clarification of Response Timeline

In accordance with Conn. Gen. Stat. § 1-210(a), Connecticut FOIA law mandates that public records be made available "promptly." Given the public welfare implications tied to these records, I respectfully request a clear timeline for the anticipated response to this FOIA request, including a preliminary estimate for completion.

Confirmation of Compliance

Please confirm receipt of this communication and provide written acknowledgment of the accommodations and processing requests outlined above. Additionally, I request confirmation that each accommodation, including fee waiver eligibility and expedited processing, will be fully applied in alignment with Connecticut FOIA requirements.

Thank you for your attention to these matters, and I appreciate DSS's commitment to transparency in processing this request.

Respectfully,

David Medeiros
ABI Resources
215 Mountain Street
Willimantic, CT 06226
Email: AabiWR@live.com

CCCI - Steering clients

A.B.I. RESOURCES L.L.C. 860 942-0365 <aabiwr@live.com>

Wed 4/14/2021 12:31 PM

To: Amy Dumont <amy.dumont@ct.gov>

Cc: CHRISTINE G (ABI SUPPORT SUPERVISOR) <CHRISTINE.G@ctbraininjury.com>; ABI RESOURCES LLC www.CTbrainINJURY.com <aabiwr@live.com>; legal@ctbraininjury.com <legal@ctbraininjury.com>

Hello Amy,

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

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

All the best,
David Medeiros CBIS



A.B.I. RESOURCES

[WEBSITE](#) | [FACEBOOK](#) | [\(Meet Abi the Elephant\)](#)

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

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08.07.2024

Included within this document:

Comprehensive Grievance Report and Request for Clarity. Addressing Issues within the Connecticut Medicaid Acquired Brain Injury (ABI) Waiver Program.

Whistleblower Report Prepared by: David Medeiros and ABI Resources LLC

Date: November 21, 2023

ABI Resources LLC 39 Kings Hwy STE C

Gales Ferry, CT. 06226 860 942-0365

The proposed amendments to the Medicaid ABI waivers are deeply troubling and appear to be motivated by a desire to increase profits for care management agencies at the expense of essential services for individuals with acquired brain injuries. These changes prioritize agency-level licensure over the specialized qualifications of individual case managers, which risks diluting the quality of care that vulnerable individuals depend on. Misrepresenting existing certification requirements as new improvements is misleading and undermines trust.

It is evident that the focus has shifted from providing person-centered care to meeting the administrative convenience and profit motives of agencies. This shift compromises the personalized, high-quality care necessary for the rehabilitation and support of ABI and TBI survivors. Allegations of corruption and lack of transparency within the Department of Social Services further erode confidence in the proposed amendments.

The Connecticut Department of Social Services' (DSS) history with the Freedom of Information Act (FOIA) reveals a troubling pattern of not producing public records directly related to the Medicaid Acquired Brain Injury (ABI) Waiver program. This lack of transparency prevents individuals and families from making informed decisions due to the absence of crucial facts and data. The failure to provide FOIA documents is a significant concern that indicates deeper systemic issues, which the federal government must urgently address.

There is an urgent need for an independent investigation into these amendments to ensure they are not being made in bad faith. It is crucial to maintain rigorous certification processes and ensure that any changes are genuinely aimed at improving care, rather than simply codifying existing practices without substantive improvements.

Public involvement and accountability are essential. Stakeholders, including survivors, families, and advocacy groups, must be actively involved in shaping these policies to ensure that their needs and rights are prioritized. The proposed amendments are not just administrative changes; they have profound implications for the quality of care and support that individuals with acquired brain injuries receive. True reform requires a steadfast commitment to person-centered care, transparency, and the highest standards of ethical practice.

As the founder of ABI Resources and someone living with a traumatic brain injury (TBI) and stroke, I am deeply concerned about the Connecticut Department of Social Services' (DSS) recent Notice of Intent to Amend and Renew the Acquired Brain Injury II (ABI II) waiver and amend the Acquired Brain Injury (ABI I) waiver. These proposed changes significantly impact the lives of TBI and ABI

survivors, and it is crucial that any amendments prioritize person-centered programs over agency-centered goals to ensure the rights and well-being of survivors are fully protected.

Critical Concerns and Assertions

1. Alleged Corruption and Transparency Issues

- **Background:** There are serious allegations of corruption within the Connecticut DSS, with claims that the department has allowed systemic issues to persist and is now attempting to obscure its actions through these amendments.
- **Implication:** These allegations, if true, undermine the trust and integrity of the proposed changes. It is essential for an independent investigation to be conducted to address these claims transparently and ensure that any amendments are made in good faith.

2. Misrepresentation of Certification Requirements

- **Claim:** The DSS states that certification as Brain Injury Specialists is a new requirement. However, advocates and survivors assert that this requirement is already in place.
- **Implication:** Misrepresenting existing requirements as new improvements is misleading and raises concerns about the DSS's

commitment to genuine reform. Accurate communication is crucial to build trust and ensure accountability.

3. **Person-Centered vs. Agency-Centered Goals**

- **Current Focus:** The proposed amendments appear to shift the focus from individual case managers' qualifications to agency-level licensure.
- **Critical View:** This shift risks prioritizing agency convenience over the personalized, high-quality care that TBI and ABI survivors need. Person-centered care must remain at the forefront, with stringent requirements for individual case managers' expertise and direct accountability.

Detailed Analysis of Key Changes

1. **Educational and Licensure Requirements**

- **Current Requirements:** Individual case managers are required to hold advanced degrees and specific licensures.
- **Proposed Changes:** Shifting licensure to the agency level while maintaining a general requirement for a Master's degree.
- **Critical Implications:** This change may dilute the specialized expertise of case managers, potentially compromising the quality of

care. Individual licensure ensures accountability and guarantees that each case manager possesses the necessary skills and qualifications.

2. Certification as Brain Injury Specialists

- **Proposed Requirement:** Case managers must be certified Brain Injury Specialists or be eligible to apply based on verifiable experience.
- **Critical View:** While certification is crucial, the claim that this is a new requirement is disputed. Ensuring that this certification process is rigorous and transparent is vital, but it must be genuinely enforced and not just a nominal requirement.

3. Service Definitions and Experience Requirements

- **Current Practice:** Agencies must already meet a 1-year experience requirement to provide certain services.
- **Proposed Changes:** Updating service definitions to reflect this requirement.
- **Critical Implications:** This amendment appears to be a mere codification of existing practices rather than a substantive improvement. True reform requires addressing systemic issues and ensuring that all service providers are held to the highest standards.

Response from Disability and Civil Rights Advocates

- **Demand for Transparency:** Advocates demand full transparency regarding the alleged corruption within the DSS. An independent review is essential to restore trust and ensure that reforms are implemented with integrity.
- **Focus on Person-Centered Care:** Ensuring that the needs and rights of TBI and ABI survivors are prioritized over administrative convenience is non-negotiable. Individual case managers must possess the requisite expertise and be directly accountable for their performance.
- **Genuine and Rigorous Certification:** The Brain Injury Specialist certification must be more than a formality. It should involve a thorough vetting process and ongoing professional development to maintain high standards of care.
- **Public Involvement and Accountability:** Engaging with survivors, their families, and advocacy groups is critical. The DSS must actively involve these stakeholders in the decision-making process and be transparent about how their feedback influences final decisions.

The proposed amendments to the ABI I and ABI II waivers by the Connecticut DSS are fraught with concerns from the perspective of TBI and ABI survivors. Allegations of corruption, misrepresentation of requirements, and a shift towards agency-centered goals must be addressed with utmost urgency and transparency. True reform requires a steadfast commitment to person-centered care, rigorous

certification processes, and the active involvement of the community in shaping policies that affect their lives. Only through such measures can the DSS genuinely improve the quality of care for TBI and ABI survivors and rebuild trust with the community it serves.

Sincerely,

David Medeiros

David Medeiros
Founder, ABI Resources
TBI and Stroke Survivor



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Date: 11/24/2023

Complaint and Urgent Request for Federal Intervention in Addressing Systemic Rights Violations in Connecticut.

To: All Relevant Federal Authorities and Departments, United States of America.

Subject: Urgent Call for Federal Action Against Systemic Rights Violations in Connecticut.

Dear Esteemed Officials,

I am writing to you as the founder and leader of ABI Resources, a Connecticut-based company dedicated to assisting individuals with disabilities under the Federally Funded Medicaid ABI Waiver Program. This letter serves as both an expression of grave concern and an urgent request for immediate federal intervention regarding ongoing systemic rights violations within the state of Connecticut.

These violations, perpetrated by state authorities and overlooked by federal entities, are infringing upon not only my rights as a disabled business owner but also those of the community we ardently serve.



Our efforts to address these challenges have been consistently impeded by the inherent complexity, exorbitant costs, and prolonged timeframes required to navigate the existing systems. A conspicuous lack of federal oversight in Connecticut's allocation and use of federal funds has facilitated the perpetuation of these infringements without repercussion.

Enclosed, you will find a comprehensive report delineating the specifics of these violations, our concerted efforts to bring them to light, and the lackluster response from federal agencies thus far. This situation flagrantly contradicts the foundational principles of justice and equity and stands in stark opposition to the laws enacted to protect the rights of disabled individuals.

I implore you to conduct a thorough examination of this report and to undertake prompt and decisive action. The exigency for more accessible advocacy for individuals with disabilities, and the imperative for direct federal intervention in the oversight of Connecticut's management of federal funds, cannot be overstated. The rights and welfare of numerous individuals hinge on your immediate and effective response.

This matter transcends mere mismanagement of federal funds by a state; it epitomizes a more profound failure within our federal system to protect its most vulnerable citizens. As a disabled entrepreneur, I have encountered numerous barriers which have been exacerbated, rather than mitigated, by the very systems designed for support.

The evidence presented in the report reveals a pervasive pattern of neglect, indicative of a systemic issue that demands your immediate and undivided attention.

The very foundations of our society – justice, equity, and equitable treatment under the law – are at risk. I urge you not only to consider the contents of this report but to act with the urgency and seriousness it rightfully commands.

The future of ABI Resources, the individuals we support, and the commitment of our federal system to its disabled citizens rest in your capable hands. I have confidence in your willingness to redress these injustices and to prevent such oversights from recurring.

While the immediate issues originate from actions taken by the Connecticut government, the overarching failure at the federal level has allowed these challenges to proliferate. The systemic issues we are currently grappling with are a direct consequence of inadequate federal oversight and a lack of accountability in ensuring state compliance with federal standards.

Therefore, the responsibility for our current situation rests not solely with Connecticut but is fundamentally a federal issue. It is a failure on the part of the United States to effectively monitor, regulate, and intervene when necessary, leading to the violation of our rights and the undermining of our operations.

This situation demands more than mere acknowledgment; it necessitates immediate and decisive federal action. The well-being of countless individuals with disabilities, reliant on services such as those provided by ABI Resources, is in jeopardy.

In this urgent appeal, I highlight issues of paramount public interest, reflecting a troubling lack of transparency and accountability within Connecticut's administration of the Medicaid ABI Waiver Program. The enclosed report

elucidates potential civil rights violations and instances of government overreach, profoundly affecting the disabled community we serve. These concerns are not just administrative discrepancies but suggest deeper systemic misconduct.

Our extensive documentation raises serious questions about potential corruption, ethical violations, and financial mismanagement within state-run programs. These issues, if left unaddressed, could signify a blatant disregard for legal standards and the well-being of our society's most vulnerable members. As a whistleblower exposing these malpractices, I anticipate that this letter will resonate with your commitment to justice and equity.

Moreover, the lack of decisive action in face of these allegations may set a troubling legal precedent, undermining the very foundation of judicial review and democratic oversight. This situation warrants immediate scrutiny, as it involves not only potential discrimination and inequality against individuals with disabilities but also raises significant public safety risks. The failure to ensure the proper use of federal funds and to protect the rights of disabled citizens highlights a concerning trend of privacy infringements and personal rights violations.

As someone at the forefront of addressing these challenges, I have witnessed firsthand the detrimental effects of such systemic issues on our clients and their families. It's not merely a matter of policy failure; it's a matter of failing those who rely on us for support and protection. The responsibility to rectify these issues lies not only with the state of Connecticut but also at the federal level, where a more robust oversight mechanism is urgently needed.

In conclusion, the situation we are confronting is not an isolated incident but a manifestation of national concern. It demands more than passive acknowledgment; it requires proactive and decisive federal intervention. The

well-being of countless individuals, dependent on the integrity and efficacy of our federal and state systems, hangs in the balance.

I beseech you to acknowledge the gravity of this situation and the federal government's role in its development. It is imperative that the United States assume responsibility for these systemic failures and implement tangible solutions.

I thank you for your consideration of this critical matter and await your prompt response. I am prepared to provide any additional information or assistance as required.

Best regards,
David Medeiros
David Medeiros
ABI Resources, CEO, Director, Team Member



Comprehensive Grievance Report and Request for Clarity.

**Addressing Issues within the Connecticut Medicaid
Acquired Brain Injury (ABI) Waiver Program.**



Whistleblower Report Prepared by:

David Medeiros and ABI Resources LLC

Date: November 21, 2023

**ABI Resources LLC
39 Kings Hwy STE C
Gales Ferry, CT. 06226
860 942-0365**

Introduction

Title: Comprehensive Grievance Report and Request for Clarity / Whistleblower Report, ABI Resources LLC

Date: November 21, 2023

Prepared by: David Medeiros and ABI Resources LLC

Overview of ABI Resources LLC:

ABI Resources LLC, a dedicated service provider within the Connecticut Medicaid Acquired Brain Injury (ABI) Waiver Program, is committed to delivering exceptional care to individuals with acquired brain injuries. Our mission is to ensure effective rehabilitation and community reintegration for our clients through specialized programs.

Purpose of the Document:

This report is a formal consolidation of grievances faced by ABI Resources LLC within the Connecticut Medicaid ABI Waiver Program. It aims to address these concerns with the relevant authorities, advocating for change and improvement.

Summary of Grievances

1. **Discriminatory Business Practices**: ABI Resources LLC has faced inequities in Medicaid referrals, experiencing marginalization and an unfair distribution of referrals.
2. **Service and Intervention Plans**: Concerns about non-receipt of essential service and intervention plans, impacting operational and financial integrity.
3. **Concealment of Public Information**: The Medicaid ABI Waiver Program Directory of Providers has been concealed, affecting the ability of individuals to make informed decisions and impacting ABI Resources.
4. **Unauthorized Care Management Services**: Issues regarding unauthorized provision of care management consultation services in ABI Waiver Program 1.
5. **Unethical Practices and Possible Kickback Schemes**: Concerns about conflicts of interest and unethical practices, including potential kickback arrangements.
6. **Rental Agreements in Medicaid ABI Waiver Program**: Issues regarding rental agreements that restrict consumer choice and freedom, creating a monopolistic environment.

Detailed Grievances and Concerns

Grievance 1: Discriminatory Unfair Business Practices

- Page 7
- **Overview:** ABI Resources LLC has faced significant challenges due to inequitable Medicaid referral processes. Specific instances include a noticeable decrease in referrals compared to other providers, suggesting a biased distribution that disadvantages our clients and organization.
- **Proposed Solutions:** We advocate for a transparent, equitable referral system, periodic audits of referral practices, and a review of policies to ensure fair treatment of all service providers in the ABI Waiver Program.

Grievance 2: Service and Intervention Plans

- **Overview:** There have been instances where ABI Resources LLC did not receive essential service and intervention plans on time. This lack of timely information compromises our ability to provide effective care and maintain financial integrity.
- **Proposed Solutions:** Implementation of a streamlined, reliable process for the timely delivery of service and intervention plans, and clear communication channels between providers and program administrators.

Grievance 3: Concealment of Public Information

- **Overview:** The Medicaid ABI Waiver Program Directory of Providers has not been made adequately available, limiting the ability of individuals to make informed choices and affecting our visibility in the program.

- **Proposed Solutions:** Ensure the directory is publicly accessible, regularly updated, and transparent, allowing clients to make informed choices about their care providers.

Grievance 4: Unauthorized Care Management Services

- **Overview:** Concerns about unauthorized provision of care management consultation services in ABI Waiver Program 1, which may contravene established protocols.
- **Proposed Solutions:** Investigate and rectify instances of unauthorized services, and reinforce compliance with program guidelines and standards.

Grievance 5: Unethical Practices and Possible Kickback Schemes

- **Overview:** Alarming indications of conflicts of interest and unethical practices within the program, including potential kickback arrangements, have been observed.
- **Proposed Solutions:** Conduct a thorough investigation into these practices, establish stricter oversight mechanisms, and enforce ethical standards across the program.

Grievance 6: Rental Agreements in Medicaid ABI Waiver Program

- **Overview:** The current structure of rental agreements within the program restricts consumer choice and freedom, creating a monopolistic environment detrimental to clients and providers.
- **Proposed Solutions:** Review and revise rental agreement policies to promote fair competition and consumer choice, ensuring transparency and ethical practice in housing arrangements.

Call to Action and Recommendations

Immediate Actions Required

1. **Review of Referral Processes:** An immediate audit and review of the referral processes within the Connecticut Medicaid ABI Waiver Program to ensure fairness and transparency.
2. **Timely Delivery of Service Plans:** Establish protocols to guarantee the timely delivery of service and intervention plans to all providers.
3. **Accessibility of Provider Directory:** Immediate action to make the ABI Waiver Program's Provider Directory fully accessible and transparent to clients and providers.

Long-term Systemic Recommendations

1. **Policy Overhaul:** A comprehensive review and overhaul of policies governing referral processes, service plan distributions, and care management services.
2. **Enhanced Oversight and Accountability:** Implementing stricter oversight mechanisms and accountability measures to prevent unethical practices and potential conflicts of interest.
3. **Consumer Choice in Rental Agreements:** Reforming rental agreement policies to promote fair competition, consumer choice, and transparency within the program.

These actions and reforms are vital for maintaining the integrity of the Connecticut Medicaid ABI Waiver Program and ensuring equitable treatment and high-quality care for all clients.

Conclusion

This report, prepared by David Medeiros and ABI Resources LLC, comprehensively outlines several critical grievances faced within the Connecticut Medicaid ABI Waiver Program. These issues, ranging from discriminatory business practices to the concealment of public information, unauthorized services, and potential unethical practices, significantly impact the quality of care provided to individuals with acquired brain injuries and the operational integrity of service providers like ABI Resources LLC.

The call for action is clear and urgent. Immediate steps, as outlined in this report, are necessary to address these grievances, followed by a commitment to long-term systemic improvements. Only through transparent, fair, and ethical practices can the program truly fulfill its mission of supporting and rehabilitating individuals with acquired brain injuries.

We urge the responsible authorities to consider these grievances seriously and take prompt, effective action. The wellbeing of many individuals and the effectiveness of the ABI Waiver Program depend on these crucial improvements.

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10/31/2023

Subject: Formal Grievance Concerning Discriminatory Unfair Business Practices within the Connecticut Medicaid ABI Waiver Program

To: All pertinent departments within the state of Connecticut,

I trust this correspondence reaches you in excellent health and high spirits. My name is David Medeiros, and I am addressing you in my capacity as a concerned business owner, resident, and individual with a disability residing in the state of Connecticut. I have the honor of leading ABI Resources, a distinguished service provider within the Connecticut Medicaid Acquired Brain Injury (ABI) Waiver Program.

I find myself compelled to highlight and formally complain about a series of blatant and persistent inequities pertaining to discriminatory business practices occurring under the aegis of the aforementioned program. Despite my multiple, concerted efforts to engage in constructive dialogue with the Connecticut Department of Social Services, addressing these grave concerns has been met with a disconcerting lack of engagement and rectification. This situation has had a deleterious impact not only on the operations of ABI Resources but also on the well-being and quality of service accessible to the disabled individuals we are committed to serving.



Key Concerns and Grievances:

a) **Medicaid Referrals:**

b) **Paying Consumers / Financial Incentives Inducements / Medicaid Service Agency**

a) **Medicaid Referrals:**

There is a prevailing lack of transparency and an apparent bias in the Medicaid referral processes within the ABI Waiver Program. ABI Resources, despite an unwavering commitment to excellence in service delivery, has been unfairly marginalized, resulting in an unequal and unjust distribution of referrals.

Addressing issues of transparency, bias, and unfair marginalization in Medicaid referrals, particularly within the Acquired Brain Injury (ABI) Waiver Program, is crucial to ensuring equitable access to quality healthcare services for all eligible individuals. ABI Resources and similar service providers play a vital role in supporting individuals with acquired brain injuries, and it is essential that they are treated fairly in the referral process to continue their commitment to excellence in service delivery.

Potential Steps to Address the Issue:

Increase Transparency:

Implement a transparent referral process where criteria for referrals are clearly defined and made publicly available.

Establish a monitoring system to track and publish referral data, including the number of referrals made to each service provider and the reasons for referral decisions.

Conduct an Independent Audit:

Hire an independent entity to conduct a thorough review of the Medicaid referral processes within the ABI Waiver Program to identify any biases or unfair practices.

The audit should also evaluate the performance and quality of services provided by ABI Resources and other service providers to ensure that referrals are based on merit and the ability to meet the needs of individuals with acquired brain injuries.

Implement a Fair and Equitable Referral System:

Develop a standardized and objective referral system that ensures all service providers are evaluated based on the same criteria.

Consider incorporating a randomized component to the referral process to prevent bias and ensure a fair distribution of referrals.

Engage Stakeholders:

Create a platform for open dialogue between Medicaid officials, service providers, individuals with acquired brain injuries, and their families to discuss concerns related to the referral process.

Use feedback from stakeholders to continuously improve the referral system and address any emerging issues.

Provide Training and Education:

Offer training to Medicaid officials and other stakeholders involved in the referral process to raise awareness about potential biases and the importance of a fair and equitable system.

Educate service providers about the referral process, criteria for referrals, and steps they can take if they believe they have been treated unfairly.

Establish a Complaint and Appeal Process:

Create a clear and accessible complaint and appeal process for service providers who believe they have been unfairly marginalized in the referral process.

Ensure that complaints are thoroughly investigated and that corrective action is taken when warranted.

Promote Accountability:

Hold Medicaid officials and other stakeholders accountable for ensuring a fair and transparent referral process.

Implement consequences for individuals or entities found to be engaging in biased or unfair practices.

Regularly Review and Update Policies:

Conduct regular reviews of referral policies and procedures to ensure they remain up-to-date, fair, and transparent.

Update policies as needed to address any identified issues and to adapt to changing needs and circumstances.

Addressing the issues of transparency, bias, and unfair marginalization in Medicaid referrals within the ABI Waiver Program is essential to ensuring that all eligible individuals have equal access to high-quality services. It is imperative that service providers like ABI Resources are treated fairly and equitably in the referral process to uphold the integrity of the healthcare system and to foster trust among all stakeholders. Implementing the above steps could contribute significantly to creating a more transparent, fair, and equitable referral system, ultimately benefiting individuals with acquired brain injuries and the service providers dedicated to supporting them.

b) Paying Consumers / Financial Incentives Inducements / Medicaid Service Agency

Provider: A Medicaid service agency provider is offering financial incentives to consumers, leading to an imbalance in the competitive landscape. This kind of practice can indeed raise serious ethical, legal, and fairness concerns.

Ethical Concerns:

Conflicts of Interest: Financial incentives could create a conflict of interest, where the provider's financial gain takes precedence over the best interests of the consumer.

Bias and Unfairness: It could lead to bias in referrals, favoring certain providers over others irrespective of the quality of services they offer.

Erosion of Trust: Such practices can erode trust in the Medicaid system and healthcare providers, as consumers may question the motives behind the services they are being referred to.

Legal Concerns:

Violation of Anti-Kickback Statutes: Providing inducements to influence the referral of services covered by Medicaid can violate anti-kickback statutes, potentially leading to legal actions and penalties.

False Claims Act Violations: If such inducements lead to fraudulent billing or claims, it could result in violations of the False Claims Act.

Non-Compliance with Medicaid Regulations: Medicaid has strict guidelines and regulations to ensure fairness and prevent fraud, and engaging in such practices can result in non-compliance and potential debarment from the program.

Lack of Responsiveness to Complaints and Reports: Our persistent complaints and reports, meticulously documenting these issues, have been met with apathy. There is an alarming deficit in the investigation, redressal, and accountability mechanisms within the system.

Adverse Impacts on ABI Resources:

Financial Duress: The discriminatory practices and referral shortages have placed ABI Resources under significant financial duress, compromising our ability to maintain operational viability and deliver superior services to our clients.

Reputational Harm: The state's nonintervention and perceived partiality have led to an erosion of our reputation. This has resulted in ABI Resources being unjustly perceived as a less favorable service provider, regardless of our commitment to quality and excellence.

Demoralization of Workforce: The protracted nature of these issues has led to a pervasive sense of demoralization among our staff and stakeholders, adversely impacting the morale and efficacy of our organizational operations.

Addressing the Issue:

Regulatory Oversight: There should be strict oversight and monitoring by regulatory bodies to ensure that all Medicaid service agency providers are complying with laws and regulations.

Transparency: Increasing transparency in the referral process can help in ensuring that referrals are made based on the quality of services rather than financial incentives.

Whistleblower Protections: Encouraging whistleblowing and providing protections for whistleblowers can help in uncovering and addressing such unethical practices.

Penalties and Sanctions: Implementing strict penalties and sanctions for those found guilty of engaging in such practices can act as a deterrent.

Public Awareness: Educating consumers about the potential for such conflicts of interest and providing them with information on how to report suspicious activities can empower them to make informed decisions.

Addressing this issue is crucial for maintaining the integrity of the Medicaid program, ensuring that consumers receive the best possible care, and fostering a competitive and fair marketplace for healthcare services.

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.

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



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11/13/2023

Subject: Formal Grievance Complaint Concerning Connecticut Medicaid ABI Waiver Program Service and Intervention Plans.

To: All pertinent departments within the state of Connecticut,

I am writing on behalf of ABI Resources, a dedicated provider of essential services to individuals with acquired brain injuries (ABI). This letter serves to formally raise a grievance and file a complaint concerning the serious issue of not receiving Medicaid Acquired Brain Injury (ABI) Waiver Program service and intervention plans from consumer-assigned care management consultants. This situation has gravely impacted the operational and financial integrity of ABI Resources.

As per the stipulations of the ABI Waiver Program, a "Service Plan" is an essential document that outlines the necessary medical and community-based services enabling individuals to live outside institutional settings. The provision of individualized service plans include measurable goals, objectives, and documentation of total service costs.

Additionally, "Intervention Plans," developed by cognitive behaviorists, are crucial in identifying and managing treatment goals and interventions for our



clients. However, despite our repeated efforts and adherence to the required protocols, we have not received these vital documents from care management. The lack of these plans has led to significant operational and financial difficulties for ABI Resources.

Sec. 17b-260a-6. Person-centered planning process (a) The service plan shall be developed based on a person-centered planning model, as described in 42 CFR 441.301(c), as amended from time to time. The individual shall lead the planning process where possible, and in accordance with section 17b-260a-11(a) of the Regulations of Connecticut State Agencies.

6) Prohibit providers of waiver services for the individual, or those who have an interest in or are employed by a provider of waiver services for the individual, from providing care management or participating in the development of the person-centered service plan;

Key Concerns and Grievances:

Non-Receipt of Essential Documents: Despite adherence to protocol, ABI Resources has not received the mandated individualized service and intervention plans, which include measurable goals and objectives for the consumers we serve. Furthermore, the necessary intervention plans developed by cognitive behaviorists, which outline treatment goals and interventions, have also not been provided by care management.

Concerns: Impact on Daily Support Staff and Program Consumers

In addition to the aforementioned issues, the absence of these critical Medicaid ABI Waiver Program plans has significantly affected our daily support staff and, consequently, the consumers of the program.

Impact on Daily Support Staff:

Lack of Clear Direction: Without structured plans, staff members struggle to provide focused and effective services, as they lack clear guidelines and objectives.

Increased Workload and Stress: The ambiguity surrounding treatment goals and methods has led to an increased workload and heightened stress levels among staff, impacting their well-being and job satisfaction.

Professional Inefficiency: Staff are unable to utilize their skills and training effectively, leading to professional dissatisfaction.

Difficulty in Tracking Progress: The absence of measurable goals makes it challenging for staff to track and report on client progress accurately.

Risk of Non-Compliance: Without proper guidelines, there is an increased risk of non-compliance with regulatory standards, potentially leading to legal and ethical issues.

Reduced Team Morale: The overall uncertainty and increased challenges have adversely affected team morale and cohesion.

Impact on Consumers of the Program:

Inconsistent Service Quality: Consumers face variability in the quality of care received, as staff members lack consistent plans to guide their services.

Slowed Progress: The absence of structured goals and interventions can slow down or hinder the progress and rehabilitation of consumers.

Reduced Confidence in Services: Consumers and their families may lose confidence in the quality and effectiveness of the services provided.

Increased Vulnerability: Consumers, particularly those with severe conditions, become more vulnerable due to the lack of tailored, goal-oriented care.

Potential for Unmet Needs: Without specific plans, some needs of consumers may remain unidentified and unaddressed, leading to gaps in care.

Emotional and Psychological Impact: The inconsistency and uncertainty in care can have adverse emotional and psychological effects on consumers.

These challenges not only make the daily responsibilities of our care providers more arduous but also critically undermine the quality of care and support we can offer to our consumers. It is imperative that these issues be addressed immediately to ensure the well-being of both our staff and the consumers who rely on our services.

Adverse Impacts on ABI Resources:

The cumulative effect of these issues has placed ABI Resources in a precarious financial and operational position.

Financial Losses: The absence of these critical documents has led to substantial financial losses, severely hampering our ability to function effectively.

Staffing Challenges: The lack of structured plans has created many challenges for our service providers and as a result, we have faced significant staffing issues, including layoffs and the challenges to maintain essential personnel.

Client Impact: Our capacity to offer consistent and high-quality services has been compromised, leading to a loss of clients and a tarnishing of our reputation.

Administrative Burden: The lack of structured plans has resulted in an increased administrative load, as we strive to manage without proper guidance.

Overall Business Impact: These compounded issues threaten the viability of ABI Resources and our mission to serve those in need.

Potential Steps to Address the Issue:

Immediate Investigation: We request a prompt investigation into this matter.

Provision of Required Plans: We urge for the immediate provision of the required service and intervention plans.

Compensation for Losses: Guidance on how to claim losses incurred due to this oversight and a discussion on potential compensatory measures are necessary.

Support and Guidance: Additional support to help navigate and rectify this situation would be invaluable.

Addressing the Issue:

We have initiated complaints and engaged directly with the Connecticut Department of Social Services. All communications have been thoroughly documented.

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.

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



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11/15/2023

Subject: Formal Grievance and Complaint Regarding the Concealment of Public Information: Medicaid ABI Waiver Program Directory of Providers.

To: All pertinent departments within the state of Connecticut,

I am writing on behalf of ABI Resources to express our formal grievance and file a complaint regarding the handling of the Medicaid Acquired Brain Injury (ABI) Waiver Program by the Connecticut Department of Social Services (DSS).

Specifically, our complaint centers on the apparent concealment of the Medicaid ABI Waiver Program Directory of Providers, a critical public resource.

Key Concerns and Grievances:

- a) Denial of Public Access to Information: The DSS managed Medicaid ABI Waiver Program Directory of Providers is public information, rightfully accessible to all. Its concealment not only violates the principles of transparency and public service but also directly impacts those in dire need of these services.
- b) Inaccessibility to Vulnerable Populations: The absence of accessible information severely restricts the ability of individuals with acquired brain



injuries, their families, and caregivers to make informed decisions regarding care and support. This lack of access is particularly detrimental, given the complex needs of this population.

- c) Increased Risk and Exploitation: Without knowledge of accredited and reputable providers, vulnerable individuals are at a heightened risk of exploitation and subpar services, which can lead to adverse health outcomes.
- d) Unnecessary Strain on Families and Caregivers: Families and caregivers, already burdened with care responsibilities, face additional challenges in finding appropriate services, contributing to increased stress and potential caregiving errors.
- e) Financial and Operational Impact on ABI Resources: As a provider, ABI Resources has suffered considerable financial losses due to decreased client engagement and an increased administrative burden. This situation stems directly from the unavailability of the provider directory, which hinders our ability to efficiently connect with potential clients.
- f) Administrative Burdens and Resource Diversion: The lack of a central, accessible directory has led to an excessive administrative load, diverting critical resources from our core mission of providing care.

Proposed Solutions and Steps to Address the Issue:

- 1) Immediate Disclosure and Accessibility: We request the immediate release of the Medicaid ABI Waiver Program Directory of Providers, ensuring it

is readily accessible to all stakeholders, particularly the public and vulnerable populations.

- 2) Commitment to Transparency: The DSS should commit to ongoing transparency in all aspects of the ABI Waiver Program, including regular updates and easy access to all program-related information.
- 3) Constructive Dialogue and Rectification: ABI Resources seeks to engage in a constructive dialogue with the DSS to discuss the implications of this concealment and explore potential avenues for rectifying the financial and operational impacts.

Addressing the Issue:

We have initiated complaints and engaged directly with the Connecticut Department of Social Services. All communications have been thoroughly documented.

Potential Steps to Address the Issue:

Immediate Investigation: We request a prompt investigation into this matter.

Provision of Required Plans: We urge for the immediate provision of the required service and intervention plans.

Compensation for Losses: Guidance on how to claim losses incurred due to this oversight and a discussion on potential compensatory measures are necessary.

Support and Guidance: Additional support to help navigate and rectify this situation would be invaluable.

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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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.

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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
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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,
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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:

Connecticut Department of Social Services

Connecticut Attorney General's Office

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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,
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ABI Resources, CEO, Director, Team Member



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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:

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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,
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08.07.2024

Included within this document:

Comprehensive Grievance Report and Request for Clarity. Addressing Issues within the Connecticut Medicaid Acquired Brain Injury (ABI) Waiver Program.

Whistleblower Report Prepared by: David Medeiros and ABI Resources LLC

Date: November 21, 2023

ABI Resources LLC 39 Kings Hwy STE C

Gales Ferry, CT. 06226 860 942-0365

The proposed amendments to the Medicaid ABI waivers are deeply troubling and appear to be motivated by a desire to increase profits for care management agencies at the expense of essential services for individuals with acquired brain injuries. These changes prioritize agency-level licensure over the specialized qualifications of individual case managers, which risks diluting the quality of care that vulnerable individuals depend on. Misrepresenting existing certification requirements as new improvements is misleading and undermines trust.

It is evident that the focus has shifted from providing person-centered care to meeting the administrative convenience and profit motives of agencies. This shift compromises the personalized, high-quality care necessary for the rehabilitation and support of ABI and TBI survivors. Allegations of corruption and lack of transparency within the Department of Social Services further erode confidence in the proposed amendments.

The Connecticut Department of Social Services' (DSS) history with the Freedom of Information Act (FOIA) reveals a troubling pattern of not producing public records directly related to the Medicaid Acquired Brain Injury (ABI) Waiver program. This lack of transparency prevents individuals and families from making informed decisions due to the absence of crucial facts and data. The failure to provide FOIA documents is a significant concern that indicates deeper systemic issues, which the federal government must urgently address.

There is an urgent need for an independent investigation into these amendments to ensure they are not being made in bad faith. It is crucial to maintain rigorous certification processes and ensure that any changes are genuinely aimed at improving care, rather than simply codifying existing practices without substantive improvements.

Public involvement and accountability are essential. Stakeholders, including survivors, families, and advocacy groups, must be actively involved in shaping these policies to ensure that their needs and rights are prioritized. The proposed amendments are not just administrative changes; they have profound implications for the quality of care and support that individuals with acquired brain injuries receive. True reform requires a steadfast commitment to person-centered care, transparency, and the highest standards of ethical practice.

As the founder of ABI Resources and someone living with a traumatic brain injury (TBI) and stroke, I am deeply concerned about the Connecticut Department of Social Services' (DSS) recent Notice of Intent to Amend and Renew the Acquired Brain Injury II (ABI II) waiver and amend the Acquired Brain Injury (ABI I) waiver. These proposed changes significantly impact the lives of TBI and ABI

survivors, and it is crucial that any amendments prioritize person-centered programs over agency-centered goals to ensure the rights and well-being of survivors are fully protected.

Critical Concerns and Assertions

1. Alleged Corruption and Transparency Issues

- **Background:** There are serious allegations of corruption within the Connecticut DSS, with claims that the department has allowed systemic issues to persist and is now attempting to obscure its actions through these amendments.
- **Implication:** These allegations, if true, undermine the trust and integrity of the proposed changes. It is essential for an independent investigation to be conducted to address these claims transparently and ensure that any amendments are made in good faith.

2. Misrepresentation of Certification Requirements

- **Claim:** The DSS states that certification as Brain Injury Specialists is a new requirement. However, advocates and survivors assert that this requirement is already in place.
- **Implication:** Misrepresenting existing requirements as new improvements is misleading and raises concerns about the DSS's

commitment to genuine reform. Accurate communication is crucial to build trust and ensure accountability.

3. Person-Centered vs. Agency-Centered Goals

- **Current Focus:** The proposed amendments appear to shift the focus from individual case managers' qualifications to agency-level licensure.
- **Critical View:** This shift risks prioritizing agency convenience over the personalized, high-quality care that TBI and ABI survivors need. Person-centered care must remain at the forefront, with stringent requirements for individual case managers' expertise and direct accountability.

Detailed Analysis of Key Changes

1. Educational and Licensure Requirements

- **Current Requirements:** Individual case managers are required to hold advanced degrees and specific licensures.
- **Proposed Changes:** Shifting licensure to the agency level while maintaining a general requirement for a Master's degree.
- **Critical Implications:** This change may dilute the specialized expertise of case managers, potentially compromising the quality of

care. Individual licensure ensures accountability and guarantees that each case manager possesses the necessary skills and qualifications.

2. Certification as Brain Injury Specialists

- **Proposed Requirement:** Case managers must be certified Brain Injury Specialists or be eligible to apply based on verifiable experience.
- **Critical View:** While certification is crucial, the claim that this is a new requirement is disputed. Ensuring that this certification process is rigorous and transparent is vital, but it must be genuinely enforced and not just a nominal requirement.

3. Service Definitions and Experience Requirements

- **Current Practice:** Agencies must already meet a 1-year experience requirement to provide certain services.
- **Proposed Changes:** Updating service definitions to reflect this requirement.
- **Critical Implications:** This amendment appears to be a mere codification of existing practices rather than a substantive improvement. True reform requires addressing systemic issues and ensuring that all service providers are held to the highest standards.

Response from Disability and Civil Rights Advocates

- **Demand for Transparency:** Advocates demand full transparency regarding the alleged corruption within the DSS. An independent review is essential to restore trust and ensure that reforms are implemented with integrity.
- **Focus on Person-Centered Care:** Ensuring that the needs and rights of TBI and ABI survivors are prioritized over administrative convenience is non-negotiable. Individual case managers must possess the requisite expertise and be directly accountable for their performance.
- **Genuine and Rigorous Certification:** The Brain Injury Specialist certification must be more than a formality. It should involve a thorough vetting process and ongoing professional development to maintain high standards of care.
- **Public Involvement and Accountability:** Engaging with survivors, their families, and advocacy groups is critical. The DSS must actively involve these stakeholders in the decision-making process and be transparent about how their feedback influences final decisions.

The proposed amendments to the ABI I and ABI II waivers by the Connecticut DSS are fraught with concerns from the perspective of TBI and ABI survivors. Allegations of corruption, misrepresentation of requirements, and a shift towards agency-centered goals must be addressed with utmost urgency and transparency. True reform requires a steadfast commitment to person-centered care, rigorous

certification processes, and the active involvement of the community in shaping policies that affect their lives. Only through such measures can the DSS genuinely improve the quality of care for TBI and ABI survivors and rebuild trust with the community it serves.

Sincerely,

David Medeiros

David Medeiros
Founder, ABI Resources
TBI and Stroke Survivor



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Date: 11/24/2023

Complaint and Urgent Request for Federal Intervention in Addressing Systemic Rights Violations in Connecticut.

To: All Relevant Federal Authorities and Departments, United States of America.

Subject: Urgent Call for Federal Action Against Systemic Rights Violations in Connecticut.

Dear Esteemed Officials,

I am writing to you as the founder and leader of ABI Resources, a Connecticut-based company dedicated to assisting individuals with disabilities under the Federally Funded Medicaid ABI Waiver Program. This letter serves as both an expression of grave concern and an urgent request for immediate federal intervention regarding ongoing systemic rights violations within the state of Connecticut.

These violations, perpetrated by state authorities and overlooked by federal entities, are infringing upon not only my rights as a disabled business owner but also those of the community we ardently serve.



Our efforts to address these challenges have been consistently impeded by the inherent complexity, exorbitant costs, and prolonged timeframes required to navigate the existing systems. A conspicuous lack of federal oversight in Connecticut's allocation and use of federal funds has facilitated the perpetuation of these infringements without repercussion.

Enclosed, you will find a comprehensive report delineating the specifics of these violations, our concerted efforts to bring them to light, and the lackluster response from federal agencies thus far. This situation flagrantly contradicts the foundational principles of justice and equity and stands in stark opposition to the laws enacted to protect the rights of disabled individuals.

I implore you to conduct a thorough examination of this report and to undertake prompt and decisive action. The exigency for more accessible advocacy for individuals with disabilities, and the imperative for direct federal intervention in the oversight of Connecticut's management of federal funds, cannot be overstated. The rights and welfare of numerous individuals hinge on your immediate and effective response.

This matter transcends mere mismanagement of federal funds by a state; it epitomizes a more profound failure within our federal system to protect its most vulnerable citizens. As a disabled entrepreneur, I have encountered numerous barriers which have been exacerbated, rather than mitigated, by the very systems designed for support.

The evidence presented in the report reveals a pervasive pattern of neglect, indicative of a systemic issue that demands your immediate and undivided attention.

The very foundations of our society – justice, equity, and equitable treatment under the law – are at risk. I urge you not only to consider the contents of this report but to act with the urgency and seriousness it rightfully commands.

The future of ABI Resources, the individuals we support, and the commitment of our federal system to its disabled citizens rest in your capable hands. I have confidence in your willingness to redress these injustices and to prevent such oversights from recurring.

While the immediate issues originate from actions taken by the Connecticut government, the overarching failure at the federal level has allowed these challenges to proliferate. The systemic issues we are currently grappling with are a direct consequence of inadequate federal oversight and a lack of accountability in ensuring state compliance with federal standards.

Therefore, the responsibility for our current situation rests not solely with Connecticut but is fundamentally a federal issue. It is a failure on the part of the United States to effectively monitor, regulate, and intervene when necessary, leading to the violation of our rights and the undermining of our operations.

This situation demands more than mere acknowledgment; it necessitates immediate and decisive federal action. The well-being of countless individuals with disabilities, reliant on services such as those provided by ABI Resources, is in jeopardy.

In this urgent appeal, I highlight issues of paramount public interest, reflecting a troubling lack of transparency and accountability within Connecticut's administration of the Medicaid ABI Waiver Program. The enclosed report

elucidates potential civil rights violations and instances of government overreach, profoundly affecting the disabled community we serve. These concerns are not just administrative discrepancies but suggest deeper systemic misconduct.

Our extensive documentation raises serious questions about potential corruption, ethical violations, and financial mismanagement within state-run programs. These issues, if left unaddressed, could signify a blatant disregard for legal standards and the well-being of our society's most vulnerable members. As a whistleblower exposing these malpractices, I anticipate that this letter will resonate with your commitment to justice and equity.

Moreover, the lack of decisive action in face of these allegations may set a troubling legal precedent, undermining the very foundation of judicial review and democratic oversight. This situation warrants immediate scrutiny, as it involves not only potential discrimination and inequality against individuals with disabilities but also raises significant public safety risks. The failure to ensure the proper use of federal funds and to protect the rights of disabled citizens highlights a concerning trend of privacy infringements and personal rights violations.

As someone at the forefront of addressing these challenges, I have witnessed firsthand the detrimental effects of such systemic issues on our clients and their families. It's not merely a matter of policy failure; it's a matter of failing those who rely on us for support and protection. The responsibility to rectify these issues lies not only with the state of Connecticut but also at the federal level, where a more robust oversight mechanism is urgently needed.

In conclusion, the situation we are confronting is not an isolated incident but a manifestation of national concern. It demands more than passive acknowledgment; it requires proactive and decisive federal intervention. The

well-being of countless individuals, dependent on the integrity and efficacy of our federal and state systems, hangs in the balance.

I beseech you to acknowledge the gravity of this situation and the federal government's role in its development. It is imperative that the United States assume responsibility for these systemic failures and implement tangible solutions.

I thank you for your consideration of this critical matter and await your prompt response. I am prepared to provide any additional information or assistance as required.

Best regards,
David Medeiros
David Medeiros
ABI Resources, CEO, Director, Team Member



Comprehensive Grievance Report and Request for Clarity.

**Addressing Issues within the Connecticut Medicaid
Acquired Brain Injury (ABI) Waiver Program.**



Whistleblower Report Prepared by:

David Medeiros and ABI Resources LLC

Date: November 21, 2023

**ABI Resources LLC
39 Kings Hwy STE C
Gales Ferry, CT. 06226
860 942-0365**

Introduction

Title: Comprehensive Grievance Report and Request for Clarity / Whistleblower Report, ABI Resources LLC

Date: November 21, 2023

Prepared by: David Medeiros and ABI Resources LLC

Overview of ABI Resources LLC:

ABI Resources LLC, a dedicated service provider within the Connecticut Medicaid Acquired Brain Injury (ABI) Waiver Program, is committed to delivering exceptional care to individuals with acquired brain injuries. Our mission is to ensure effective rehabilitation and community reintegration for our clients through specialized programs.

Purpose of the Document:

This report is a formal consolidation of grievances faced by ABI Resources LLC within the Connecticut Medicaid ABI Waiver Program. It aims to address these concerns with the relevant authorities, advocating for change and improvement.

Summary of Grievances

1. **Discriminatory Business Practices**: ABI Resources LLC has faced inequities in Medicaid referrals, experiencing marginalization and an unfair distribution of referrals.
2. **Service and Intervention Plans**: Concerns about non-receipt of essential service and intervention plans, impacting operational and financial integrity.
3. **Concealment of Public Information**: The Medicaid ABI Waiver Program Directory of Providers has been concealed, affecting the ability of individuals to make informed decisions and impacting ABI Resources.
4. **Unauthorized Care Management Services**: Issues regarding unauthorized provision of care management consultation services in ABI Waiver Program 1.
5. **Unethical Practices and Possible Kickback Schemes**: Concerns about conflicts of interest and unethical practices, including potential kickback arrangements.
6. **Rental Agreements in Medicaid ABI Waiver Program**: Issues regarding rental agreements that restrict consumer choice and freedom, creating a monopolistic environment.

Detailed Grievances and Concerns

Grievance 1: Discriminatory Unfair Business Practices

- Page 7
- **Overview:** ABI Resources LLC has faced significant challenges due to inequitable Medicaid referral processes. Specific instances include a noticeable decrease in referrals compared to other providers, suggesting a biased distribution that disadvantages our clients and organization.
- **Proposed Solutions:** We advocate for a transparent, equitable referral system, periodic audits of referral practices, and a review of policies to ensure fair treatment of all service providers in the ABI Waiver Program.

Grievance 2: Service and Intervention Plans

- **Overview:** There have been instances where ABI Resources LLC did not receive essential service and intervention plans on time. This lack of timely information compromises our ability to provide effective care and maintain financial integrity.
- **Proposed Solutions:** Implementation of a streamlined, reliable process for the timely delivery of service and intervention plans, and clear communication channels between providers and program administrators.

Grievance 3: Concealment of Public Information

- **Overview:** The Medicaid ABI Waiver Program Directory of Providers has not been made adequately available, limiting the ability of individuals to make informed choices and affecting our visibility in the program.

- **Proposed Solutions:** Ensure the directory is publicly accessible, regularly updated, and transparent, allowing clients to make informed choices about their care providers.

Grievance 4: Unauthorized Care Management Services

- **Overview:** Concerns about unauthorized provision of care management consultation services in ABI Waiver Program 1, which may contravene established protocols.
- **Proposed Solutions:** Investigate and rectify instances of unauthorized services, and reinforce compliance with program guidelines and standards.

Grievance 5: Unethical Practices and Possible Kickback Schemes

- **Overview:** Alarming indications of conflicts of interest and unethical practices within the program, including potential kickback arrangements, have been observed.
- **Proposed Solutions:** Conduct a thorough investigation into these practices, establish stricter oversight mechanisms, and enforce ethical standards across the program.

Grievance 6: Rental Agreements in Medicaid ABI Waiver Program

- **Overview:** The current structure of rental agreements within the program restricts consumer choice and freedom, creating a monopolistic environment detrimental to clients and providers.
- **Proposed Solutions:** Review and revise rental agreement policies to promote fair competition and consumer choice, ensuring transparency and ethical practice in housing arrangements.

Call to Action and Recommendations

Immediate Actions Required

1. **Review of Referral Processes:** An immediate audit and review of the referral processes within the Connecticut Medicaid ABI Waiver Program to ensure fairness and transparency.
2. **Timely Delivery of Service Plans:** Establish protocols to guarantee the timely delivery of service and intervention plans to all providers.
3. **Accessibility of Provider Directory:** Immediate action to make the ABI Waiver Program's Provider Directory fully accessible and transparent to clients and providers.

Long-term Systemic Recommendations

1. **Policy Overhaul:** A comprehensive review and overhaul of policies governing referral processes, service plan distributions, and care management services.
2. **Enhanced Oversight and Accountability:** Implementing stricter oversight mechanisms and accountability measures to prevent unethical practices and potential conflicts of interest.
3. **Consumer Choice in Rental Agreements:** Reforming rental agreement policies to promote fair competition, consumer choice, and transparency within the program.

These actions and reforms are vital for maintaining the integrity of the Connecticut Medicaid ABI Waiver Program and ensuring equitable treatment and high-quality care for all clients.

Conclusion

This report, prepared by David Medeiros and ABI Resources LLC, comprehensively outlines several critical grievances faced within the Connecticut Medicaid ABI Waiver Program. These issues, ranging from discriminatory business practices to the concealment of public information, unauthorized services, and potential unethical practices, significantly impact the quality of care provided to individuals with acquired brain injuries and the operational integrity of service providers like ABI Resources LLC.

The call for action is clear and urgent. Immediate steps, as outlined in this report, are necessary to address these grievances, followed by a commitment to long-term systemic improvements. Only through transparent, fair, and ethical practices can the program truly fulfill its mission of supporting and rehabilitating individuals with acquired brain injuries.

We urge the responsible authorities to consider these grievances seriously and take prompt, effective action. The wellbeing of many individuals and the effectiveness of the ABI Waiver Program depend on these crucial improvements.

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10/31/2023

Subject: Formal Grievance Concerning Discriminatory Unfair Business Practices within the Connecticut Medicaid ABI Waiver Program

To: All pertinent departments within the state of Connecticut,

I trust this correspondence reaches you in excellent health and high spirits. My name is David Medeiros, and I am addressing you in my capacity as a concerned business owner, resident, and individual with a disability residing in the state of Connecticut. I have the honor of leading ABI Resources, a distinguished service provider within the Connecticut Medicaid Acquired Brain Injury (ABI) Waiver Program.

I find myself compelled to highlight and formally complain about a series of blatant and persistent inequities pertaining to discriminatory business practices occurring under the aegis of the aforementioned program. Despite my multiple, concerted efforts to engage in constructive dialogue with the Connecticut Department of Social Services, addressing these grave concerns has been met with a disconcerting lack of engagement and rectification. This situation has had a deleterious impact not only on the operations of ABI Resources but also on the well-being and quality of service accessible to the disabled individuals we are committed to serving.



Key Concerns and Grievances:

a) **Medicaid Referrals:**

b) **Paying Consumers / Financial Incentives Inducements / Medicaid Service Agency**

a) **Medicaid Referrals:**

There is a prevailing lack of transparency and an apparent bias in the Medicaid referral processes within the ABI Waiver Program. ABI Resources, despite an unwavering commitment to excellence in service delivery, has been unfairly marginalized, resulting in an unequal and unjust distribution of referrals.

Addressing issues of transparency, bias, and unfair marginalization in Medicaid referrals, particularly within the Acquired Brain Injury (ABI) Waiver Program, is crucial to ensuring equitable access to quality healthcare services for all eligible individuals. ABI Resources and similar service providers play a vital role in supporting individuals with acquired brain injuries, and it is essential that they are treated fairly in the referral process to continue their commitment to excellence in service delivery.

Potential Steps to Address the Issue:

Increase Transparency:

Implement a transparent referral process where criteria for referrals are clearly defined and made publicly available.

Establish a monitoring system to track and publish referral data, including the number of referrals made to each service provider and the reasons for referral decisions.

Conduct an Independent Audit:

Hire an independent entity to conduct a thorough review of the Medicaid referral processes within the ABI Waiver Program to identify any biases or unfair practices.

The audit should also evaluate the performance and quality of services provided by ABI Resources and other service providers to ensure that referrals are based on merit and the ability to meet the needs of individuals with acquired brain injuries.

Implement a Fair and Equitable Referral System:

Develop a standardized and objective referral system that ensures all service providers are evaluated based on the same criteria.

Consider incorporating a randomized component to the referral process to prevent bias and ensure a fair distribution of referrals.

Engage Stakeholders:

Create a platform for open dialogue between Medicaid officials, service providers, individuals with acquired brain injuries, and their families to discuss concerns related to the referral process.

Use feedback from stakeholders to continuously improve the referral system and address any emerging issues.

Provide Training and Education:

Offer training to Medicaid officials and other stakeholders involved in the referral process to raise awareness about potential biases and the importance of a fair and equitable system.

Educate service providers about the referral process, criteria for referrals, and steps they can take if they believe they have been treated unfairly.

Establish a Complaint and Appeal Process:

Create a clear and accessible complaint and appeal process for service providers who believe they have been unfairly marginalized in the referral process.

Ensure that complaints are thoroughly investigated and that corrective action is taken when warranted.

Promote Accountability:

Hold Medicaid officials and other stakeholders accountable for ensuring a fair and transparent referral process.

Implement consequences for individuals or entities found to be engaging in biased or unfair practices.

Regularly Review and Update Policies:

Conduct regular reviews of referral policies and procedures to ensure they remain up-to-date, fair, and transparent.

Update policies as needed to address any identified issues and to adapt to changing needs and circumstances.

Addressing the issues of transparency, bias, and unfair marginalization in Medicaid referrals within the ABI Waiver Program is essential to ensuring that all eligible individuals have equal access to high-quality services. It is imperative that service providers like ABI Resources are treated fairly and equitably in the referral process to uphold the integrity of the healthcare system and to foster trust among all stakeholders. Implementing the above steps could contribute significantly to creating a more transparent, fair, and equitable referral system, ultimately benefiting individuals with acquired brain injuries and the service providers dedicated to supporting them.

b) Paying Consumers / Financial Incentives Inducements / Medicaid Service Agency

Provider: A Medicaid service agency provider is offering financial incentives to consumers, leading to an imbalance in the competitive landscape. This kind of practice can indeed raise serious ethical, legal, and fairness concerns.

Ethical Concerns:

Conflicts of Interest: Financial incentives could create a conflict of interest, where the provider's financial gain takes precedence over the best interests of the consumer.

Bias and Unfairness: It could lead to bias in referrals, favoring certain providers over others irrespective of the quality of services they offer.

Erosion of Trust: Such practices can erode trust in the Medicaid system and healthcare providers, as consumers may question the motives behind the services they are being referred to.

Legal Concerns:

Violation of Anti-Kickback Statutes: Providing inducements to influence the referral of services covered by Medicaid can violate anti-kickback statutes, potentially leading to legal actions and penalties.

False Claims Act Violations: If such inducements lead to fraudulent billing or claims, it could result in violations of the False Claims Act.

Non-Compliance with Medicaid Regulations: Medicaid has strict guidelines and regulations to ensure fairness and prevent fraud, and engaging in such practices can result in non-compliance and potential debarment from the program.

Lack of Responsiveness to Complaints and Reports: Our persistent complaints and reports, meticulously documenting these issues, have been met with apathy. There is an alarming deficit in the investigation, redressal, and accountability mechanisms within the system.

Adverse Impacts on ABI Resources:

Financial Duress: The discriminatory practices and referral shortages have placed ABI Resources under significant financial duress, compromising our ability to maintain operational viability and deliver superior services to our clients.

Reputational Harm: The state's nonintervention and perceived partiality have led to an erosion of our reputation. This has resulted in ABI Resources being unjustly perceived as a less favorable service provider, regardless of our commitment to quality and excellence.

Demoralization of Workforce: The protracted nature of these issues has led to a pervasive sense of demoralization among our staff and stakeholders, adversely impacting the morale and efficacy of our organizational operations.

Addressing the Issue:

Regulatory Oversight: There should be strict oversight and monitoring by regulatory bodies to ensure that all Medicaid service agency providers are complying with laws and regulations.

Transparency: Increasing transparency in the referral process can help in ensuring that referrals are made based on the quality of services rather than financial incentives.

Whistleblower Protections: Encouraging whistleblowing and providing protections for whistleblowers can help in uncovering and addressing such unethical practices.

Penalties and Sanctions: Implementing strict penalties and sanctions for those found guilty of engaging in such practices can act as a deterrent.

Public Awareness: Educating consumers about the potential for such conflicts of interest and providing them with information on how to report suspicious activities can empower them to make informed decisions.

Addressing this issue is crucial for maintaining the integrity of the Medicaid program, ensuring that consumers receive the best possible care, and fostering a competitive and fair marketplace for healthcare services.

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.

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



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11/13/2023

Subject: Formal Grievance Complaint Concerning Connecticut Medicaid ABI Waiver Program Service and Intervention Plans.

To: All pertinent departments within the state of Connecticut,

I am writing on behalf of ABI Resources, a dedicated provider of essential services to individuals with acquired brain injuries (ABI). This letter serves to formally raise a grievance and file a complaint concerning the serious issue of not receiving Medicaid Acquired Brain Injury (ABI) Waiver Program service and intervention plans from consumer-assigned care management consultants. This situation has gravely impacted the operational and financial integrity of ABI Resources.

As per the stipulations of the ABI Waiver Program, a "Service Plan" is an essential document that outlines the necessary medical and community-based services enabling individuals to live outside institutional settings. The provision of individualized service plans include measurable goals, objectives, and documentation of total service costs.

Additionally, "Intervention Plans," developed by cognitive behaviorists, are crucial in identifying and managing treatment goals and interventions for our



clients. However, despite our repeated efforts and adherence to the required protocols, we have not received these vital documents from care management. The lack of these plans has led to significant operational and financial difficulties for ABI Resources.

Sec. 17b-260a-6. Person-centered planning process (a) The service plan shall be developed based on a person-centered planning model, as described in 42 CFR 441.301(c), as amended from time to time. The individual shall lead the planning process where possible, and in accordance with section 17b-260a-11(a) of the Regulations of Connecticut State Agencies.

6) Prohibit providers of waiver services for the individual, or those who have an interest in or are employed by a provider of waiver services for the individual, from providing care management or participating in the development of the person-centered service plan;

Key Concerns and Grievances:

Non-Receipt of Essential Documents: Despite adherence to protocol, ABI Resources has not received the mandated individualized service and intervention plans, which include measurable goals and objectives for the consumers we serve. Furthermore, the necessary intervention plans developed by cognitive behaviorists, which outline treatment goals and interventions, have also not been provided by care management.

Concerns: Impact on Daily Support Staff and Program Consumers

In addition to the aforementioned issues, the absence of these critical Medicaid ABI Waiver Program plans has significantly affected our daily support staff and, consequently, the consumers of the program.

Impact on Daily Support Staff:

Lack of Clear Direction: Without structured plans, staff members struggle to provide focused and effective services, as they lack clear guidelines and objectives.

Increased Workload and Stress: The ambiguity surrounding treatment goals and methods has led to an increased workload and heightened stress levels among staff, impacting their well-being and job satisfaction.

Professional Inefficiency: Staff are unable to utilize their skills and training effectively, leading to professional dissatisfaction.

Difficulty in Tracking Progress: The absence of measurable goals makes it challenging for staff to track and report on client progress accurately.

Risk of Non-Compliance: Without proper guidelines, there is an increased risk of non-compliance with regulatory standards, potentially leading to legal and ethical issues.

Reduced Team Morale: The overall uncertainty and increased challenges have adversely affected team morale and cohesion.

Impact on Consumers of the Program:

Inconsistent Service Quality: Consumers face variability in the quality of care received, as staff members lack consistent plans to guide their services.

Slowed Progress: The absence of structured goals and interventions can slow down or hinder the progress and rehabilitation of consumers.

Reduced Confidence in Services: Consumers and their families may lose confidence in the quality and effectiveness of the services provided.

Increased Vulnerability: Consumers, particularly those with severe conditions, become more vulnerable due to the lack of tailored, goal-oriented care.

Potential for Unmet Needs: Without specific plans, some needs of consumers may remain unidentified and unaddressed, leading to gaps in care.

Emotional and Psychological Impact: The inconsistency and uncertainty in care can have adverse emotional and psychological effects on consumers.

These challenges not only make the daily responsibilities of our care providers more arduous but also critically undermine the quality of care and support we can offer to our consumers. It is imperative that these issues be addressed immediately to ensure the well-being of both our staff and the consumers who rely on our services.

Adverse Impacts on ABI Resources:

The cumulative effect of these issues has placed ABI Resources in a precarious financial and operational position.

Financial Losses: The absence of these critical documents has led to substantial financial losses, severely hampering our ability to function effectively.

Staffing Challenges: The lack of structured plans has created many challenges for our service providers and as a result, we have faced significant staffing issues, including layoffs and the challenges to maintain essential personnel.

Client Impact: Our capacity to offer consistent and high-quality services has been compromised, leading to a loss of clients and a tarnishing of our reputation.

Administrative Burden: The lack of structured plans has resulted in an increased administrative load, as we strive to manage without proper guidance.

Overall Business Impact: These compounded issues threaten the viability of ABI Resources and our mission to serve those in need.

Potential Steps to Address the Issue:

Immediate Investigation: We request a prompt investigation into this matter.

Provision of Required Plans: We urge for the immediate provision of the required service and intervention plans.

Compensation for Losses: Guidance on how to claim losses incurred due to this oversight and a discussion on potential compensatory measures are necessary.

Support and Guidance: Additional support to help navigate and rectify this situation would be invaluable.

Addressing the Issue:

We have initiated complaints and engaged directly with the Connecticut Department of Social Services. All communications have been thoroughly documented.

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

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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



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11/15/2023

Subject: Formal Grievance and Complaint Regarding the Concealment of Public Information: Medicaid ABI Waiver Program Directory of Providers.

To: All pertinent departments within the state of Connecticut,

I am writing on behalf of ABI Resources to express our formal grievance and file a complaint regarding the handling of the Medicaid Acquired Brain Injury (ABI) Waiver Program by the Connecticut Department of Social Services (DSS).

Specifically, our complaint centers on the apparent concealment of the Medicaid ABI Waiver Program Directory of Providers, a critical public resource.

Key Concerns and Grievances:

- a) Denial of Public Access to Information: The DSS managed Medicaid ABI Waiver Program Directory of Providers is public information, rightfully accessible to all. Its concealment not only violates the principles of transparency and public service but also directly impacts those in dire need of these services.
- b) Inaccessibility to Vulnerable Populations: The absence of accessible information severely restricts the ability of individuals with acquired brain



injuries, their families, and caregivers to make informed decisions regarding care and support. This lack of access is particularly detrimental, given the complex needs of this population.

- c) Increased Risk and Exploitation: Without knowledge of accredited and reputable providers, vulnerable individuals are at a heightened risk of exploitation and subpar services, which can lead to adverse health outcomes.
- d) Unnecessary Strain on Families and Caregivers: Families and caregivers, already burdened with care responsibilities, face additional challenges in finding appropriate services, contributing to increased stress and potential caregiving errors.
- e) Financial and Operational Impact on ABI Resources: As a provider, ABI Resources has suffered considerable financial losses due to decreased client engagement and an increased administrative burden. This situation stems directly from the unavailability of the provider directory, which hinders our ability to efficiently connect with potential clients.
- f) Administrative Burdens and Resource Diversion: The lack of a central, accessible directory has led to an excessive administrative load, diverting critical resources from our core mission of providing care.

Proposed Solutions and Steps to Address the Issue:

- 1) Immediate Disclosure and Accessibility: We request the immediate release of the Medicaid ABI Waiver Program Directory of Providers, ensuring it

is readily accessible to all stakeholders, particularly the public and vulnerable populations.

- 2) Commitment to Transparency: The DSS should commit to ongoing transparency in all aspects of the ABI Waiver Program, including regular updates and easy access to all program-related information.
- 3) Constructive Dialogue and Rectification: ABI Resources seeks to engage in a constructive dialogue with the DSS to discuss the implications of this concealment and explore potential avenues for rectifying the financial and operational impacts.

Addressing the Issue:

We have initiated complaints and engaged directly with the Connecticut Department of Social Services. All communications have been thoroughly documented.

Potential Steps to Address the Issue:

Immediate Investigation: We request a prompt investigation into this matter.

Provision of Required Plans: We urge for the immediate provision of the required service and intervention plans.

Compensation for Losses: Guidance on how to claim losses incurred due to this oversight and a discussion on potential compensatory measures are necessary.

Support and Guidance: Additional support to help navigate and rectify this situation would be invaluable.

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





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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
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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.

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Best regards,
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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: