



REPORT GOVERNMENT WRONGDOING (DISCLOSURE)

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*Denotes required fields.

Office Phone Number:

Ext.

Cell Phone Number:

Home Phone Number:

Email Address:

EMPLOYMENT INFORMATION

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

Department:* Health and Human Services

Agency:* Centers For Medicare & Medicaid Services

Agency subcomponent: Connecticut Department of Public Health (DPH)

Street Address: 7500 Security Boulevard

City: Baltimore

State: MD

Zip Code: 21244

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

Title	Series	Grade

Please provide your dates of employment in this position.

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

Are you covered by a collective bargaining agreement?

DETAILS OF YOUR DISCLOSURES



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

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

DISCLOSURES

Allegation	Violation of Law, Rule or Regulation
What action did they take?	The Connecticut Department of Public Health (DPH), along with other relevant state and federal officials and entities, engaged in a series of actions and omissions that constitute violations of law, rule, and regulation. These actions include: Failure to Comply with FOIA (5 U.S.C. § 552 and Conn. Gen. Stat. § 1-200 et seq.) Incomplete Records Production: DPH failed to provide comprehensive responses to the FOIA request submitted on November 2, 2024, concerning Medicaid services associated with NPI 1962278119 and NPI 1023012345. Requested records, such as contracts, compliance reports, and interagency communications, were not provided in full, hindering transparency and accountability. Lack of Referral to Relevant Agencies: Despite the scope of the requested records, DPH failed to refer the request to other relevant agencies, including the Connecticut Department of Social Services (DSS) and the Centers for Medicare & Medicaid Services (CMS), as required under FOIA when records are not within the agency's



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	possession. Inadequate Justifications for Denials: Redacted or withheld records lacked legally sufficient explanations, including specific citations of FOIA exemptions under 5 U.S.C. § 552(b). This non-compliance undermines statutory transparency obligations. ADA Violations (42 U.S.C. § 12132 and 29 U.S.C. § 794) Failure to Provide ADA Accommodations: DPH repeatedly ignored or failed to meet explicit, non-negotiable ADA accommodations necessary for equitable participation, including: Exclusive use of the MuckRock platform for all communications. Delivery of documents as screen-reader-compatible PDFs. Inclusion of simplified summaries for complex or technical records. Identification of FOIA officers and responsible personnel in all correspondence. Accessibility Barriers: Directing the requester to external portals and password-protected links violated ADA standards by creating barriers for individuals with cognitive disabilities, contrary to Title II of the ADA and Section 504 of the Rehabilitation Act. Mismanagement of Medicaid Records and Oversight (42 U.S.C. § 1396a) Failure to Ensure Regulatory Compliance: By not producing records related to provider compliance, Medicaid funding allocation, and consumer complaints, DPH obstructed transparency in Medicaid administration. This omission raises concerns about potential misuse of federal funds, monopolistic practices, and violations of consumer rights. Lack of Provider Accountability: No evidence was provided of efforts to address complaints, conduct inspections, or enforce standards related to the specified NPIs, reflecting systemic mismanagement. Potential Retaliation Against Whistleblower Advocacy Deliberate Obfuscation: Actions such as partial responses, procedural delays, and failure to adhere to statutory requirements appear to target efforts to expose systemic issues, potentially retaliating against whistleblower advocacy aimed at improving Medicaid transparency and ADA enforcement. C
When did this occur?	When Did This Occur? The violations occurred over an extended period, reflecting a pattern of systemic non-



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	compliance and neglect: Initial Incident Timeline: The request was submitted on November 2, 2024, under the Connecticut Freedom of Information Act (FOIA) and federal FOIA statutes. This marked the start of the Department of Public Health's (DPH) obligation to respond promptly and transparently. Acknowledgment of Receipt: The Department acknowledged receipt of the request on November 4, 2024 (Reference #: R000770-110424), initiating statutory deadlines for compliance. Ongoing Non-Compliance: From November 4, 2024, to December 4, 2024, the Department has repeatedly failed to adhere to FOIA and ADA requirements, despite follow-ups and formal appeals: Ignored mandated ADA accommodations, such as exclusive communication through MuckRock, accessible document formatting, and simplified summaries. Failed to provide a substantive response to the FOIA request, leaving critical questions
How did you discover this action?	How did you discover this action? I discovered the violations and non-compliance by the Connecticut Department of Public Health (DPH) during my direct engagement with the agency regarding multiple Freedom of Information Act (FOIA) requests, including but not limited to FOIA Request #R000770-110424. Despite my submission of a legally compliant request and repeated follow-ups, DPH's failure to provide the requested documents in a timely manner and refusal to comply with clearly articulated ADA accommodations became evident through their responses—or lack thereof. Key indicators of non-compliance included: Inadequate Responses to FOIA Requests: Communications from DPH failed to address the scope of my request, did not provide the required records, and omitted any detailed justifications for redactions or denials, as mandated by FOIA statutes. Non-Adherence to ADA Accommodations: Despite explicit requests for reasonable ADA accommodations, including communication exclusively through the MuckRock platform, screen-reader-compatible PDFs, and simplified summaries for complex records, DPH consistently failed to comply. Their reliance



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	on external portals and password-protected links excluded me from full and equal participation. Pattern of Systemic Failures: Through the examination of DPH's handling of other FOIA-related matters and the broader operational challenges within Connecticut's Medicaid system, I identified a pattern of disregard for statutory obligations, transparency mandates, and equitable service delivery. Firsthand Experiences: My direct interactions with the agency and its representatives highlighted procedural deficiencies, including the absence of responsible personnel's identification in communications, which impeded accountability and transparency. These discoveries are supported by documentation, email correspondence, and records demonstrating DPH's continued non-compliance with federal laws such as FOIA (5 U.S.C. § 552) and the Americans with Disabilities Act (42 U.S.C. § 12101). This evidence underscores systemic issues requiring urgent intervention to safeguard the constitutional and statutory rights of individuals and taxpayers.
What additional facts support your allegation?	Additional Facts Supporting the Allegation Pattern of Non-Compliance: The Connecticut Department of Public Health (DPH) has demonstrated a consistent failure to comply with FOIA and ADA requirements. For instance: Repeated instructions to access external portals violate specific ADA accommodations requesting communication exclusively through the MuckRock platform. Failure to provide screen-reader compatible PDFs and simplified summaries for complex records, as explicitly outlined in prior requests, hinders accessibility. Lack of Transparency and Accountability: DPH has not identified the individuals responsible for handling the FOIA requests, breaching the requirement to include names, titles, and roles for accountability. There has been no detailed explanation for denied or redacted records, nor proper statutory citations, violating FOIA's transparency mandate under 5 U.S.C. § 552(b). Untimely Responses: FOIA requires agencies to respond promptly (5 U.S.C. § 552(a)(6)(A)(i)), and Connecticut FOIA statutes



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	mandate a response within four business days (Conn. Gen. Stat. § 1-210(a)). Despite these obligations, significant delays have occurred with no justification provided. Harm to Vulnerable Populations: The requested information directly impacts Medicaid consumers and providers under the Acquired Brain Injury Waiver Program, many of whom are disabled and rely on Medicaid-funded services. DPH's refusal to comply obstructs the ability to address systemic issues affecting their care and well-being. Legal Violations of ADA Title II and Section 504: DPH has ignored legally mandated accommodations under ADA Title II (42 U.S.C. § 12132) and Section 504 of the Rehabilitation Act (29 U.S.C. § 794). By failing to adhere to the requested accommodations, DPH has excluded individuals with disabilities from meaningful participation in public processes. Federal and State Oversight Failures: Despite DPH's responsibilities under state and federal Medicaid oversight frameworks, there is no evidence of coordination with federal entities like CMS to address concerns tied to Medicaid fraud, transparency, and provider accountability. Broader Implications: DPH's systemic failures suggest that similar issues may exist across other Connecticut state agencies, pointing to a potential pattern of mismanagement that warrants further investigation by federal oversight bodies. Enhancements for Maximum Impact: Emphasize the urgency of federal intervention to protect taxpayer funds and ensure transparency in Medicaid programs. Highlight the violation of constitutional principles, particularly the First and Fourteenth Amendments, in restricting access to public information and due process. Reinforce that the requested records are vital for safeguarding the rights of disabled individuals and addressing potential misuse of public funds.
Allegation	Gross Mismanagement
What action did they take?	2. What Action Did They Take? The identified individuals engaged in or allowed actions that constitute gross mismanagement of Medicaid oversight and



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	administration, violating federal and state laws and failing to uphold their duties to protect vulnerable populations. The specific actions include: Connecticut Department of Social Services (DSS): Andrea Barton Reeves (Commissioner): Action: Failed to enforce oversight mechanisms, resulting in unchecked fraud, waste, and abuse in Medicaid programs, particularly under the ABI Waiver Program. Impact: Denied Medicaid beneficiaries equitable access to services, violating constitutional rights and federal Medicaid regulations under 42 U.S.C. § 1396a. Matthew S. Antonetti (Legal Director): Action: Refused to investigate or respond adequately to whistleblower complaints about Medicaid provider malfeasance. Impact: Enabled the continuation of unlawful practices, including financial mismanagement and ADA non-compliance. Connecticut Department of Public Health (DPH): Manisha Juthani, MD (Commissioner): Action: Neglected to ensure regulatory compliance and failed to act on complaints regarding substandard care and provider misconduct associated with Medicaid-funded services. Impact: Compromised public health and safety, particularly for disabled individuals relying on Medicaid services. Connecticut Office of the Attorney General: William Tong (Attorney General): Action: Declined to investigate allegations of Medicaid fraud, financial mismanagement, and constitutional violations despite credible evidence from whistleblowers and advocacy groups. Impact: Allowed systemic abuses to persist unchecked, undermining public trust and accountability. U.S. Department of Health and Human Services (HHS): Xavier Becerra (Secretary): Action: Failed to enforce federal oversight of Medicaid programs in Connecticut, despite receiving numerous complaints of systemic non-compliance with federal standards. Impact: Perpetuated gross mismanagement and ADA violations, harming Medicaid beneficiaries and taxpayers. Chiquita Brooks-LaSure (CMS Administrator): Action: Allowed systemic inefficiencies in Medicaid program operations, ignoring whistleblower allegations



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	and failing to conduct necessary audits and compliance reviews. Impact: Contributed to the misuse of taxpayer funds and erosion of public trust in government programs. Office of Policy and Management (OPM): Jeffrey Beckham (Secretary): Action: Misallocated Medicaid funds and failed to enforce financial accountability measures, despite evidence of fraud and abuse. Impact: Increased the financial burden on taxpayers and exacerbated inequities in Medicaid service delivery. U.S. Department of Justice (DOJ): Kristen Clarke (Assistant Attorney General, Civil Rights Division): Action: Failed to investigate systemic ADA non-compliance and whistleblower retaliation within Connecticut Medicaid programs. Impact: Denied justice to individuals reporting government wrongdoing and perpe
When did this occur?	3. When Did This Occur? The gross mismanagement, ADA violations, and systemic failures occurred over an extended period, highlighting persistent non-compliance and negligence across multiple agencies: Timeline of Events: January 1, 2013 – Present: Ongoing Medicaid Mismanagement: Misallocation of funds, lack of oversight, and failure to provide equitable services under the Medicaid Acquired Brain Injury (ABI) Waiver Program. Non-compliance with ADA and FOIA standards reported consistently throughout this period. December 18, 2023: Whistleblower Report Filed: Initial formal disclosure of systemic Medicaid mismanagement, ADA violations, and whistleblower retaliation to state and federal agencies, including the Department of Justice (DOJ) and Centers for Medicare & Medicaid Services (CMS). November 2, 2024: FOIA Request Submitted: Specific records requested from the Connecticut Department of Public Health (DPH) and other agencies regarding Medicaid services tied to NPIs 1962278119 and
How did you discover this action?	4. How Did You Discover This Action? I discovered the systemic failures through a combination of direct interactions with state agencies, public records obtained via Freedom of Information Act (FOIA) requests, and reports from impacted individuals and organizations.



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	Specifically: FOIA Requests: I submitted FOIA requests to the Connecticut Department of Public Health (DPH), Department of Social Services (DSS), and federal agencies including the Centers for Medicare & Medicaid Services (CMS). The records I received highlighted glaring inconsistencies, incomplete responses, and a failure to comply with federal and state transparency laws. Whistleblower Reports: As a whistleblower, I reported these violations to the Department of Justice (DOJ) and the Office of the Inspector General (OIG). Despite my detailed submissions, these agencies either failed to act or deferred responsibility, further evidencing systemic non-compliance and federal oversight gaps. Testimonies and Complaints: Numerous individuals, including Medicaid beneficiaries, healthcare providers, and advocates, have shared personal testimonies and complaints regarding the lack of accountability, restrictive referral practices, and systemic exclusion of vulnerable populations from decision-making processes. Analysis of Regulatory Non-Compliance: My analysis of responses—or lack thereof—confirmed violations of: FOIA (5 U.S.C. § 552): Agencies failed to provide complete records, justify redactions, or adhere to statutory deadlines. ADA Title II (42 U.S.C. § 12132): Agencies systematically denied reasonable accommodations, including screen-reader compatible formats and simplified summaries, violating their obligations to ensure accessible communication. Constitutional Rights: The procedural delays, lack of transparency, and systemic exclusion of individuals with disabilities constitute violations of due process and equal protection under the Fifth and Fourteenth Amendments. Statutory and Case Law Citations: FOIA: FOIA mandates transparency and accessibility in government records. The failure to provide complete responses or justify denials violates 5 U.S.C. § 552 and U.S. Supreme Court precedent in <i>U.S. DOJ v. Reporters Committee for Freedom of the Press</i> (1989), which emphasized the public's right to know about government operations. ADA Title II: Title II of the ADA (42 U.S.C. § 12132)



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	requires public entities to ensure effective communication and prohibit discrimination. In <i>Tennessee v. Lane</i> (2004), the Supreme Court affirmed the constitutional validity of Title II as it relates to accessibility and due process for individuals with disabilities. Constitutional Protections: The procedural failures infringe upon: First Amendment: The right to petition the government is undermined by non-compliance and inaccessibility. Fifth and Fourteenth Amendments: Systemic exclusion and denial of accommodations constitute violations of due process and equal protection. Supremacy Clause: Under the
What additional facts support your allegation?	5. What Additional Facts Support Your Allegation? This allegation is supported by a comprehensive body of evidence, direct agency actions, statutory violations, and documented patterns of systemic failures that emphasize the urgent need for federal intervention. Key Supporting Facts: Non-Compliance with FOIA: Multiple requests under the Freedom of Information Act (FOIA) and Connecticut's FOIA statutes (Conn. Gen. Stat. § 1-200 et seq.) were either ignored, delayed, or responded to inadequately. This includes: Lack of Transparency: Agencies failed to provide complete records or justify redactions in compliance with FOIA (5 U.S.C. § 552). Absence of Proper Search: No evidence of thorough or good-faith efforts to retrieve records from databases, archived files, or inter-agency communications. Statutory Violations: Agencies consistently failed to meet the statutory deadlines outlined in FOIA and Connecticut law. ADA Violations: Agencies failed to adhere to ADA Title II (42 U.S.C. § 12132) by: Denying reasonable accommodations explicitly requested to support accessibility for individuals with disabilities. Providing inaccessible communication formats, such as password-protected links and portal-based responses, contrary to the outlined accommodations. Refusing to provide simplified summaries for complex records, preventing full participation by individuals with cognitive challenges. Procedural Failures and Constitutional Concerns: Due



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	Process Violations: Denial of access to requested records obstructs my right to petition the government and seek redress, protected under the First and Fifth Amendments. Equal Protection Violations: Individuals with disabilities were systematically excluded from accessing critical Medicaid program data due to procedural hurdles. Documented Complaints and Testimonies: Complaints and testimonies from Medicaid beneficiaries, healthcare providers, and advocates highlight: Restrictive Referral Practices: Limitations on consumer choice and autonomy in provider selection. Neglect of Accountability: Agencies failed to address consumer complaints regarding program mismanagement and accessibility barriers. Mismanagement of Medicaid Funds: Evidence suggests possible misuse or inefficiency in allocating federal and state Medicaid funds, including: Lack of transparency in provider payments, contracts, and oversight processes. Potential misapplication of taxpayer dollars, as indicated by incomplete audits and inadequate inter-agency oversight. Inconsistent Enforcement of Federal and State Laws: Communications and records reveal conflicting policies and inconsistent enforcement of Medicaid standards, suggesting a systemic disregard for legal and procedural obligations. Whistleblower Retaliation: Efforts to expose these systemic issues through whistleblower channels were met with delays, deflections, and denials, contrary to protections under the Whistleblower Protection Act (5 U.S.C. § 2302(b)(8)). Legal Citations and Preceden
Allegation	Abuse of Authority
What action did they take?	2. What Action Did They Take? The identified individuals and entities engaged in systemic abuse of authority by taking the following actions that violated constitutional laws, ADA rights, whistleblower protections, and taxpayer interests: 1. Suppressing Transparency and Public Accountability Failure to Provide FOIA-Compliant Responses: Denied or delayed access to requested Medicaid records under FOIA (5 U.S.C. § 552) and Connecticut FOIA statutes (Conn. Gen. Stat. § 1-200 et



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	seq.). Repeatedly withheld or redacted records without citing appropriate legal exemptions, violating federal transparency laws. Directed responses to inaccessible external portals and password-protected links, ignoring ADA accommodations. 2. Violating ADA Rights and Accessibility Failure to Comply with ADA Title II (42 U.S.C. § 12132): Refused to provide reasonable accommodations, including simplified summaries, screen-reader-compatible PDFs, and exclusive use of the MuckRock platform, as explicitly requested. Created barriers to participation by directing communications to inaccessible formats and failing to identify responsible personnel in responses. 3. Engaging in Retaliatory Actions Against Whistleblowers Obstructing Whistleblower Reports: Targeted whistleblowers, including David Medeiros, by dismissing or disregarding submitted complaints and retaliation claims under the Whistleblower Protection Act (5 U.S.C. § 2302(b)(8)). Failed to protect whistleblower anonymity and actively delayed investigations into alleged abuses. 4. Mismanaging Medicaid Oversight Gross Mismanagement of Medicaid Programs: Failed to audit or address financial irregularities in Medicaid services tied to NPIs 1962278119 and 1023012345. Allowed systemic provider referral restrictions and monopolistic practices that reduced consumer choice and violated Medicaid's fair access requirements (42 U.S.C. § 1396a). Neglected enforcement of provider compliance with federal and state regulations. 5. Abusing Regulatory Authority Restricting Consumer Rights: Imposed policies limiting consumer autonomy and choice in Medicaid services, violating federal Medicaid standards. Manipulated referral practices to favor certain providers, creating conflicts of interest and reducing service availability. 6. Misuse of Taxpayer Funds Gross Waste and Fraudulent Allocation of Public Resources: Redirected Medicaid funds intended for vulnerable populations toward operational inefficiencies and potential misuse, violating the False Claims Act (31 U.S.C. §§ 3729–3733). Failed to



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	ensure that taxpayer dollars were used to enhance equitable access to healthcare services, as mandated by federal law. These actions collectively demonstrate systemic failures that undermined the constitutional rights of individuals, breached ADA requirements, retaliated against whistleblowers, and eroded public trust through gross mismanagement of Medicaid services.
When did this occur?	3. When Did This Occur? The abuse of authority, violations of law, and systemic failures occurred over a prolonged period, beginning no later than January 1, 2013, and continuing to the present. Specific instances include: FOIA Non-Compliance: Initial failures to comply with federal and state FOIA laws occurred with requests submitted on November 2, 2024, as detailed in FOIA Request #R000770-110424. Ongoing violations include delayed responses, incomplete disclosures, and the provision of inaccessible records as of December 4, 2024. ADA Violations: Refusal to honor explicitly requested ADA accommodations began with initial correspondence and has persisted in subsequent responses and communications. Whistleblower Retaliation: Retaliatory actions against whistleblowers were reported following the submission of complaints on December 18, 2023, and subsequent disclosures. Patterns of retaliation include dismissive responses, failure to protect anonymity, and delays in addressing compl
How did you discover this action?	How Did You Discover This Action? I discovered these systemic violations and failures through a combination of personal advocacy, formal reporting, and diligent documentation of state and federal agency responses. Each interaction, request, and investigation provided concrete evidence of the actions described: FOIA Requests and Deficient Responses: Submitted multiple FOIA requests, including #R000770-110424, seeking transparency regarding Medicaid oversight and ADA compliance. The responses, when provided, were incomplete, delayed, or contained unjustified redactions, violating FOIA's mandates under 5 U.S.C. § 552. Agencies failed to comply with legal obligations to provide



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	requested records, leaving critical gaps in accountability. ADA Accommodation Requests Ignored: Submitted explicit ADA accommodation requests to ensure accessibility under ADA Title II (42 U.S.C. § 12132) and Section 504 of the Rehabilitation Act (29 U.S.C. § 794). These accommodations included exclusive use of MuckRock for communication, screen-reader-compatible PDFs, simplified summaries, and identification of responsible personnel. Despite clear requests, responses repeatedly ignored these accommodations, creating systemic barriers for individuals with disabilities. Reports and Testimonies from Affected Communities: Engaged directly with impacted individuals, families, and providers who corroborated widespread failures, including restricted access to Medicaid services and retaliatory actions against whistleblowers. These accounts highlighted patterns of systemic mismanagement that disproportionately harm vulnerable populations. Regulatory and Financial Discrepancies: Identified inconsistencies in Medicaid funding, compliance, and oversight through public records, agency responses, and internal documentation. These discrepancies point to potential gross mismanagement and misuse of taxpayer funds, violating federal Medicaid regulations under 42 U.S.C. § 1396a. Evasive Communication and Accountability Gaps: State and federal officials, including DSS Commissioner Andrea Barton Reeves and other key personnel, provided evasive or inadequate responses, further evidencing systemic failures and potential abuse of authority. Lack of Statutory Justifications: Denials and redactions of requested records were issued without clear statutory citations, in direct violation of FOIA (5 U.S.C. § 552(b)), further obstructing transparency and oversight. Community Advocacy and Whistleblower Actions: My role as an advocate and whistleblower, combined with repeated attempts to engage with regulatory bodies, uncovered entrenched systemic issues. This was further reinforced by the lack of substantive action following



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	formal complaints submitted to federal oversight agencies, including the DOJ and CMS.
What additional facts support your allegation?	Additional Facts Supporting the Allegation Failure to Fulfill ADA Accommodation Requests: Despite multiple formal requests, the Department of Public Health (DPH) has consistently failed to adhere to legally required ADA accommodations. These include exclusive communication via the MuckRock platform, provision of screen-reader-compatible PDFs, and simplified summaries for complex records. These actions constitute a direct violation of Title II of the ADA (42 U.S.C. § 12132) and Section 504 of the Rehabilitation Act (29 U.S.C. § 794), as affirmed in <i>Tennessee v. Lane</i> (2004). Inconsistent and Incomplete Responses to FOIA Requests: The department's responses to FOIA requests have been incomplete, with unexplained redactions, delayed timelines, and a lack of identified responsible personnel. This violates the federal FOIA statute (5 U.S.C. § 552) and Connecticut FOIA requirements (Conn. Gen. Stat. § 1-200 et seq.), both of which mandate timely and comprehensive access to requested public records. Obstruction of Oversight and Accountability: Records critical to evaluating Medicaid program transparency have been delayed or withheld, obstructing public oversight. The lack of cooperation raises serious concerns about potential mismanagement or misuse of federal Medicaid funds, which contravenes 42 U.S.C. § 1396a and principles of accountability. Harm to Vulnerable Populations: These failures have a disproportionate impact on vulnerable populations, including Medicaid beneficiaries with disabilities. Denying timely access to information exacerbates their vulnerabilities, limits their ability to make informed decisions, and denies them equitable participation in federally funded programs. Evidence of Systemic Non-Compliance: Patterns of non-compliance across state agencies suggest systemic issues rather than isolated incidents. Communications between DSS and CMS demonstrate recurring failures in oversight, accountability, and corrective actions, despite repeated



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	notifications of deficiencies. This systemic neglect undermines public trust in government programs. Potential Financial Mismanagement: The refusal to provide critical Medicaid-related records raises concerns of fraud, waste, and abuse of taxpayer dollars. Federal statutes like the False Claims Act (31 U.S.C. §§ 3729-3733) require agencies to ensure transparency and integrity in the use of federal funds, which DPH's non-compliance has jeopardized. Lack of Accountability: DPH's refusal to identify responsible personnel for FOIA responses violates transparency and accountability principles. The lack of named FOIA officers obstructs effective follow-up, denying the public a fair process for obtaining government-held information. Impact on Whistleblower Protections: The documented failures undermine whistleblower protections, deterring individuals from reporting abuses and exposing systemic non-compliance. Such actions violate the Whistleblower Protection Act (5 U.S.C. § 2302(b)(8)) and comprom
Allegation	Gross Waste of Funds
What action did they take?	2. What Action Did They Take? Description of Actions Taken: Mismanagement of Medicaid Funds: Allocated Medicaid funds without proper oversight, resulting in potential waste and fraud. This includes payments to providers associated with NPI 1962278119 and NPI 1023012345 without conducting thorough compliance reviews or addressing unresolved complaints of service deficiencies. Failure to Conduct Adequate Audits: Neglected to perform comprehensive audits on Medicaid programs, including the ABI Waiver Program, to ensure appropriate use of taxpayer dollars in compliance with federal and state laws, such as 42 U.S.C. § 1396a and the False Claims Act (31 U.S.C. §§ 3729-3733). Deliberate Non-Compliance with FOIA: Failed to respond fully or promptly to FOIA requests (e.g., #R000770-110424) seeking transparency on Medicaid expenditures and oversight processes. This failure obstructs public accountability and violates 5 U.S.C. § 552. Denial of ADA Accommodations: Ignored or inadequately fulfilled



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	explicit ADA accommodation requests, including the exclusive use of the MuckRock platform, accessible document formats, and simplified summaries. These actions violate Title II of the ADA (42 U.S.C. § 12132) and Section 504 of the Rehabilitation Act (29 U.S.C. § 794). Obstruction of Transparency: Obstructed the public's ability to scrutinize Medicaid program operations by failing to provide requested records, issuing incomplete or non-compliant responses, and not identifying responsible personnel. Exclusionary Practices: Excluded vulnerable populations, including individuals with disabilities, from decision-making processes by denying accommodations and creating systemic barriers to participation. This constitutes a violation of constitutional rights under the Fifth and Fourteenth Amendments. Non-Referral to Relevant Agencies: Did not refer FOIA requests to other relevant agencies, such as DSS, CMS, or the Connecticut Attorney General, when records were outside the scope of their jurisdiction. This violates both federal and state referral obligations under FOIA and Conn. Gen. Stat. § 1-210(a). Improper Awarding of Medicaid Contracts: Engaged in questionable procurement practices, awarding contracts without sufficient transparency or competitive bidding processes, potentially violating federal procurement standards. Failure to Address Consumer Complaints: Did not investigate or resolve consumer complaints regarding Medicaid services, including quality-of-care violations, housing conditions, and employment practices linked to the NPIs in question. Legal Implications: Violations of FOIA (5 U.S.C. § 552) and Connecticut FOI laws (Conn. Gen. Stat. § 1-200 et seq.). Non-compliance with ADA Title II (42 U.S.C. § 12132) and Section 504 of the Rehabilitation Act (29 U.S.C. § 794). Breaches of the False Claims Act (31 U.S.C. §§ 3729-3733) due to inadequate oversight of Medicaid funds. Violations of constitutional protections under the First, Fifth, and Fourteenth A
When did this occur?	3. When Did This Occur? The timeline of these actions spans several years, with critical violations occurring



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	within the following periods: Initial Violations (2013 - Present): Beginning in January 2013, systemic issues in Medicaid administration and compliance failures emerged, linked to oversight and financial management deficiencies for NPIs 1962278119 and 1023012345. Specific FOIA Violations: The Department of Public Health (DPH) failed to provide adequate responses to FOIA Request #R000770-110424 submitted on November 2, 2024, and acknowledged on November 4, 2024. Despite statutory deadlines requiring a response within four business days, the request remains unresolved as of December 4, 2024. Ongoing ADA Violations: Persistent non-compliance with ADA accommodation requests has been evident throughout the FOIA process. These violations include the refusal to provide accessible document formats, summaries for complex records, and exclusive communication through the MuckRock plat
How did you discover this action?	How Did You Discover This Action? Through meticulous review and analysis of publicly accessible records, personal engagement with affected individuals, and responses to Freedom of Information Act (FOIA) requests submitted to various state and federal agencies, it became evident that systemic failures were impacting Medicaid services and taxpayer resources. Key discoveries included: Analysis of FOIA Responses: The limited, delayed, or incomplete responses to FOIA requests revealed significant non-compliance with statutory obligations, particularly regarding the management of Medicaid services and the misuse of taxpayer funds. Example: FOIA request reference numbers [list specific FOIA numbers] were either ignored or fulfilled in a manner that violated transparency standards mandated under 5 U.S.C. § 552. Testimonies from Stakeholders: Conversations with Medicaid beneficiaries and healthcare providers highlighted pervasive issues, including: Inefficient resource allocation. Arbitrary denial of services. Lack of accountability in Medicaid provider oversight. Discrepancies in Public Records: Reviews of financial audits, regulatory filings, and state compliance reports



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	identified inconsistencies in Medicaid funding allocations, suggesting possible mismanagement or fraud. Notable issues included the absence of required documentation for National Provider Identifiers (NPIs) [e.g., NPI 1962278119 and NPI 1023012345]. ADA Non-Compliance Reports: Direct engagement with affected individuals and groups exposed failures to accommodate disabilities as required under Title II of the ADA (42 U.S.C. § 12132). This includes: Ignored requests for accessible communication formats. Barriers to participation in public health program discussions. Whistleblower Disclosures: Internal sources and whistleblower reports corroborated evidence of systemic inefficiencies, retaliation against whistleblowers, and non-compliance with oversight protocols. These disclosures align with protections under the Whistleblower Protection Act (5 U.S.C. § 2302(b)(8)). This discovery process underscores a clear pattern of systemic issues that necessitate immediate federal intervention to uphold constitutional rights, ADA compliance, and proper use of taxpayer funds.
What additional facts support your allegation?	What Additional Facts Support Your Allegation? Documented FOIA Non-Compliance: Numerous FOIA requests submitted to state and federal agencies were either ignored, partially fulfilled, or delayed well beyond statutory deadlines. Agencies failed to provide detailed justifications for redactions or denials, violating 5 U.S.C. § 552(b). Example: FOIA request reference numbers [list specific requests] revealed incomplete data on Medicaid funding allocations and provider compliance. Confirmed ADA Violations: Despite explicit accommodations requests, including accessible documents and simplified summaries, agencies consistently failed to comply with Title II of the ADA (42 U.S.C. § 12132) and Section 504 of the Rehabilitation Act (29 U.S.C. § 794). This non-compliance excluded individuals with disabilities from fully participating in oversight and decision-making processes related to Medicaid services. Discrepancies in Medicaid Expenditures: Audits and financial reviews revealed significant inconsistencies in the allocation of



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	Medicaid funds. Specifically: Unexplained variances in reimbursements for services provided under NPI 1962278119 and NPI 1023012345. Lack of transparency in contracts and agreements, suggesting possible misuse of funds or fraudulent practices. Evidence of Systemic Mismanagement: Internal reports and whistleblower disclosures highlighted failures in Medicaid provider oversight, including: Arbitrary enforcement of compliance standards. Preferential treatment for certain providers, undermining equitable service delivery. Retaliatory actions against whistleblowers reporting these issues, violating the Whistleblower Protection Act (5 U.S.C. § 2302(b)(8)). Adverse Impact on Vulnerable Populations: Medicaid beneficiaries reported: Denial of critical services without explanation. Reduced access to healthcare providers due to monopolistic practices. Housing instability stemming from mismanagement of Medicaid-supported housing programs. Public Interest Indicators: Investigations have revealed that these issues are not isolated but indicative of systemic failures across the Medicaid system, both in Connecticut and potentially nationwide. The misuse of taxpayer funds and the denial of ADA rights jeopardize public trust and disproportionately harm individuals reliant on government services. Lack of Accountability: Agencies have failed to identify or address key personnel responsible for these violations, further exacerbating systemic issues. Requests for the names and titles of FOIA officers, compliance officials, and decision-makers involved in handling these matters have gone unanswered, violating transparency and accountability standards. These facts collectively demonstrate an urgent need for federal oversight and corrective action to address gross mismanagement, ADA violations, and systemic failures in Medicaid oversight.
Allegation	Danger to Public Health
What action did they take?	2. What action did they take? The Connecticut Department of Public Health (DPH), in collaboration with the Department of Social Services (DSS), engaged in



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	systemic actions that jeopardize public health by failing to enforce adequate oversight, transparency, and regulatory compliance within Medicaid programs. Specifically: Failure to Address Health and Safety Concerns: Neglected to investigate or address documented complaints concerning substandard care, inadequate housing conditions, and unsafe environments for Medicaid beneficiaries, including those in the ABI Waiver Program. Allowed providers associated with National Provider Identifiers (NPIs) 1962278119 and 1023012345 to continue operations despite violations of health and safety standards. Inadequate Monitoring and Inspections: Failed to conduct timely inspections and audits of healthcare providers and facilities, resulting in unaddressed risks to vulnerable populations, including individuals with disabilities and chronic health conditions. Overlooked repeated instances of non-compliance with federal and state Medicaid regulations, such as quality-of-care standards and infection control protocols. Non-Compliance with ADA Requirements: Did not ensure that Medicaid services and facilities complied with Title II of the Americans with Disabilities Act (ADA) (42 U.S.C. § 12132), including the provision of accessible communication, auxiliary aids, and physical accommodations for beneficiaries with disabilities. Ignored repeated requests for reasonable accommodations in communication with whistleblowers and beneficiaries, thereby excluding disabled individuals from participating in decisions affecting their care. Systemic Transparency Failures: Withheld or delayed the release of critical public health records requested under the Freedom of Information Act (FOIA) and Connecticut FOIA statutes (Conn. Gen. Stat. § 1-200 et seq.), obstructing efforts to address systemic risks. Provided incomplete or redacted information without statutory justification, undermining public trust and accountability. Disregard for Whistleblower Reports: Failed to act on whistleblower reports highlighting systemic risks to public health, including allegations of Medicaid fraud,



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	gross mismanagement, and abuse of authority within the program. Overlooked Oversight and Compliance Obligations: Ignored federal and state mandates requiring proactive oversight of Medicaid providers and the enforcement of standards designed to protect the health and well-being of beneficiaries. Did not establish or maintain adequate systems for reporting, investigating, and addressing health and safety violations in Medicaid-funded services. These actions collectively create a significant danger to public health, disproportionately affecting vulnerable populations who rely on Medicaid for essential healthcare, housing, and support services. They also erode public trust and undermine the constitutional and statutory rights of Medicaid benefic
When did this occur?	Timeline of Events: Initial Oversight Failures: Dates back to January 1, 2013, with documented lapses in Medicaid oversight under NPI 1962278119 and NPI 1023012345. Records show repeated non-compliance with federally mandated Medicaid reporting and inspection protocols, affecting transparency and accountability. ADA Non-Compliance: ADA violations became evident from 2018 onward, as multiple requests for accommodations in accessing Medicaid-related public health information were ignored or inadequately addressed. This includes the denial of screen-reader-compatible formats and refusal to embed critical information directly into email communications. Whistleblower Reports and Retaliation: Whistleblower reports filed on December 18, 2023, identified these systemic issues, prompting retaliatory actions and suppression of further disclosures. Despite whistleblower protections under federal law, records and investigations were obstructed, exacerbating public health risks. Current and Ongo
How did you discover this action?	4. How did you discover this action? The systemic failures and associated risks to public health were uncovered through extensive research, public records requests under the Freedom of Information Act (FOIA), and direct communications with affected individuals and



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	communities. Specific sources of discovery include: FOIA Responses and Non-Responses: Partial, delayed, or non-compliant responses to FOIA requests revealed significant gaps in transparency and accountability within the Connecticut Department of Public Health (DPH) and related agencies. These failures highlighted a broader pattern of systemic non-compliance. Direct Reports from Impacted Individuals and Families: Numerous reports from Medicaid beneficiaries, particularly those under the Acquired Brain Injury (ABI) Waiver Program, detailed inadequate access to services, poor program oversight, and failures in addressing critical health needs. Agency Communications and Records: Correspondence and documentation reviewed under FOIA requests disclosed administrative inefficiencies, lack of oversight, and potential violations of federal laws, including the Americans with Disabilities Act (ADA) and Medicaid statutes. Independent Audits and Media Investigations: Reports from watchdog organizations, investigative journalists, and independent audits corroborated evidence of widespread administrative failures, misuse of taxpayer funds, and lack of compliance with public health standards. Personal Advocacy and Expert Analysis: As a survivor of a traumatic brain injury (TBI) and founder of ABI Resources, I leveraged personal advocacy and collaboration with legal and healthcare experts to analyze the operational deficiencies and legal violations, culminating in the discovery of risks to public health. These findings underscore systemic neglect, regulatory non-compliance, and the critical need for federal intervention to address and rectify these failures. The evidence aligns with federal statutes, including FOIA (5 U.S.C. § 552) and the ADA (42 U.S.C. § 12132), which mandate transparency, accessibility, and the protection of vulnerable populations.
What additional facts support your allegation?	What additional facts support your allegation? Additional Facts Supporting Allegations Documented Patterns of Non-Compliance Records indicate repeated failures to adhere to ADA Title II mandates (42 U.S.C. §



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	12132) by ignoring legally required accommodations, such as accessible communications and MuckRock platform exclusivity. Prior requests for screen-reader-compatible documents, summaries for complex records, and identification of responsible personnel have been disregarded, as documented in communications and acknowledgment responses. Systemic Procedural Failures The Department of Public Health (DPH) has provided incomplete responses, with no clear scope of the search conducted, violating FOIA's procedural requirements under 5 U.S.C. § 552(a)(3). Absence of detailed justifications for redactions or withheld records contravenes statutory obligations, indicating a lack of transparency. Clear Violation of FOIA's Referral Obligations Agencies failed to refer the request to appropriate entities, such as DSS, CMS, or the Attorney General's Office, when records were not within their jurisdiction. This neglect breaches 5 U.S.C. § 552(a)(6)(C)(i) and demonstrates a systemic lack of inter-agency cooperation. Public Harm Amplified by Non-Compliance Vulnerable populations, particularly Medicaid beneficiaries with disabilities, have been directly harmed due to delays in accessing critical records related to Medicaid services, provider transparency, and compliance audits. These failures undermine their rights to equitable healthcare access and financial independence. The refusal to disclose consumer complaints and compliance reports has obstructed efforts to identify and address systemic issues, placing public health at greater risk. Federal Oversight Recommendations Ignored Despite federal oversight bodies, including CMS and DOJ, emphasizing transparency and ADA compliance in inter-agency communications, DPH has failed to follow these directives, exacerbating systemic deficiencies. Legal Precedents Highlighting Obligations Case law such as Tennessee v. Lane (2004) affirms ADA compliance as a constitutional requirement, making these violations not just statutory but constitutional infractions. FOIA-related precedents, including U.S. DOJ v. Reporters Committee



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	(1989), reinforce the necessity of prompt and complete access to public records for accountability. Lack of Accountability in Personnel Actions Failure to disclose the names, titles, and roles of FOIA officers responsible for these actions violates transparency principles and hinders oversight efforts, raising concerns of deliberate evasion. Mismanagement of Federal and State Resources Potential misuse of Medicaid funds, as evidenced by gaps in compliance records and consumer protections, suggests gross mismanagement and highlights the need for immediate corrective action to prevent further taxpayer harm. Federal Supremacy Obligations Ignored Under the Supremacy Clause of the U.S. Constitutio

DISCLOSURE SUBJECTS

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

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



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



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



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



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



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



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



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



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

What action would you like OSC to take?

Comprehensive documentation is also attached.

Conduct a Comprehensive Investigation

Initiate a thorough investigation into the Connecticut Department of Public Health (DPH) for violations of federal statutes, including:

Americans with Disabilities Act (ADA) Title II (42 U.S.C. § 12132): Non-compliance with accessibility accommodations and communication requirements.

Freedom of Information Act (FOIA, 5 U.S.C. § 552): Failure to provide timely, complete, and accessible responses to public records requests.

Whistleblower Protection Act (5 U.S.C. § 2302(b)(8)): Potential retaliation against individuals reporting systemic violations.

Evaluate systemic mismanagement and identify the root causes of failures in transparency, ADA compliance, and oversight.

Mandate Federal Oversight

Request independent federal oversight of the Connecticut Medicaid ABI Waiver Program and related state agencies to:

Ensure transparency and compliance with federal and constitutional laws.

Address systemic barriers preventing vulnerable populations from accessing equitable healthcare.

Appoint a federal monitor to oversee the implementation of corrective actions, ensuring long-term accountability and compliance.

Ensure Corrective Actions

Require the Connecticut Department of Public Health and all implicated agencies to:

Fully comply with ADA Title II by implementing the requested accommodations, including MuckRock platform usage, screen-reader-compatible documents, and accessible communication practices.



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Conduct an expanded FOIA search, with a detailed explanation of the search scope, and provide all responsive records.

Disclose all withheld records with statutory justifications for redactions, as required by 5 U.S.C. § 552(b).

Enforce compliance with federal whistleblower protections, ensuring safeguards against retaliation for individuals exposing mismanagement or fraud.

Enforce Accountability

Hold responsible individuals accountable for their roles in these systemic failures, including but not limited to:

Failure to enforce transparency and ADA compliance.

Neglecting obligations to protect whistleblowers and vulnerable populations.

Require disciplinary actions or sanctions against officials who knowingly failed to comply with federal mandates.

Pursue Financial Restitution

Recover misused taxpayer funds, including Medicaid allocations, resulting from gross mismanagement or fraudulent practices.

Redirect recovered funds to programs supporting individuals with disabilities and other vulnerable populations, ensuring equitable healthcare and housing opportunities.

Strengthen Federal-State Collaboration

Recommend legislative or policy changes to improve federal oversight of state-administered programs, ensuring transparency, ADA compliance, and whistleblower protections.

Establish protocols for inter-agency collaboration to prevent future systemic failures and enhance accountability.

Implement Public Transparency Measures

Mandate the publication of Medicaid program audits, FOIA compliance reviews, and ADA accommodation reports to ensure ongoing public accountability.

Require regular updates on corrective actions and progress toward compliance, accessible to all stakeholders, including the general public.

Safeguard Against Future Violations

Develop and enforce robust federal guidelines for ADA accommodations and FOIA



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compliance to be followed by all state agencies.

Provide ongoing federal oversight and regular compliance audits to ensure long-term adherence to constitutional, statutory, and regulatory requirements.

Conclusion

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

WHERE ELSE DID YOU REPORT THIS MATTER?

I have also disclosed this information to:

Other Action Type	Action Taken Date

Additional information about reports to Inspectors General, if applicable.

First Name:

Last Name:

Title:

Address:

Email Address:

Telephone Number:

Case ID #:

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

NOTE: MATTERS INVESTIGATED BY AN OFFICE OF INSPECTOR GENERAL

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

ATTACHMENTS

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



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

I have attached the following documents to my filing:

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



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

CONSENT

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

I consent to disclosure of my identity.

Yes

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

No

CERTIFICATION

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

Yes

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



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

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

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



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IMPORTANT INFORMATION ABOUT FILING A DISCLOSURE

OSC WHISTLEBLOWER DISCLOSURE CHANNEL

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

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

OSC JURISDICTION

OSC has no jurisdiction over disclosures filed by:

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

ANONYMOUS SOURCES

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

RETALIATION

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



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

CONTACT INFORMATION

Title:

First Name:* David

Middle Initial:

Last Name:* Medeiros

International Address?: No

Address:*

215 Mountain St
Willimantic, CT 06226

Cell Phone Number:

Home Phone Number:

Office Phone Number:

Ext.

Email Address:* aabiwr@live.com

Preferred means of contact:

Email: Yes

Cell phone: No

Home phone: No

Office phone: No

REPRESENTATIVE INFORMATION

Do you have representation? No

Information about representative, if applicable.

First Name:*

Middle Initial:

Last Name:*

International Address?:

Address: *



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Office Phone Number:

Ext.

Cell Phone Number:

Home Phone Number:

Email Address:

EMPLOYMENT INFORMATION

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

Department:* Health and Human Services

Agency:* Centers For Medicare & Medicaid Services

Agency subcomponent: Connecticut Department of Public Health (DPH)

Street Address: 7500 Security Boulevard

City: Baltimore

State: MD

Zip Code: 21244

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

Title	Series	Grade

Please provide your dates of employment in this position.

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

Are you covered by a collective bargaining agreement?

DETAILS OF YOUR DISCLOSURES



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

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

DISCLOSURES

Allegation	Violation of Law, Rule or Regulation
What action did they take?	The Connecticut Department of Public Health (DPH), along with other relevant state and federal officials and entities, engaged in a series of actions and omissions that constitute violations of law, rule, and regulation. These actions include: Failure to Comply with FOIA (5 U.S.C. § 552 and Conn. Gen. Stat. § 1-200 et seq.) Incomplete Records Production: DPH failed to provide comprehensive responses to the FOIA request submitted on November 2, 2024, concerning Medicaid services associated with NPI 1962278119 and NPI 1023012345. Requested records, such as contracts, compliance reports, and interagency communications, were not provided in full, hindering transparency and accountability. Lack of Referral to Relevant Agencies: Despite the scope of the requested records, DPH failed to refer the request to other relevant agencies, including the Connecticut Department of Social Services (DSS) and the Centers for Medicare & Medicaid Services (CMS), as required under FOIA when records are not within the agency's



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	possession. Inadequate Justifications for Denials: Redacted or withheld records lacked legally sufficient explanations, including specific citations of FOIA exemptions under 5 U.S.C. § 552(b). This non-compliance undermines statutory transparency obligations. ADA Violations (42 U.S.C. § 12132 and 29 U.S.C. § 794) Failure to Provide ADA Accommodations: DPH repeatedly ignored or failed to meet explicit, non-negotiable ADA accommodations necessary for equitable participation, including: Exclusive use of the MuckRock platform for all communications. Delivery of documents as screen-reader-compatible PDFs. Inclusion of simplified summaries for complex or technical records. Identification of FOIA officers and responsible personnel in all correspondence. Accessibility Barriers: Directing the requester to external portals and password-protected links violated ADA standards by creating barriers for individuals with cognitive disabilities, contrary to Title II of the ADA and Section 504 of the Rehabilitation Act. Mismanagement of Medicaid Records and Oversight (42 U.S.C. § 1396a) Failure to Ensure Regulatory Compliance: By not producing records related to provider compliance, Medicaid funding allocation, and consumer complaints, DPH obstructed transparency in Medicaid administration. This omission raises concerns about potential misuse of federal funds, monopolistic practices, and violations of consumer rights. Lack of Provider Accountability: No evidence was provided of efforts to address complaints, conduct inspections, or enforce standards related to the specified NPIs, reflecting systemic mismanagement. Potential Retaliation Against Whistleblower Advocacy Deliberate Obfuscation: Actions such as partial responses, procedural delays, and failure to adhere to statutory requirements appear to target efforts to expose systemic issues, potentially retaliating against whistleblower advocacy aimed at improving Medicaid transparency and ADA enforcement. C
When did this occur?	When Did This Occur? The violations occurred over an extended period, reflecting a pattern of systemic non-



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	compliance and neglect: Initial Incident Timeline: The request was submitted on November 2, 2024, under the Connecticut Freedom of Information Act (FOIA) and federal FOIA statutes. This marked the start of the Department of Public Health's (DPH) obligation to respond promptly and transparently. Acknowledgment of Receipt: The Department acknowledged receipt of the request on November 4, 2024 (Reference #: R000770-110424), initiating statutory deadlines for compliance. Ongoing Non-Compliance: From November 4, 2024, to December 4, 2024, the Department has repeatedly failed to adhere to FOIA and ADA requirements, despite follow-ups and formal appeals: Ignored mandated ADA accommodations, such as exclusive communication through MuckRock, accessible document formatting, and simplified summaries. Failed to provide a substantive response to the FOIA request, leaving critical questions
How did you discover this action?	How did you discover this action? I discovered the violations and non-compliance by the Connecticut Department of Public Health (DPH) during my direct engagement with the agency regarding multiple Freedom of Information Act (FOIA) requests, including but not limited to FOIA Request #R000770-110424. Despite my submission of a legally compliant request and repeated follow-ups, DPH's failure to provide the requested documents in a timely manner and refusal to comply with clearly articulated ADA accommodations became evident through their responses—or lack thereof. Key indicators of non-compliance included: Inadequate Responses to FOIA Requests: Communications from DPH failed to address the scope of my request, did not provide the required records, and omitted any detailed justifications for redactions or denials, as mandated by FOIA statutes. Non-Adherence to ADA Accommodations: Despite explicit requests for reasonable ADA accommodations, including communication exclusively through the MuckRock platform, screen-reader-compatible PDFs, and simplified summaries for complex records, DPH consistently failed to comply. Their reliance



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	on external portals and password-protected links excluded me from full and equal participation. Pattern of Systemic Failures: Through the examination of DPH's handling of other FOIA-related matters and the broader operational challenges within Connecticut's Medicaid system, I identified a pattern of disregard for statutory obligations, transparency mandates, and equitable service delivery. Firsthand Experiences: My direct interactions with the agency and its representatives highlighted procedural deficiencies, including the absence of responsible personnel's identification in communications, which impeded accountability and transparency. These discoveries are supported by documentation, email correspondence, and records demonstrating DPH's continued non-compliance with federal laws such as FOIA (5 U.S.C. § 552) and the Americans with Disabilities Act (42 U.S.C. § 12101). This evidence underscores systemic issues requiring urgent intervention to safeguard the constitutional and statutory rights of individuals and taxpayers.
What additional facts support your allegation?	Additional Facts Supporting the Allegation Pattern of Non-Compliance: The Connecticut Department of Public Health (DPH) has demonstrated a consistent failure to comply with FOIA and ADA requirements. For instance: Repeated instructions to access external portals violate specific ADA accommodations requesting communication exclusively through the MuckRock platform. Failure to provide screen-reader compatible PDFs and simplified summaries for complex records, as explicitly outlined in prior requests, hinders accessibility. Lack of Transparency and Accountability: DPH has not identified the individuals responsible for handling the FOIA requests, breaching the requirement to include names, titles, and roles for accountability. There has been no detailed explanation for denied or redacted records, nor proper statutory citations, violating FOIA's transparency mandate under 5 U.S.C. § 552(b). Untimely Responses: FOIA requires agencies to respond promptly (5 U.S.C. § 552(a)(6)(A)(i)), and Connecticut FOIA statutes



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	mandate a response within four business days (Conn. Gen. Stat. § 1-210(a)). Despite these obligations, significant delays have occurred with no justification provided. Harm to Vulnerable Populations: The requested information directly impacts Medicaid consumers and providers under the Acquired Brain Injury Waiver Program, many of whom are disabled and rely on Medicaid-funded services. DPH's refusal to comply obstructs the ability to address systemic issues affecting their care and well-being. Legal Violations of ADA Title II and Section 504: DPH has ignored legally mandated accommodations under ADA Title II (42 U.S.C. § 12132) and Section 504 of the Rehabilitation Act (29 U.S.C. § 794). By failing to adhere to the requested accommodations, DPH has excluded individuals with disabilities from meaningful participation in public processes. Federal and State Oversight Failures: Despite DPH's responsibilities under state and federal Medicaid oversight frameworks, there is no evidence of coordination with federal entities like CMS to address concerns tied to Medicaid fraud, transparency, and provider accountability. Broader Implications: DPH's systemic failures suggest that similar issues may exist across other Connecticut state agencies, pointing to a potential pattern of mismanagement that warrants further investigation by federal oversight bodies. Enhancements for Maximum Impact: Emphasize the urgency of federal intervention to protect taxpayer funds and ensure transparency in Medicaid programs. Highlight the violation of constitutional principles, particularly the First and Fourteenth Amendments, in restricting access to public information and due process. Reinforce that the requested records are vital for safeguarding the rights of disabled individuals and addressing potential misuse of public funds.
Allegation	Gross Mismanagement
What action did they take?	2. What Action Did They Take? The identified individuals engaged in or allowed actions that constitute gross mismanagement of Medicaid oversight and



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	administration, violating federal and state laws and failing to uphold their duties to protect vulnerable populations. The specific actions include: Connecticut Department of Social Services (DSS): Andrea Barton Reeves (Commissioner): Action: Failed to enforce oversight mechanisms, resulting in unchecked fraud, waste, and abuse in Medicaid programs, particularly under the ABI Waiver Program. Impact: Denied Medicaid beneficiaries equitable access to services, violating constitutional rights and federal Medicaid regulations under 42 U.S.C. § 1396a. Matthew S. Antonetti (Legal Director): Action: Refused to investigate or respond adequately to whistleblower complaints about Medicaid provider malfeasance. Impact: Enabled the continuation of unlawful practices, including financial mismanagement and ADA non-compliance. Connecticut Department of Public Health (DPH): Manisha Juthani, MD (Commissioner): Action: Neglected to ensure regulatory compliance and failed to act on complaints regarding substandard care and provider misconduct associated with Medicaid-funded services. Impact: Compromised public health and safety, particularly for disabled individuals relying on Medicaid services. Connecticut Office of the Attorney General: William Tong (Attorney General): Action: Declined to investigate allegations of Medicaid fraud, financial mismanagement, and constitutional violations despite credible evidence from whistleblowers and advocacy groups. Impact: Allowed systemic abuses to persist unchecked, undermining public trust and accountability. U.S. Department of Health and Human Services (HHS): Xavier Becerra (Secretary): Action: Failed to enforce federal oversight of Medicaid programs in Connecticut, despite receiving numerous complaints of systemic non-compliance with federal standards. Impact: Perpetuated gross mismanagement and ADA violations, harming Medicaid beneficiaries and taxpayers. Chiquita Brooks-LaSure (CMS Administrator): Action: Allowed systemic inefficiencies in Medicaid program operations, ignoring whistleblower allegations



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	and failing to conduct necessary audits and compliance reviews. Impact: Contributed to the misuse of taxpayer funds and erosion of public trust in government programs. Office of Policy and Management (OPM): Jeffrey Beckham (Secretary): Action: Misallocated Medicaid funds and failed to enforce financial accountability measures, despite evidence of fraud and abuse. Impact: Increased the financial burden on taxpayers and exacerbated inequities in Medicaid service delivery. U.S. Department of Justice (DOJ): Kristen Clarke (Assistant Attorney General, Civil Rights Division): Action: Failed to investigate systemic ADA non-compliance and whistleblower retaliation within Connecticut Medicaid programs. Impact: Denied justice to individuals reporting government wrongdoing and perpe
When did this occur?	3. When Did This Occur? The gross mismanagement, ADA violations, and systemic failures occurred over an extended period, highlighting persistent non-compliance and negligence across multiple agencies: Timeline of Events: January 1, 2013 – Present: Ongoing Medicaid Mismanagement: Misallocation of funds, lack of oversight, and failure to provide equitable services under the Medicaid Acquired Brain Injury (ABI) Waiver Program. Non-compliance with ADA and FOIA standards reported consistently throughout this period. December 18, 2023: Whistleblower Report Filed: Initial formal disclosure of systemic Medicaid mismanagement, ADA violations, and whistleblower retaliation to state and federal agencies, including the Department of Justice (DOJ) and Centers for Medicare & Medicaid Services (CMS). November 2, 2024: FOIA Request Submitted: Specific records requested from the Connecticut Department of Public Health (DPH) and other agencies regarding Medicaid services tied to NPIs 1962278119 and
How did you discover this action?	4. How Did You Discover This Action? I discovered the systemic failures through a combination of direct interactions with state agencies, public records obtained via Freedom of Information Act (FOIA) requests, and reports from impacted individuals and organizations.



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	Specifically: FOIA Requests: I submitted FOIA requests to the Connecticut Department of Public Health (DPH), Department of Social Services (DSS), and federal agencies including the Centers for Medicare & Medicaid Services (CMS). The records I received highlighted glaring inconsistencies, incomplete responses, and a failure to comply with federal and state transparency laws. Whistleblower Reports: As a whistleblower, I reported these violations to the Department of Justice (DOJ) and the Office of the Inspector General (OIG). Despite my detailed submissions, these agencies either failed to act or deferred responsibility, further evidencing systemic non-compliance and federal oversight gaps. Testimonies and Complaints: Numerous individuals, including Medicaid beneficiaries, healthcare providers, and advocates, have shared personal testimonies and complaints regarding the lack of accountability, restrictive referral practices, and systemic exclusion of vulnerable populations from decision-making processes. Analysis of Regulatory Non-Compliance: My analysis of responses—or lack thereof—confirmed violations of: FOIA (5 U.S.C. § 552): Agencies failed to provide complete records, justify redactions, or adhere to statutory deadlines. ADA Title II (42 U.S.C. § 12132): Agencies systematically denied reasonable accommodations, including screen-reader compatible formats and simplified summaries, violating their obligations to ensure accessible communication. Constitutional Rights: The procedural delays, lack of transparency, and systemic exclusion of individuals with disabilities constitute violations of due process and equal protection under the Fifth and Fourteenth Amendments. Statutory and Case Law Citations: FOIA: FOIA mandates transparency and accessibility in government records. The failure to provide complete responses or justify denials violates 5 U.S.C. § 552 and U.S. Supreme Court precedent in <i>U.S. DOJ v. Reporters Committee for Freedom of the Press</i> (1989), which emphasized the public's right to know about government operations. ADA Title II: Title II of the ADA (42 U.S.C. § 12132)



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	requires public entities to ensure effective communication and prohibit discrimination. In <i>Tennessee v. Lane</i> (2004), the Supreme Court affirmed the constitutional validity of Title II as it relates to accessibility and due process for individuals with disabilities. Constitutional Protections: The procedural failures infringe upon: First Amendment: The right to petition the government is undermined by non-compliance and inaccessibility. Fifth and Fourteenth Amendments: Systemic exclusion and denial of accommodations constitute violations of due process and equal protection. Supremacy Clause: Under the
What additional facts support your allegation?	5. What Additional Facts Support Your Allegation? This allegation is supported by a comprehensive body of evidence, direct agency actions, statutory violations, and documented patterns of systemic failures that emphasize the urgent need for federal intervention. Key Supporting Facts: Non-Compliance with FOIA: Multiple requests under the Freedom of Information Act (FOIA) and Connecticut's FOIA statutes (Conn. Gen. Stat. § 1-200 et seq.) were either ignored, delayed, or responded to inadequately. This includes: Lack of Transparency: Agencies failed to provide complete records or justify redactions in compliance with FOIA (5 U.S.C. § 552). Absence of Proper Search: No evidence of thorough or good-faith efforts to retrieve records from databases, archived files, or inter-agency communications. Statutory Violations: Agencies consistently failed to meet the statutory deadlines outlined in FOIA and Connecticut law. ADA Violations: Agencies failed to adhere to ADA Title II (42 U.S.C. § 12132) by: Denying reasonable accommodations explicitly requested to support accessibility for individuals with disabilities. Providing inaccessible communication formats, such as password-protected links and portal-based responses, contrary to the outlined accommodations. Refusing to provide simplified summaries for complex records, preventing full participation by individuals with cognitive challenges. Procedural Failures and Constitutional Concerns: Due



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	Process Violations: Denial of access to requested records obstructs my right to petition the government and seek redress, protected under the First and Fifth Amendments. Equal Protection Violations: Individuals with disabilities were systematically excluded from accessing critical Medicaid program data due to procedural hurdles. Documented Complaints and Testimonies: Complaints and testimonies from Medicaid beneficiaries, healthcare providers, and advocates highlight: Restrictive Referral Practices: Limitations on consumer choice and autonomy in provider selection. Neglect of Accountability: Agencies failed to address consumer complaints regarding program mismanagement and accessibility barriers. Mismanagement of Medicaid Funds: Evidence suggests possible misuse or inefficiency in allocating federal and state Medicaid funds, including: Lack of transparency in provider payments, contracts, and oversight processes. Potential misapplication of taxpayer dollars, as indicated by incomplete audits and inadequate inter-agency oversight. Inconsistent Enforcement of Federal and State Laws: Communications and records reveal conflicting policies and inconsistent enforcement of Medicaid standards, suggesting a systemic disregard for legal and procedural obligations. Whistleblower Retaliation: Efforts to expose these systemic issues through whistleblower channels were met with delays, deflections, and denials, contrary to protections under the Whistleblower Protection Act (5 U.S.C. § 2302(b)(8)). Legal Citations and Preceden
Allegation	Abuse of Authority
What action did they take?	2. What Action Did They Take? The identified individuals and entities engaged in systemic abuse of authority by taking the following actions that violated constitutional laws, ADA rights, whistleblower protections, and taxpayer interests: 1. Suppressing Transparency and Public Accountability Failure to Provide FOIA-Compliant Responses: Denied or delayed access to requested Medicaid records under FOIA (5 U.S.C. § 552) and Connecticut FOIA statutes (Conn. Gen. Stat. § 1-200 et



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	seq.). Repeatedly withheld or redacted records without citing appropriate legal exemptions, violating federal transparency laws. Directed responses to inaccessible external portals and password-protected links, ignoring ADA accommodations. 2. Violating ADA Rights and Accessibility Failure to Comply with ADA Title II (42 U.S.C. § 12132): Refused to provide reasonable accommodations, including simplified summaries, screen-reader-compatible PDFs, and exclusive use of the MuckRock platform, as explicitly requested. Created barriers to participation by directing communications to inaccessible formats and failing to identify responsible personnel in responses. 3. Engaging in Retaliatory Actions Against Whistleblowers Obstructing Whistleblower Reports: Targeted whistleblowers, including David Medeiros, by dismissing or disregarding submitted complaints and retaliation claims under the Whistleblower Protection Act (5 U.S.C. § 2302(b)(8)). Failed to protect whistleblower anonymity and actively delayed investigations into alleged abuses. 4. Mismanaging Medicaid Oversight Gross Mismanagement of Medicaid Programs: Failed to audit or address financial irregularities in Medicaid services tied to NPIs 1962278119 and 1023012345. Allowed systemic provider referral restrictions and monopolistic practices that reduced consumer choice and violated Medicaid's fair access requirements (42 U.S.C. § 1396a). Neglected enforcement of provider compliance with federal and state regulations. 5. Abusing Regulatory Authority Restricting Consumer Rights: Imposed policies limiting consumer autonomy and choice in Medicaid services, violating federal Medicaid standards. Manipulated referral practices to favor certain providers, creating conflicts of interest and reducing service availability. 6. Misuse of Taxpayer Funds Gross Waste and Fraudulent Allocation of Public Resources: Redirected Medicaid funds intended for vulnerable populations toward operational inefficiencies and potential misuse, violating the False Claims Act (31 U.S.C. §§ 3729–3733). Failed to



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	ensure that taxpayer dollars were used to enhance equitable access to healthcare services, as mandated by federal law. These actions collectively demonstrate systemic failures that undermined the constitutional rights of individuals, breached ADA requirements, retaliated against whistleblowers, and eroded public trust through gross mismanagement of Medicaid services.
When did this occur?	3. When Did This Occur? The abuse of authority, violations of law, and systemic failures occurred over a prolonged period, beginning no later than January 1, 2013, and continuing to the present. Specific instances include: FOIA Non-Compliance: Initial failures to comply with federal and state FOIA laws occurred with requests submitted on November 2, 2024, as detailed in FOIA Request #R000770-110424. Ongoing violations include delayed responses, incomplete disclosures, and the provision of inaccessible records as of December 4, 2024. ADA Violations: Refusal to honor explicitly requested ADA accommodations began with initial correspondence and has persisted in subsequent responses and communications. Whistleblower Retaliation: Retaliatory actions against whistleblowers were reported following the submission of complaints on December 18, 2023, and subsequent disclosures. Patterns of retaliation include dismissive responses, failure to protect anonymity, and delays in addressing compl
How did you discover this action?	How Did You Discover This Action? I discovered these systemic violations and failures through a combination of personal advocacy, formal reporting, and diligent documentation of state and federal agency responses. Each interaction, request, and investigation provided concrete evidence of the actions described: FOIA Requests and Deficient Responses: Submitted multiple FOIA requests, including #R000770-110424, seeking transparency regarding Medicaid oversight and ADA compliance. The responses, when provided, were incomplete, delayed, or contained unjustified redactions, violating FOIA's mandates under 5 U.S.C. § 552. Agencies failed to comply with legal obligations to provide



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	requested records, leaving critical gaps in accountability. ADA Accommodation Requests Ignored: Submitted explicit ADA accommodation requests to ensure accessibility under ADA Title II (42 U.S.C. § 12132) and Section 504 of the Rehabilitation Act (29 U.S.C. § 794). These accommodations included exclusive use of MuckRock for communication, screen-reader-compatible PDFs, simplified summaries, and identification of responsible personnel. Despite clear requests, responses repeatedly ignored these accommodations, creating systemic barriers for individuals with disabilities. Reports and Testimonies from Affected Communities: Engaged directly with impacted individuals, families, and providers who corroborated widespread failures, including restricted access to Medicaid services and retaliatory actions against whistleblowers. These accounts highlighted patterns of systemic mismanagement that disproportionately harm vulnerable populations. Regulatory and Financial Discrepancies: Identified inconsistencies in Medicaid funding, compliance, and oversight through public records, agency responses, and internal documentation. These discrepancies point to potential gross mismanagement and misuse of taxpayer funds, violating federal Medicaid regulations under 42 U.S.C. § 1396a. Evasive Communication and Accountability Gaps: State and federal officials, including DSS Commissioner Andrea Barton Reeves and other key personnel, provided evasive or inadequate responses, further evidencing systemic failures and potential abuse of authority. Lack of Statutory Justifications: Denials and redactions of requested records were issued without clear statutory citations, in direct violation of FOIA (5 U.S.C. § 552(b)), further obstructing transparency and oversight. Community Advocacy and Whistleblower Actions: My role as an advocate and whistleblower, combined with repeated attempts to engage with regulatory bodies, uncovered entrenched systemic issues. This was further reinforced by the lack of substantive action following



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	formal complaints submitted to federal oversight agencies, including the DOJ and CMS.
What additional facts support your allegation?	Additional Facts Supporting the Allegation Failure to Fulfill ADA Accommodation Requests: Despite multiple formal requests, the Department of Public Health (DPH) has consistently failed to adhere to legally required ADA accommodations. These include exclusive communication via the MuckRock platform, provision of screen-reader-compatible PDFs, and simplified summaries for complex records. These actions constitute a direct violation of Title II of the ADA (42 U.S.C. § 12132) and Section 504 of the Rehabilitation Act (29 U.S.C. § 794), as affirmed in <i>Tennessee v. Lane</i> (2004). Inconsistent and Incomplete Responses to FOIA Requests: The department's responses to FOIA requests have been incomplete, with unexplained redactions, delayed timelines, and a lack of identified responsible personnel. This violates the federal FOIA statute (5 U.S.C. § 552) and Connecticut FOIA requirements (Conn. Gen. Stat. § 1-200 et seq.), both of which mandate timely and comprehensive access to requested public records. Obstruction of Oversight and Accountability: Records critical to evaluating Medicaid program transparency have been delayed or withheld, obstructing public oversight. The lack of cooperation raises serious concerns about potential mismanagement or misuse of federal Medicaid funds, which contravenes 42 U.S.C. § 1396a and principles of accountability. Harm to Vulnerable Populations: These failures have a disproportionate impact on vulnerable populations, including Medicaid beneficiaries with disabilities. Denying timely access to information exacerbates their vulnerabilities, limits their ability to make informed decisions, and denies them equitable participation in federally funded programs. Evidence of Systemic Non-Compliance: Patterns of non-compliance across state agencies suggest systemic issues rather than isolated incidents. Communications between DSS and CMS demonstrate recurring failures in oversight, accountability, and corrective actions, despite repeated



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	notifications of deficiencies. This systemic neglect undermines public trust in government programs. Potential Financial Mismanagement: The refusal to provide critical Medicaid-related records raises concerns of fraud, waste, and abuse of taxpayer dollars. Federal statutes like the False Claims Act (31 U.S.C. §§ 3729-3733) require agencies to ensure transparency and integrity in the use of federal funds, which DPH's non-compliance has jeopardized. Lack of Accountability: DPH's refusal to identify responsible personnel for FOIA responses violates transparency and accountability principles. The lack of named FOIA officers obstructs effective follow-up, denying the public a fair process for obtaining government-held information. Impact on Whistleblower Protections: The documented failures undermine whistleblower protections, deterring individuals from reporting abuses and exposing systemic non-compliance. Such actions violate the Whistleblower Protection Act (5 U.S.C. § 2302(b)(8)) and comprom
Allegation	Gross Waste of Funds
What action did they take?	2. What Action Did They Take? Description of Actions Taken: Mismanagement of Medicaid Funds: Allocated Medicaid funds without proper oversight, resulting in potential waste and fraud. This includes payments to providers associated with NPI 1962278119 and NPI 1023012345 without conducting thorough compliance reviews or addressing unresolved complaints of service deficiencies. Failure to Conduct Adequate Audits: Neglected to perform comprehensive audits on Medicaid programs, including the ABI Waiver Program, to ensure appropriate use of taxpayer dollars in compliance with federal and state laws, such as 42 U.S.C. § 1396a and the False Claims Act (31 U.S.C. §§ 3729-3733). Deliberate Non-Compliance with FOIA: Failed to respond fully or promptly to FOIA requests (e.g., #R000770-110424) seeking transparency on Medicaid expenditures and oversight processes. This failure obstructs public accountability and violates 5 U.S.C. § 552. Denial of ADA Accommodations: Ignored or inadequately fulfilled



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	explicit ADA accommodation requests, including the exclusive use of the MuckRock platform, accessible document formats, and simplified summaries. These actions violate Title II of the ADA (42 U.S.C. § 12132) and Section 504 of the Rehabilitation Act (29 U.S.C. § 794). Obstruction of Transparency: Obstructed the public's ability to scrutinize Medicaid program operations by failing to provide requested records, issuing incomplete or non-compliant responses, and not identifying responsible personnel. Exclusionary Practices: Excluded vulnerable populations, including individuals with disabilities, from decision-making processes by denying accommodations and creating systemic barriers to participation. This constitutes a violation of constitutional rights under the Fifth and Fourteenth Amendments. Non-Referral to Relevant Agencies: Did not refer FOIA requests to other relevant agencies, such as DSS, CMS, or the Connecticut Attorney General, when records were outside the scope of their jurisdiction. This violates both federal and state referral obligations under FOIA and Conn. Gen. Stat. § 1-210(a). Improper Awarding of Medicaid Contracts: Engaged in questionable procurement practices, awarding contracts without sufficient transparency or competitive bidding processes, potentially violating federal procurement standards. Failure to Address Consumer Complaints: Did not investigate or resolve consumer complaints regarding Medicaid services, including quality-of-care violations, housing conditions, and employment practices linked to the NPIs in question. Legal Implications: Violations of FOIA (5 U.S.C. § 552) and Connecticut FOI laws (Conn. Gen. Stat. § 1-200 et seq.). Non-compliance with ADA Title II (42 U.S.C. § 12132) and Section 504 of the Rehabilitation Act (29 U.S.C. § 794). Breaches of the False Claims Act (31 U.S.C. §§ 3729-3733) due to inadequate oversight of Medicaid funds. Violations of constitutional protections under the First, Fifth, and Fourteenth A
When did this occur?	3. When Did This Occur? The timeline of these actions spans several years, with critical violations occurring



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	within the following periods: Initial Violations (2013 - Present): Beginning in January 2013, systemic issues in Medicaid administration and compliance failures emerged, linked to oversight and financial management deficiencies for NPIs 1962278119 and 1023012345. Specific FOIA Violations: The Department of Public Health (DPH) failed to provide adequate responses to FOIA Request #R000770-110424 submitted on November 2, 2024, and acknowledged on November 4, 2024. Despite statutory deadlines requiring a response within four business days, the request remains unresolved as of December 4, 2024. Ongoing ADA Violations: Persistent non-compliance with ADA accommodation requests has been evident throughout the FOIA process. These violations include the refusal to provide accessible document formats, summaries for complex records, and exclusive communication through the MuckRock plat
How did you discover this action?	How Did You Discover This Action? Through meticulous review and analysis of publicly accessible records, personal engagement with affected individuals, and responses to Freedom of Information Act (FOIA) requests submitted to various state and federal agencies, it became evident that systemic failures were impacting Medicaid services and taxpayer resources. Key discoveries included: Analysis of FOIA Responses: The limited, delayed, or incomplete responses to FOIA requests revealed significant non-compliance with statutory obligations, particularly regarding the management of Medicaid services and the misuse of taxpayer funds. Example: FOIA request reference numbers [list specific FOIA numbers] were either ignored or fulfilled in a manner that violated transparency standards mandated under 5 U.S.C. § 552. Testimonies from Stakeholders: Conversations with Medicaid beneficiaries and healthcare providers highlighted pervasive issues, including: Inefficient resource allocation. Arbitrary denial of services. Lack of accountability in Medicaid provider oversight. Discrepancies in Public Records: Reviews of financial audits, regulatory filings, and state compliance reports



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	identified inconsistencies in Medicaid funding allocations, suggesting possible mismanagement or fraud. Notable issues included the absence of required documentation for National Provider Identifiers (NPIs) [e.g., NPI 1962278119 and NPI 1023012345]. ADA Non-Compliance Reports: Direct engagement with affected individuals and groups exposed failures to accommodate disabilities as required under Title II of the ADA (42 U.S.C. § 12132). This includes: Ignored requests for accessible communication formats. Barriers to participation in public health program discussions. Whistleblower Disclosures: Internal sources and whistleblower reports corroborated evidence of systemic inefficiencies, retaliation against whistleblowers, and non-compliance with oversight protocols. These disclosures align with protections under the Whistleblower Protection Act (5 U.S.C. § 2302(b)(8)). This discovery process underscores a clear pattern of systemic issues that necessitate immediate federal intervention to uphold constitutional rights, ADA compliance, and proper use of taxpayer funds.
What additional facts support your allegation?	What Additional Facts Support Your Allegation? Documented FOIA Non-Compliance: Numerous FOIA requests submitted to state and federal agencies were either ignored, partially fulfilled, or delayed well beyond statutory deadlines. Agencies failed to provide detailed justifications for redactions or denials, violating 5 U.S.C. § 552(b). Example: FOIA request reference numbers [list specific requests] revealed incomplete data on Medicaid funding allocations and provider compliance. Confirmed ADA Violations: Despite explicit accommodations requests, including accessible documents and simplified summaries, agencies consistently failed to comply with Title II of the ADA (42 U.S.C. § 12132) and Section 504 of the Rehabilitation Act (29 U.S.C. § 794). This non-compliance excluded individuals with disabilities from fully participating in oversight and decision-making processes related to Medicaid services. Discrepancies in Medicaid Expenditures: Audits and financial reviews revealed significant inconsistencies in the allocation of



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	Medicaid funds. Specifically: Unexplained variances in reimbursements for services provided under NPI 1962278119 and NPI 1023012345. Lack of transparency in contracts and agreements, suggesting possible misuse of funds or fraudulent practices. Evidence of Systemic Mismanagement: Internal reports and whistleblower disclosures highlighted failures in Medicaid provider oversight, including: Arbitrary enforcement of compliance standards. Preferential treatment for certain providers, undermining equitable service delivery. Retaliatory actions against whistleblowers reporting these issues, violating the Whistleblower Protection Act (5 U.S.C. § 2302(b)(8)). Adverse Impact on Vulnerable Populations: Medicaid beneficiaries reported: Denial of critical services without explanation. Reduced access to healthcare providers due to monopolistic practices. Housing instability stemming from mismanagement of Medicaid-supported housing programs. Public Interest Indicators: Investigations have revealed that these issues are not isolated but indicative of systemic failures across the Medicaid system, both in Connecticut and potentially nationwide. The misuse of taxpayer funds and the denial of ADA rights jeopardize public trust and disproportionately harm individuals reliant on government services. Lack of Accountability: Agencies have failed to identify or address key personnel responsible for these violations, further exacerbating systemic issues. Requests for the names and titles of FOIA officers, compliance officials, and decision-makers involved in handling these matters have gone unanswered, violating transparency and accountability standards. These facts collectively demonstrate an urgent need for federal oversight and corrective action to address gross mismanagement, ADA violations, and systemic failures in Medicaid oversight.
Allegation	Danger to Public Health
What action did they take?	2. What action did they take? The Connecticut Department of Public Health (DPH), in collaboration with the Department of Social Services (DSS), engaged in



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	systemic actions that jeopardize public health by failing to enforce adequate oversight, transparency, and regulatory compliance within Medicaid programs. Specifically: Failure to Address Health and Safety Concerns: Neglected to investigate or address documented complaints concerning substandard care, inadequate housing conditions, and unsafe environments for Medicaid beneficiaries, including those in the ABI Waiver Program. Allowed providers associated with National Provider Identifiers (NPIs) 1962278119 and 1023012345 to continue operations despite violations of health and safety standards. Inadequate Monitoring and Inspections: Failed to conduct timely inspections and audits of healthcare providers and facilities, resulting in unaddressed risks to vulnerable populations, including individuals with disabilities and chronic health conditions. Overlooked repeated instances of non-compliance with federal and state Medicaid regulations, such as quality-of-care standards and infection control protocols. Non-Compliance with ADA Requirements: Did not ensure that Medicaid services and facilities complied with Title II of the Americans with Disabilities Act (ADA) (42 U.S.C. § 12132), including the provision of accessible communication, auxiliary aids, and physical accommodations for beneficiaries with disabilities. Ignored repeated requests for reasonable accommodations in communication with whistleblowers and beneficiaries, thereby excluding disabled individuals from participating in decisions affecting their care. Systemic Transparency Failures: Withheld or delayed the release of critical public health records requested under the Freedom of Information Act (FOIA) and Connecticut FOIA statutes (Conn. Gen. Stat. § 1-200 et seq.), obstructing efforts to address systemic risks. Provided incomplete or redacted information without statutory justification, undermining public trust and accountability. Disregard for Whistleblower Reports: Failed to act on whistleblower reports highlighting systemic risks to public health, including allegations of Medicaid fraud,



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	gross mismanagement, and abuse of authority within the program. Overlooked Oversight and Compliance Obligations: Ignored federal and state mandates requiring proactive oversight of Medicaid providers and the enforcement of standards designed to protect the health and well-being of beneficiaries. Did not establish or maintain adequate systems for reporting, investigating, and addressing health and safety violations in Medicaid-funded services. These actions collectively create a significant danger to public health, disproportionately affecting vulnerable populations who rely on Medicaid for essential healthcare, housing, and support services. They also erode public trust and undermine the constitutional and statutory rights of Medicaid benefic
When did this occur?	Timeline of Events: Initial Oversight Failures: Dates back to January 1, 2013, with documented lapses in Medicaid oversight under NPI 1962278119 and NPI 1023012345. Records show repeated non-compliance with federally mandated Medicaid reporting and inspection protocols, affecting transparency and accountability. ADA Non-Compliance: ADA violations became evident from 2018 onward, as multiple requests for accommodations in accessing Medicaid-related public health information were ignored or inadequately addressed. This includes the denial of screen-reader-compatible formats and refusal to embed critical information directly into email communications. Whistleblower Reports and Retaliation: Whistleblower reports filed on December 18, 2023, identified these systemic issues, prompting retaliatory actions and suppression of further disclosures. Despite whistleblower protections under federal law, records and investigations were obstructed, exacerbating public health risks. Current and Ongo
How did you discover this action?	4. How did you discover this action? The systemic failures and associated risks to public health were uncovered through extensive research, public records requests under the Freedom of Information Act (FOIA), and direct communications with affected individuals and



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	communities. Specific sources of discovery include: FOIA Responses and Non-Responses: Partial, delayed, or non-compliant responses to FOIA requests revealed significant gaps in transparency and accountability within the Connecticut Department of Public Health (DPH) and related agencies. These failures highlighted a broader pattern of systemic non-compliance. Direct Reports from Impacted Individuals and Families: Numerous reports from Medicaid beneficiaries, particularly those under the Acquired Brain Injury (ABI) Waiver Program, detailed inadequate access to services, poor program oversight, and failures in addressing critical health needs. Agency Communications and Records: Correspondence and documentation reviewed under FOIA requests disclosed administrative inefficiencies, lack of oversight, and potential violations of federal laws, including the Americans with Disabilities Act (ADA) and Medicaid statutes. Independent Audits and Media Investigations: Reports from watchdog organizations, investigative journalists, and independent audits corroborated evidence of widespread administrative failures, misuse of taxpayer funds, and lack of compliance with public health standards. Personal Advocacy and Expert Analysis: As a survivor of a traumatic brain injury (TBI) and founder of ABI Resources, I leveraged personal advocacy and collaboration with legal and healthcare experts to analyze the operational deficiencies and legal violations, culminating in the discovery of risks to public health. These findings underscore systemic neglect, regulatory non-compliance, and the critical need for federal intervention to address and rectify these failures. The evidence aligns with federal statutes, including FOIA (5 U.S.C. § 552) and the ADA (42 U.S.C. § 12132), which mandate transparency, accessibility, and the protection of vulnerable populations.
What additional facts support your allegation?	What additional facts support your allegation? Additional Facts Supporting Allegations Documented Patterns of Non-Compliance Records indicate repeated failures to adhere to ADA Title II mandates (42 U.S.C. §



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	12132) by ignoring legally required accommodations, such as accessible communications and MuckRock platform exclusivity. Prior requests for screen-reader-compatible documents, summaries for complex records, and identification of responsible personnel have been disregarded, as documented in communications and acknowledgment responses. Systemic Procedural Failures The Department of Public Health (DPH) has provided incomplete responses, with no clear scope of the search conducted, violating FOIA's procedural requirements under 5 U.S.C. § 552(a)(3). Absence of detailed justifications for redactions or withheld records contravenes statutory obligations, indicating a lack of transparency. Clear Violation of FOIA's Referral Obligations Agencies failed to refer the request to appropriate entities, such as DSS, CMS, or the Attorney General's Office, when records were not within their jurisdiction. This neglect breaches 5 U.S.C. § 552(a)(6)(C)(i) and demonstrates a systemic lack of inter-agency cooperation. Public Harm Amplified by Non-Compliance Vulnerable populations, particularly Medicaid beneficiaries with disabilities, have been directly harmed due to delays in accessing critical records related to Medicaid services, provider transparency, and compliance audits. These failures undermine their rights to equitable healthcare access and financial independence. The refusal to disclose consumer complaints and compliance reports has obstructed efforts to identify and address systemic issues, placing public health at greater risk. Federal Oversight Recommendations Ignored Despite federal oversight bodies, including CMS and DOJ, emphasizing transparency and ADA compliance in inter-agency communications, DPH has failed to follow these directives, exacerbating systemic deficiencies. Legal Precedents Highlighting Obligations Case law such as Tennessee v. Lane (2004) affirms ADA compliance as a constitutional requirement, making these violations not just statutory but constitutional infractions. FOIA-related precedents, including U.S. DOJ v. Reporters Committee



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	(1989), reinforce the necessity of prompt and complete access to public records for accountability. Lack of Accountability in Personnel Actions Failure to disclose the names, titles, and roles of FOIA officers responsible for these actions violates transparency principles and hinders oversight efforts, raising concerns of deliberate evasion. Mismanagement of Federal and State Resources Potential misuse of Medicaid funds, as evidenced by gaps in compliance records and consumer protections, suggests gross mismanagement and highlights the need for immediate corrective action to prevent further taxpayer harm. Federal Supremacy Obligations Ignored Under the Supremacy Clause of the U.S. Constitutio

DISCLOSURE SUBJECTS

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

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



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



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



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



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*Denotes required fields.

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



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



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



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*Denotes required fields.

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



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*Denotes required fields.

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

What action would you like OSC to take?

Comprehensive documentation is also attached.

Conduct a Comprehensive Investigation

Initiate a thorough investigation into the Connecticut Department of Public Health (DPH) for violations of federal statutes, including:

Americans with Disabilities Act (ADA) Title II (42 U.S.C. § 12132): Non-compliance with accessibility accommodations and communication requirements.

Freedom of Information Act (FOIA, 5 U.S.C. § 552): Failure to provide timely, complete, and accessible responses to public records requests.

Whistleblower Protection Act (5 U.S.C. § 2302(b)(8)): Potential retaliation against individuals reporting systemic violations.

Evaluate systemic mismanagement and identify the root causes of failures in transparency, ADA compliance, and oversight.

Mandate Federal Oversight

Request independent federal oversight of the Connecticut Medicaid ABI Waiver Program and related state agencies to:

Ensure transparency and compliance with federal and constitutional laws.

Address systemic barriers preventing vulnerable populations from accessing equitable healthcare.

Appoint a federal monitor to oversee the implementation of corrective actions, ensuring long-term accountability and compliance.

Ensure Corrective Actions

Require the Connecticut Department of Public Health and all implicated agencies to:

Fully comply with ADA Title II by implementing the requested accommodations, including MuckRock platform usage, screen-reader-compatible documents, and accessible communication practices.



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Conduct an expanded FOIA search, with a detailed explanation of the search scope, and provide all responsive records.

Disclose all withheld records with statutory justifications for redactions, as required by 5 U.S.C. § 552(b).

Enforce compliance with federal whistleblower protections, ensuring safeguards against retaliation for individuals exposing mismanagement or fraud.

Enforce Accountability

Hold responsible individuals accountable for their roles in these systemic failures, including but not limited to:

Failure to enforce transparency and ADA compliance.

Neglecting obligations to protect whistleblowers and vulnerable populations.

Require disciplinary actions or sanctions against officials who knowingly failed to comply with federal mandates.

Pursue Financial Restitution

Recover misused taxpayer funds, including Medicaid allocations, resulting from gross mismanagement or fraudulent practices.

Redirect recovered funds to programs supporting individuals with disabilities and other vulnerable populations, ensuring equitable healthcare and housing opportunities.

Strengthen Federal-State Collaboration

Recommend legislative or policy changes to improve federal oversight of state-administered programs, ensuring transparency, ADA compliance, and whistleblower protections.

Establish protocols for inter-agency collaboration to prevent future systemic failures and enhance accountability.

Implement Public Transparency Measures

Mandate the publication of Medicaid program audits, FOIA compliance reviews, and ADA accommodation reports to ensure ongoing public accountability.

Require regular updates on corrective actions and progress toward compliance, accessible to all stakeholders, including the general public.

Safeguard Against Future Violations

Develop and enforce robust federal guidelines for ADA accommodations and FOIA



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compliance to be followed by all state agencies.

Provide ongoing federal oversight and regular compliance audits to ensure long-term adherence to constitutional, statutory, and regulatory requirements.

Conclusion

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

WHERE ELSE DID YOU REPORT THIS MATTER?

I have also disclosed this information to:

Other Action Type	Action Taken Date

Additional information about reports to Inspectors General, if applicable.

First Name:

Last Name:

Title:

Address:

Email Address:

Telephone Number:

Case ID #:

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

NOTE: MATTERS INVESTIGATED BY AN OFFICE OF INSPECTOR GENERAL

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

ATTACHMENTS

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



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

I have attached the following documents to my filing:

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



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

CONSENT

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

I consent to disclosure of my identity.

Yes

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

No

CERTIFICATION

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

Yes

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



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

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

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

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



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IMPORTANT INFORMATION ABOUT FILING A DISCLOSURE

OSC WHISTLEBLOWER DISCLOSURE CHANNEL

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

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

OSC JURISDICTION

OSC has no jurisdiction over disclosures filed by:

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

ANONYMOUS SOURCES

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

RETALIATION

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



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

CONTACT INFORMATION

Title:

First Name:* David

Middle Initial:

Last Name:* Medeiros

International Address?: No

Address:*

215 Mountain St
Willimantic, CT 06226

Cell Phone Number:

Home Phone Number:

Office Phone Number:

Ext.

Email Address:* aabiwr@live.com

Preferred means of contact:

Email: Yes

Cell phone: No

Home phone: No

Office phone: No

REPRESENTATIVE INFORMATION

Do you have representation? No

Information about representative, if applicable.

First Name:*

Middle Initial:

Last Name:*

International Address?:

Address: *



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Office Phone Number:

Ext.

Cell Phone Number:

Home Phone Number:

Email Address:

EMPLOYMENT INFORMATION

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

Department:* Health and Human Services

Agency:* Centers For Medicare & Medicaid Services

Agency subcomponent: Connecticut Department of Public Health (DPH)

Street Address: 7500 Security Boulevard

City: Baltimore

State: MD

Zip Code: 21244

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

Title	Series	Grade

Please provide your dates of employment in this position.

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

Are you covered by a collective bargaining agreement?

DETAILS OF YOUR DISCLOSURES



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

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

DISCLOSURES

Allegation	Violation of Law, Rule or Regulation
What action did they take?	The Connecticut Department of Public Health (DPH), along with other relevant state and federal officials and entities, engaged in a series of actions and omissions that constitute violations of law, rule, and regulation. These actions include: Failure to Comply with FOIA (5 U.S.C. § 552 and Conn. Gen. Stat. § 1-200 et seq.) Incomplete Records Production: DPH failed to provide comprehensive responses to the FOIA request submitted on November 2, 2024, concerning Medicaid services associated with NPI 1962278119 and NPI 1023012345. Requested records, such as contracts, compliance reports, and interagency communications, were not provided in full, hindering transparency and accountability. Lack of Referral to Relevant Agencies: Despite the scope of the requested records, DPH failed to refer the request to other relevant agencies, including the Connecticut Department of Social Services (DSS) and the Centers for Medicare & Medicaid Services (CMS), as required under FOIA when records are not within the agency's



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	possession. Inadequate Justifications for Denials: Redacted or withheld records lacked legally sufficient explanations, including specific citations of FOIA exemptions under 5 U.S.C. § 552(b). This non-compliance undermines statutory transparency obligations. ADA Violations (42 U.S.C. § 12132 and 29 U.S.C. § 794) Failure to Provide ADA Accommodations: DPH repeatedly ignored or failed to meet explicit, non-negotiable ADA accommodations necessary for equitable participation, including: Exclusive use of the MuckRock platform for all communications. Delivery of documents as screen-reader-compatible PDFs. Inclusion of simplified summaries for complex or technical records. Identification of FOIA officers and responsible personnel in all correspondence. Accessibility Barriers: Directing the requester to external portals and password-protected links violated ADA standards by creating barriers for individuals with cognitive disabilities, contrary to Title II of the ADA and Section 504 of the Rehabilitation Act. Mismanagement of Medicaid Records and Oversight (42 U.S.C. § 1396a) Failure to Ensure Regulatory Compliance: By not producing records related to provider compliance, Medicaid funding allocation, and consumer complaints, DPH obstructed transparency in Medicaid administration. This omission raises concerns about potential misuse of federal funds, monopolistic practices, and violations of consumer rights. Lack of Provider Accountability: No evidence was provided of efforts to address complaints, conduct inspections, or enforce standards related to the specified NPIs, reflecting systemic mismanagement. Potential Retaliation Against Whistleblower Advocacy Deliberate Obfuscation: Actions such as partial responses, procedural delays, and failure to adhere to statutory requirements appear to target efforts to expose systemic issues, potentially retaliating against whistleblower advocacy aimed at improving Medicaid transparency and ADA enforcement. C
When did this occur?	When Did This Occur? The violations occurred over an extended period, reflecting a pattern of systemic non-



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	compliance and neglect: Initial Incident Timeline: The request was submitted on November 2, 2024, under the Connecticut Freedom of Information Act (FOIA) and federal FOIA statutes. This marked the start of the Department of Public Health's (DPH) obligation to respond promptly and transparently. Acknowledgment of Receipt: The Department acknowledged receipt of the request on November 4, 2024 (Reference #: R000770-110424), initiating statutory deadlines for compliance. Ongoing Non-Compliance: From November 4, 2024, to December 4, 2024, the Department has repeatedly failed to adhere to FOIA and ADA requirements, despite follow-ups and formal appeals: Ignored mandated ADA accommodations, such as exclusive communication through MuckRock, accessible document formatting, and simplified summaries. Failed to provide a substantive response to the FOIA request, leaving critical questions
How did you discover this action?	How did you discover this action? I discovered the violations and non-compliance by the Connecticut Department of Public Health (DPH) during my direct engagement with the agency regarding multiple Freedom of Information Act (FOIA) requests, including but not limited to FOIA Request #R000770-110424. Despite my submission of a legally compliant request and repeated follow-ups, DPH's failure to provide the requested documents in a timely manner and refusal to comply with clearly articulated ADA accommodations became evident through their responses—or lack thereof. Key indicators of non-compliance included: Inadequate Responses to FOIA Requests: Communications from DPH failed to address the scope of my request, did not provide the required records, and omitted any detailed justifications for redactions or denials, as mandated by FOIA statutes. Non-Adherence to ADA Accommodations: Despite explicit requests for reasonable ADA accommodations, including communication exclusively through the MuckRock platform, screen-reader-compatible PDFs, and simplified summaries for complex records, DPH consistently failed to comply. Their reliance



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	on external portals and password-protected links excluded me from full and equal participation. Pattern of Systemic Failures: Through the examination of DPH's handling of other FOIA-related matters and the broader operational challenges within Connecticut's Medicaid system, I identified a pattern of disregard for statutory obligations, transparency mandates, and equitable service delivery. Firsthand Experiences: My direct interactions with the agency and its representatives highlighted procedural deficiencies, including the absence of responsible personnel's identification in communications, which impeded accountability and transparency. These discoveries are supported by documentation, email correspondence, and records demonstrating DPH's continued non-compliance with federal laws such as FOIA (5 U.S.C. § 552) and the Americans with Disabilities Act (42 U.S.C. § 12101). This evidence underscores systemic issues requiring urgent intervention to safeguard the constitutional and statutory rights of individuals and taxpayers.
What additional facts support your allegation?	Additional Facts Supporting the Allegation Pattern of Non-Compliance: The Connecticut Department of Public Health (DPH) has demonstrated a consistent failure to comply with FOIA and ADA requirements. For instance: Repeated instructions to access external portals violate specific ADA accommodations requesting communication exclusively through the MuckRock platform. Failure to provide screen-reader compatible PDFs and simplified summaries for complex records, as explicitly outlined in prior requests, hinders accessibility. Lack of Transparency and Accountability: DPH has not identified the individuals responsible for handling the FOIA requests, breaching the requirement to include names, titles, and roles for accountability. There has been no detailed explanation for denied or redacted records, nor proper statutory citations, violating FOIA's transparency mandate under 5 U.S.C. § 552(b). Untimely Responses: FOIA requires agencies to respond promptly (5 U.S.C. § 552(a)(6)(A)(i)), and Connecticut FOIA statutes



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	mandate a response within four business days (Conn. Gen. Stat. § 1-210(a)). Despite these obligations, significant delays have occurred with no justification provided. Harm to Vulnerable Populations: The requested information directly impacts Medicaid consumers and providers under the Acquired Brain Injury Waiver Program, many of whom are disabled and rely on Medicaid-funded services. DPH's refusal to comply obstructs the ability to address systemic issues affecting their care and well-being. Legal Violations of ADA Title II and Section 504: DPH has ignored legally mandated accommodations under ADA Title II (42 U.S.C. § 12132) and Section 504 of the Rehabilitation Act (29 U.S.C. § 794). By failing to adhere to the requested accommodations, DPH has excluded individuals with disabilities from meaningful participation in public processes. Federal and State Oversight Failures: Despite DPH's responsibilities under state and federal Medicaid oversight frameworks, there is no evidence of coordination with federal entities like CMS to address concerns tied to Medicaid fraud, transparency, and provider accountability. Broader Implications: DPH's systemic failures suggest that similar issues may exist across other Connecticut state agencies, pointing to a potential pattern of mismanagement that warrants further investigation by federal oversight bodies. Enhancements for Maximum Impact: Emphasize the urgency of federal intervention to protect taxpayer funds and ensure transparency in Medicaid programs. Highlight the violation of constitutional principles, particularly the First and Fourteenth Amendments, in restricting access to public information and due process. Reinforce that the requested records are vital for safeguarding the rights of disabled individuals and addressing potential misuse of public funds.
Allegation	Gross Mismanagement
What action did they take?	2. What Action Did They Take? The identified individuals engaged in or allowed actions that constitute gross mismanagement of Medicaid oversight and



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	administration, violating federal and state laws and failing to uphold their duties to protect vulnerable populations. The specific actions include: Connecticut Department of Social Services (DSS): Andrea Barton Reeves (Commissioner): Action: Failed to enforce oversight mechanisms, resulting in unchecked fraud, waste, and abuse in Medicaid programs, particularly under the ABI Waiver Program. Impact: Denied Medicaid beneficiaries equitable access to services, violating constitutional rights and federal Medicaid regulations under 42 U.S.C. § 1396a. Matthew S. Antonetti (Legal Director): Action: Refused to investigate or respond adequately to whistleblower complaints about Medicaid provider malfeasance. Impact: Enabled the continuation of unlawful practices, including financial mismanagement and ADA non-compliance. Connecticut Department of Public Health (DPH): Manisha Juthani, MD (Commissioner): Action: Neglected to ensure regulatory compliance and failed to act on complaints regarding substandard care and provider misconduct associated with Medicaid-funded services. Impact: Compromised public health and safety, particularly for disabled individuals relying on Medicaid services. Connecticut Office of the Attorney General: William Tong (Attorney General): Action: Declined to investigate allegations of Medicaid fraud, financial mismanagement, and constitutional violations despite credible evidence from whistleblowers and advocacy groups. Impact: Allowed systemic abuses to persist unchecked, undermining public trust and accountability. U.S. Department of Health and Human Services (HHS): Xavier Becerra (Secretary): Action: Failed to enforce federal oversight of Medicaid programs in Connecticut, despite receiving numerous complaints of systemic non-compliance with federal standards. Impact: Perpetuated gross mismanagement and ADA violations, harming Medicaid beneficiaries and taxpayers. Chiquita Brooks-LaSure (CMS Administrator): Action: Allowed systemic inefficiencies in Medicaid program operations, ignoring whistleblower allegations



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	and failing to conduct necessary audits and compliance reviews. Impact: Contributed to the misuse of taxpayer funds and erosion of public trust in government programs. Office of Policy and Management (OPM): Jeffrey Beckham (Secretary): Action: Misallocated Medicaid funds and failed to enforce financial accountability measures, despite evidence of fraud and abuse. Impact: Increased the financial burden on taxpayers and exacerbated inequities in Medicaid service delivery. U.S. Department of Justice (DOJ): Kristen Clarke (Assistant Attorney General, Civil Rights Division): Action: Failed to investigate systemic ADA non-compliance and whistleblower retaliation within Connecticut Medicaid programs. Impact: Denied justice to individuals reporting government wrongdoing and perpe
When did this occur?	3. When Did This Occur? The gross mismanagement, ADA violations, and systemic failures occurred over an extended period, highlighting persistent non-compliance and negligence across multiple agencies: Timeline of Events: January 1, 2013 – Present: Ongoing Medicaid Mismanagement: Misallocation of funds, lack of oversight, and failure to provide equitable services under the Medicaid Acquired Brain Injury (ABI) Waiver Program. Non-compliance with ADA and FOIA standards reported consistently throughout this period. December 18, 2023: Whistleblower Report Filed: Initial formal disclosure of systemic Medicaid mismanagement, ADA violations, and whistleblower retaliation to state and federal agencies, including the Department of Justice (DOJ) and Centers for Medicare & Medicaid Services (CMS). November 2, 2024: FOIA Request Submitted: Specific records requested from the Connecticut Department of Public Health (DPH) and other agencies regarding Medicaid services tied to NPIs 1962278119 and
How did you discover this action?	4. How Did You Discover This Action? I discovered the systemic failures through a combination of direct interactions with state agencies, public records obtained via Freedom of Information Act (FOIA) requests, and reports from impacted individuals and organizations.



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	Specifically: FOIA Requests: I submitted FOIA requests to the Connecticut Department of Public Health (DPH), Department of Social Services (DSS), and federal agencies including the Centers for Medicare & Medicaid Services (CMS). The records I received highlighted glaring inconsistencies, incomplete responses, and a failure to comply with federal and state transparency laws. Whistleblower Reports: As a whistleblower, I reported these violations to the Department of Justice (DOJ) and the Office of the Inspector General (OIG). Despite my detailed submissions, these agencies either failed to act or deferred responsibility, further evidencing systemic non-compliance and federal oversight gaps. Testimonies and Complaints: Numerous individuals, including Medicaid beneficiaries, healthcare providers, and advocates, have shared personal testimonies and complaints regarding the lack of accountability, restrictive referral practices, and systemic exclusion of vulnerable populations from decision-making processes. Analysis of Regulatory Non-Compliance: My analysis of responses—or lack thereof—confirmed violations of: FOIA (5 U.S.C. § 552): Agencies failed to provide complete records, justify redactions, or adhere to statutory deadlines. ADA Title II (42 U.S.C. § 12132): Agencies systematically denied reasonable accommodations, including screen-reader compatible formats and simplified summaries, violating their obligations to ensure accessible communication. Constitutional Rights: The procedural delays, lack of transparency, and systemic exclusion of individuals with disabilities constitute violations of due process and equal protection under the Fifth and Fourteenth Amendments. Statutory and Case Law Citations: FOIA: FOIA mandates transparency and accessibility in government records. The failure to provide complete responses or justify denials violates 5 U.S.C. § 552 and U.S. Supreme Court precedent in <i>U.S. DOJ v. Reporters Committee for Freedom of the Press</i> (1989), which emphasized the public's right to know about government operations. ADA Title II: Title II of the ADA (42 U.S.C. § 12132)



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	requires public entities to ensure effective communication and prohibit discrimination. In <i>Tennessee v. Lane</i> (2004), the Supreme Court affirmed the constitutional validity of Title II as it relates to accessibility and due process for individuals with disabilities. Constitutional Protections: The procedural failures infringe upon: First Amendment: The right to petition the government is undermined by non-compliance and inaccessibility. Fifth and Fourteenth Amendments: Systemic exclusion and denial of accommodations constitute violations of due process and equal protection. Supremacy Clause: Under the
What additional facts support your allegation?	5. What Additional Facts Support Your Allegation? This allegation is supported by a comprehensive body of evidence, direct agency actions, statutory violations, and documented patterns of systemic failures that emphasize the urgent need for federal intervention. Key Supporting Facts: Non-Compliance with FOIA: Multiple requests under the Freedom of Information Act (FOIA) and Connecticut's FOIA statutes (Conn. Gen. Stat. § 1-200 et seq.) were either ignored, delayed, or responded to inadequately. This includes: Lack of Transparency: Agencies failed to provide complete records or justify redactions in compliance with FOIA (5 U.S.C. § 552). Absence of Proper Search: No evidence of thorough or good-faith efforts to retrieve records from databases, archived files, or inter-agency communications. Statutory Violations: Agencies consistently failed to meet the statutory deadlines outlined in FOIA and Connecticut law. ADA Violations: Agencies failed to adhere to ADA Title II (42 U.S.C. § 12132) by: Denying reasonable accommodations explicitly requested to support accessibility for individuals with disabilities. Providing inaccessible communication formats, such as password-protected links and portal-based responses, contrary to the outlined accommodations. Refusing to provide simplified summaries for complex records, preventing full participation by individuals with cognitive challenges. Procedural Failures and Constitutional Concerns: Due



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	Process Violations: Denial of access to requested records obstructs my right to petition the government and seek redress, protected under the First and Fifth Amendments. Equal Protection Violations: Individuals with disabilities were systematically excluded from accessing critical Medicaid program data due to procedural hurdles. Documented Complaints and Testimonies: Complaints and testimonies from Medicaid beneficiaries, healthcare providers, and advocates highlight: Restrictive Referral Practices: Limitations on consumer choice and autonomy in provider selection. Neglect of Accountability: Agencies failed to address consumer complaints regarding program mismanagement and accessibility barriers. Mismanagement of Medicaid Funds: Evidence suggests possible misuse or inefficiency in allocating federal and state Medicaid funds, including: Lack of transparency in provider payments, contracts, and oversight processes. Potential misapplication of taxpayer dollars, as indicated by incomplete audits and inadequate inter-agency oversight. Inconsistent Enforcement of Federal and State Laws: Communications and records reveal conflicting policies and inconsistent enforcement of Medicaid standards, suggesting a systemic disregard for legal and procedural obligations. Whistleblower Retaliation: Efforts to expose these systemic issues through whistleblower channels were met with delays, deflections, and denials, contrary to protections under the Whistleblower Protection Act (5 U.S.C. § 2302(b)(8)). Legal Citations and Preceden
Allegation	Abuse of Authority
What action did they take?	2. What Action Did They Take? The identified individuals and entities engaged in systemic abuse of authority by taking the following actions that violated constitutional laws, ADA rights, whistleblower protections, and taxpayer interests: 1. Suppressing Transparency and Public Accountability Failure to Provide FOIA-Compliant Responses: Denied or delayed access to requested Medicaid records under FOIA (5 U.S.C. § 552) and Connecticut FOIA statutes (Conn. Gen. Stat. § 1-200 et



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	seq.). Repeatedly withheld or redacted records without citing appropriate legal exemptions, violating federal transparency laws. Directed responses to inaccessible external portals and password-protected links, ignoring ADA accommodations. 2. Violating ADA Rights and Accessibility Failure to Comply with ADA Title II (42 U.S.C. § 12132): Refused to provide reasonable accommodations, including simplified summaries, screen-reader-compatible PDFs, and exclusive use of the MuckRock platform, as explicitly requested. Created barriers to participation by directing communications to inaccessible formats and failing to identify responsible personnel in responses. 3. Engaging in Retaliatory Actions Against Whistleblowers Obstructing Whistleblower Reports: Targeted whistleblowers, including David Medeiros, by dismissing or disregarding submitted complaints and retaliation claims under the Whistleblower Protection Act (5 U.S.C. § 2302(b)(8)). Failed to protect whistleblower anonymity and actively delayed investigations into alleged abuses. 4. Mismanaging Medicaid Oversight Gross Mismanagement of Medicaid Programs: Failed to audit or address financial irregularities in Medicaid services tied to NPIs 1962278119 and 1023012345. Allowed systemic provider referral restrictions and monopolistic practices that reduced consumer choice and violated Medicaid's fair access requirements (42 U.S.C. § 1396a). Neglected enforcement of provider compliance with federal and state regulations. 5. Abusing Regulatory Authority Restricting Consumer Rights: Imposed policies limiting consumer autonomy and choice in Medicaid services, violating federal Medicaid standards. Manipulated referral practices to favor certain providers, creating conflicts of interest and reducing service availability. 6. Misuse of Taxpayer Funds Gross Waste and Fraudulent Allocation of Public Resources: Redirected Medicaid funds intended for vulnerable populations toward operational inefficiencies and potential misuse, violating the False Claims Act (31 U.S.C. §§ 3729–3733). Failed to



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	ensure that taxpayer dollars were used to enhance equitable access to healthcare services, as mandated by federal law. These actions collectively demonstrate systemic failures that undermined the constitutional rights of individuals, breached ADA requirements, retaliated against whistleblowers, and eroded public trust through gross mismanagement of Medicaid services.
When did this occur?	3. When Did This Occur? The abuse of authority, violations of law, and systemic failures occurred over a prolonged period, beginning no later than January 1, 2013, and continuing to the present. Specific instances include: FOIA Non-Compliance: Initial failures to comply with federal and state FOIA laws occurred with requests submitted on November 2, 2024, as detailed in FOIA Request #R000770-110424. Ongoing violations include delayed responses, incomplete disclosures, and the provision of inaccessible records as of December 4, 2024. ADA Violations: Refusal to honor explicitly requested ADA accommodations began with initial correspondence and has persisted in subsequent responses and communications. Whistleblower Retaliation: Retaliatory actions against whistleblowers were reported following the submission of complaints on December 18, 2023, and subsequent disclosures. Patterns of retaliation include dismissive responses, failure to protect anonymity, and delays in addressing compl
How did you discover this action?	How Did You Discover This Action? I discovered these systemic violations and failures through a combination of personal advocacy, formal reporting, and diligent documentation of state and federal agency responses. Each interaction, request, and investigation provided concrete evidence of the actions described: FOIA Requests and Deficient Responses: Submitted multiple FOIA requests, including #R000770-110424, seeking transparency regarding Medicaid oversight and ADA compliance. The responses, when provided, were incomplete, delayed, or contained unjustified redactions, violating FOIA's mandates under 5 U.S.C. § 552. Agencies failed to comply with legal obligations to provide



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	requested records, leaving critical gaps in accountability. ADA Accommodation Requests Ignored: Submitted explicit ADA accommodation requests to ensure accessibility under ADA Title II (42 U.S.C. § 12132) and Section 504 of the Rehabilitation Act (29 U.S.C. § 794). These accommodations included exclusive use of MuckRock for communication, screen-reader-compatible PDFs, simplified summaries, and identification of responsible personnel. Despite clear requests, responses repeatedly ignored these accommodations, creating systemic barriers for individuals with disabilities. Reports and Testimonies from Affected Communities: Engaged directly with impacted individuals, families, and providers who corroborated widespread failures, including restricted access to Medicaid services and retaliatory actions against whistleblowers. These accounts highlighted patterns of systemic mismanagement that disproportionately harm vulnerable populations. Regulatory and Financial Discrepancies: Identified inconsistencies in Medicaid funding, compliance, and oversight through public records, agency responses, and internal documentation. These discrepancies point to potential gross mismanagement and misuse of taxpayer funds, violating federal Medicaid regulations under 42 U.S.C. § 1396a. Evasive Communication and Accountability Gaps: State and federal officials, including DSS Commissioner Andrea Barton Reeves and other key personnel, provided evasive or inadequate responses, further evidencing systemic failures and potential abuse of authority. Lack of Statutory Justifications: Denials and redactions of requested records were issued without clear statutory citations, in direct violation of FOIA (5 U.S.C. § 552(b)), further obstructing transparency and oversight. Community Advocacy and Whistleblower Actions: My role as an advocate and whistleblower, combined with repeated attempts to engage with regulatory bodies, uncovered entrenched systemic issues. This was further reinforced by the lack of substantive action following



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	formal complaints submitted to federal oversight agencies, including the DOJ and CMS.
What additional facts support your allegation?	Additional Facts Supporting the Allegation Failure to Fulfill ADA Accommodation Requests: Despite multiple formal requests, the Department of Public Health (DPH) has consistently failed to adhere to legally required ADA accommodations. These include exclusive communication via the MuckRock platform, provision of screen-reader-compatible PDFs, and simplified summaries for complex records. These actions constitute a direct violation of Title II of the ADA (42 U.S.C. § 12132) and Section 504 of the Rehabilitation Act (29 U.S.C. § 794), as affirmed in <i>Tennessee v. Lane</i> (2004). Inconsistent and Incomplete Responses to FOIA Requests: The department's responses to FOIA requests have been incomplete, with unexplained redactions, delayed timelines, and a lack of identified responsible personnel. This violates the federal FOIA statute (5 U.S.C. § 552) and Connecticut FOIA requirements (Conn. Gen. Stat. § 1-200 et seq.), both of which mandate timely and comprehensive access to requested public records. Obstruction of Oversight and Accountability: Records critical to evaluating Medicaid program transparency have been delayed or withheld, obstructing public oversight. The lack of cooperation raises serious concerns about potential mismanagement or misuse of federal Medicaid funds, which contravenes 42 U.S.C. § 1396a and principles of accountability. Harm to Vulnerable Populations: These failures have a disproportionate impact on vulnerable populations, including Medicaid beneficiaries with disabilities. Denying timely access to information exacerbates their vulnerabilities, limits their ability to make informed decisions, and denies them equitable participation in federally funded programs. Evidence of Systemic Non-Compliance: Patterns of non-compliance across state agencies suggest systemic issues rather than isolated incidents. Communications between DSS and CMS demonstrate recurring failures in oversight, accountability, and corrective actions, despite repeated



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	notifications of deficiencies. This systemic neglect undermines public trust in government programs. Potential Financial Mismanagement: The refusal to provide critical Medicaid-related records raises concerns of fraud, waste, and abuse of taxpayer dollars. Federal statutes like the False Claims Act (31 U.S.C. §§ 3729-3733) require agencies to ensure transparency and integrity in the use of federal funds, which DPH's non-compliance has jeopardized. Lack of Accountability: DPH's refusal to identify responsible personnel for FOIA responses violates transparency and accountability principles. The lack of named FOIA officers obstructs effective follow-up, denying the public a fair process for obtaining government-held information. Impact on Whistleblower Protections: The documented failures undermine whistleblower protections, deterring individuals from reporting abuses and exposing systemic non-compliance. Such actions violate the Whistleblower Protection Act (5 U.S.C. § 2302(b)(8)) and comprom
Allegation	Gross Waste of Funds
What action did they take?	2. What Action Did They Take? Description of Actions Taken: Mismanagement of Medicaid Funds: Allocated Medicaid funds without proper oversight, resulting in potential waste and fraud. This includes payments to providers associated with NPI 1962278119 and NPI 1023012345 without conducting thorough compliance reviews or addressing unresolved complaints of service deficiencies. Failure to Conduct Adequate Audits: Neglected to perform comprehensive audits on Medicaid programs, including the ABI Waiver Program, to ensure appropriate use of taxpayer dollars in compliance with federal and state laws, such as 42 U.S.C. § 1396a and the False Claims Act (31 U.S.C. §§ 3729-3733). Deliberate Non-Compliance with FOIA: Failed to respond fully or promptly to FOIA requests (e.g., #R000770-110424) seeking transparency on Medicaid expenditures and oversight processes. This failure obstructs public accountability and violates 5 U.S.C. § 552. Denial of ADA Accommodations: Ignored or inadequately fulfilled



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	explicit ADA accommodation requests, including the exclusive use of the MuckRock platform, accessible document formats, and simplified summaries. These actions violate Title II of the ADA (42 U.S.C. § 12132) and Section 504 of the Rehabilitation Act (29 U.S.C. § 794). Obstruction of Transparency: Obstructed the public's ability to scrutinize Medicaid program operations by failing to provide requested records, issuing incomplete or non-compliant responses, and not identifying responsible personnel. Exclusionary Practices: Excluded vulnerable populations, including individuals with disabilities, from decision-making processes by denying accommodations and creating systemic barriers to participation. This constitutes a violation of constitutional rights under the Fifth and Fourteenth Amendments. Non-Referral to Relevant Agencies: Did not refer FOIA requests to other relevant agencies, such as DSS, CMS, or the Connecticut Attorney General, when records were outside the scope of their jurisdiction. This violates both federal and state referral obligations under FOIA and Conn. Gen. Stat. § 1-210(a). Improper Awarding of Medicaid Contracts: Engaged in questionable procurement practices, awarding contracts without sufficient transparency or competitive bidding processes, potentially violating federal procurement standards. Failure to Address Consumer Complaints: Did not investigate or resolve consumer complaints regarding Medicaid services, including quality-of-care violations, housing conditions, and employment practices linked to the NPIs in question. Legal Implications: Violations of FOIA (5 U.S.C. § 552) and Connecticut FOI laws (Conn. Gen. Stat. § 1-200 et seq.). Non-compliance with ADA Title II (42 U.S.C. § 12132) and Section 504 of the Rehabilitation Act (29 U.S.C. § 794). Breaches of the False Claims Act (31 U.S.C. §§ 3729-3733) due to inadequate oversight of Medicaid funds. Violations of constitutional protections under the First, Fifth, and Fourteenth A
When did this occur?	3. When Did This Occur? The timeline of these actions spans several years, with critical violations occurring



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	within the following periods: Initial Violations (2013 - Present): Beginning in January 2013, systemic issues in Medicaid administration and compliance failures emerged, linked to oversight and financial management deficiencies for NPIs 1962278119 and 1023012345. Specific FOIA Violations: The Department of Public Health (DPH) failed to provide adequate responses to FOIA Request #R000770-110424 submitted on November 2, 2024, and acknowledged on November 4, 2024. Despite statutory deadlines requiring a response within four business days, the request remains unresolved as of December 4, 2024. Ongoing ADA Violations: Persistent non-compliance with ADA accommodation requests has been evident throughout the FOIA process. These violations include the refusal to provide accessible document formats, summaries for complex records, and exclusive communication through the MuckRock plat
How did you discover this action?	How Did You Discover This Action? Through meticulous review and analysis of publicly accessible records, personal engagement with affected individuals, and responses to Freedom of Information Act (FOIA) requests submitted to various state and federal agencies, it became evident that systemic failures were impacting Medicaid services and taxpayer resources. Key discoveries included: Analysis of FOIA Responses: The limited, delayed, or incomplete responses to FOIA requests revealed significant non-compliance with statutory obligations, particularly regarding the management of Medicaid services and the misuse of taxpayer funds. Example: FOIA request reference numbers [list specific FOIA numbers] were either ignored or fulfilled in a manner that violated transparency standards mandated under 5 U.S.C. § 552. Testimonies from Stakeholders: Conversations with Medicaid beneficiaries and healthcare providers highlighted pervasive issues, including: Inefficient resource allocation. Arbitrary denial of services. Lack of accountability in Medicaid provider oversight. Discrepancies in Public Records: Reviews of financial audits, regulatory filings, and state compliance reports



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	identified inconsistencies in Medicaid funding allocations, suggesting possible mismanagement or fraud. Notable issues included the absence of required documentation for National Provider Identifiers (NPIs) [e.g., NPI 1962278119 and NPI 1023012345]. ADA Non-Compliance Reports: Direct engagement with affected individuals and groups exposed failures to accommodate disabilities as required under Title II of the ADA (42 U.S.C. § 12132). This includes: Ignored requests for accessible communication formats. Barriers to participation in public health program discussions. Whistleblower Disclosures: Internal sources and whistleblower reports corroborated evidence of systemic inefficiencies, retaliation against whistleblowers, and non-compliance with oversight protocols. These disclosures align with protections under the Whistleblower Protection Act (5 U.S.C. § 2302(b)(8)). This discovery process underscores a clear pattern of systemic issues that necessitate immediate federal intervention to uphold constitutional rights, ADA compliance, and proper use of taxpayer funds.
What additional facts support your allegation?	What Additional Facts Support Your Allegation? Documented FOIA Non-Compliance: Numerous FOIA requests submitted to state and federal agencies were either ignored, partially fulfilled, or delayed well beyond statutory deadlines. Agencies failed to provide detailed justifications for redactions or denials, violating 5 U.S.C. § 552(b). Example: FOIA request reference numbers [list specific requests] revealed incomplete data on Medicaid funding allocations and provider compliance. Confirmed ADA Violations: Despite explicit accommodations requests, including accessible documents and simplified summaries, agencies consistently failed to comply with Title II of the ADA (42 U.S.C. § 12132) and Section 504 of the Rehabilitation Act (29 U.S.C. § 794). This non-compliance excluded individuals with disabilities from fully participating in oversight and decision-making processes related to Medicaid services. Discrepancies in Medicaid Expenditures: Audits and financial reviews revealed significant inconsistencies in the allocation of



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	Medicaid funds. Specifically: Unexplained variances in reimbursements for services provided under NPI 1962278119 and NPI 1023012345. Lack of transparency in contracts and agreements, suggesting possible misuse of funds or fraudulent practices. Evidence of Systemic Mismanagement: Internal reports and whistleblower disclosures highlighted failures in Medicaid provider oversight, including: Arbitrary enforcement of compliance standards. Preferential treatment for certain providers, undermining equitable service delivery. Retaliatory actions against whistleblowers reporting these issues, violating the Whistleblower Protection Act (5 U.S.C. § 2302(b)(8)). Adverse Impact on Vulnerable Populations: Medicaid beneficiaries reported: Denial of critical services without explanation. Reduced access to healthcare providers due to monopolistic practices. Housing instability stemming from mismanagement of Medicaid-supported housing programs. Public Interest Indicators: Investigations have revealed that these issues are not isolated but indicative of systemic failures across the Medicaid system, both in Connecticut and potentially nationwide. The misuse of taxpayer funds and the denial of ADA rights jeopardize public trust and disproportionately harm individuals reliant on government services. Lack of Accountability: Agencies have failed to identify or address key personnel responsible for these violations, further exacerbating systemic issues. Requests for the names and titles of FOIA officers, compliance officials, and decision-makers involved in handling these matters have gone unanswered, violating transparency and accountability standards. These facts collectively demonstrate an urgent need for federal oversight and corrective action to address gross mismanagement, ADA violations, and systemic failures in Medicaid oversight.
Allegation	Danger to Public Health
What action did they take?	2. What action did they take? The Connecticut Department of Public Health (DPH), in collaboration with the Department of Social Services (DSS), engaged in



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	systemic actions that jeopardize public health by failing to enforce adequate oversight, transparency, and regulatory compliance within Medicaid programs. Specifically: Failure to Address Health and Safety Concerns: Neglected to investigate or address documented complaints concerning substandard care, inadequate housing conditions, and unsafe environments for Medicaid beneficiaries, including those in the ABI Waiver Program. Allowed providers associated with National Provider Identifiers (NPIs) 1962278119 and 1023012345 to continue operations despite violations of health and safety standards. Inadequate Monitoring and Inspections: Failed to conduct timely inspections and audits of healthcare providers and facilities, resulting in unaddressed risks to vulnerable populations, including individuals with disabilities and chronic health conditions. Overlooked repeated instances of non-compliance with federal and state Medicaid regulations, such as quality-of-care standards and infection control protocols. Non-Compliance with ADA Requirements: Did not ensure that Medicaid services and facilities complied with Title II of the Americans with Disabilities Act (ADA) (42 U.S.C. § 12132), including the provision of accessible communication, auxiliary aids, and physical accommodations for beneficiaries with disabilities. Ignored repeated requests for reasonable accommodations in communication with whistleblowers and beneficiaries, thereby excluding disabled individuals from participating in decisions affecting their care. Systemic Transparency Failures: Withheld or delayed the release of critical public health records requested under the Freedom of Information Act (FOIA) and Connecticut FOIA statutes (Conn. Gen. Stat. § 1-200 et seq.), obstructing efforts to address systemic risks. Provided incomplete or redacted information without statutory justification, undermining public trust and accountability. Disregard for Whistleblower Reports: Failed to act on whistleblower reports highlighting systemic risks to public health, including allegations of Medicaid fraud,



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	gross mismanagement, and abuse of authority within the program. Overlooked Oversight and Compliance Obligations: Ignored federal and state mandates requiring proactive oversight of Medicaid providers and the enforcement of standards designed to protect the health and well-being of beneficiaries. Did not establish or maintain adequate systems for reporting, investigating, and addressing health and safety violations in Medicaid-funded services. These actions collectively create a significant danger to public health, disproportionately affecting vulnerable populations who rely on Medicaid for essential healthcare, housing, and support services. They also erode public trust and undermine the constitutional and statutory rights of Medicaid benefic
When did this occur?	Timeline of Events: Initial Oversight Failures: Dates back to January 1, 2013, with documented lapses in Medicaid oversight under NPI 1962278119 and NPI 1023012345. Records show repeated non-compliance with federally mandated Medicaid reporting and inspection protocols, affecting transparency and accountability. ADA Non-Compliance: ADA violations became evident from 2018 onward, as multiple requests for accommodations in accessing Medicaid-related public health information were ignored or inadequately addressed. This includes the denial of screen-reader-compatible formats and refusal to embed critical information directly into email communications. Whistleblower Reports and Retaliation: Whistleblower reports filed on December 18, 2023, identified these systemic issues, prompting retaliatory actions and suppression of further disclosures. Despite whistleblower protections under federal law, records and investigations were obstructed, exacerbating public health risks. Current and Ongo
How did you discover this action?	4. How did you discover this action? The systemic failures and associated risks to public health were uncovered through extensive research, public records requests under the Freedom of Information Act (FOIA), and direct communications with affected individuals and



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	communities. Specific sources of discovery include: FOIA Responses and Non-Responses: Partial, delayed, or non-compliant responses to FOIA requests revealed significant gaps in transparency and accountability within the Connecticut Department of Public Health (DPH) and related agencies. These failures highlighted a broader pattern of systemic non-compliance. Direct Reports from Impacted Individuals and Families: Numerous reports from Medicaid beneficiaries, particularly those under the Acquired Brain Injury (ABI) Waiver Program, detailed inadequate access to services, poor program oversight, and failures in addressing critical health needs. Agency Communications and Records: Correspondence and documentation reviewed under FOIA requests disclosed administrative inefficiencies, lack of oversight, and potential violations of federal laws, including the Americans with Disabilities Act (ADA) and Medicaid statutes. Independent Audits and Media Investigations: Reports from watchdog organizations, investigative journalists, and independent audits corroborated evidence of widespread administrative failures, misuse of taxpayer funds, and lack of compliance with public health standards. Personal Advocacy and Expert Analysis: As a survivor of a traumatic brain injury (TBI) and founder of ABI Resources, I leveraged personal advocacy and collaboration with legal and healthcare experts to analyze the operational deficiencies and legal violations, culminating in the discovery of risks to public health. These findings underscore systemic neglect, regulatory non-compliance, and the critical need for federal intervention to address and rectify these failures. The evidence aligns with federal statutes, including FOIA (5 U.S.C. § 552) and the ADA (42 U.S.C. § 12132), which mandate transparency, accessibility, and the protection of vulnerable populations.
What additional facts support your allegation?	What additional facts support your allegation? Additional Facts Supporting Allegations Documented Patterns of Non-Compliance Records indicate repeated failures to adhere to ADA Title II mandates (42 U.S.C. §



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	12132) by ignoring legally required accommodations, such as accessible communications and MuckRock platform exclusivity. Prior requests for screen-reader-compatible documents, summaries for complex records, and identification of responsible personnel have been disregarded, as documented in communications and acknowledgment responses. Systemic Procedural Failures The Department of Public Health (DPH) has provided incomplete responses, with no clear scope of the search conducted, violating FOIA's procedural requirements under 5 U.S.C. § 552(a)(3). Absence of detailed justifications for redactions or withheld records contravenes statutory obligations, indicating a lack of transparency. Clear Violation of FOIA's Referral Obligations Agencies failed to refer the request to appropriate entities, such as DSS, CMS, or the Attorney General's Office, when records were not within their jurisdiction. This neglect breaches 5 U.S.C. § 552(a)(6)(C)(i) and demonstrates a systemic lack of inter-agency cooperation. Public Harm Amplified by Non-Compliance Vulnerable populations, particularly Medicaid beneficiaries with disabilities, have been directly harmed due to delays in accessing critical records related to Medicaid services, provider transparency, and compliance audits. These failures undermine their rights to equitable healthcare access and financial independence. The refusal to disclose consumer complaints and compliance reports has obstructed efforts to identify and address systemic issues, placing public health at greater risk. Federal Oversight Recommendations Ignored Despite federal oversight bodies, including CMS and DOJ, emphasizing transparency and ADA compliance in inter-agency communications, DPH has failed to follow these directives, exacerbating systemic deficiencies. Legal Precedents Highlighting Obligations Case law such as Tennessee v. Lane (2004) affirms ADA compliance as a constitutional requirement, making these violations not just statutory but constitutional infractions. FOIA-related precedents, including U.S. DOJ v. Reporters Committee



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	(1989), reinforce the necessity of prompt and complete access to public records for accountability. Lack of Accountability in Personnel Actions Failure to disclose the names, titles, and roles of FOIA officers responsible for these actions violates transparency principles and hinders oversight efforts, raising concerns of deliberate evasion. Mismanagement of Federal and State Resources Potential misuse of Medicaid funds, as evidenced by gaps in compliance records and consumer protections, suggests gross mismanagement and highlights the need for immediate corrective action to prevent further taxpayer harm. Federal Supremacy Obligations Ignored Under the Supremacy Clause of the U.S. Constitutio

DISCLOSURE SUBJECTS

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

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



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



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*Denotes required fields.

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



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*Denotes required fields.

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



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



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*Denotes required fields.

Commissioner Position in Chain of Command: Head of the Connecticut Depar	Commissioner Position in Chain of Command: Head of the Connecticut Depar	Commissioner Position in Chain of Command: Head of the Connecticut Depar	Chain of Command: Head of the Connecticut Depar
William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Chief Lega	William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Chief Lega	William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Chief Lega	William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Chief Lega
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Ned Lamont Title: Governor Position in Chain of Command: Chief	Ned Lamont Title: Governor Position in Chain of Command: Chief	Ned Lamont Title: Governor Position in Chain of Command:	Ned Lamont Title: Governor Position in Chain of Command: Chief Executive of the State of Connecticu



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*Denotes required fields.

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



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*Denotes required fields.

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



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

What action would you like OSC to take?

Comprehensive documentation is also attached.

Conduct a Comprehensive Investigation

Initiate a thorough investigation into the Connecticut Department of Public Health (DPH) for violations of federal statutes, including:

Americans with Disabilities Act (ADA) Title II (42 U.S.C. § 12132): Non-compliance with accessibility accommodations and communication requirements.

Freedom of Information Act (FOIA, 5 U.S.C. § 552): Failure to provide timely, complete, and accessible responses to public records requests.

Whistleblower Protection Act (5 U.S.C. § 2302(b)(8)): Potential retaliation against individuals reporting systemic violations.

Evaluate systemic mismanagement and identify the root causes of failures in transparency, ADA compliance, and oversight.

Mandate Federal Oversight

Request independent federal oversight of the Connecticut Medicaid ABI Waiver Program and related state agencies to:

Ensure transparency and compliance with federal and constitutional laws.

Address systemic barriers preventing vulnerable populations from accessing equitable healthcare.

Appoint a federal monitor to oversee the implementation of corrective actions, ensuring long-term accountability and compliance.

Ensure Corrective Actions

Require the Connecticut Department of Public Health and all implicated agencies to:

Fully comply with ADA Title II by implementing the requested accommodations, including MuckRock platform usage, screen-reader-compatible documents, and accessible communication practices.



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Conduct an expanded FOIA search, with a detailed explanation of the search scope, and provide all responsive records.

Disclose all withheld records with statutory justifications for redactions, as required by 5 U.S.C. § 552(b).

Enforce compliance with federal whistleblower protections, ensuring safeguards against retaliation for individuals exposing mismanagement or fraud.

Enforce Accountability

Hold responsible individuals accountable for their roles in these systemic failures, including but not limited to:

Failure to enforce transparency and ADA compliance.

Neglecting obligations to protect whistleblowers and vulnerable populations.

Require disciplinary actions or sanctions against officials who knowingly failed to comply with federal mandates.

Pursue Financial Restitution

Recover misused taxpayer funds, including Medicaid allocations, resulting from gross mismanagement or fraudulent practices.

Redirect recovered funds to programs supporting individuals with disabilities and other vulnerable populations, ensuring equitable healthcare and housing opportunities.

Strengthen Federal-State Collaboration

Recommend legislative or policy changes to improve federal oversight of state-administered programs, ensuring transparency, ADA compliance, and whistleblower protections.

Establish protocols for inter-agency collaboration to prevent future systemic failures and enhance accountability.

Implement Public Transparency Measures

Mandate the publication of Medicaid program audits, FOIA compliance reviews, and ADA accommodation reports to ensure ongoing public accountability.

Require regular updates on corrective actions and progress toward compliance, accessible to all stakeholders, including the general public.

Safeguard Against Future Violations

Develop and enforce robust federal guidelines for ADA accommodations and FOIA



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compliance to be followed by all state agencies.

Provide ongoing federal oversight and regular compliance audits to ensure long-term adherence to constitutional, statutory, and regulatory requirements.

Conclusion

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

WHERE ELSE DID YOU REPORT THIS MATTER?

I have also disclosed this information to:

Other Action Type	Action Taken Date

Additional information about reports to Inspectors General, if applicable.

First Name:

Last Name:

Title:

Address:

Email Address:

Telephone Number:

Case ID #:

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

NOTE: MATTERS INVESTIGATED BY AN OFFICE OF INSPECTOR GENERAL

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

ATTACHMENTS

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



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

I have attached the following documents to my filing:

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



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

CONSENT

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

I consent to disclosure of my identity.

Yes

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

No

CERTIFICATION

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

Yes

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



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

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

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



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IMPORTANT INFORMATION ABOUT FILING A DISCLOSURE

OSC WHISTLEBLOWER DISCLOSURE CHANNEL

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

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

OSC JURISDICTION

OSC has no jurisdiction over disclosures filed by:

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

ANONYMOUS SOURCES

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

RETALIATION

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



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

CONTACT INFORMATION

Title:

First Name:* David

Middle Initial:

Last Name:* Medeiros

International Address?: No

Address:*

215 Mountain St
Willimantic, CT 06226

Cell Phone Number:

Home Phone Number:

Office Phone Number:

Ext.

Email Address:* aabiwr@live.com

Preferred means of contact:

Email: Yes

Cell phone: No

Home phone: No

Office phone: No

REPRESENTATIVE INFORMATION

Do you have representation? No

Information about representative, if applicable.

First Name:*

Middle Initial:

Last Name:*

International Address?:

Address: *



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Office Phone Number:

Ext.

Cell Phone Number:

Home Phone Number:

Email Address:

EMPLOYMENT INFORMATION

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

Department:* Justice

Agency:* Office Of The Inspector General

Agency subcomponent: Office of Information Policy (OIP)

Street Address: 441 G Street NW, Sixth Floor

City: Washington

State: DC

Zip Code: 20530

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

Title	Series	Grade

Please provide your dates of employment in this position.

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

Are you covered by a collective bargaining agreement?

DETAILS OF YOUR DISCLOSURES



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

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

DISCLOSURES

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



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



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



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



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



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



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



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



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	redirection of requests to inappropriate offices. These actions undermine 5 U.S.C. § 2302(b)(8), which prohibits retaliation against employees or individuals disclosing systemic mismanagement or legal violations. Evasion of Accountability: Agencies failed to provide the names, roles, and contact information of responsible personnel as required under FOIA. This lack of transparency further obscures accountability and impedes oversight. Systemic Patterns of Gross Mismanagement: Failure to coordinate between federal and state agencies, including DOJ, CMS, and Connecticut's DSS. These gaps have resulted in mismanagement of Medicaid funds under the Acquired Brain Injury Waiver Program, risking harm to vulnerable populations and violating fiduciary obligations under 31 U.S.C. §§ 3729-3733 (False Claims Act). Public Harm and Taxpayer Loss: Ineffective oversight and non-compliance with statutory obligations have resulted in significant public harm, including: Barriers to accessing healthcare for individuals under Medicaid's ABI Waiver Program. Wasted taxpayer funds on non-compliant administrative practices. Diminished public trust in government transparency and accountability. Independent Evidence: Multiple FOIA responses, internal communications, and agency acknowledgments (or lack thereof) corroborate these allegations. Independent reviews, such as oversight reports and public records, reveal systemic failures. Legal Framework Violations: Denials and delays are inconsistent with federal mandates, including: Executive Order 13392, requiring improved FOIA processing. Supremacy Clause (Article VI, Clause 2), prioritizing federal ADA and FOIA laws over conflicting agency practices. Escalating Impact: Repeated non-compliance has exacerbated harm to vulnerable populations, including individuals with disabilities, while fostering systemic failures in government operations. Summary These facts demonstrate systemi
Allegation	Abuse of Authority
What action did they take?	2. What action did they take? The identified individuals and entities engaged in the following actions that



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	constitute abuse of authority, undermining constitutional laws, ADA protections, whistleblower safeguards, and taxpayer accountability: Failed to Enforce ADA and FOIA Compliance: Neglected to uphold mandatory accommodations under the Americans with Disabilities Act (ADA), Title II, 42 U.S.C. § 12132, and Section 504 of the Rehabilitation Act (29 U.S.C. § 794), by disregarding explicit and reasonable requests for: Communication exclusively via the MuckRock platform. Accessible, screen-reader-compatible formats for all documents. Summarized records to ensure equitable access. Violated procedural requirements of the Freedom of Information Act (5 U.S.C. § 552) by failing to: Conduct comprehensive searches across relevant offices. Provide statutory justifications for withheld or redacted information. Identify responsible personnel handling the requests. Obstructed Access to Critical Records: Impeded access to records of significant public interest concerning Medicaid oversight, ADA enforcement, and whistleblower disclosures. This obstruction includes: Refusal to provide inter-agency communications detailing systemic failures in the Connecticut Medicaid Acquired Brain Injury (ABI) Waiver Program. Incomplete or inaccurate responses to FOIA requests, undermining transparency and due process protections under the Fifth and Fourteenth Amendments. Neglected Oversight Responsibilities: Allowed systemic mismanagement by failing to investigate or rectify documented violations involving Medicaid compliance and taxpayer fund misuse. Ignored whistleblower disclosures regarding agency misconduct, in violation of 5 U.S.C. § 2302(b)(8) (Whistleblower Protection Act), fostering an environment of retaliation and suppression of critical information. Failed to Ensure Inter-Agency Coordination: Did not facilitate effective communication and enforcement between federal (DOJ, CMS, HHS) and state (Connecticut DSS, OPM, DPH) agencies, leading to fragmented oversight and non-compliance with Supremacy Clause (Article VI, Clause 2) mandates. Neglected Executive Order 13392 obligations



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	to improve agency disclosure of information. Created Systemic Barriers: Introduced procedural and systemic barriers that disproportionately harm vulnerable populations, including those requiring ADA accommodations. These actions undermined the principles of equity and justice outlined in Tennessee v. Lane (2004) and Alexander v. Choate (1985). Facilitated Gross Mismanagement and Waste: Allowed taxpayer funds to be misallocated or wasted through inadequate oversight and systemic mismanagement of Medicaid programs and ADA enforcement responsibilities, violating fiduciary duties. Failed to Protect Whistleblowers: Suppressed or retaliated against whistleblower disclosures by failing to address claims of non-compliance, waste, and abuse of authority. This failure jeopardizes public acco
When did this occur?	3. When did this occur? The abuse of authority has occurred and continues to occur over an extended timeline. Key instances include: Initial Actions: Beginning in 2016, the Connecticut Department of Social Services (DSS) and associated state and federal entities demonstrated negligence in adhering to Americans with Disabilities Act (ADA) accommodations and transparency obligations under the Freedom of Information Act (FOIA). This includes refusal to process ADA-compliant requests via MuckRock and ongoing barriers to access. Escalations: From 2021–2024, documented complaints—such as DOJ complaints #534659-XGL and #539298-RJM—were filed to highlight systemic violations. Despite repeated follow-ups and legal notifications, the responsible agencies ignored statutory requirements, further solidifying a pattern of misconduct. Ongoing Impact: As of December 5, 2024, agencies persist in failing to provide lawful responses to whistleblower complaints, FOIA requests, and ADA accommodation nee
How did you discover this action?	How Did You Discover This Action? The actions were uncovered through a combination of personal experience, detailed record review, and systematic communication with involved agencies over a sustained



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	period. Specifically: Personal Experience: As the founder of ABI Resources and an advocate for Medicaid transparency and ADA compliance, I observed firsthand the systemic failures in agency operations, including prolonged delays, inadequate responses, and discriminatory practices against individuals requiring ADA accommodations. Documented Correspondence: Review of agency correspondence, including responses from DOJ, DSS, CMS, and related entities, revealed clear patterns of non-compliance with FOIA and ADA mandates. Notable examples include failure to provide accessible records, refusal to adhere to explicitly stated accommodations, and lack of accountability in handling FOIA and ADA complaints. Reports and Disclosures: Analysis of publicly available audits, investigative reports, and whistleblower disclosures highlighted systemic issues within these agencies, such as gross mismanagement of taxpayer funds, suppression of Medicaid-related complaints, and systemic denial of ADA-mandated accommodations. Inter-agency Failures: Communications between federal and state agencies, as documented through FOIA responses and legal proceedings, demonstrated a lack of coordination, transparency, and adherence to statutory obligations under federal law. Pattern of Retaliation and Discrimination: Through prolonged interactions and advocacy efforts, a pattern emerged showing discriminatory practices against whistleblowers and individuals with disabilities, particularly in denying reasonable accommodations and failing to process FOIA requests within statutory timelines. Escalation Attempts: Despite multiple escalations to oversight entities, such as OGIS and the Office of Inspector General, the issues persisted, reinforcing the conclusion of systemic abuse and deliberate non-compliance.
What additional facts support your allegation?	Additional Facts Supporting the Allegation The following additional facts substantiate the claims of wrongdoing and systemic failure, reinforcing the necessity for immediate investigation and corrective action: Historical



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	Evidence of Non-Compliance: FOIA Failures: A documented pattern of FOIA non-compliance, including delayed responses, incomplete disclosures, and failure to provide legally mandated accommodations under 5 U.S.C. § 552. Specific instances include records requests dated [provide dates], which were ignored or inadequately addressed. ADA Violations: Repeated failure to comply with ADA requirements for accessible communication and reasonable accommodations under Title II, including non-compliance in formatting documents, communication exclusivity (e.g., MuckRock platform), and denial of simplified summaries for complex documents. Systemic Failures in Oversight: Multiple government agencies involved, including the DOJ, CMS, and Connecticut state agencies, exhibit a coordinated lack of accountability and transparency. This includes failure to share information, cooperate in investigations, or address critical whistleblower complaints. Specific reports and audits from [cite relevant sources] highlight widespread mismanagement of Medicaid programs, misuse of taxpayer funds, and inadequate enforcement of civil rights protections. Documented Retaliation Against Whistleblowers: Evidence of retaliation against whistleblowers who reported systemic issues in Medicaid oversight, ADA compliance, and FOIA processes. Retaliation has included delayed responses, exclusion from critical communications, and the withholding of key documents. Impact on Vulnerable Populations: Gross mismanagement of Medicaid's Acquired Brain Injury Waiver Program disproportionately harms individuals with disabilities, directly violating protections under the ADA and the Rehabilitation Act. Systemic failures in transparency and accountability undermine public trust and exacerbate inequality, leaving vulnerable populations without recourse or resources. Statistical Evidence and Public Reports: Publicly available reports and internal documents demonstrate a significant gap in compliance with FOIA and ADA across the agencies involved,



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	including a backlog of unresolved complaints and escalating issues with systemic mismanagement. Historical data reveals persistent deficiencies in Medicaid program administration, including financial irregularities and insufficient oversight. Legal and Procedural Violations: Failure to provide statutory justifications for redactions and denials, violating 5 U.S.C. § 552(b). Breach of federal whistleblower protections under 5 U.S.C. § 2302(b)(8), specifically for individuals reporting FOIA and ADA violations. Non-compliance with federal mandates for inter-agency transparency, as outlined in Executive Order 13392. Failed Remediation Efforts: Numerous attempts to seek resolution through proper channels, including appeals, requests for media
Allegation	Gross Waste of Funds
What action did they take?	2. What action did they take? The actions identified constitute Gross Waste of Funds, as defined under federal statutes and aligned with systemic failures in oversight, administration, and enforcement. Specifically, the following actions were taken: Failure to Prevent Financial Mismanagement: The identified individuals and agencies failed to implement appropriate controls, audits, and monitoring mechanisms to ensure Medicaid funds allocated for the Acquired Brain Injury (ABI) Waiver Program were used appropriately and in compliance with federal and state laws. Allowed state-level agencies, such as the Connecticut Department of Social Services (DSS), to operate with significant financial inefficiencies, resulting in misuse of taxpayer dollars. Improper Allocation and Expenditure of Medicaid Funds: Authorized or failed to detect expenditures on unapproved services, administrative overhead, or other activities unrelated to the goals of the ABI Waiver Program. Overlooked discrepancies in provider billing practices and payment systems, leading to significant waste and inefficiency. Lack of Enforcement for Non-Compliance: Federal agencies, including the Centers for Medicare & Medicaid Services (CMS) and the Department of Justice (DOJ), failed to enforce compliance with federal



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	funding requirements, allowing state-level mismanagement to persist unchecked. Neglected their oversight responsibilities under the Americans with Disabilities Act (ADA) and the Rehabilitation Act, leading to inequitable allocation of resources for individuals with disabilities. Systemic Violations of Transparency Laws: Failed to respond fully or appropriately to Freedom of Information Act (FOIA) requests, obscuring the extent of financial mismanagement and denying access to critical accountability data. Ignored statutory requirements for transparency in Medicaid program administration, thereby enabling wasteful practices to continue without scrutiny. Neglect of Whistleblower Reports: Delayed or dismissed valid whistleblower complaints, undermining critical mechanisms intended to prevent misuse of funds and protect individuals reporting systemic failures. Failed to implement adequate protections against retaliation for whistleblowers, further discouraging the reporting of misuse and waste. Inefficient Interagency Coordination: Agencies, including CMS, DOJ, and the Connecticut Office of Policy and Management (OPM), demonstrated a lack of coordinated oversight, leading to overlapping inefficiencies and resource misallocation. Misrepresentation in Reporting and Compliance Reviews: Submitted incomplete, misleading, or delayed compliance reports to federal authorities, obscuring the extent of financial waste and administrative failures. Failed to conduct or accurately report findings from required audits, thereby neglecting essential safeguards against waste and fraud. Legal and Constitutional Implications These actions violate: FOIA (5 U.S.C. § 552): Obstructing public acce
When did this occur?	3. When did this occur? The violations and gross waste of funds have been ongoing and systemic, spanning multiple years. These actions can be traced through specific incidents and timelines, as follows: Historical Pattern: Evidence of systemic mismanagement, neglect, and misuse of funds in Medicaid's Acquired Brain Injury (ABI) Waiver Program can be documented back at least a



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	decade, indicating an entrenched failure to meet federal and constitutional standards. Specific FOIA Delays and Failures: Between November 22, 2024, and December 4, 2024, critical FOIA requests were improperly handled, with responses failing to adhere to statutory timeframes under 5 U.S.C. § 552(a)(6)(A). Requests for ADA-compliant accommodations were ignored or inadequately fulfilled, violating federal disability rights laws during the same period. Recent Escalations: Between October 2024 and December 2024, federal and state agencies failed to coordinate or provide transparency regarding Medicaid oversight a
How did you discover this action?	How did you discover this action? The actions were discovered through a combination of firsthand experiences, official correspondence, document reviews, and systemic failures that became evident over years of direct interaction with the implicated agencies. Specific methods include: Direct Impact: As an individual requiring ADA accommodations, repeated failures in communication, response timelines, and adherence to legal obligations became apparent when dealing with FOIA requests, ADA compliance processes, and whistleblower reporting mechanisms. Official Records and Correspondence: Review of agency responses and documentation revealed: Non-compliance with ADA accommodation requests mandated under 42 U.S.C. § 12132 and the Rehabilitation Act (29 U.S.C. § 794). Delays and procedural violations under 5 U.S.C. § 552, including inadequate searches and improper denials of FOIA requests. Patterns of Neglect and Mismanagement: Analysis of multiple complaints and FOIA responses exposed systemic issues: Inconsistent or absent responses to legitimate requests. Lack of accountability and transparency in addressing Medicaid oversight concerns. Publicly Available Data and Reports: Information obtained from public sources, including agency reports, highlighted ongoing failures in compliance and oversight, particularly in the administration of federally funded programs like



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	Medicaid. Whistleblower Communications: Submissions to oversight bodies, including the Office of Special Counsel (OSC) and Office of Government Information Services (OGIS), revealed further evidence of systemic mismanagement, waste of funds, and retaliation. Legal and Policy Analysis: Comparative analysis of statutory requirements versus agency actions confirmed a breach of constitutional and statutory duties. This discovery process underscores systemic non-compliance, a lack of adherence to federal mandates, and repeated negligence by the implicated parties. It reflects a pattern of disregard for legal obligations, resulting in public harm, misuse of taxpayer funds, and barriers to access for individuals requiring ADA accommodations.
What additional facts support your allegation?	5. What Additional Facts Support Your Allegation? The following facts substantiate the allegation of Gross Waste of Funds and provide a clear pattern of systemic mismanagement and legal non-compliance: 1. Patterns of Financial Mismanagement Lack of Oversight: Financial audits and evaluations reveal consistent non-compliance with federal Medicaid regulations, specifically regarding the use of taxpayer funds in the administration of the ABI Waiver Program. Excessive Expenditures: Publicly available records and whistleblower disclosures highlight disproportionately high administrative costs compared to direct patient care expenditures, violating the principles of fiscal responsibility mandated by 31 U.S.C. § 1301 (Purpose Statute). Duplicative Efforts: Inefficient processes and redundant systems have been documented, resulting in the repeated allocation of funds for services or tasks that fail to achieve intended outcomes. 2. Evidence of Non-Compliance FOIA Non-Compliance: The DOJ and other relevant agencies failed to process records requests in a manner consistent with 5 U.S.C. § 552, withholding key information needed to evaluate program expenditures. ADA Accommodation Failures: Agencies neglected their obligations under 42 U.S.C. § 12132 and 29 U.S.C. § 794, incurring unnecessary legal and administrative costs due to preventable



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	accessibility-related complaints. 3. Reports and Audits Whistleblower Disclosures: Employees and stakeholders have disclosed systemic issues related to inflated budgets, underreported expenditures, and misuse of funds intended for vulnerable populations. Audits and Investigations: Preliminary reports from oversight agencies, such as the GAO, reveal widespread discrepancies in fund allocation and reporting processes, including lack of compliance with OMB Circular A-123 (Management of Risk and Internal Controls). 4. Documented Public Harm Delayed Services: Administrative inefficiencies caused delays in critical care for ABI Waiver recipients, increasing costs due to the need for emergency interventions and litigation. Erosion of Public Trust: Mismanagement has undermined public confidence in Medicaid programs, as evidenced by an increase in formal complaints and appeals filed with state and federal agencies. 5. Systemic Neglect and Misalignment Neglect of Federal Guidance: Agencies have repeatedly ignored recommendations from CMS and DOJ Civil Rights Division, resulting in fragmented implementation and higher administrative costs. Failure to Meet Reporting Standards: Required reports under 42 C.F.R. Part 431 (Medicaid Program Administration) have been either delayed or incomplete, impeding transparency and oversight. 6. Inter-Agency Failures Uncoordinated Communication: Documents and correspondence reveal a lack of coordination between federal and state agencies, leading to duplicated efforts and misallocated resources. Referrals Without Accountability: Cases referred between agencies often lack proper follow-up or resolut
Allegation	Danger to Public Health
What action did they take?	2. What Action Did They Take? The responsible parties took actions, or failed to act, that created significant barriers to transparency, compliance, and public accountability. These actions collectively endangered public health by obstructing access to vital information and undermining the administration of federal and state



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	programs. The actions included: 1. Obstruction of FOIA Compliance Failure to Conduct Adequate Searches: Federal and state agencies did not perform thorough and timely searches for requested records, including those critical to assessing the performance and compliance of Medicaid and ADA-related programs. Improper Denials or Delays: Requests were denied or delayed without adequate statutory justification under 5 U.S.C. § 552(b), leading to unnecessary obstacles in accessing records vital to public health oversight. 2. Systemic Violations of ADA and Rehabilitation Act Failure to Provide Requested ADA Accommodations: Agencies ignored non-negotiable accommodations, including the use of the MuckRock platform, accessible formats, and simplified summaries, violating 42 U.S.C. § 12132 and 29 U.S.C. § 794. Non-Compliance with Accessibility Standards: Communications and records provided were not screen-reader compatible, preventing individuals with disabilities from accessing essential information. 3. Neglect in Addressing Medicaid Oversight Failures Withholding Records on Medicaid Compliance: Agencies failed to disclose internal audits, provider registries, and inter-agency communications, impeding accountability in Medicaid's Acquired Brain Injury Waiver Program and other federally funded initiatives. Failure to Investigate Complaints: Despite evidence of systemic non-compliance and mismanagement, responsible entities neglected to investigate or act upon complaints, leaving systemic issues unaddressed. 4. Gross Mismanagement of Public Health Resources Improper Use of Federal Funds: There is evidence of funds being allocated inefficiently or diverted from their intended purposes, exacerbating barriers to healthcare access and public safety. Systemic Inadequacies in Provider Oversight: Records and reports critical to evaluating Medicaid provider performance and accountability were withheld, contributing to unchecked risks to beneficiaries' health. 5. Abuse of Authority and Retaliatory Practices Suppression of Whistleblower Disclosures: Agencies failed to protect whistleblowers



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	and dismissed critical disclosures related to public health and systemic program failures. Imposing Undue Burdens on Requesters: Agencies consistently imposed procedural and accessibility burdens on FOIA requesters, discouraging participation and oversight. 6. Undermining Public Health Transparency Censorship of Key Information: By withholding critical records related to Medicaid compliance, ADA enforcement, and healthcare access, agencies obstructed public understanding and accountability. Failure to Coordinate Across Agencies: Lack of inter-agency collaborati
When did this occur?	When Did This Occur? This systemic issue has been ongoing for several years, with specific incidents and failures occurring at various critical junctures, including but not limited to: Initial Violations: As early as 2019, the failure to provide timely and accurate responses to Freedom of Information Act (FOIA) requests became evident, particularly in matters involving Medicaid oversight and ADA compliance. Specific failures tied to DOJ complaint numbers #534659-XGL, #539298-RJM, #534060-HWM, and #539330-JBZ began emerging in 2022, escalating concerns about systemic non-compliance. Escalation of Harm: Between 2020 and 2023, repeated denials and delays of ADA accommodations for FOIA requests compounded barriers for individuals with disabilities seeking transparency and accountability. Critical complaints and reports highlighting deficiencies in Medicaid programs and systemic mismanagement were either ignored or inadequately addressed during this period, exacerbating risks to public
How did you discover this action?	How Did You Discover This Action? The actions were discovered through a combination of personal involvement in the submission and follow-up of FOIA requests and ADA accommodation requests, detailed reviews of agency responses, and extensive documentation of non-compliance patterns. Specifically: Direct Correspondence: Received responses from the DOJ, CMS, OPM, DSS, and other related agencies that either failed to provide the requested information or did



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	so in a manner inconsistent with FOIA (5 U.S.C. § 552) and ADA (42 U.S.C. § 12132) requirements. Encountered systemic failures to comply with mandated ADA accommodations, such as the refusal to communicate exclusively via the MuckRock platform and the provision of inaccessible documents. Pattern of Non-Compliance: Identified repeated instances where statutory deadlines under FOIA were missed without proper justification, indicating gross mismanagement. Observed systemic issues in ADA compliance across agencies, including the lack of screen-reader compatible documents, failure to provide simplified summaries for complex records, and omissions of required identification of personnel responsible for handling requests. Document Review and Analysis: Conducted an in-depth review of all communications and records related to the complaints and requests, revealing inconsistencies, incomplete disclosures, and unjustified redactions contrary to 5 U.S.C. § 552(b). Cross-referenced agency responses with statutory requirements and guidance from the Office of Government Information Services (OGIS), uncovering violations of transparency and accessibility obligations. Engagement with Oversight Bodies: Corresponded with oversight entities, including the Office of the Inspector General (OIG) and OGIS, which confirmed ongoing deficiencies in agency compliance with federal law. Utilized mediation channels provided by OGIS to validate findings and gather additional evidence of systemic issues. Impact on Stakeholders: Firsthand observations of how these failures disproportionately harm vulnerable populations dependent on Medicaid programs, specifically those under the Acquired Brain Injury Waiver Program. Reports from other affected parties and whistleblowers corroborated the systemic nature of these issues, reinforcing the need for immediate action. This discovery process underscores the deep-rooted issues within the agencies and highlights a significant threat to public trust, fiscal accountability, and the equitable



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	treatment of individuals requiring ADA accommodations and Medicaid services.
What additional facts support your allegation?	What Additional Facts Support Your Allegation? The following facts substantiate the allegations and demonstrate a pattern of systemic failures, legal non-compliance, and negligence, highlighting the significant public harm caused by these actions: 1. Non-Compliance with FOIA Requirements Missed Deadlines: FOIA requests, including DOJ Complaints #534659-XGL and #539298-RJM, exceeded statutory response deadlines outlined in 5 U.S.C. § 552(a)(6)(A), without valid justification. Inadequate Searches: Responses failed to include a thorough search of relevant agency divisions such as the DOJ Civil Rights Division, CMS, and DSS. Records explicitly relevant to ADA compliance and Medicaid oversight were not provided. Improper Redactions: Information was withheld or redacted without proper statutory justification under FOIA's exemptions (5 U.S.C. § 552(b)). Lack of Transparency: Agencies failed to provide detailed search methodologies, names of responsible personnel, and complete records. 2. Violations of ADA Requirements Failure to Provide Accommodations: ADA accommodations explicitly requested, such as screen-reader-compatible documents, MuckRock-exclusive communication, and simplified summaries, were ignored, in violation of Title II of the ADA (42 U.S.C. § 12132). Barrier to Accessibility: Records provided were inaccessible to individuals with disabilities, contravening Section 504 of the Rehabilitation Act (29 U.S.C. § 794). 3. Systemic Mismanagement of Medicaid Programs Inadequate Oversight: Failure to address systemic transparency failures in the Medicaid Acquired Brain Injury (ABI) Waiver Program, which disproportionately affects vulnerable populations. Mismanagement of Taxpayer Funds: Lack of detailed documentation regarding Medicaid provider complaints, sanctions, and oversight points to gross mismanagement and potential misuse of federal and state funding. 4. Harm to



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	Vulnerable Populations Denial of Critical Services: Non-compliance with ADA and FOIA directly impedes access to services for individuals with acquired brain injuries, placing an undue burden on already vulnerable populations. Public Health Risk: Delays and denials of critical information related to Medicaid compliance pose significant risks to public health, exacerbating systemic inequities. 5. Broader Systemic Failures Agency Coordination Gaps: Records indicate a lack of effective inter-agency coordination between DOJ, CMS, OPM, and DSS, undermining the enforcement of federal laws and policies. Insufficient Accountability: Agencies have not identified responsible personnel, provided explanations for procedural lapses, or demonstrated efforts to rectify systemic issues. 6. Testimony and Evidence from Stakeholders Whistleblower Reports: Independent accounts from whistleblowers corroborate allegations of systemic non-compliance and negligence. Oversight Body Findings: Correspondence with OGIS, OIG, and other oversight bodies validates claims of systemic failures, highlighting the nee

DISCLOSURE SUBJECTS

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

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



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



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



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



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



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



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



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



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



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Michael E. Horowitz Title: Inspector General, DOJ Position in Chain of Command: Responsible for ide	Michael E. Horowitz Title: Inspector General, DOJ Position in Chain of Command: Responsible for ide	Michael E. Horowitz Title: Inspector General, DOJ Position in Chain of Command: Responsible for ide	Michael E. Horowitz Title: Inspector General, DOJ Position in Chain of Command: Responsible for ide
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Andrea Barton Reeves Title:	Andrea Barton Reeves Title:	Andrea Barton Reeves Title:	Andrea Barton Reeves Title:



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



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Martin M. Looney Title: President Pro Tempore, Connecticut Senate Position in Chain of Command: Pro	Martin M. Looney Title: President Pro Tempore, Connecticut Senate Position in Chain of Command: Pro	Martin M. Looney Title: President Pro Tempore, Connecticut Senate Position in Chain of Command: Pro	Martin M. Looney Title: President Pro Tempore, Connecticut Senate Position in Chain of Command: Pro
James Comer Title: Chair, House Committee on Oversight and Accountability Position in Chain of Comm	James Comer Title: Chair, House Committee on Oversight and Accountability Position in Chain of Comm	James Comer Title: Chair, House Committee on Oversight and Accountability Position in Chain of Comm	James Comer Title: Chair, House Committee on Oversight and Accountability Position in Chain of Comm
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Dick Durbin Title: Chair, Senate Judiciary Committee Position in Chain of Command: Ensures DOJ comp	Dick Durbin Title: Chair, Senate Judiciary Committee Position in Chain of Command: Ensures DOJ comp	Dick Durbin Title: Chair, Senate Judiciary Committee Position in Chain of Command: Ensures DOJ comp	Dick Durbin Title: Chair, Senate Judiciary Committee Position in Chain of Command: Ensures DOJ comp
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Julie Su Title: Acting Secretary, U.S. Department of Labor (DOL) Position in Chain of Command: Over	Julie Su Title: Acting Secretary, U.S. Department of Labor (DOL) Position in Chain of Command: Over	Julie Su Title: Acting Secretary, U.S. Department of Labor (DOL) Position in Chain of Command: Over	Julie Su Title: Acting Secretary, U.S. Department of Labor (DOL) Position in Chain of Command: Over
Lori Hartmann Title: Appeals Officer, Office of Information Programs and Services, Department of St	Lori Hartmann Title: Appeals Officer, Office of Information Programs and Services, Department of St	Lori Hartmann Title: Appeals Officer, Office of Information Programs and Services, Department of St	Lori Hartmann Title: Appeals Officer, Office of Information Programs and Services, Department of St
Eric F. Stein Title: Director, Office of Information Programs and Services, Department of State Pos	Eric F. Stein Title: Director, Office of Information Programs and Services, Department of State Pos	Eric F. Stein Title: Director, Office of Information Programs and Services, Department of State Pos	Eric F. Stein Title: Director, Office of Information Programs and Services, Department of State Pos
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Dick Durbin Title: Chair, Senate Judiciary Committee Position in Chain of Command: Oversees the leg	Dick Durbin Title: Chair, Senate Judiciary Committee Position in Chain of Command: Oversees the leg	Dick Durbin Title: Chair, Senate Judiciary Committee Position in Chain of Command: Oversees the leg	Dick Durbin Title: Chair, Senate Judiciary Committee Position in Chain of Command: Oversees the leg

REQUESTED OSC ACTION

What action would you like OSC to take?

What action would you like OSC to take?

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

1. Immediate Investigative Actions

Appoint a Team of Experts: Assemble a specialized task force of legal experts in government accountability, constitutional law, ADA compliance, FOIA enforcement, Medicaid oversight, and whistleblower protections.

Initiate Comprehensive Investigations:

Investigate all named individuals and agencies for gross mismanagement, abuse of



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authority, gross waste of funds, and violations of law, rule, or regulation.

Focus on systemic failures impacting vulnerable populations, Medicaid consumers, taxpayers, and disability advocates, ensuring no violations are overlooked.

Investigate the improper denial of access to critical ADA accommodations and FOIA requests that directly harm individuals with disabilities and obstruct transparency.

2. Enforce Accountability

Hold Responsible Parties Accountable: Ensure that all individuals and entities identified in this disclosure are held accountable for their roles in these violations, using all legal remedies available under federal law.

Public Reporting: Require public disclosure of findings to restore trust in governmental agencies, particularly regarding Medicaid and ADA compliance.

3. Represent and Restore Rights

Legal Representation for David Medeiros:

Appoint OSC as the representative for David Medeiros and ABI Resources in addressing these systemic failures.

Ensure the enforcement of David Medeiros' full constitutional rights, particularly those under the ADA, FOIA, and the First, Fifth, and Fourteenth Amendments.

Provide whistleblower protections and safeguard against further retaliation or harm.

Restore Rights: Reinstate all denied ADA accommodations and provide immediate access to withheld records critical to David Medeiros and ABI Resources.

4. Systemic Reform Recommendations

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

Independent Oversight:

Recommend congressional oversight hearings to address systemic noncompliance and misuse of taxpayer funds in Medicaid programs.

Collaborate with the Office of Government Information Services (OGIS) to improve FOIA processes and ADA enforcement across agencies.

5. Legal and Procedural Remedies

Judicial Intervention:

Pursue legal action under the Whistleblower Protection Act, FOIA, and ADA to address violations, seek damages, and enforce compliance.

Request injunctive relief to halt ongoing violations and ensure immediate access to necessary accommodations and records.

Immediate Reinstatement of Rights:



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Restore David Medeiros' access to all requested records and ADA accommodations without delay.

Ensure transparency and accountability for all involved agencies.

6. Advocate for Vulnerable Populations

Elevate the Voices of Vulnerable Communities:

Amplify the concerns of Medicaid consumers, disability advocates, and taxpayers harmed by these systemic failures.

Enforce systemic reforms that prioritize equity, transparency, and justice for all affected populations.

7. Engage External Oversight

Congressional Notification:

Notify key congressional committees, including the House Committee on Oversight and Accountability, the Senate Judiciary Committee, and the House Subcommittee on Civil Rights and Civil Liberties, of these violations to prompt legislative action.

Coordinate with Oversight Entities:

Work closely with the Government Accountability Office (GAO), the DOJ Office of the Inspector General (OIG), and the Centers for Medicare & Medicaid Services (CMS) to address deficiencies and implement reforms.

8. Report and Resolve

Provide Progress Reports: Deliver periodic updates to David Medeiros and involved stakeholders on the progress of investigations and reforms.

Final Comprehensive Report: Issue a final report detailing findings, actions taken, and systemic reforms implemented.

9. Guarantee Protection Against Retaliation

Whistleblower Protections:

Ensure robust protections against retaliation for David Medeiros and any other individuals who have exposed these systemic failures.

Investigate any instances of retaliation and take corrective action.

Conclusion

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



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WHERE ELSE DID YOU REPORT THIS MATTER?

I have also disclosed this information to:

Other Action Type	Action Taken Date

Additional information about reports to Inspectors General, if applicable.

First Name:

Last Name:

Title:

Address:

Email Address:

Telephone Number:

Case ID #:

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

NOTE: MATTERS INVESTIGATED BY AN OFFICE OF INSPECTOR GENERAL

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

ATTACHMENTS

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

I have attached the following documents to my filing:

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



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



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

CONSENT

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

I consent to disclosure of my identity.

Yes

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

No

CERTIFICATION

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



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Yes

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

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

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



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IMPORTANT INFORMATION ABOUT FILING A DISCLOSURE

OSC WHISTLEBLOWER DISCLOSURE CHANNEL

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

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

OSC JURISDICTION

OSC has no jurisdiction over disclosures filed by:

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

ANONYMOUS SOURCES

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

RETALIATION

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



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

CONTACT INFORMATION

Title:

First Name:* David

Middle Initial:

Last Name:* Medeiros

International Address?: No

Address:*

215 Mountain St
Willimantic, CT 06226

Cell Phone Number:

Home Phone Number:

Office Phone Number:

Ext.

Email Address:* aabiwr@live.com

Preferred means of contact:

Email: Yes

Cell phone: No

Home phone: No

Office phone: No

REPRESENTATIVE INFORMATION

Do you have representation? No

Information about representative, if applicable.

First Name:*

Middle Initial:

Last Name:*

International Address?:

Address: *



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Office Phone Number:

Ext.

Cell Phone Number:

Home Phone Number:

Email Address:

EMPLOYMENT INFORMATION

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

Department:* Justice

Agency:* Office Of The Inspector General

Agency subcomponent: Office of Information Policy (OIP)

Street Address: 441 G Street NW, Sixth Floor

City: Washington

State: DC

Zip Code: 20530

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

Title	Series	Grade

Please provide your dates of employment in this position.

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

Are you covered by a collective bargaining agreement?

DETAILS OF YOUR DISCLOSURES



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

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

DISCLOSURES

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



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



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



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



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



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



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



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



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	redirection of requests to inappropriate offices. These actions undermine 5 U.S.C. § 2302(b)(8), which prohibits retaliation against employees or individuals disclosing systemic mismanagement or legal violations. Evasion of Accountability: Agencies failed to provide the names, roles, and contact information of responsible personnel as required under FOIA. This lack of transparency further obscures accountability and impedes oversight. Systemic Patterns of Gross Mismanagement: Failure to coordinate between federal and state agencies, including DOJ, CMS, and Connecticut's DSS. These gaps have resulted in mismanagement of Medicaid funds under the Acquired Brain Injury Waiver Program, risking harm to vulnerable populations and violating fiduciary obligations under 31 U.S.C. §§ 3729-3733 (False Claims Act). Public Harm and Taxpayer Loss: Ineffective oversight and non-compliance with statutory obligations have resulted in significant public harm, including: Barriers to accessing healthcare for individuals under Medicaid's ABI Waiver Program. Wasted taxpayer funds on non-compliant administrative practices. Diminished public trust in government transparency and accountability. Independent Evidence: Multiple FOIA responses, internal communications, and agency acknowledgments (or lack thereof) corroborate these allegations. Independent reviews, such as oversight reports and public records, reveal systemic failures. Legal Framework Violations: Denials and delays are inconsistent with federal mandates, including: Executive Order 13392, requiring improved FOIA processing. Supremacy Clause (Article VI, Clause 2), prioritizing federal ADA and FOIA laws over conflicting agency practices. Escalating Impact: Repeated non-compliance has exacerbated harm to vulnerable populations, including individuals with disabilities, while fostering systemic failures in government operations. Summary These facts demonstrate systemi
Allegation	Abuse of Authority
What action did they take?	2. What action did they take? The identified individuals and entities engaged in the following actions that



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	constitute abuse of authority, undermining constitutional laws, ADA protections, whistleblower safeguards, and taxpayer accountability: Failed to Enforce ADA and FOIA Compliance: Neglected to uphold mandatory accommodations under the Americans with Disabilities Act (ADA), Title II, 42 U.S.C. § 12132, and Section 504 of the Rehabilitation Act (29 U.S.C. § 794), by disregarding explicit and reasonable requests for: Communication exclusively via the MuckRock platform. Accessible, screen-reader-compatible formats for all documents. Summarized records to ensure equitable access. Violated procedural requirements of the Freedom of Information Act (5 U.S.C. § 552) by failing to: Conduct comprehensive searches across relevant offices. Provide statutory justifications for withheld or redacted information. Identify responsible personnel handling the requests. Obstructed Access to Critical Records: Impeded access to records of significant public interest concerning Medicaid oversight, ADA enforcement, and whistleblower disclosures. This obstruction includes: Refusal to provide inter-agency communications detailing systemic failures in the Connecticut Medicaid Acquired Brain Injury (ABI) Waiver Program. Incomplete or inaccurate responses to FOIA requests, undermining transparency and due process protections under the Fifth and Fourteenth Amendments. Neglected Oversight Responsibilities: Allowed systemic mismanagement by failing to investigate or rectify documented violations involving Medicaid compliance and taxpayer fund misuse. Ignored whistleblower disclosures regarding agency misconduct, in violation of 5 U.S.C. § 2302(b)(8) (Whistleblower Protection Act), fostering an environment of retaliation and suppression of critical information. Failed to Ensure Inter-Agency Coordination: Did not facilitate effective communication and enforcement between federal (DOJ, CMS, HHS) and state (Connecticut DSS, OPM, DPH) agencies, leading to fragmented oversight and non-compliance with Supremacy Clause (Article VI, Clause 2) mandates. Neglected Executive Order 13392 obligations



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	to improve agency disclosure of information. Created Systemic Barriers: Introduced procedural and systemic barriers that disproportionately harm vulnerable populations, including those requiring ADA accommodations. These actions undermined the principles of equity and justice outlined in <i>Tennessee v. Lane</i> (2004) and <i>Alexander v. Choate</i> (1985). Facilitated Gross Mismanagement and Waste: Allowed taxpayer funds to be misallocated or wasted through inadequate oversight and systemic mismanagement of Medicaid programs and ADA enforcement responsibilities, violating fiduciary duties. Failed to Protect Whistleblowers: Suppressed or retaliated against whistleblower disclosures by failing to address claims of non-compliance, waste, and abuse of authority. This failure jeopardizes public acco
When did this occur?	3. When did this occur? The abuse of authority has occurred and continues to occur over an extended timeline. Key instances include: Initial Actions: Beginning in 2016, the Connecticut Department of Social Services (DSS) and associated state and federal entities demonstrated negligence in adhering to Americans with Disabilities Act (ADA) accommodations and transparency obligations under the Freedom of Information Act (FOIA). This includes refusal to process ADA-compliant requests via MuckRock and ongoing barriers to access. Escalations: From 2021–2024, documented complaints—such as DOJ complaints #534659-XGL and #539298-RJM—were filed to highlight systemic violations. Despite repeated follow-ups and legal notifications, the responsible agencies ignored statutory requirements, further solidifying a pattern of misconduct. Ongoing Impact: As of December 5, 2024, agencies persist in failing to provide lawful responses to whistleblower complaints, FOIA requests, and ADA accommodation nee
How did you discover this action?	How Did You Discover This Action? The actions were uncovered through a combination of personal experience, detailed record review, and systematic communication with involved agencies over a sustained



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	period. Specifically: Personal Experience: As the founder of ABI Resources and an advocate for Medicaid transparency and ADA compliance, I observed firsthand the systemic failures in agency operations, including prolonged delays, inadequate responses, and discriminatory practices against individuals requiring ADA accommodations. Documented Correspondence: Review of agency correspondence, including responses from DOJ, DSS, CMS, and related entities, revealed clear patterns of non-compliance with FOIA and ADA mandates. Notable examples include failure to provide accessible records, refusal to adhere to explicitly stated accommodations, and lack of accountability in handling FOIA and ADA complaints. Reports and Disclosures: Analysis of publicly available audits, investigative reports, and whistleblower disclosures highlighted systemic issues within these agencies, such as gross mismanagement of taxpayer funds, suppression of Medicaid-related complaints, and systemic denial of ADA-mandated accommodations. Inter-agency Failures: Communications between federal and state agencies, as documented through FOIA responses and legal proceedings, demonstrated a lack of coordination, transparency, and adherence to statutory obligations under federal law. Pattern of Retaliation and Discrimination: Through prolonged interactions and advocacy efforts, a pattern emerged showing discriminatory practices against whistleblowers and individuals with disabilities, particularly in denying reasonable accommodations and failing to process FOIA requests within statutory timelines. Escalation Attempts: Despite multiple escalations to oversight entities, such as OGIS and the Office of Inspector General, the issues persisted, reinforcing the conclusion of systemic abuse and deliberate non-compliance.
What additional facts support your allegation?	Additional Facts Supporting the Allegation The following additional facts substantiate the claims of wrongdoing and systemic failure, reinforcing the necessity for immediate investigation and corrective action: Historical



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	Evidence of Non-Compliance: FOIA Failures: A documented pattern of FOIA non-compliance, including delayed responses, incomplete disclosures, and failure to provide legally mandated accommodations under 5 U.S.C. § 552. Specific instances include records requests dated [provide dates], which were ignored or inadequately addressed. ADA Violations: Repeated failure to comply with ADA requirements for accessible communication and reasonable accommodations under Title II, including non-compliance in formatting documents, communication exclusivity (e.g., MuckRock platform), and denial of simplified summaries for complex documents. Systemic Failures in Oversight: Multiple government agencies involved, including the DOJ, CMS, and Connecticut state agencies, exhibit a coordinated lack of accountability and transparency. This includes failure to share information, cooperate in investigations, or address critical whistleblower complaints. Specific reports and audits from [cite relevant sources] highlight widespread mismanagement of Medicaid programs, misuse of taxpayer funds, and inadequate enforcement of civil rights protections. Documented Retaliation Against Whistleblowers: Evidence of retaliation against whistleblowers who reported systemic issues in Medicaid oversight, ADA compliance, and FOIA processes. Retaliation has included delayed responses, exclusion from critical communications, and the withholding of key documents. Impact on Vulnerable Populations: Gross mismanagement of Medicaid's Acquired Brain Injury Waiver Program disproportionately harms individuals with disabilities, directly violating protections under the ADA and the Rehabilitation Act. Systemic failures in transparency and accountability undermine public trust and exacerbate inequality, leaving vulnerable populations without recourse or resources. Statistical Evidence and Public Reports: Publicly available reports and internal documents demonstrate a significant gap in compliance with FOIA and ADA across the agencies involved,



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	including a backlog of unresolved complaints and escalating issues with systemic mismanagement. Historical data reveals persistent deficiencies in Medicaid program administration, including financial irregularities and insufficient oversight. Legal and Procedural Violations: Failure to provide statutory justifications for redactions and denials, violating 5 U.S.C. § 552(b). Breach of federal whistleblower protections under 5 U.S.C. § 2302(b)(8), specifically for individuals reporting FOIA and ADA violations. Non-compliance with federal mandates for inter-agency transparency, as outlined in Executive Order 13392. Failed Remediation Efforts: Numerous attempts to seek resolution through proper channels, including appeals, requests for media
Allegation	Gross Waste of Funds
What action did they take?	2. What action did they take? The actions identified constitute Gross Waste of Funds, as defined under federal statutes and aligned with systemic failures in oversight, administration, and enforcement. Specifically, the following actions were taken: Failure to Prevent Financial Mismanagement: The identified individuals and agencies failed to implement appropriate controls, audits, and monitoring mechanisms to ensure Medicaid funds allocated for the Acquired Brain Injury (ABI) Waiver Program were used appropriately and in compliance with federal and state laws. Allowed state-level agencies, such as the Connecticut Department of Social Services (DSS), to operate with significant financial inefficiencies, resulting in misuse of taxpayer dollars. Improper Allocation and Expenditure of Medicaid Funds: Authorized or failed to detect expenditures on unapproved services, administrative overhead, or other activities unrelated to the goals of the ABI Waiver Program. Overlooked discrepancies in provider billing practices and payment systems, leading to significant waste and inefficiency. Lack of Enforcement for Non-Compliance: Federal agencies, including the Centers for Medicare & Medicaid Services (CMS) and the Department of Justice (DOJ), failed to enforce compliance with federal



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	funding requirements, allowing state-level mismanagement to persist unchecked. Neglected their oversight responsibilities under the Americans with Disabilities Act (ADA) and the Rehabilitation Act, leading to inequitable allocation of resources for individuals with disabilities. Systemic Violations of Transparency Laws: Failed to respond fully or appropriately to Freedom of Information Act (FOIA) requests, obscuring the extent of financial mismanagement and denying access to critical accountability data. Ignored statutory requirements for transparency in Medicaid program administration, thereby enabling wasteful practices to continue without scrutiny. Neglect of Whistleblower Reports: Delayed or dismissed valid whistleblower complaints, undermining critical mechanisms intended to prevent misuse of funds and protect individuals reporting systemic failures. Failed to implement adequate protections against retaliation for whistleblowers, further discouraging the reporting of misuse and waste. Inefficient Interagency Coordination: Agencies, including CMS, DOJ, and the Connecticut Office of Policy and Management (OPM), demonstrated a lack of coordinated oversight, leading to overlapping inefficiencies and resource misallocation. Misrepresentation in Reporting and Compliance Reviews: Submitted incomplete, misleading, or delayed compliance reports to federal authorities, obscuring the extent of financial waste and administrative failures. Failed to conduct or accurately report findings from required audits, thereby neglecting essential safeguards against waste and fraud. Legal and Constitutional Implications These actions violate: FOIA (5 U.S.C. § 552): Obstructing public acce
When did this occur?	3. When did this occur? The violations and gross waste of funds have been ongoing and systemic, spanning multiple years. These actions can be traced through specific incidents and timelines, as follows: Historical Pattern: Evidence of systemic mismanagement, neglect, and misuse of funds in Medicaid's Acquired Brain Injury (ABI) Waiver Program can be documented back at least a



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	decade, indicating an entrenched failure to meet federal and constitutional standards. Specific FOIA Delays and Failures: Between November 22, 2024, and December 4, 2024, critical FOIA requests were improperly handled, with responses failing to adhere to statutory timeframes under 5 U.S.C. § 552(a)(6)(A). Requests for ADA-compliant accommodations were ignored or inadequately fulfilled, violating federal disability rights laws during the same period. Recent Escalations: Between October 2024 and December 2024, federal and state agencies failed to coordinate or provide transparency regarding Medicaid oversight a
How did you discover this action?	How did you discover this action? The actions were discovered through a combination of firsthand experiences, official correspondence, document reviews, and systemic failures that became evident over years of direct interaction with the implicated agencies. Specific methods include: Direct Impact: As an individual requiring ADA accommodations, repeated failures in communication, response timelines, and adherence to legal obligations became apparent when dealing with FOIA requests, ADA compliance processes, and whistleblower reporting mechanisms. Official Records and Correspondence: Review of agency responses and documentation revealed: Non-compliance with ADA accommodation requests mandated under 42 U.S.C. § 12132 and the Rehabilitation Act (29 U.S.C. § 794). Delays and procedural violations under 5 U.S.C. § 552, including inadequate searches and improper denials of FOIA requests. Patterns of Neglect and Mismanagement: Analysis of multiple complaints and FOIA responses exposed systemic issues: Inconsistent or absent responses to legitimate requests. Lack of accountability and transparency in addressing Medicaid oversight concerns. Publicly Available Data and Reports: Information obtained from public sources, including agency reports, highlighted ongoing failures in compliance and oversight, particularly in the administration of federally funded programs like



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	Medicaid. Whistleblower Communications: Submissions to oversight bodies, including the Office of Special Counsel (OSC) and Office of Government Information Services (OGIS), revealed further evidence of systemic mismanagement, waste of funds, and retaliation. Legal and Policy Analysis: Comparative analysis of statutory requirements versus agency actions confirmed a breach of constitutional and statutory duties. This discovery process underscores systemic non-compliance, a lack of adherence to federal mandates, and repeated negligence by the implicated parties. It reflects a pattern of disregard for legal obligations, resulting in public harm, misuse of taxpayer funds, and barriers to access for individuals requiring ADA accommodations.
What additional facts support your allegation?	5. What Additional Facts Support Your Allegation? The following facts substantiate the allegation of Gross Waste of Funds and provide a clear pattern of systemic mismanagement and legal non-compliance: 1. Patterns of Financial Mismanagement Lack of Oversight: Financial audits and evaluations reveal consistent non-compliance with federal Medicaid regulations, specifically regarding the use of taxpayer funds in the administration of the ABI Waiver Program. Excessive Expenditures: Publicly available records and whistleblower disclosures highlight disproportionately high administrative costs compared to direct patient care expenditures, violating the principles of fiscal responsibility mandated by 31 U.S.C. § 1301 (Purpose Statute). Duplicative Efforts: Inefficient processes and redundant systems have been documented, resulting in the repeated allocation of funds for services or tasks that fail to achieve intended outcomes. 2. Evidence of Non-Compliance FOIA Non-Compliance: The DOJ and other relevant agencies failed to process records requests in a manner consistent with 5 U.S.C. § 552, withholding key information needed to evaluate program expenditures. ADA Accommodation Failures: Agencies neglected their obligations under 42 U.S.C. § 12132 and 29 U.S.C. § 794, incurring unnecessary legal and administrative costs due to preventable



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	accessibility-related complaints. 3. Reports and Audits Whistleblower Disclosures: Employees and stakeholders have disclosed systemic issues related to inflated budgets, underreported expenditures, and misuse of funds intended for vulnerable populations. Audits and Investigations: Preliminary reports from oversight agencies, such as the GAO, reveal widespread discrepancies in fund allocation and reporting processes, including lack of compliance with OMB Circular A-123 (Management of Risk and Internal Controls). 4. Documented Public Harm Delayed Services: Administrative inefficiencies caused delays in critical care for ABI Waiver recipients, increasing costs due to the need for emergency interventions and litigation. Erosion of Public Trust: Mismanagement has undermined public confidence in Medicaid programs, as evidenced by an increase in formal complaints and appeals filed with state and federal agencies. 5. Systemic Neglect and Misalignment Neglect of Federal Guidance: Agencies have repeatedly ignored recommendations from CMS and DOJ Civil Rights Division, resulting in fragmented implementation and higher administrative costs. Failure to Meet Reporting Standards: Required reports under 42 C.F.R. Part 431 (Medicaid Program Administration) have been either delayed or incomplete, impeding transparency and oversight. 6. Inter-Agency Failures Uncoordinated Communication: Documents and correspondence reveal a lack of coordination between federal and state agencies, leading to duplicated efforts and misallocated resources. Referrals Without Accountability: Cases referred between agencies often lack proper follow-up or resolut
Allegation	Danger to Public Health
What action did they take?	2. What Action Did They Take? The responsible parties took actions, or failed to act, that created significant barriers to transparency, compliance, and public accountability. These actions collectively endangered public health by obstructing access to vital information and undermining the administration of federal and state



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	programs. The actions included: 1. Obstruction of FOIA Compliance Failure to Conduct Adequate Searches: Federal and state agencies did not perform thorough and timely searches for requested records, including those critical to assessing the performance and compliance of Medicaid and ADA-related programs. Improper Denials or Delays: Requests were denied or delayed without adequate statutory justification under 5 U.S.C. § 552(b), leading to unnecessary obstacles in accessing records vital to public health oversight. 2. Systemic Violations of ADA and Rehabilitation Act Failure to Provide Requested ADA Accommodations: Agencies ignored non-negotiable accommodations, including the use of the MuckRock platform, accessible formats, and simplified summaries, violating 42 U.S.C. § 12132 and 29 U.S.C. § 794. Non-Compliance with Accessibility Standards: Communications and records provided were not screen-reader compatible, preventing individuals with disabilities from accessing essential information. 3. Neglect in Addressing Medicaid Oversight Failures Withholding Records on Medicaid Compliance: Agencies failed to disclose internal audits, provider registries, and inter-agency communications, impeding accountability in Medicaid's Acquired Brain Injury Waiver Program and other federally funded initiatives. Failure to Investigate Complaints: Despite evidence of systemic non-compliance and mismanagement, responsible entities neglected to investigate or act upon complaints, leaving systemic issues unaddressed. 4. Gross Mismanagement of Public Health Resources Improper Use of Federal Funds: There is evidence of funds being allocated inefficiently or diverted from their intended purposes, exacerbating barriers to healthcare access and public safety. Systemic Inadequacies in Provider Oversight: Records and reports critical to evaluating Medicaid provider performance and accountability were withheld, contributing to unchecked risks to beneficiaries' health. 5. Abuse of Authority and Retaliatory Practices Suppression of Whistleblower Disclosures: Agencies failed to protect whistleblowers



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	and dismissed critical disclosures related to public health and systemic program failures. Imposing Undue Burdens on Requesters: Agencies consistently imposed procedural and accessibility burdens on FOIA requesters, discouraging participation and oversight. 6. Undermining Public Health Transparency Censorship of Key Information: By withholding critical records related to Medicaid compliance, ADA enforcement, and healthcare access, agencies obstructed public understanding and accountability. Failure to Coordinate Across Agencies: Lack of inter-agency collaborati
When did this occur?	When Did This Occur? This systemic issue has been ongoing for several years, with specific incidents and failures occurring at various critical junctures, including but not limited to: Initial Violations: As early as 2019, the failure to provide timely and accurate responses to Freedom of Information Act (FOIA) requests became evident, particularly in matters involving Medicaid oversight and ADA compliance. Specific failures tied to DOJ complaint numbers #534659-XGL, #539298-RJM, #534060-HWM, and #539330-JBZ began emerging in 2022, escalating concerns about systemic non-compliance. Escalation of Harm: Between 2020 and 2023, repeated denials and delays of ADA accommodations for FOIA requests compounded barriers for individuals with disabilities seeking transparency and accountability. Critical complaints and reports highlighting deficiencies in Medicaid programs and systemic mismanagement were either ignored or inadequately addressed during this period, exacerbating risks to public
How did you discover this action?	How Did You Discover This Action? The actions were discovered through a combination of personal involvement in the submission and follow-up of FOIA requests and ADA accommodation requests, detailed reviews of agency responses, and extensive documentation of non-compliance patterns. Specifically: Direct Correspondence: Received responses from the DOJ, CMS, OPM, DSS, and other related agencies that either failed to provide the requested information or did



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	so in a manner inconsistent with FOIA (5 U.S.C. § 552) and ADA (42 U.S.C. § 12132) requirements. Encountered systemic failures to comply with mandated ADA accommodations, such as the refusal to communicate exclusively via the MuckRock platform and the provision of inaccessible documents. Pattern of Non-Compliance: Identified repeated instances where statutory deadlines under FOIA were missed without proper justification, indicating gross mismanagement. Observed systemic issues in ADA compliance across agencies, including the lack of screen-reader compatible documents, failure to provide simplified summaries for complex records, and omissions of required identification of personnel responsible for handling requests. Document Review and Analysis: Conducted an in-depth review of all communications and records related to the complaints and requests, revealing inconsistencies, incomplete disclosures, and unjustified redactions contrary to 5 U.S.C. § 552(b). Cross-referenced agency responses with statutory requirements and guidance from the Office of Government Information Services (OGIS), uncovering violations of transparency and accessibility obligations. Engagement with Oversight Bodies: Corresponded with oversight entities, including the Office of the Inspector General (OIG) and OGIS, which confirmed ongoing deficiencies in agency compliance with federal law. Utilized mediation channels provided by OGIS to validate findings and gather additional evidence of systemic issues. Impact on Stakeholders: Firsthand observations of how these failures disproportionately harm vulnerable populations dependent on Medicaid programs, specifically those under the Acquired Brain Injury Waiver Program. Reports from other affected parties and whistleblowers corroborated the systemic nature of these issues, reinforcing the need for immediate action. This discovery process underscores the deep-rooted issues within the agencies and highlights a significant threat to public trust, fiscal accountability, and the equitable



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	treatment of individuals requiring ADA accommodations and Medicaid services.
What additional facts support your allegation?	What Additional Facts Support Your Allegation? The following facts substantiate the allegations and demonstrate a pattern of systemic failures, legal non-compliance, and negligence, highlighting the significant public harm caused by these actions: 1. Non-Compliance with FOIA Requirements Missed Deadlines: FOIA requests, including DOJ Complaints #534659-XGL and #539298-RJM, exceeded statutory response deadlines outlined in 5 U.S.C. § 552(a)(6)(A), without valid justification. Inadequate Searches: Responses failed to include a thorough search of relevant agency divisions such as the DOJ Civil Rights Division, CMS, and DSS. Records explicitly relevant to ADA compliance and Medicaid oversight were not provided. Improper Redactions: Information was withheld or redacted without proper statutory justification under FOIA's exemptions (5 U.S.C. § 552(b)). Lack of Transparency: Agencies failed to provide detailed search methodologies, names of responsible personnel, and complete records. 2. Violations of ADA Requirements Failure to Provide Accommodations: ADA accommodations explicitly requested, such as screen-reader-compatible documents, MuckRock-exclusive communication, and simplified summaries, were ignored, in violation of Title II of the ADA (42 U.S.C. § 12132). Barrier to Accessibility: Records provided were inaccessible to individuals with disabilities, contravening Section 504 of the Rehabilitation Act (29 U.S.C. § 794). 3. Systemic Mismanagement of Medicaid Programs Inadequate Oversight: Failure to address systemic transparency failures in the Medicaid Acquired Brain Injury (ABI) Waiver Program, which disproportionately affects vulnerable populations. Mismanagement of Taxpayer Funds: Lack of detailed documentation regarding Medicaid provider complaints, sanctions, and oversight points to gross mismanagement and potential misuse of federal and state funding. 4. Harm to



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	Vulnerable Populations Denial of Critical Services: Non-compliance with ADA and FOIA directly impedes access to services for individuals with acquired brain injuries, placing an undue burden on already vulnerable populations. Public Health Risk: Delays and denials of critical information related to Medicaid compliance pose significant risks to public health, exacerbating systemic inequities. 5. Broader Systemic Failures Agency Coordination Gaps: Records indicate a lack of effective inter-agency coordination between DOJ, CMS, OPM, and DSS, undermining the enforcement of federal laws and policies. Insufficient Accountability: Agencies have not identified responsible personnel, provided explanations for procedural lapses, or demonstrated efforts to rectify systemic issues. 6. Testimony and Evidence from Stakeholders Whistleblower Reports: Independent accounts from whistleblowers corroborate allegations of systemic non-compliance and negligence. Oversight Body Findings: Correspondence with OGIS, OIG, and other oversight bodies validates claims of systemic failures, highlighting the need

DISCLOSURE SUBJECTS

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

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



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



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



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



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



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



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



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



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



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Michael E. Horowitz Title: Inspector General, DOJ Position in Chain of Command: Responsible for ide	Michael E. Horowitz Title: Inspector General, DOJ Position in Chain of Command: Responsible for ide	Michael E. Horowitz Title: Inspector General, DOJ Position in Chain of Command: Responsible for ide	Michael E. Horowitz Title: Inspector General, DOJ Position in Chain of Command: Responsible for ide
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Andrea Barton Reeves Title:	Andrea Barton Reeves Title:	Andrea Barton Reeves Title:	Andrea Barton Reeves Title:



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Commissioner, Connecticut Department of Social Services (DSS) Position	Commissioner, Connecticut Department of Social Services (DSS) Position	Commissioner, Connecticut Department of Social Services (DSS) Position	Commissioner, Connecticut Department of Social Services (DSS) Position
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Alina M. Semo Title: Director, Office of Government Information Services (OGIS) Position in Chain o	Alina M. Semo Title: Director, Office of Government Information Services (OGIS) Position in Chain o	Alina M. Semo Title: Director, Office of Government Information Services (OGIS) Position in Chain o	Alina M. Semo Title: Director, Office of Government Information Services (OGIS) Position in Chain o
William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Responsibl	William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Responsibl	William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Responsibl	William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Responsibl
Manisha Juthani, MD Title: Commissioner, Connecticut Department of Public Health Position in Chain	Manisha Juthani, MD Title: Commissioner, Connecticut Department of Public Health Position in Chain	Manisha Juthani, MD Title: Commissioner, Connecticut Department of Public Health Position in Chain	Manisha Juthani, MD Title: Commissioner, Connecticut Department of Public Health Position in Chain
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Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Cha	Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Cha	Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Cha	Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Cha
Christi Grimm Title: Inspector General, HHS Position in Chain of Command: Responsible for investiga	Christi Grimm Title: Inspector General, HHS Position in Chain of Command: Responsible for investiga	Christi Grimm Title: Inspector General, HHS Position in Chain of Command: Responsible for investiga	Christi Grimm Title: Inspector General, HHS Position in Chain of Command: Responsible for investiga
Lisa M. Gomez Title: Assistant Secretary, Employee Benefits Security Administration (EBSA) Position	Lisa M. Gomez Title: Assistant Secretary, Employee Benefits Security Administration (EBSA) Position	Lisa M. Gomez Title: Assistant Secretary, Employee Benefits Security Administration (EBSA) Position	Lisa M. Gomez Title: Assistant Secretary, Employee Benefits Security Administration (EBSA) Position
Douglas O'Donnell Title: Acting Commissioner, Internal Revenue Service (IRS) Position in Chain of C	Douglas O'Donnell Title: Acting Commissioner, Internal Revenue Service (IRS) Position in Chain of C	Douglas O'Donnell Title: Acting Commissioner, Internal Revenue Service (IRS) Position in Chain of C	Douglas O'Donnell Title: Acting Commissioner, Internal Revenue Service (IRS) Position in Chain of C
Ned Lamont Title: Governor, State of Connecticut Position in Chain of Command: As Chief Executive o	Ned Lamont Title: Governor, State of Connecticut Position in Chain of Command: As Chief Executive o	Ned Lamont Title: Governor, State of Connecticut Position in Chain of Command: As Chief Executive o	Ned Lamont Title: Governor, State of Connecticut Position in Chain of Command: As Chief Executive o
Matthew Ritter Title: Speaker of the House, Connecticut General Assembly	Matthew Ritter Title: Speaker of the House, Connecticut General Assembly	Matthew Ritter Title: Speaker of the House, Connecticut General Assembly	Matthew Ritter Title: Speaker of the House, Connecticut General Assembly



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Martin M. Looney Title: President Pro Tempore, Connecticut Senate Position in Chain of Command: Pro	Martin M. Looney Title: President Pro Tempore, Connecticut Senate Position in Chain of Command: Pro	Martin M. Looney Title: President Pro Tempore, Connecticut Senate Position in Chain of Command: Pro	Martin M. Looney Title: President Pro Tempore, Connecticut Senate Position in Chain of Command: Pro
James Comer Title: Chair, House Committee on Oversight and Accountability Position in Chain of Comm	James Comer Title: Chair, House Committee on Oversight and Accountability Position in Chain of Comm	James Comer Title: Chair, House Committee on Oversight and Accountability Position in Chain of Comm	James Comer Title: Chair, House Committee on Oversight and Accountability Position in Chain of Comm
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Julie Su Title: Acting Secretary, U.S. Department of Labor (DOL) Position in Chain of Command: Over	Julie Su Title: Acting Secretary, U.S. Department of Labor (DOL) Position in Chain of Command: Over	Julie Su Title: Acting Secretary, U.S. Department of Labor (DOL) Position in Chain of Command: Over	Julie Su Title: Acting Secretary, U.S. Department of Labor (DOL) Position in Chain of Command: Over
Lori Hartmann Title: Appeals Officer, Office of Information Programs and Services, Department of St	Lori Hartmann Title: Appeals Officer, Office of Information Programs and Services, Department of St	Lori Hartmann Title: Appeals Officer, Office of Information Programs and Services, Department of St	Lori Hartmann Title: Appeals Officer, Office of Information Programs and Services, Department of St
Eric F. Stein Title: Director, Office of Information Programs and Services, Department of State Pos	Eric F. Stein Title: Director, Office of Information Programs and Services, Department of State Pos	Eric F. Stein Title: Director, Office of Information Programs and Services, Department of State Pos	Eric F. Stein Title: Director, Office of Information Programs and Services, Department of State Pos
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Dick Durbin Title: Chair, Senate Judiciary Committee Position in Chain of Command: Oversees the leg	Dick Durbin Title: Chair, Senate Judiciary Committee Position in Chain of Command: Oversees the leg	Dick Durbin Title: Chair, Senate Judiciary Committee Position in Chain of Command: Oversees the leg	Dick Durbin Title: Chair, Senate Judiciary Committee Position in Chain of Command: Oversees the leg

REQUESTED OSC ACTION

What action would you like OSC to take?

What action would you like OSC to take?

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

1. Immediate Investigative Actions

Appoint a Team of Experts: Assemble a specialized task force of legal experts in government accountability, constitutional law, ADA compliance, FOIA enforcement, Medicaid oversight, and whistleblower protections.

Initiate Comprehensive Investigations:

Investigate all named individuals and agencies for gross mismanagement, abuse of



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authority, gross waste of funds, and violations of law, rule, or regulation.

Focus on systemic failures impacting vulnerable populations, Medicaid consumers, taxpayers, and disability advocates, ensuring no violations are overlooked.

Investigate the improper denial of access to critical ADA accommodations and FOIA requests that directly harm individuals with disabilities and obstruct transparency.

2. Enforce Accountability

Hold Responsible Parties Accountable: Ensure that all individuals and entities identified in this disclosure are held accountable for their roles in these violations, using all legal remedies available under federal law.

Public Reporting: Require public disclosure of findings to restore trust in governmental agencies, particularly regarding Medicaid and ADA compliance.

3. Represent and Restore Rights

Legal Representation for David Medeiros:

Appoint OSC as the representative for David Medeiros and ABI Resources in addressing these systemic failures.

Ensure the enforcement of David Medeiros' full constitutional rights, particularly those under the ADA, FOIA, and the First, Fifth, and Fourteenth Amendments.

Provide whistleblower protections and safeguard against further retaliation or harm.

Restore Rights: Reinstate all denied ADA accommodations and provide immediate access to withheld records critical to David Medeiros and ABI Resources.

4. Systemic Reform Recommendations

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

Independent Oversight:

Recommend congressional oversight hearings to address systemic noncompliance and misuse of taxpayer funds in Medicaid programs.

Collaborate with the Office of Government Information Services (OGIS) to improve FOIA processes and ADA enforcement across agencies.

5. Legal and Procedural Remedies

Judicial Intervention:

Pursue legal action under the Whistleblower Protection Act, FOIA, and ADA to address violations, seek damages, and enforce compliance.

Request injunctive relief to halt ongoing violations and ensure immediate access to necessary accommodations and records.

Immediate Reinstatement of Rights:



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Restore David Medeiros' access to all requested records and ADA accommodations without delay.

Ensure transparency and accountability for all involved agencies.

6. Advocate for Vulnerable Populations

Elevate the Voices of Vulnerable Communities:

Amplify the concerns of Medicaid consumers, disability advocates, and taxpayers harmed by these systemic failures.

Enforce systemic reforms that prioritize equity, transparency, and justice for all affected populations.

7. Engage External Oversight

Congressional Notification:

Notify key congressional committees, including the House Committee on Oversight and Accountability, the Senate Judiciary Committee, and the House Subcommittee on Civil Rights and Civil Liberties, of these violations to prompt legislative action.

Coordinate with Oversight Entities:

Work closely with the Government Accountability Office (GAO), the DOJ Office of the Inspector General (OIG), and the Centers for Medicare & Medicaid Services (CMS) to address deficiencies and implement reforms.

8. Report and Resolve

Provide Progress Reports: Deliver periodic updates to David Medeiros and involved stakeholders on the progress of investigations and reforms.

Final Comprehensive Report: Issue a final report detailing findings, actions taken, and systemic reforms implemented.

9. Guarantee Protection Against Retaliation

Whistleblower Protections:

Ensure robust protections against retaliation for David Medeiros and any other individuals who have exposed these systemic failures.

Investigate any instances of retaliation and take corrective action.

Conclusion

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



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WHERE ELSE DID YOU REPORT THIS MATTER?

I have also disclosed this information to:

Other Action Type	Action Taken Date

Additional information about reports to Inspectors General, if applicable.

First Name:

Last Name:

Title:

Address:

Email Address:

Telephone Number:

Case ID #:

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

NOTE: MATTERS INVESTIGATED BY AN OFFICE OF INSPECTOR GENERAL

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

ATTACHMENTS

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

I have attached the following documents to my filing:

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



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



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

CONSENT

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

I consent to disclosure of my identity.

Yes

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

No

CERTIFICATION

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



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Yes

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

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

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



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IMPORTANT INFORMATION ABOUT FILING A DISCLOSURE

OSC WHISTLEBLOWER DISCLOSURE CHANNEL

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

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

OSC JURISDICTION

OSC has no jurisdiction over disclosures filed by:

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

ANONYMOUS SOURCES

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

RETALIATION

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



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

CONTACT INFORMATION

Title:

First Name:* David

Middle Initial:

Last Name:* Medeiros

International Address?: No

Address:*

215 Mountain St
Willimantic, CT 06226

Cell Phone Number:

Home Phone Number:

Office Phone Number:

Ext.

Email Address:* aabiwr@live.com

Preferred means of contact:

Email: Yes

Cell phone: No

Home phone: No

Office phone: No

REPRESENTATIVE INFORMATION

Do you have representation? No

Information about representative, if applicable.

First Name:*

Middle Initial:

Last Name:*

International Address?:

Address: *



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Office Phone Number:

Ext.

Cell Phone Number:

Home Phone Number:

Email Address:

EMPLOYMENT INFORMATION

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

Department:* Justice

Agency:* Office Of The Inspector General

Agency subcomponent: Office of Information Policy (OIP)

Street Address: 441 G Street NW, Sixth Floor

City: Washington

State: DC

Zip Code: 20530

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

Title	Series	Grade

Please provide your dates of employment in this position.

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

Are you covered by a collective bargaining agreement?

DETAILS OF YOUR DISCLOSURES



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

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

DISCLOSURES

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



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



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



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



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



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



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



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



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	redirection of requests to inappropriate offices. These actions undermine 5 U.S.C. § 2302(b)(8), which prohibits retaliation against employees or individuals disclosing systemic mismanagement or legal violations. Evasion of Accountability: Agencies failed to provide the names, roles, and contact information of responsible personnel as required under FOIA. This lack of transparency further obscures accountability and impedes oversight. Systemic Patterns of Gross Mismanagement: Failure to coordinate between federal and state agencies, including DOJ, CMS, and Connecticut's DSS. These gaps have resulted in mismanagement of Medicaid funds under the Acquired Brain Injury Waiver Program, risking harm to vulnerable populations and violating fiduciary obligations under 31 U.S.C. §§ 3729-3733 (False Claims Act). Public Harm and Taxpayer Loss: Ineffective oversight and non-compliance with statutory obligations have resulted in significant public harm, including: Barriers to accessing healthcare for individuals under Medicaid's ABI Waiver Program. Wasted taxpayer funds on non-compliant administrative practices. Diminished public trust in government transparency and accountability. Independent Evidence: Multiple FOIA responses, internal communications, and agency acknowledgments (or lack thereof) corroborate these allegations. Independent reviews, such as oversight reports and public records, reveal systemic failures. Legal Framework Violations: Denials and delays are inconsistent with federal mandates, including: Executive Order 13392, requiring improved FOIA processing. Supremacy Clause (Article VI, Clause 2), prioritizing federal ADA and FOIA laws over conflicting agency practices. Escalating Impact: Repeated non-compliance has exacerbated harm to vulnerable populations, including individuals with disabilities, while fostering systemic failures in government operations. Summary These facts demonstrate systemi
Allegation	Abuse of Authority
What action did they take?	2. What action did they take? The identified individuals and entities engaged in the following actions that



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	constitute abuse of authority, undermining constitutional laws, ADA protections, whistleblower safeguards, and taxpayer accountability: Failed to Enforce ADA and FOIA Compliance: Neglected to uphold mandatory accommodations under the Americans with Disabilities Act (ADA), Title II, 42 U.S.C. § 12132, and Section 504 of the Rehabilitation Act (29 U.S.C. § 794), by disregarding explicit and reasonable requests for: Communication exclusively via the MuckRock platform. Accessible, screen-reader-compatible formats for all documents. Summarized records to ensure equitable access. Violated procedural requirements of the Freedom of Information Act (5 U.S.C. § 552) by failing to: Conduct comprehensive searches across relevant offices. Provide statutory justifications for withheld or redacted information. Identify responsible personnel handling the requests. Obstructed Access to Critical Records: Impeded access to records of significant public interest concerning Medicaid oversight, ADA enforcement, and whistleblower disclosures. This obstruction includes: Refusal to provide inter-agency communications detailing systemic failures in the Connecticut Medicaid Acquired Brain Injury (ABI) Waiver Program. Incomplete or inaccurate responses to FOIA requests, undermining transparency and due process protections under the Fifth and Fourteenth Amendments. Neglected Oversight Responsibilities: Allowed systemic mismanagement by failing to investigate or rectify documented violations involving Medicaid compliance and taxpayer fund misuse. Ignored whistleblower disclosures regarding agency misconduct, in violation of 5 U.S.C. § 2302(b)(8) (Whistleblower Protection Act), fostering an environment of retaliation and suppression of critical information. Failed to Ensure Inter-Agency Coordination: Did not facilitate effective communication and enforcement between federal (DOJ, CMS, HHS) and state (Connecticut DSS, OPM, DPH) agencies, leading to fragmented oversight and non-compliance with Supremacy Clause (Article VI, Clause 2) mandates. Neglected Executive Order 13392 obligations



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	to improve agency disclosure of information. Created Systemic Barriers: Introduced procedural and systemic barriers that disproportionately harm vulnerable populations, including those requiring ADA accommodations. These actions undermined the principles of equity and justice outlined in <i>Tennessee v. Lane</i> (2004) and <i>Alexander v. Choate</i> (1985). Facilitated Gross Mismanagement and Waste: Allowed taxpayer funds to be misallocated or wasted through inadequate oversight and systemic mismanagement of Medicaid programs and ADA enforcement responsibilities, violating fiduciary duties. Failed to Protect Whistleblowers: Suppressed or retaliated against whistleblower disclosures by failing to address claims of non-compliance, waste, and abuse of authority. This failure jeopardizes public acco
When did this occur?	3. When did this occur? The abuse of authority has occurred and continues to occur over an extended timeline. Key instances include: Initial Actions: Beginning in 2016, the Connecticut Department of Social Services (DSS) and associated state and federal entities demonstrated negligence in adhering to Americans with Disabilities Act (ADA) accommodations and transparency obligations under the Freedom of Information Act (FOIA). This includes refusal to process ADA-compliant requests via MuckRock and ongoing barriers to access. Escalations: From 2021–2024, documented complaints—such as DOJ complaints #534659-XGL and #539298-RJM—were filed to highlight systemic violations. Despite repeated follow-ups and legal notifications, the responsible agencies ignored statutory requirements, further solidifying a pattern of misconduct. Ongoing Impact: As of December 5, 2024, agencies persist in failing to provide lawful responses to whistleblower complaints, FOIA requests, and ADA accommodation nee
How did you discover this action?	How Did You Discover This Action? The actions were uncovered through a combination of personal experience, detailed record review, and systematic communication with involved agencies over a sustained



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	period. Specifically: Personal Experience: As the founder of ABI Resources and an advocate for Medicaid transparency and ADA compliance, I observed firsthand the systemic failures in agency operations, including prolonged delays, inadequate responses, and discriminatory practices against individuals requiring ADA accommodations. Documented Correspondence: Review of agency correspondence, including responses from DOJ, DSS, CMS, and related entities, revealed clear patterns of non-compliance with FOIA and ADA mandates. Notable examples include failure to provide accessible records, refusal to adhere to explicitly stated accommodations, and lack of accountability in handling FOIA and ADA complaints. Reports and Disclosures: Analysis of publicly available audits, investigative reports, and whistleblower disclosures highlighted systemic issues within these agencies, such as gross mismanagement of taxpayer funds, suppression of Medicaid-related complaints, and systemic denial of ADA-mandated accommodations. Inter-agency Failures: Communications between federal and state agencies, as documented through FOIA responses and legal proceedings, demonstrated a lack of coordination, transparency, and adherence to statutory obligations under federal law. Pattern of Retaliation and Discrimination: Through prolonged interactions and advocacy efforts, a pattern emerged showing discriminatory practices against whistleblowers and individuals with disabilities, particularly in denying reasonable accommodations and failing to process FOIA requests within statutory timelines. Escalation Attempts: Despite multiple escalations to oversight entities, such as OGIS and the Office of Inspector General, the issues persisted, reinforcing the conclusion of systemic abuse and deliberate non-compliance.
What additional facts support your allegation?	Additional Facts Supporting the Allegation The following additional facts substantiate the claims of wrongdoing and systemic failure, reinforcing the necessity for immediate investigation and corrective action: Historical



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	Evidence of Non-Compliance: FOIA Failures: A documented pattern of FOIA non-compliance, including delayed responses, incomplete disclosures, and failure to provide legally mandated accommodations under 5 U.S.C. § 552. Specific instances include records requests dated [provide dates], which were ignored or inadequately addressed. ADA Violations: Repeated failure to comply with ADA requirements for accessible communication and reasonable accommodations under Title II, including non-compliance in formatting documents, communication exclusivity (e.g., MuckRock platform), and denial of simplified summaries for complex documents. Systemic Failures in Oversight: Multiple government agencies involved, including the DOJ, CMS, and Connecticut state agencies, exhibit a coordinated lack of accountability and transparency. This includes failure to share information, cooperate in investigations, or address critical whistleblower complaints. Specific reports and audits from [cite relevant sources] highlight widespread mismanagement of Medicaid programs, misuse of taxpayer funds, and inadequate enforcement of civil rights protections. Documented Retaliation Against Whistleblowers: Evidence of retaliation against whistleblowers who reported systemic issues in Medicaid oversight, ADA compliance, and FOIA processes. Retaliation has included delayed responses, exclusion from critical communications, and the withholding of key documents. Impact on Vulnerable Populations: Gross mismanagement of Medicaid's Acquired Brain Injury Waiver Program disproportionately harms individuals with disabilities, directly violating protections under the ADA and the Rehabilitation Act. Systemic failures in transparency and accountability undermine public trust and exacerbate inequality, leaving vulnerable populations without recourse or resources. Statistical Evidence and Public Reports: Publicly available reports and internal documents demonstrate a significant gap in compliance with FOIA and ADA across the agencies involved,



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	including a backlog of unresolved complaints and escalating issues with systemic mismanagement. Historical data reveals persistent deficiencies in Medicaid program administration, including financial irregularities and insufficient oversight. Legal and Procedural Violations: Failure to provide statutory justifications for redactions and denials, violating 5 U.S.C. § 552(b). Breach of federal whistleblower protections under 5 U.S.C. § 2302(b)(8), specifically for individuals reporting FOIA and ADA violations. Non-compliance with federal mandates for inter-agency transparency, as outlined in Executive Order 13392. Failed Remediation Efforts: Numerous attempts to seek resolution through proper channels, including appeals, requests for media
Allegation	Gross Waste of Funds
What action did they take?	2. What action did they take? The actions identified constitute Gross Waste of Funds, as defined under federal statutes and aligned with systemic failures in oversight, administration, and enforcement. Specifically, the following actions were taken: Failure to Prevent Financial Mismanagement: The identified individuals and agencies failed to implement appropriate controls, audits, and monitoring mechanisms to ensure Medicaid funds allocated for the Acquired Brain Injury (ABI) Waiver Program were used appropriately and in compliance with federal and state laws. Allowed state-level agencies, such as the Connecticut Department of Social Services (DSS), to operate with significant financial inefficiencies, resulting in misuse of taxpayer dollars. Improper Allocation and Expenditure of Medicaid Funds: Authorized or failed to detect expenditures on unapproved services, administrative overhead, or other activities unrelated to the goals of the ABI Waiver Program. Overlooked discrepancies in provider billing practices and payment systems, leading to significant waste and inefficiency. Lack of Enforcement for Non-Compliance: Federal agencies, including the Centers for Medicare & Medicaid Services (CMS) and the Department of Justice (DOJ), failed to enforce compliance with federal



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	funding requirements, allowing state-level mismanagement to persist unchecked. Neglected their oversight responsibilities under the Americans with Disabilities Act (ADA) and the Rehabilitation Act, leading to inequitable allocation of resources for individuals with disabilities. Systemic Violations of Transparency Laws: Failed to respond fully or appropriately to Freedom of Information Act (FOIA) requests, obscuring the extent of financial mismanagement and denying access to critical accountability data. Ignored statutory requirements for transparency in Medicaid program administration, thereby enabling wasteful practices to continue without scrutiny. Neglect of Whistleblower Reports: Delayed or dismissed valid whistleblower complaints, undermining critical mechanisms intended to prevent misuse of funds and protect individuals reporting systemic failures. Failed to implement adequate protections against retaliation for whistleblowers, further discouraging the reporting of misuse and waste. Inefficient Interagency Coordination: Agencies, including CMS, DOJ, and the Connecticut Office of Policy and Management (OPM), demonstrated a lack of coordinated oversight, leading to overlapping inefficiencies and resource misallocation. Misrepresentation in Reporting and Compliance Reviews: Submitted incomplete, misleading, or delayed compliance reports to federal authorities, obscuring the extent of financial waste and administrative failures. Failed to conduct or accurately report findings from required audits, thereby neglecting essential safeguards against waste and fraud. Legal and Constitutional Implications These actions violate: FOIA (5 U.S.C. § 552): Obstructing public acce
When did this occur?	3. When did this occur? The violations and gross waste of funds have been ongoing and systemic, spanning multiple years. These actions can be traced through specific incidents and timelines, as follows: Historical Pattern: Evidence of systemic mismanagement, neglect, and misuse of funds in Medicaid's Acquired Brain Injury (ABI) Waiver Program can be documented back at least a



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	decade, indicating an entrenched failure to meet federal and constitutional standards. Specific FOIA Delays and Failures: Between November 22, 2024, and December 4, 2024, critical FOIA requests were improperly handled, with responses failing to adhere to statutory timeframes under 5 U.S.C. § 552(a)(6)(A). Requests for ADA-compliant accommodations were ignored or inadequately fulfilled, violating federal disability rights laws during the same period. Recent Escalations: Between October 2024 and December 2024, federal and state agencies failed to coordinate or provide transparency regarding Medicaid oversight a
How did you discover this action?	How did you discover this action? The actions were discovered through a combination of firsthand experiences, official correspondence, document reviews, and systemic failures that became evident over years of direct interaction with the implicated agencies. Specific methods include: Direct Impact: As an individual requiring ADA accommodations, repeated failures in communication, response timelines, and adherence to legal obligations became apparent when dealing with FOIA requests, ADA compliance processes, and whistleblower reporting mechanisms. Official Records and Correspondence: Review of agency responses and documentation revealed: Non-compliance with ADA accommodation requests mandated under 42 U.S.C. § 12132 and the Rehabilitation Act (29 U.S.C. § 794). Delays and procedural violations under 5 U.S.C. § 552, including inadequate searches and improper denials of FOIA requests. Patterns of Neglect and Mismanagement: Analysis of multiple complaints and FOIA responses exposed systemic issues: Inconsistent or absent responses to legitimate requests. Lack of accountability and transparency in addressing Medicaid oversight concerns. Publicly Available Data and Reports: Information obtained from public sources, including agency reports, highlighted ongoing failures in compliance and oversight, particularly in the administration of federally funded programs like



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	Medicaid. Whistleblower Communications: Submissions to oversight bodies, including the Office of Special Counsel (OSC) and Office of Government Information Services (OGIS), revealed further evidence of systemic mismanagement, waste of funds, and retaliation. Legal and Policy Analysis: Comparative analysis of statutory requirements versus agency actions confirmed a breach of constitutional and statutory duties. This discovery process underscores systemic non-compliance, a lack of adherence to federal mandates, and repeated negligence by the implicated parties. It reflects a pattern of disregard for legal obligations, resulting in public harm, misuse of taxpayer funds, and barriers to access for individuals requiring ADA accommodations.
What additional facts support your allegation?	5. What Additional Facts Support Your Allegation? The following facts substantiate the allegation of Gross Waste of Funds and provide a clear pattern of systemic mismanagement and legal non-compliance: 1. Patterns of Financial Mismanagement Lack of Oversight: Financial audits and evaluations reveal consistent non-compliance with federal Medicaid regulations, specifically regarding the use of taxpayer funds in the administration of the ABI Waiver Program. Excessive Expenditures: Publicly available records and whistleblower disclosures highlight disproportionately high administrative costs compared to direct patient care expenditures, violating the principles of fiscal responsibility mandated by 31 U.S.C. § 1301 (Purpose Statute). Duplicative Efforts: Inefficient processes and redundant systems have been documented, resulting in the repeated allocation of funds for services or tasks that fail to achieve intended outcomes. 2. Evidence of Non-Compliance FOIA Non-Compliance: The DOJ and other relevant agencies failed to process records requests in a manner consistent with 5 U.S.C. § 552, withholding key information needed to evaluate program expenditures. ADA Accommodation Failures: Agencies neglected their obligations under 42 U.S.C. § 12132 and 29 U.S.C. § 794, incurring unnecessary legal and administrative costs due to preventable



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	accessibility-related complaints. 3. Reports and Audits Whistleblower Disclosures: Employees and stakeholders have disclosed systemic issues related to inflated budgets, underreported expenditures, and misuse of funds intended for vulnerable populations. Audits and Investigations: Preliminary reports from oversight agencies, such as the GAO, reveal widespread discrepancies in fund allocation and reporting processes, including lack of compliance with OMB Circular A-123 (Management of Risk and Internal Controls). 4. Documented Public Harm Delayed Services: Administrative inefficiencies caused delays in critical care for ABI Waiver recipients, increasing costs due to the need for emergency interventions and litigation. Erosion of Public Trust: Mismanagement has undermined public confidence in Medicaid programs, as evidenced by an increase in formal complaints and appeals filed with state and federal agencies. 5. Systemic Neglect and Misalignment Neglect of Federal Guidance: Agencies have repeatedly ignored recommendations from CMS and DOJ Civil Rights Division, resulting in fragmented implementation and higher administrative costs. Failure to Meet Reporting Standards: Required reports under 42 C.F.R. Part 431 (Medicaid Program Administration) have been either delayed or incomplete, impeding transparency and oversight. 6. Inter-Agency Failures Uncoordinated Communication: Documents and correspondence reveal a lack of coordination between federal and state agencies, leading to duplicated efforts and misallocated resources. Referrals Without Accountability: Cases referred between agencies often lack proper follow-up or resolut
Allegation	Danger to Public Health
What action did they take?	2. What Action Did They Take? The responsible parties took actions, or failed to act, that created significant barriers to transparency, compliance, and public accountability. These actions collectively endangered public health by obstructing access to vital information and undermining the administration of federal and state



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	programs. The actions included: 1. Obstruction of FOIA Compliance Failure to Conduct Adequate Searches: Federal and state agencies did not perform thorough and timely searches for requested records, including those critical to assessing the performance and compliance of Medicaid and ADA-related programs. Improper Denials or Delays: Requests were denied or delayed without adequate statutory justification under 5 U.S.C. § 552(b), leading to unnecessary obstacles in accessing records vital to public health oversight. 2. Systemic Violations of ADA and Rehabilitation Act Failure to Provide Requested ADA Accommodations: Agencies ignored non-negotiable accommodations, including the use of the MuckRock platform, accessible formats, and simplified summaries, violating 42 U.S.C. § 12132 and 29 U.S.C. § 794. Non-Compliance with Accessibility Standards: Communications and records provided were not screen-reader compatible, preventing individuals with disabilities from accessing essential information. 3. Neglect in Addressing Medicaid Oversight Failures Withholding Records on Medicaid Compliance: Agencies failed to disclose internal audits, provider registries, and inter-agency communications, impeding accountability in Medicaid's Acquired Brain Injury Waiver Program and other federally funded initiatives. Failure to Investigate Complaints: Despite evidence of systemic non-compliance and mismanagement, responsible entities neglected to investigate or act upon complaints, leaving systemic issues unaddressed. 4. Gross Mismanagement of Public Health Resources Improper Use of Federal Funds: There is evidence of funds being allocated inefficiently or diverted from their intended purposes, exacerbating barriers to healthcare access and public safety. Systemic Inadequacies in Provider Oversight: Records and reports critical to evaluating Medicaid provider performance and accountability were withheld, contributing to unchecked risks to beneficiaries' health. 5. Abuse of Authority and Retaliatory Practices Suppression of Whistleblower Disclosures: Agencies failed to protect whistleblowers



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	and dismissed critical disclosures related to public health and systemic program failures. Imposing Undue Burdens on Requesters: Agencies consistently imposed procedural and accessibility burdens on FOIA requesters, discouraging participation and oversight. 6. Undermining Public Health Transparency Censorship of Key Information: By withholding critical records related to Medicaid compliance, ADA enforcement, and healthcare access, agencies obstructed public understanding and accountability. Failure to Coordinate Across Agencies: Lack of inter-agency collaborati
When did this occur?	When Did This Occur? This systemic issue has been ongoing for several years, with specific incidents and failures occurring at various critical junctures, including but not limited to: Initial Violations: As early as 2019, the failure to provide timely and accurate responses to Freedom of Information Act (FOIA) requests became evident, particularly in matters involving Medicaid oversight and ADA compliance. Specific failures tied to DOJ complaint numbers #534659-XGL, #539298-RJM, #534060-HWM, and #539330-JBZ began emerging in 2022, escalating concerns about systemic non-compliance. Escalation of Harm: Between 2020 and 2023, repeated denials and delays of ADA accommodations for FOIA requests compounded barriers for individuals with disabilities seeking transparency and accountability. Critical complaints and reports highlighting deficiencies in Medicaid programs and systemic mismanagement were either ignored or inadequately addressed during this period, exacerbating risks to public
How did you discover this action?	How Did You Discover This Action? The actions were discovered through a combination of personal involvement in the submission and follow-up of FOIA requests and ADA accommodation requests, detailed reviews of agency responses, and extensive documentation of non-compliance patterns. Specifically: Direct Correspondence: Received responses from the DOJ, CMS, OPM, DSS, and other related agencies that either failed to provide the requested information or did



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	so in a manner inconsistent with FOIA (5 U.S.C. § 552) and ADA (42 U.S.C. § 12132) requirements. Encountered systemic failures to comply with mandated ADA accommodations, such as the refusal to communicate exclusively via the MuckRock platform and the provision of inaccessible documents. Pattern of Non-Compliance: Identified repeated instances where statutory deadlines under FOIA were missed without proper justification, indicating gross mismanagement. Observed systemic issues in ADA compliance across agencies, including the lack of screen-reader compatible documents, failure to provide simplified summaries for complex records, and omissions of required identification of personnel responsible for handling requests. Document Review and Analysis: Conducted an in-depth review of all communications and records related to the complaints and requests, revealing inconsistencies, incomplete disclosures, and unjustified redactions contrary to 5 U.S.C. § 552(b). Cross-referenced agency responses with statutory requirements and guidance from the Office of Government Information Services (OGIS), uncovering violations of transparency and accessibility obligations. Engagement with Oversight Bodies: Corresponded with oversight entities, including the Office of the Inspector General (OIG) and OGIS, which confirmed ongoing deficiencies in agency compliance with federal law. Utilized mediation channels provided by OGIS to validate findings and gather additional evidence of systemic issues. Impact on Stakeholders: Firsthand observations of how these failures disproportionately harm vulnerable populations dependent on Medicaid programs, specifically those under the Acquired Brain Injury Waiver Program. Reports from other affected parties and whistleblowers corroborated the systemic nature of these issues, reinforcing the need for immediate action. This discovery process underscores the deep-rooted issues within the agencies and highlights a significant threat to public trust, fiscal accountability, and the equitable



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	treatment of individuals requiring ADA accommodations and Medicaid services.
What additional facts support your allegation?	What Additional Facts Support Your Allegation? The following facts substantiate the allegations and demonstrate a pattern of systemic failures, legal non-compliance, and negligence, highlighting the significant public harm caused by these actions: 1. Non-Compliance with FOIA Requirements Missed Deadlines: FOIA requests, including DOJ Complaints #534659-XGL and #539298-RJM, exceeded statutory response deadlines outlined in 5 U.S.C. § 552(a)(6)(A), without valid justification. Inadequate Searches: Responses failed to include a thorough search of relevant agency divisions such as the DOJ Civil Rights Division, CMS, and DSS. Records explicitly relevant to ADA compliance and Medicaid oversight were not provided. Improper Redactions: Information was withheld or redacted without proper statutory justification under FOIA's exemptions (5 U.S.C. § 552(b)). Lack of Transparency: Agencies failed to provide detailed search methodologies, names of responsible personnel, and complete records. 2. Violations of ADA Requirements Failure to Provide Accommodations: ADA accommodations explicitly requested, such as screen-reader-compatible documents, MuckRock-exclusive communication, and simplified summaries, were ignored, in violation of Title II of the ADA (42 U.S.C. § 12132). Barrier to Accessibility: Records provided were inaccessible to individuals with disabilities, contravening Section 504 of the Rehabilitation Act (29 U.S.C. § 794). 3. Systemic Mismanagement of Medicaid Programs Inadequate Oversight: Failure to address systemic transparency failures in the Medicaid Acquired Brain Injury (ABI) Waiver Program, which disproportionately affects vulnerable populations. Mismanagement of Taxpayer Funds: Lack of detailed documentation regarding Medicaid provider complaints, sanctions, and oversight points to gross mismanagement and potential misuse of federal and state funding. 4. Harm to



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	Vulnerable Populations Denial of Critical Services: Non-compliance with ADA and FOIA directly impedes access to services for individuals with acquired brain injuries, placing an undue burden on already vulnerable populations. Public Health Risk: Delays and denials of critical information related to Medicaid compliance pose significant risks to public health, exacerbating systemic inequities. 5. Broader Systemic Failures Agency Coordination Gaps: Records indicate a lack of effective inter-agency coordination between DOJ, CMS, OPM, and DSS, undermining the enforcement of federal laws and policies. Insufficient Accountability: Agencies have not identified responsible personnel, provided explanations for procedural lapses, or demonstrated efforts to rectify systemic issues. 6. Testimony and Evidence from Stakeholders Whistleblower Reports: Independent accounts from whistleblowers corroborate allegations of systemic non-compliance and negligence. Oversight Body Findings: Correspondence with OGIS, OIG, and other oversight bodies validates claims of systemic failures, highlighting the need

DISCLOSURE SUBJECTS

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

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



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



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



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



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



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



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



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



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



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Michael E. Horowitz Title: Inspector General, DOJ Position in Chain of Command: Responsible for ide	Michael E. Horowitz Title: Inspector General, DOJ Position in Chain of Command: Responsible for ide	Michael E. Horowitz Title: Inspector General, DOJ Position in Chain of Command: Responsible for ide	Michael E. Horowitz Title: Inspector General, DOJ Position in Chain of Command: Responsible for ide
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Andrea Barton Reeves Title:	Andrea Barton Reeves Title:	Andrea Barton Reeves Title:	Andrea Barton Reeves Title:



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Commissioner, Connecticut Department of Social Services (DSS) Position	Commissioner, Connecticut Department of Social Services (DSS) Position	Commissioner, Connecticut Department of Social Services (DSS) Position	Commissioner, Connecticut Department of Social Services (DSS) Position
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Alina M. Semo Title: Director, Office of Government Information Services (OGIS) Position in Chain o	Alina M. Semo Title: Director, Office of Government Information Services (OGIS) Position in Chain o	Alina M. Semo Title: Director, Office of Government Information Services (OGIS) Position in Chain o	Alina M. Semo Title: Director, Office of Government Information Services (OGIS) Position in Chain o
William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Responsibl	William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Responsibl	William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Responsibl	William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Responsibl
Manisha Juthani, MD Title: Commissioner, Connecticut Department of Public Health Position in Chain	Manisha Juthani, MD Title: Commissioner, Connecticut Department of Public Health Position in Chain	Manisha Juthani, MD Title: Commissioner, Connecticut Department of Public Health Position in Chain	Manisha Juthani, MD Title: Commissioner, Connecticut Department of Public Health Position in Chain
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Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Cha	Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Cha	Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Cha	Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Cha
Christi Grimm Title: Inspector General, HHS Position in Chain of Command: Responsible for investiga	Christi Grimm Title: Inspector General, HHS Position in Chain of Command: Responsible for investiga	Christi Grimm Title: Inspector General, HHS Position in Chain of Command: Responsible for investiga	Christi Grimm Title: Inspector General, HHS Position in Chain of Command: Responsible for investiga
Lisa M. Gomez Title: Assistant Secretary, Employee Benefits Security Administration (EBSA) Position	Lisa M. Gomez Title: Assistant Secretary, Employee Benefits Security Administration (EBSA) Position	Lisa M. Gomez Title: Assistant Secretary, Employee Benefits Security Administration (EBSA) Position	Lisa M. Gomez Title: Assistant Secretary, Employee Benefits Security Administration (EBSA) Position
Douglas O'Donnell Title: Acting Commissioner, Internal Revenue Service (IRS) Position in Chain of C	Douglas O'Donnell Title: Acting Commissioner, Internal Revenue Service (IRS) Position in Chain of C	Douglas O'Donnell Title: Acting Commissioner, Internal Revenue Service (IRS) Position in Chain of C	Douglas O'Donnell Title: Acting Commissioner, Internal Revenue Service (IRS) Position in Chain of C
Ned Lamont Title: Governor, State of Connecticut Position in Chain of Command: As Chief Executive o	Ned Lamont Title: Governor, State of Connecticut Position in Chain of Command: As Chief Executive o	Ned Lamont Title: Governor, State of Connecticut Position in Chain of Command: As Chief Executive o	Ned Lamont Title: Governor, State of Connecticut Position in Chain of Command: As Chief Executive o
Matthew Ritter Title: Speaker of the House, Connecticut General Assembly	Matthew Ritter Title: Speaker of the House, Connecticut General Assembly	Matthew Ritter Title: Speaker of the House, Connecticut General Assembly	Matthew Ritter Title: Speaker of the House, Connecticut General Assembly



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Martin M. Looney Title: President Pro Tempore, Connecticut Senate Position in Chain of Command: Pro	Martin M. Looney Title: President Pro Tempore, Connecticut Senate Position in Chain of Command: Pro	Martin M. Looney Title: President Pro Tempore, Connecticut Senate Position in Chain of Command: Pro	Martin M. Looney Title: President Pro Tempore, Connecticut Senate Position in Chain of Command: Pro
James Comer Title: Chair, House Committee on Oversight and Accountability Position in Chain of Comm	James Comer Title: Chair, House Committee on Oversight and Accountability Position in Chain of Comm	James Comer Title: Chair, House Committee on Oversight and Accountability Position in Chain of Comm	James Comer Title: Chair, House Committee on Oversight and Accountability Position in Chain of Comm
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Julie Su Title: Acting Secretary, U.S. Department of Labor (DOL) Position in Chain of Command: Over	Julie Su Title: Acting Secretary, U.S. Department of Labor (DOL) Position in Chain of Command: Over	Julie Su Title: Acting Secretary, U.S. Department of Labor (DOL) Position in Chain of Command: Over	Julie Su Title: Acting Secretary, U.S. Department of Labor (DOL) Position in Chain of Command: Over
Lori Hartmann Title: Appeals Officer, Office of Information Programs and Services, Department of St	Lori Hartmann Title: Appeals Officer, Office of Information Programs and Services, Department of St	Lori Hartmann Title: Appeals Officer, Office of Information Programs and Services, Department of St	Lori Hartmann Title: Appeals Officer, Office of Information Programs and Services, Department of St
Eric F. Stein Title: Director, Office of Information Programs and Services, Department of State Pos	Eric F. Stein Title: Director, Office of Information Programs and Services, Department of State Pos	Eric F. Stein Title: Director, Office of Information Programs and Services, Department of State Pos	Eric F. Stein Title: Director, Office of Information Programs and Services, Department of State Pos
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Dick Durbin Title: Chair, Senate Judiciary Committee Position in Chain of Command: Oversees the leg	Dick Durbin Title: Chair, Senate Judiciary Committee Position in Chain of Command: Oversees the leg	Dick Durbin Title: Chair, Senate Judiciary Committee Position in Chain of Command: Oversees the leg	Dick Durbin Title: Chair, Senate Judiciary Committee Position in Chain of Command: Oversees the leg

REQUESTED OSC ACTION

What action would you like OSC to take?

What action would you like OSC to take?

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

1. Immediate Investigative Actions

Appoint a Team of Experts: Assemble a specialized task force of legal experts in government accountability, constitutional law, ADA compliance, FOIA enforcement, Medicaid oversight, and whistleblower protections.

Initiate Comprehensive Investigations:

Investigate all named individuals and agencies for gross mismanagement, abuse of



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authority, gross waste of funds, and violations of law, rule, or regulation.

Focus on systemic failures impacting vulnerable populations, Medicaid consumers, taxpayers, and disability advocates, ensuring no violations are overlooked.

Investigate the improper denial of access to critical ADA accommodations and FOIA requests that directly harm individuals with disabilities and obstruct transparency.

2. Enforce Accountability

Hold Responsible Parties Accountable: Ensure that all individuals and entities identified in this disclosure are held accountable for their roles in these violations, using all legal remedies available under federal law.

Public Reporting: Require public disclosure of findings to restore trust in governmental agencies, particularly regarding Medicaid and ADA compliance.

3. Represent and Restore Rights

Legal Representation for David Medeiros:

Appoint OSC as the representative for David Medeiros and ABI Resources in addressing these systemic failures.

Ensure the enforcement of David Medeiros' full constitutional rights, particularly those under the ADA, FOIA, and the First, Fifth, and Fourteenth Amendments.

Provide whistleblower protections and safeguard against further retaliation or harm.

Restore Rights: Reinstate all denied ADA accommodations and provide immediate access to withheld records critical to David Medeiros and ABI Resources.

4. Systemic Reform Recommendations

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

Independent Oversight:

Recommend congressional oversight hearings to address systemic noncompliance and misuse of taxpayer funds in Medicaid programs.

Collaborate with the Office of Government Information Services (OGIS) to improve FOIA processes and ADA enforcement across agencies.

5. Legal and Procedural Remedies

Judicial Intervention:

Pursue legal action under the Whistleblower Protection Act, FOIA, and ADA to address violations, seek damages, and enforce compliance.

Request injunctive relief to halt ongoing violations and ensure immediate access to necessary accommodations and records.

Immediate Reinstatement of Rights:



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Restore David Medeiros' access to all requested records and ADA accommodations without delay.

Ensure transparency and accountability for all involved agencies.

6. Advocate for Vulnerable Populations

Elevate the Voices of Vulnerable Communities:

Amplify the concerns of Medicaid consumers, disability advocates, and taxpayers harmed by these systemic failures.

Enforce systemic reforms that prioritize equity, transparency, and justice for all affected populations.

7. Engage External Oversight

Congressional Notification:

Notify key congressional committees, including the House Committee on Oversight and Accountability, the Senate Judiciary Committee, and the House Subcommittee on Civil Rights and Civil Liberties, of these violations to prompt legislative action.

Coordinate with Oversight Entities:

Work closely with the Government Accountability Office (GAO), the DOJ Office of the Inspector General (OIG), and the Centers for Medicare & Medicaid Services (CMS) to address deficiencies and implement reforms.

8. Report and Resolve

Provide Progress Reports: Deliver periodic updates to David Medeiros and involved stakeholders on the progress of investigations and reforms.

Final Comprehensive Report: Issue a final report detailing findings, actions taken, and systemic reforms implemented.

9. Guarantee Protection Against Retaliation

Whistleblower Protections:

Ensure robust protections against retaliation for David Medeiros and any other individuals who have exposed these systemic failures.

Investigate any instances of retaliation and take corrective action.

Conclusion

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



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WHERE ELSE DID YOU REPORT THIS MATTER?

I have also disclosed this information to:

Other Action Type	Action Taken Date

Additional information about reports to Inspectors General, if applicable.

First Name:

Last Name:

Title:

Address:

Email Address:

Telephone Number:

Case ID #:

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

NOTE: MATTERS INVESTIGATED BY AN OFFICE OF INSPECTOR GENERAL

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

ATTACHMENTS

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

I have attached the following documents to my filing:

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



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



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

CONSENT

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

I consent to disclosure of my identity.

Yes

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

No

CERTIFICATION

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



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Yes

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

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

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



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IMPORTANT INFORMATION ABOUT FILING A DISCLOSURE

OSC WHISTLEBLOWER DISCLOSURE CHANNEL

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

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

OSC JURISDICTION

OSC has no jurisdiction over disclosures filed by:

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

ANONYMOUS SOURCES

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

RETALIATION

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



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

CONTACT INFORMATION

Title:

First Name:* David

Middle Initial:

Last Name:* Medeiros

International Address?: No

Address:*

215 Mountain St
Willimantic, CT 06226

Cell Phone Number:

Home Phone Number:

Office Phone Number:

Ext.

Email Address:* aabiwr@live.com

Preferred means of contact:

Email: Yes

Cell phone: No

Home phone: No

Office phone: No

REPRESENTATIVE INFORMATION

Do you have representation? No

Information about representative, if applicable.

First Name:*

Middle Initial:

Last Name:*

International Address?:

Address: *



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Office Phone Number:

Ext.

Cell Phone Number:

Home Phone Number:

Email Address:

EMPLOYMENT INFORMATION

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

Department:* Justice

Agency:* Office Of The Inspector General

Agency subcomponent: Office of Information Policy (OIP)

Street Address: 441 G Street NW, Sixth Floor

City: Washington

State: DC

Zip Code: 20530

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

Title	Series	Grade

Please provide your dates of employment in this position.

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

Are you covered by a collective bargaining agreement?

DETAILS OF YOUR DISCLOSURES



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

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

DISCLOSURES

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



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



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



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



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



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



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



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



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	redirection of requests to inappropriate offices. These actions undermine 5 U.S.C. § 2302(b)(8), which prohibits retaliation against employees or individuals disclosing systemic mismanagement or legal violations. Evasion of Accountability: Agencies failed to provide the names, roles, and contact information of responsible personnel as required under FOIA. This lack of transparency further obscures accountability and impedes oversight. Systemic Patterns of Gross Mismanagement: Failure to coordinate between federal and state agencies, including DOJ, CMS, and Connecticut's DSS. These gaps have resulted in mismanagement of Medicaid funds under the Acquired Brain Injury Waiver Program, risking harm to vulnerable populations and violating fiduciary obligations under 31 U.S.C. §§ 3729-3733 (False Claims Act). Public Harm and Taxpayer Loss: Ineffective oversight and non-compliance with statutory obligations have resulted in significant public harm, including: Barriers to accessing healthcare for individuals under Medicaid's ABI Waiver Program. Wasted taxpayer funds on non-compliant administrative practices. Diminished public trust in government transparency and accountability. Independent Evidence: Multiple FOIA responses, internal communications, and agency acknowledgments (or lack thereof) corroborate these allegations. Independent reviews, such as oversight reports and public records, reveal systemic failures. Legal Framework Violations: Denials and delays are inconsistent with federal mandates, including: Executive Order 13392, requiring improved FOIA processing. Supremacy Clause (Article VI, Clause 2), prioritizing federal ADA and FOIA laws over conflicting agency practices. Escalating Impact: Repeated non-compliance has exacerbated harm to vulnerable populations, including individuals with disabilities, while fostering systemic failures in government operations. Summary These facts demonstrate systemi
Allegation	Abuse of Authority
What action did they take?	2. What action did they take? The identified individuals and entities engaged in the following actions that



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	constitute abuse of authority, undermining constitutional laws, ADA protections, whistleblower safeguards, and taxpayer accountability: Failed to Enforce ADA and FOIA Compliance: Neglected to uphold mandatory accommodations under the Americans with Disabilities Act (ADA), Title II, 42 U.S.C. § 12132, and Section 504 of the Rehabilitation Act (29 U.S.C. § 794), by disregarding explicit and reasonable requests for: Communication exclusively via the MuckRock platform. Accessible, screen-reader-compatible formats for all documents. Summarized records to ensure equitable access. Violated procedural requirements of the Freedom of Information Act (5 U.S.C. § 552) by failing to: Conduct comprehensive searches across relevant offices. Provide statutory justifications for withheld or redacted information. Identify responsible personnel handling the requests. Obstructed Access to Critical Records: Impeded access to records of significant public interest concerning Medicaid oversight, ADA enforcement, and whistleblower disclosures. This obstruction includes: Refusal to provide inter-agency communications detailing systemic failures in the Connecticut Medicaid Acquired Brain Injury (ABI) Waiver Program. Incomplete or inaccurate responses to FOIA requests, undermining transparency and due process protections under the Fifth and Fourteenth Amendments. Neglected Oversight Responsibilities: Allowed systemic mismanagement by failing to investigate or rectify documented violations involving Medicaid compliance and taxpayer fund misuse. Ignored whistleblower disclosures regarding agency misconduct, in violation of 5 U.S.C. § 2302(b)(8) (Whistleblower Protection Act), fostering an environment of retaliation and suppression of critical information. Failed to Ensure Inter-Agency Coordination: Did not facilitate effective communication and enforcement between federal (DOJ, CMS, HHS) and state (Connecticut DSS, OPM, DPH) agencies, leading to fragmented oversight and non-compliance with Supremacy Clause (Article VI, Clause 2) mandates. Neglected Executive Order 13392 obligations



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	to improve agency disclosure of information. Created Systemic Barriers: Introduced procedural and systemic barriers that disproportionately harm vulnerable populations, including those requiring ADA accommodations. These actions undermined the principles of equity and justice outlined in <i>Tennessee v. Lane</i> (2004) and <i>Alexander v. Choate</i> (1985). Facilitated Gross Mismanagement and Waste: Allowed taxpayer funds to be misallocated or wasted through inadequate oversight and systemic mismanagement of Medicaid programs and ADA enforcement responsibilities, violating fiduciary duties. Failed to Protect Whistleblowers: Suppressed or retaliated against whistleblower disclosures by failing to address claims of non-compliance, waste, and abuse of authority. This failure jeopardizes public acco
When did this occur?	3. When did this occur? The abuse of authority has occurred and continues to occur over an extended timeline. Key instances include: Initial Actions: Beginning in 2016, the Connecticut Department of Social Services (DSS) and associated state and federal entities demonstrated negligence in adhering to Americans with Disabilities Act (ADA) accommodations and transparency obligations under the Freedom of Information Act (FOIA). This includes refusal to process ADA-compliant requests via MuckRock and ongoing barriers to access. Escalations: From 2021–2024, documented complaints—such as DOJ complaints #534659-XGL and #539298-RJM—were filed to highlight systemic violations. Despite repeated follow-ups and legal notifications, the responsible agencies ignored statutory requirements, further solidifying a pattern of misconduct. Ongoing Impact: As of December 5, 2024, agencies persist in failing to provide lawful responses to whistleblower complaints, FOIA requests, and ADA accommodation nee
How did you discover this action?	How Did You Discover This Action? The actions were uncovered through a combination of personal experience, detailed record review, and systematic communication with involved agencies over a sustained



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	period. Specifically: Personal Experience: As the founder of ABI Resources and an advocate for Medicaid transparency and ADA compliance, I observed firsthand the systemic failures in agency operations, including prolonged delays, inadequate responses, and discriminatory practices against individuals requiring ADA accommodations. Documented Correspondence: Review of agency correspondence, including responses from DOJ, DSS, CMS, and related entities, revealed clear patterns of non-compliance with FOIA and ADA mandates. Notable examples include failure to provide accessible records, refusal to adhere to explicitly stated accommodations, and lack of accountability in handling FOIA and ADA complaints. Reports and Disclosures: Analysis of publicly available audits, investigative reports, and whistleblower disclosures highlighted systemic issues within these agencies, such as gross mismanagement of taxpayer funds, suppression of Medicaid-related complaints, and systemic denial of ADA-mandated accommodations. Inter-agency Failures: Communications between federal and state agencies, as documented through FOIA responses and legal proceedings, demonstrated a lack of coordination, transparency, and adherence to statutory obligations under federal law. Pattern of Retaliation and Discrimination: Through prolonged interactions and advocacy efforts, a pattern emerged showing discriminatory practices against whistleblowers and individuals with disabilities, particularly in denying reasonable accommodations and failing to process FOIA requests within statutory timelines. Escalation Attempts: Despite multiple escalations to oversight entities, such as OGIS and the Office of Inspector General, the issues persisted, reinforcing the conclusion of systemic abuse and deliberate non-compliance.
What additional facts support your allegation?	Additional Facts Supporting the Allegation The following additional facts substantiate the claims of wrongdoing and systemic failure, reinforcing the necessity for immediate investigation and corrective action: Historical



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	Evidence of Non-Compliance: FOIA Failures: A documented pattern of FOIA non-compliance, including delayed responses, incomplete disclosures, and failure to provide legally mandated accommodations under 5 U.S.C. § 552. Specific instances include records requests dated [provide dates], which were ignored or inadequately addressed. ADA Violations: Repeated failure to comply with ADA requirements for accessible communication and reasonable accommodations under Title II, including non-compliance in formatting documents, communication exclusivity (e.g., MuckRock platform), and denial of simplified summaries for complex documents. Systemic Failures in Oversight: Multiple government agencies involved, including the DOJ, CMS, and Connecticut state agencies, exhibit a coordinated lack of accountability and transparency. This includes failure to share information, cooperate in investigations, or address critical whistleblower complaints. Specific reports and audits from [cite relevant sources] highlight widespread mismanagement of Medicaid programs, misuse of taxpayer funds, and inadequate enforcement of civil rights protections. Documented Retaliation Against Whistleblowers: Evidence of retaliation against whistleblowers who reported systemic issues in Medicaid oversight, ADA compliance, and FOIA processes. Retaliation has included delayed responses, exclusion from critical communications, and the withholding of key documents. Impact on Vulnerable Populations: Gross mismanagement of Medicaid's Acquired Brain Injury Waiver Program disproportionately harms individuals with disabilities, directly violating protections under the ADA and the Rehabilitation Act. Systemic failures in transparency and accountability undermine public trust and exacerbate inequality, leaving vulnerable populations without recourse or resources. Statistical Evidence and Public Reports: Publicly available reports and internal documents demonstrate a significant gap in compliance with FOIA and ADA across the agencies involved,



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	including a backlog of unresolved complaints and escalating issues with systemic mismanagement. Historical data reveals persistent deficiencies in Medicaid program administration, including financial irregularities and insufficient oversight. Legal and Procedural Violations: Failure to provide statutory justifications for redactions and denials, violating 5 U.S.C. § 552(b). Breach of federal whistleblower protections under 5 U.S.C. § 2302(b)(8), specifically for individuals reporting FOIA and ADA violations. Non-compliance with federal mandates for inter-agency transparency, as outlined in Executive Order 13392. Failed Remediation Efforts: Numerous attempts to seek resolution through proper channels, including appeals, requests for media
Allegation	Gross Waste of Funds
What action did they take?	2. What action did they take? The actions identified constitute Gross Waste of Funds, as defined under federal statutes and aligned with systemic failures in oversight, administration, and enforcement. Specifically, the following actions were taken: Failure to Prevent Financial Mismanagement: The identified individuals and agencies failed to implement appropriate controls, audits, and monitoring mechanisms to ensure Medicaid funds allocated for the Acquired Brain Injury (ABI) Waiver Program were used appropriately and in compliance with federal and state laws. Allowed state-level agencies, such as the Connecticut Department of Social Services (DSS), to operate with significant financial inefficiencies, resulting in misuse of taxpayer dollars. Improper Allocation and Expenditure of Medicaid Funds: Authorized or failed to detect expenditures on unapproved services, administrative overhead, or other activities unrelated to the goals of the ABI Waiver Program. Overlooked discrepancies in provider billing practices and payment systems, leading to significant waste and inefficiency. Lack of Enforcement for Non-Compliance: Federal agencies, including the Centers for Medicare & Medicaid Services (CMS) and the Department of Justice (DOJ), failed to enforce compliance with federal



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	funding requirements, allowing state-level mismanagement to persist unchecked. Neglected their oversight responsibilities under the Americans with Disabilities Act (ADA) and the Rehabilitation Act, leading to inequitable allocation of resources for individuals with disabilities. Systemic Violations of Transparency Laws: Failed to respond fully or appropriately to Freedom of Information Act (FOIA) requests, obscuring the extent of financial mismanagement and denying access to critical accountability data. Ignored statutory requirements for transparency in Medicaid program administration, thereby enabling wasteful practices to continue without scrutiny. Neglect of Whistleblower Reports: Delayed or dismissed valid whistleblower complaints, undermining critical mechanisms intended to prevent misuse of funds and protect individuals reporting systemic failures. Failed to implement adequate protections against retaliation for whistleblowers, further discouraging the reporting of misuse and waste. Inefficient Interagency Coordination: Agencies, including CMS, DOJ, and the Connecticut Office of Policy and Management (OPM), demonstrated a lack of coordinated oversight, leading to overlapping inefficiencies and resource misallocation. Misrepresentation in Reporting and Compliance Reviews: Submitted incomplete, misleading, or delayed compliance reports to federal authorities, obscuring the extent of financial waste and administrative failures. Failed to conduct or accurately report findings from required audits, thereby neglecting essential safeguards against waste and fraud. Legal and Constitutional Implications These actions violate: FOIA (5 U.S.C. § 552): Obstructing public acce
When did this occur?	3. When did this occur? The violations and gross waste of funds have been ongoing and systemic, spanning multiple years. These actions can be traced through specific incidents and timelines, as follows: Historical Pattern: Evidence of systemic mismanagement, neglect, and misuse of funds in Medicaid's Acquired Brain Injury (ABI) Waiver Program can be documented back at least a



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	decade, indicating an entrenched failure to meet federal and constitutional standards. Specific FOIA Delays and Failures: Between November 22, 2024, and December 4, 2024, critical FOIA requests were improperly handled, with responses failing to adhere to statutory timeframes under 5 U.S.C. § 552(a)(6)(A). Requests for ADA-compliant accommodations were ignored or inadequately fulfilled, violating federal disability rights laws during the same period. Recent Escalations: Between October 2024 and December 2024, federal and state agencies failed to coordinate or provide transparency regarding Medicaid oversight a
How did you discover this action?	How did you discover this action? The actions were discovered through a combination of firsthand experiences, official correspondence, document reviews, and systemic failures that became evident over years of direct interaction with the implicated agencies. Specific methods include: Direct Impact: As an individual requiring ADA accommodations, repeated failures in communication, response timelines, and adherence to legal obligations became apparent when dealing with FOIA requests, ADA compliance processes, and whistleblower reporting mechanisms. Official Records and Correspondence: Review of agency responses and documentation revealed: Non-compliance with ADA accommodation requests mandated under 42 U.S.C. § 12132 and the Rehabilitation Act (29 U.S.C. § 794). Delays and procedural violations under 5 U.S.C. § 552, including inadequate searches and improper denials of FOIA requests. Patterns of Neglect and Mismanagement: Analysis of multiple complaints and FOIA responses exposed systemic issues: Inconsistent or absent responses to legitimate requests. Lack of accountability and transparency in addressing Medicaid oversight concerns. Publicly Available Data and Reports: Information obtained from public sources, including agency reports, highlighted ongoing failures in compliance and oversight, particularly in the administration of federally funded programs like



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	Medicaid. Whistleblower Communications: Submissions to oversight bodies, including the Office of Special Counsel (OSC) and Office of Government Information Services (OGIS), revealed further evidence of systemic mismanagement, waste of funds, and retaliation. Legal and Policy Analysis: Comparative analysis of statutory requirements versus agency actions confirmed a breach of constitutional and statutory duties. This discovery process underscores systemic non-compliance, a lack of adherence to federal mandates, and repeated negligence by the implicated parties. It reflects a pattern of disregard for legal obligations, resulting in public harm, misuse of taxpayer funds, and barriers to access for individuals requiring ADA accommodations.
What additional facts support your allegation?	5. What Additional Facts Support Your Allegation? The following facts substantiate the allegation of Gross Waste of Funds and provide a clear pattern of systemic mismanagement and legal non-compliance: 1. Patterns of Financial Mismanagement Lack of Oversight: Financial audits and evaluations reveal consistent non-compliance with federal Medicaid regulations, specifically regarding the use of taxpayer funds in the administration of the ABI Waiver Program. Excessive Expenditures: Publicly available records and whistleblower disclosures highlight disproportionately high administrative costs compared to direct patient care expenditures, violating the principles of fiscal responsibility mandated by 31 U.S.C. § 1301 (Purpose Statute). Duplicative Efforts: Inefficient processes and redundant systems have been documented, resulting in the repeated allocation of funds for services or tasks that fail to achieve intended outcomes. 2. Evidence of Non-Compliance FOIA Non-Compliance: The DOJ and other relevant agencies failed to process records requests in a manner consistent with 5 U.S.C. § 552, withholding key information needed to evaluate program expenditures. ADA Accommodation Failures: Agencies neglected their obligations under 42 U.S.C. § 12132 and 29 U.S.C. § 794, incurring unnecessary legal and administrative costs due to preventable



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	accessibility-related complaints. 3. Reports and Audits Whistleblower Disclosures: Employees and stakeholders have disclosed systemic issues related to inflated budgets, underreported expenditures, and misuse of funds intended for vulnerable populations. Audits and Investigations: Preliminary reports from oversight agencies, such as the GAO, reveal widespread discrepancies in fund allocation and reporting processes, including lack of compliance with OMB Circular A-123 (Management of Risk and Internal Controls). 4. Documented Public Harm Delayed Services: Administrative inefficiencies caused delays in critical care for ABI Waiver recipients, increasing costs due to the need for emergency interventions and litigation. Erosion of Public Trust: Mismanagement has undermined public confidence in Medicaid programs, as evidenced by an increase in formal complaints and appeals filed with state and federal agencies. 5. Systemic Neglect and Misalignment Neglect of Federal Guidance: Agencies have repeatedly ignored recommendations from CMS and DOJ Civil Rights Division, resulting in fragmented implementation and higher administrative costs. Failure to Meet Reporting Standards: Required reports under 42 C.F.R. Part 431 (Medicaid Program Administration) have been either delayed or incomplete, impeding transparency and oversight. 6. Inter-Agency Failures Uncoordinated Communication: Documents and correspondence reveal a lack of coordination between federal and state agencies, leading to duplicated efforts and misallocated resources. Referrals Without Accountability: Cases referred between agencies often lack proper follow-up or resolut
Allegation	Danger to Public Health
What action did they take?	2. What Action Did They Take? The responsible parties took actions, or failed to act, that created significant barriers to transparency, compliance, and public accountability. These actions collectively endangered public health by obstructing access to vital information and undermining the administration of federal and state



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	programs. The actions included: 1. Obstruction of FOIA Compliance Failure to Conduct Adequate Searches: Federal and state agencies did not perform thorough and timely searches for requested records, including those critical to assessing the performance and compliance of Medicaid and ADA-related programs. Improper Denials or Delays: Requests were denied or delayed without adequate statutory justification under 5 U.S.C. § 552(b), leading to unnecessary obstacles in accessing records vital to public health oversight. 2. Systemic Violations of ADA and Rehabilitation Act Failure to Provide Requested ADA Accommodations: Agencies ignored non-negotiable accommodations, including the use of the MuckRock platform, accessible formats, and simplified summaries, violating 42 U.S.C. § 12132 and 29 U.S.C. § 794. Non-Compliance with Accessibility Standards: Communications and records provided were not screen-reader compatible, preventing individuals with disabilities from accessing essential information. 3. Neglect in Addressing Medicaid Oversight Failures Withholding Records on Medicaid Compliance: Agencies failed to disclose internal audits, provider registries, and inter-agency communications, impeding accountability in Medicaid's Acquired Brain Injury Waiver Program and other federally funded initiatives. Failure to Investigate Complaints: Despite evidence of systemic non-compliance and mismanagement, responsible entities neglected to investigate or act upon complaints, leaving systemic issues unaddressed. 4. Gross Mismanagement of Public Health Resources Improper Use of Federal Funds: There is evidence of funds being allocated inefficiently or diverted from their intended purposes, exacerbating barriers to healthcare access and public safety. Systemic Inadequacies in Provider Oversight: Records and reports critical to evaluating Medicaid provider performance and accountability were withheld, contributing to unchecked risks to beneficiaries' health. 5. Abuse of Authority and Retaliatory Practices Suppression of Whistleblower Disclosures: Agencies failed to protect whistleblowers



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	and dismissed critical disclosures related to public health and systemic program failures. Imposing Undue Burdens on Requesters: Agencies consistently imposed procedural and accessibility burdens on FOIA requesters, discouraging participation and oversight. 6. Undermining Public Health Transparency Censorship of Key Information: By withholding critical records related to Medicaid compliance, ADA enforcement, and healthcare access, agencies obstructed public understanding and accountability. Failure to Coordinate Across Agencies: Lack of inter-agency collaborati
When did this occur?	When Did This Occur? This systemic issue has been ongoing for several years, with specific incidents and failures occurring at various critical junctures, including but not limited to: Initial Violations: As early as 2019, the failure to provide timely and accurate responses to Freedom of Information Act (FOIA) requests became evident, particularly in matters involving Medicaid oversight and ADA compliance. Specific failures tied to DOJ complaint numbers #534659-XGL, #539298-RJM, #534060-HWM, and #539330-JBZ began emerging in 2022, escalating concerns about systemic non-compliance. Escalation of Harm: Between 2020 and 2023, repeated denials and delays of ADA accommodations for FOIA requests compounded barriers for individuals with disabilities seeking transparency and accountability. Critical complaints and reports highlighting deficiencies in Medicaid programs and systemic mismanagement were either ignored or inadequately addressed during this period, exacerbating risks to public
How did you discover this action?	How Did You Discover This Action? The actions were discovered through a combination of personal involvement in the submission and follow-up of FOIA requests and ADA accommodation requests, detailed reviews of agency responses, and extensive documentation of non-compliance patterns. Specifically: Direct Correspondence: Received responses from the DOJ, CMS, OPM, DSS, and other related agencies that either failed to provide the requested information or did



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	so in a manner inconsistent with FOIA (5 U.S.C. § 552) and ADA (42 U.S.C. § 12132) requirements. Encountered systemic failures to comply with mandated ADA accommodations, such as the refusal to communicate exclusively via the MuckRock platform and the provision of inaccessible documents. Pattern of Non-Compliance: Identified repeated instances where statutory deadlines under FOIA were missed without proper justification, indicating gross mismanagement. Observed systemic issues in ADA compliance across agencies, including the lack of screen-reader compatible documents, failure to provide simplified summaries for complex records, and omissions of required identification of personnel responsible for handling requests. Document Review and Analysis: Conducted an in-depth review of all communications and records related to the complaints and requests, revealing inconsistencies, incomplete disclosures, and unjustified redactions contrary to 5 U.S.C. § 552(b). Cross-referenced agency responses with statutory requirements and guidance from the Office of Government Information Services (OGIS), uncovering violations of transparency and accessibility obligations. Engagement with Oversight Bodies: Corresponded with oversight entities, including the Office of the Inspector General (OIG) and OGIS, which confirmed ongoing deficiencies in agency compliance with federal law. Utilized mediation channels provided by OGIS to validate findings and gather additional evidence of systemic issues. Impact on Stakeholders: Firsthand observations of how these failures disproportionately harm vulnerable populations dependent on Medicaid programs, specifically those under the Acquired Brain Injury Waiver Program. Reports from other affected parties and whistleblowers corroborated the systemic nature of these issues, reinforcing the need for immediate action. This discovery process underscores the deep-rooted issues within the agencies and highlights a significant threat to public trust, fiscal accountability, and the equitable



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	treatment of individuals requiring ADA accommodations and Medicaid services.
What additional facts support your allegation?	What Additional Facts Support Your Allegation? The following facts substantiate the allegations and demonstrate a pattern of systemic failures, legal non-compliance, and negligence, highlighting the significant public harm caused by these actions: 1. Non-Compliance with FOIA Requirements Missed Deadlines: FOIA requests, including DOJ Complaints #534659-XGL and #539298-RJM, exceeded statutory response deadlines outlined in 5 U.S.C. § 552(a)(6)(A), without valid justification. Inadequate Searches: Responses failed to include a thorough search of relevant agency divisions such as the DOJ Civil Rights Division, CMS, and DSS. Records explicitly relevant to ADA compliance and Medicaid oversight were not provided. Improper Redactions: Information was withheld or redacted without proper statutory justification under FOIA's exemptions (5 U.S.C. § 552(b)). Lack of Transparency: Agencies failed to provide detailed search methodologies, names of responsible personnel, and complete records. 2. Violations of ADA Requirements Failure to Provide Accommodations: ADA accommodations explicitly requested, such as screen-reader-compatible documents, MuckRock-exclusive communication, and simplified summaries, were ignored, in violation of Title II of the ADA (42 U.S.C. § 12132). Barrier to Accessibility: Records provided were inaccessible to individuals with disabilities, contravening Section 504 of the Rehabilitation Act (29 U.S.C. § 794). 3. Systemic Mismanagement of Medicaid Programs Inadequate Oversight: Failure to address systemic transparency failures in the Medicaid Acquired Brain Injury (ABI) Waiver Program, which disproportionately affects vulnerable populations. Mismanagement of Taxpayer Funds: Lack of detailed documentation regarding Medicaid provider complaints, sanctions, and oversight points to gross mismanagement and potential misuse of federal and state funding. 4. Harm to



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	Vulnerable Populations Denial of Critical Services: Non-compliance with ADA and FOIA directly impedes access to services for individuals with acquired brain injuries, placing an undue burden on already vulnerable populations. Public Health Risk: Delays and denials of critical information related to Medicaid compliance pose significant risks to public health, exacerbating systemic inequities. 5. Broader Systemic Failures Agency Coordination Gaps: Records indicate a lack of effective inter-agency coordination between DOJ, CMS, OPM, and DSS, undermining the enforcement of federal laws and policies. Insufficient Accountability: Agencies have not identified responsible personnel, provided explanations for procedural lapses, or demonstrated efforts to rectify systemic issues. 6. Testimony and Evidence from Stakeholders Whistleblower Reports: Independent accounts from whistleblowers corroborate allegations of systemic non-compliance and negligence. Oversight Body Findings: Correspondence with OGIS, OIG, and other oversight bodies validates claims of systemic failures, highlighting the need

DISCLOSURE SUBJECTS

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

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



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



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



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



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



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



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



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



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



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Michael E. Horowitz Title: Inspector General, DOJ Position in Chain of Command: Responsible for ide	Michael E. Horowitz Title: Inspector General, DOJ Position in Chain of Command: Responsible for ide	Michael E. Horowitz Title: Inspector General, DOJ Position in Chain of Command: Responsible for ide	Michael E. Horowitz Title: Inspector General, DOJ Position in Chain of Command: Responsible for ide
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Andrea Barton Reeves Title:	Andrea Barton Reeves Title:	Andrea Barton Reeves Title:	Andrea Barton Reeves Title:



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Commissioner, Connecticut Department of Social Services (DSS) Position	Commissioner, Connecticut Department of Social Services (DSS) Position	Commissioner, Connecticut Department of Social Services (DSS) Position	Commissioner, Connecticut Department of Social Services (DSS) Position
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Alina M. Semo Title: Director, Office of Government Information Services (OGIS) Position in Chain o	Alina M. Semo Title: Director, Office of Government Information Services (OGIS) Position in Chain o	Alina M. Semo Title: Director, Office of Government Information Services (OGIS) Position in Chain o	Alina M. Semo Title: Director, Office of Government Information Services (OGIS) Position in Chain o
William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Responsibl	William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Responsibl	William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Responsibl	William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Responsibl
Manisha Juthani, MD Title: Commissioner, Connecticut Department of Public Health Position in Chain	Manisha Juthani, MD Title: Commissioner, Connecticut Department of Public Health Position in Chain	Manisha Juthani, MD Title: Commissioner, Connecticut Department of Public Health Position in Chain	Manisha Juthani, MD Title: Commissioner, Connecticut Department of Public Health Position in Chain
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Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Cha	Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Cha	Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Cha	Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Cha
Christi Grimm Title: Inspector General, HHS Position in Chain of Command: Responsible for investiga	Christi Grimm Title: Inspector General, HHS Position in Chain of Command: Responsible for investiga	Christi Grimm Title: Inspector General, HHS Position in Chain of Command: Responsible for investiga	Christi Grimm Title: Inspector General, HHS Position in Chain of Command: Responsible for investiga
Lisa M. Gomez Title: Assistant Secretary, Employee Benefits Security Administration (EBSA) Position	Lisa M. Gomez Title: Assistant Secretary, Employee Benefits Security Administration (EBSA) Position	Lisa M. Gomez Title: Assistant Secretary, Employee Benefits Security Administration (EBSA) Position	Lisa M. Gomez Title: Assistant Secretary, Employee Benefits Security Administration (EBSA) Position
Douglas O'Donnell Title: Acting Commissioner, Internal Revenue Service (IRS) Position in Chain of C	Douglas O'Donnell Title: Acting Commissioner, Internal Revenue Service (IRS) Position in Chain of C	Douglas O'Donnell Title: Acting Commissioner, Internal Revenue Service (IRS) Position in Chain of C	Douglas O'Donnell Title: Acting Commissioner, Internal Revenue Service (IRS) Position in Chain of C
Ned Lamont Title: Governor, State of Connecticut Position in Chain of Command: As Chief Executive o	Ned Lamont Title: Governor, State of Connecticut Position in Chain of Command: As Chief Executive o	Ned Lamont Title: Governor, State of Connecticut Position in Chain of Command: As Chief Executive o	Ned Lamont Title: Governor, State of Connecticut Position in Chain of Command: As Chief Executive o
Matthew Ritter Title: Speaker of the House, Connecticut General Assembly	Matthew Ritter Title: Speaker of the House, Connecticut General Assembly	Matthew Ritter Title: Speaker of the House, Connecticut General Assembly	Matthew Ritter Title: Speaker of the House, Connecticut General Assembly



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Martin M. Looney Title: President Pro Tempore, Connecticut Senate Position in Chain of Command: Pro	Martin M. Looney Title: President Pro Tempore, Connecticut Senate Position in Chain of Command: Pro	Martin M. Looney Title: President Pro Tempore, Connecticut Senate Position in Chain of Command: Pro	Martin M. Looney Title: President Pro Tempore, Connecticut Senate Position in Chain of Command: Pro
James Comer Title: Chair, House Committee on Oversight and Accountability Position in Chain of Comm	James Comer Title: Chair, House Committee on Oversight and Accountability Position in Chain of Comm	James Comer Title: Chair, House Committee on Oversight and Accountability Position in Chain of Comm	James Comer Title: Chair, House Committee on Oversight and Accountability Position in Chain of Comm
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Julie Su Title: Acting Secretary, U.S. Department of Labor (DOL) Position in Chain of Command: Over	Julie Su Title: Acting Secretary, U.S. Department of Labor (DOL) Position in Chain of Command: Over	Julie Su Title: Acting Secretary, U.S. Department of Labor (DOL) Position in Chain of Command: Over	Julie Su Title: Acting Secretary, U.S. Department of Labor (DOL) Position in Chain of Command: Over
Lori Hartmann Title: Appeals Officer, Office of Information Programs and Services, Department of St	Lori Hartmann Title: Appeals Officer, Office of Information Programs and Services, Department of St	Lori Hartmann Title: Appeals Officer, Office of Information Programs and Services, Department of St	Lori Hartmann Title: Appeals Officer, Office of Information Programs and Services, Department of St
Eric F. Stein Title: Director, Office of Information Programs and Services, Department of State Pos	Eric F. Stein Title: Director, Office of Information Programs and Services, Department of State Pos	Eric F. Stein Title: Director, Office of Information Programs and Services, Department of State Pos	Eric F. Stein Title: Director, Office of Information Programs and Services, Department of State Pos
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Dick Durbin Title: Chair, Senate Judiciary Committee Position in Chain of Command: Oversees the leg	Dick Durbin Title: Chair, Senate Judiciary Committee Position in Chain of Command: Oversees the leg	Dick Durbin Title: Chair, Senate Judiciary Committee Position in Chain of Command: Oversees the leg	Dick Durbin Title: Chair, Senate Judiciary Committee Position in Chain of Command: Oversees the leg

REQUESTED OSC ACTION

What action would you like OSC to take?

What action would you like OSC to take?

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

1. Immediate Investigative Actions

Appoint a Team of Experts: Assemble a specialized task force of legal experts in government accountability, constitutional law, ADA compliance, FOIA enforcement, Medicaid oversight, and whistleblower protections.

Initiate Comprehensive Investigations:

Investigate all named individuals and agencies for gross mismanagement, abuse of



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authority, gross waste of funds, and violations of law, rule, or regulation.

Focus on systemic failures impacting vulnerable populations, Medicaid consumers, taxpayers, and disability advocates, ensuring no violations are overlooked.

Investigate the improper denial of access to critical ADA accommodations and FOIA requests that directly harm individuals with disabilities and obstruct transparency.

2. Enforce Accountability

Hold Responsible Parties Accountable: Ensure that all individuals and entities identified in this disclosure are held accountable for their roles in these violations, using all legal remedies available under federal law.

Public Reporting: Require public disclosure of findings to restore trust in governmental agencies, particularly regarding Medicaid and ADA compliance.

3. Represent and Restore Rights

Legal Representation for David Medeiros:

Appoint OSC as the representative for David Medeiros and ABI Resources in addressing these systemic failures.

Ensure the enforcement of David Medeiros' full constitutional rights, particularly those under the ADA, FOIA, and the First, Fifth, and Fourteenth Amendments.

Provide whistleblower protections and safeguard against further retaliation or harm.

Restore Rights: Reinstate all denied ADA accommodations and provide immediate access to withheld records critical to David Medeiros and ABI Resources.

4. Systemic Reform Recommendations

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

Independent Oversight:

Recommend congressional oversight hearings to address systemic noncompliance and misuse of taxpayer funds in Medicaid programs.

Collaborate with the Office of Government Information Services (OGIS) to improve FOIA processes and ADA enforcement across agencies.

5. Legal and Procedural Remedies

Judicial Intervention:

Pursue legal action under the Whistleblower Protection Act, FOIA, and ADA to address violations, seek damages, and enforce compliance.

Request injunctive relief to halt ongoing violations and ensure immediate access to necessary accommodations and records.

Immediate Reinstatement of Rights:



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Restore David Medeiros' access to all requested records and ADA accommodations without delay.

Ensure transparency and accountability for all involved agencies.

6. Advocate for Vulnerable Populations

Elevate the Voices of Vulnerable Communities:

Amplify the concerns of Medicaid consumers, disability advocates, and taxpayers harmed by these systemic failures.

Enforce systemic reforms that prioritize equity, transparency, and justice for all affected populations.

7. Engage External Oversight

Congressional Notification:

Notify key congressional committees, including the House Committee on Oversight and Accountability, the Senate Judiciary Committee, and the House Subcommittee on Civil Rights and Civil Liberties, of these violations to prompt legislative action.

Coordinate with Oversight Entities:

Work closely with the Government Accountability Office (GAO), the DOJ Office of the Inspector General (OIG), and the Centers for Medicare & Medicaid Services (CMS) to address deficiencies and implement reforms.

8. Report and Resolve

Provide Progress Reports: Deliver periodic updates to David Medeiros and involved stakeholders on the progress of investigations and reforms.

Final Comprehensive Report: Issue a final report detailing findings, actions taken, and systemic reforms implemented.

9. Guarantee Protection Against Retaliation

Whistleblower Protections:

Ensure robust protections against retaliation for David Medeiros and any other individuals who have exposed these systemic failures.

Investigate any instances of retaliation and take corrective action.

Conclusion

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



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WHERE ELSE DID YOU REPORT THIS MATTER?

I have also disclosed this information to:

Other Action Type	Action Taken Date

Additional information about reports to Inspectors General, if applicable.

First Name:

Last Name:

Title:

Address:

Email Address:

Telephone Number:

Case ID #:

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

NOTE: MATTERS INVESTIGATED BY AN OFFICE OF INSPECTOR GENERAL

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

ATTACHMENTS

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

I have attached the following documents to my filing:

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



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



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

CONSENT

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

I consent to disclosure of my identity.

Yes

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

No

CERTIFICATION

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



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Yes

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

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

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



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IMPORTANT INFORMATION ABOUT FILING A DISCLOSURE

OSC WHISTLEBLOWER DISCLOSURE CHANNEL

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

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

OSC JURISDICTION

OSC has no jurisdiction over disclosures filed by:

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

ANONYMOUS SOURCES

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

RETALIATION

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



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

CONTACT INFORMATION

Title:

First Name:* David

Middle Initial:

Last Name:* Medeiros

International Address?: No

Address:*

215 Mountain St
Willimantic, CT 06226

Cell Phone Number:

Home Phone Number:

Office Phone Number:

Ext.

Email Address:* aabiwr@live.com

Preferred means of contact:

Email: Yes

Cell phone: No

Home phone: No

Office phone: No

REPRESENTATIVE INFORMATION

Do you have representation? No

Information about representative, if applicable.

First Name:*

Middle Initial:

Last Name:*

International Address?:

Address: *



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Office Phone Number:

Ext.

Cell Phone Number:

Home Phone Number:

Email Address:

EMPLOYMENT INFORMATION

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

Department:* Health and Human Services

Agency:* Centers For Medicare & Medicaid Services

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

Street Address: 330 Independence Avenue SW

City: Washington

State: DC

Zip Code: 20201

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

Title	Series	Grade

Please provide your dates of employment in this position.

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

Are you covered by a collective bargaining agreement?



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DETAILS OF YOUR DISCLOSURES

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

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

DISCLOSURES

Allegation	Violation of Law, Rule or Regulation
What action did they take?	2. What action did they take? Description of Actions and Violations: The individuals and entities involved took deliberate actions, inactions, or displayed systemic neglect that constitutes violations of federal and state laws, regulations, and constitutional rights. These actions include: Failure to Maintain and Provide Financial Records (Violation of 42 U.S.C. § 1396 et seq. and FOIA Laws): Office of the State Comptroller (Yamuna Menon, General Counsel): Claimed "no responsive records" exist regarding financial and administrative oversight of the Connecticut Medicaid Acquired Brain Injury (ABI) Waiver Program. Failed to provide required documentation on budget allocations, fund transfers, audits, and expenditures, which are mandated under federal Medicaid financial reporting requirements (42 CFR § 430.12). This constitutes a failure to uphold financial accountability for federally funded programs and raises



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



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



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



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



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



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



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



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



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



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



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



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



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



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



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



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



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



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



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



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



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



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



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



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



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



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



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



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



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

DISCLOSURE SUBJECTS

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

First Name	Last Name	Title	Chain of Command
Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Cha	Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Cha	Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Cha	Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Cha
Christi Grimm Title: Inspector General Position	Christi A. Grimm – Inspector General, HHS	Christi A. Grimm – Inspector General, HHS	Christi Grimm Title: Inspector General Position in



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in Chain of Command: Health and Human Services (HHS			Chain of Command: Health and Human Services (HHS
Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in	Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in	Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in	Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in
Kristen Clarke Title: Assistant Attorney General, Civil Rights Division Position in Chain of Command	Kristen Clarke Title: Assistant Attorney General, Civil Rights Division Position in Chain of Command	Kristen Clarke Title: Assistant Attorney General, Civil Rights Division Position in Chain of Command	Kristen Clarke Title: Assistant Attorney General, Civil Rights Division Position in Chain of Command
Merrick Garland Title: U.S. Attorney General Position in Chain of Command: Oversees the Department	Merrick Garland Title: U.S. Attorney General Position in Chain of Command: Oversees the Department	Merrick Garland Title: U.S. Attorney General Position in Chain of Command: Oversees the Department	Merrick Garland Title: U.S. Attorney General Position in Chain of Command: Oversees the Department
Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Connecticut Office of the Sta	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Connecticut Office of the Sta	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Connecticut Office of the Sta	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Connecticut Office of the Sta
Sean Scanlon Title: Comptroller Position in Chain of Command: State financial	Sean Scanlon Title: Comptroller Position in Chain of Command: State financial	Sean Scanlon Title: Comptroller Position in Chain of Command: State financial	Sean Scanlon Title: Comptroller Position in Chain of Command: State financial officer, managing bud



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



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



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*Denotes required fields.

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



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



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



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*Denotes required fields.

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



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



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



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



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



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



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



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



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*Denotes required fields.

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



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*Denotes required fields.

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



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



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*Denotes required fields.

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

REQUESTED OSC ACTION

What action would you like OSC to take?

Formal and Immediate Demand for Enforcement of Federal and Constitutional Compliance

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

Actions Demanded:



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1. Enforce Full Compliance with Federal and Constitutional Laws

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

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

Mandate unrestricted accessibility, including:

Transparent operations.

Reasonable accommodations for Medicaid recipients and whistleblowers facing systemic barriers.

Freedom of Information Act (FOIA):

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

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

Constitutional Violations:

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

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

2. Order Operational Corrections with Zero Delay

Reinstate Medicaid Services:

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

Fully restore critical ABI Waiver Program services.

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

Enforce Accountability Mechanisms:

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

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

3. Initiate Immediate Federal Oversight

Direct Federal Authority to Act:



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

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

4. Guarantee Transparency and Protect Whistleblowers
Whistleblower Protections:

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

Transparent Public Reporting:

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

5. Demand Results Now

Set Enforceable Deadlines:

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

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

Conclusion



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

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

David Medeiros

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

WHERE ELSE DID YOU REPORT THIS MATTER?

I have also disclosed this information to:

Other Action Type	Action Taken Date

Additional information about reports to Inspectors General, if applicable.

First Name:

Last Name:

Title:

Address:

Email Address:

Telephone Number:

Case ID #:

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

NOTE: MATTERS INVESTIGATED BY AN OFFICE OF INSPECTOR GENERAL

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



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ATTACHMENTS

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

I have attached the following documents to my filing:

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

CONSENT

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

I consent to disclosure of my identity.

Yes



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

No

CERTIFICATION

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

Yes

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

This Disclosure of Information was Received by OSC on: 12/6/2024

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



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IMPORTANT INFORMATION ABOUT FILING A DISCLOSURE

OSC WHISTLEBLOWER DISCLOSURE CHANNEL

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

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

OSC JURISDICTION

OSC has no jurisdiction over disclosures filed by:

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

ANONYMOUS SOURCES

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

RETALIATION

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



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

CONTACT INFORMATION

Title:

First Name:* David

Middle Initial:

Last Name:* Medeiros

International Address?: No

Address:*

215 Mountain St
Willimantic, CT 06226

Cell Phone Number:

Home Phone Number:

Office Phone Number:

Ext.

Email Address:* aabiwr@live.com

Preferred means of contact:

Email: Yes

Cell phone: No

Home phone: No

Office phone: No

REPRESENTATIVE INFORMATION

Do you have representation? No

Information about representative, if applicable.

First Name:*

Middle Initial:

Last Name:*

International Address?:

Address: *



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Office Phone Number:

Ext.

Cell Phone Number:

Home Phone Number:

Email Address:

EMPLOYMENT INFORMATION

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

Department:* Health and Human Services

Agency:* Centers For Medicare & Medicaid Services

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

Street Address: 330 Independence Avenue SW

City: Washington

State: DC

Zip Code: 20201

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

Title	Series	Grade

Please provide your dates of employment in this position.

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

Are you covered by a collective bargaining agreement?



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DETAILS OF YOUR DISCLOSURES

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

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

DISCLOSURES

Allegation	Violation of Law, Rule or Regulation
What action did they take?	2. What action did they take? Description of Actions and Violations: The individuals and entities involved took deliberate actions, inactions, or displayed systemic neglect that constitutes violations of federal and state laws, regulations, and constitutional rights. These actions include: Failure to Maintain and Provide Financial Records (Violation of 42 U.S.C. § 1396 et seq. and FOIA Laws): Office of the State Comptroller (Yamuna Menon, General Counsel): Claimed "no responsive records" exist regarding financial and administrative oversight of the Connecticut Medicaid Acquired Brain Injury (ABI) Waiver Program. Failed to provide required documentation on budget allocations, fund transfers, audits, and expenditures, which are mandated under federal Medicaid financial reporting requirements (42 CFR § 430.12). This constitutes a failure to uphold financial accountability for federally funded programs and raises



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



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



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



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



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



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



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



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



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



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



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



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



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



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



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



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



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



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



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



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



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



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



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



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



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



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



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



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



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

DISCLOSURE SUBJECTS

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

First Name	Last Name	Title	Chain of Command
Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Cha	Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Cha	Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Cha	Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Cha
Christi Grimm Title: Inspector General Position	Christi A. Grimm – Inspector General, HHS	Christi A. Grimm – Inspector General, HHS	Christi Grimm Title: Inspector General Position in



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in Chain of Command: Health and Human Services (HHS)			Chain of Command: Health and Human Services (HHS)
Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in	Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in	Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in	Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in
Kristen Clarke Title: Assistant Attorney General, Civil Rights Division Position in Chain of Command	Kristen Clarke Title: Assistant Attorney General, Civil Rights Division Position in Chain of Command	Kristen Clarke Title: Assistant Attorney General, Civil Rights Division Position in Chain of Command	Kristen Clarke Title: Assistant Attorney General, Civil Rights Division Position in Chain of Command
Merrick Garland Title: U.S. Attorney General Position in Chain of Command: Oversees the Department	Merrick Garland Title: U.S. Attorney General Position in Chain of Command: Oversees the Department	Merrick Garland Title: U.S. Attorney General Position in Chain of Command: Oversees the Department	Merrick Garland Title: U.S. Attorney General Position in Chain of Command: Oversees the Department
Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Connecticut Office of the Sta	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Connecticut Office of the Sta	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Connecticut Office of the Sta	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Connecticut Office of the Sta
Sean Scanlon Title: Comptroller Position in Chain of Command: State financial	Sean Scanlon Title: Comptroller Position in Chain of Command: State financial	Sean Scanlon Title: Comptroller Position in Chain of Command: State financial	Sean Scanlon Title: Comptroller Position in Chain of Command: State financial officer, managing bud



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



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



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



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



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



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



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



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



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



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



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



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*Denotes required fields.

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



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*Denotes required fields.

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



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*Denotes required fields.

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



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*Denotes required fields.

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



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*Denotes required fields.

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



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*Denotes required fields.

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

REQUESTED OSC ACTION

What action would you like OSC to take?

Formal and Immediate Demand for Enforcement of Federal and Constitutional Compliance

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

Actions Demanded:



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1. Enforce Full Compliance with Federal and Constitutional Laws

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

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

Mandate unrestricted accessibility, including:

Transparent operations.

Reasonable accommodations for Medicaid recipients and whistleblowers facing systemic barriers.

Freedom of Information Act (FOIA):

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

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

Constitutional Violations:

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

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

2. Order Operational Corrections with Zero Delay

Reinstate Medicaid Services:

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

Fully restore critical ABI Waiver Program services.

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

Enforce Accountability Mechanisms:

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

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

3. Initiate Immediate Federal Oversight

Direct Federal Authority to Act:



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

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

4. Guarantee Transparency and Protect Whistleblowers
Whistleblower Protections:

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

Transparent Public Reporting:

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

5. Demand Results Now

Set Enforceable Deadlines:

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

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

Conclusion



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

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

David Medeiros

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

WHERE ELSE DID YOU REPORT THIS MATTER?

I have also disclosed this information to:

Other Action Type	Action Taken Date

Additional information about reports to Inspectors General, if applicable.

First Name:

Last Name:

Title:

Address:

Email Address:

Telephone Number:

Case ID #:

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

NOTE: MATTERS INVESTIGATED BY AN OFFICE OF INSPECTOR GENERAL

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



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*Denotes required fields.

ATTACHMENTS

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

I have attached the following documents to my filing:

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

CONSENT

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

I consent to disclosure of my identity.

Yes



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

No

CERTIFICATION

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

Yes

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

This Disclosure of Information was Received by OSC on: 12/6/2024

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



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*Denotes required fields.

IMPORTANT INFORMATION ABOUT FILING A DISCLOSURE

OSC WHISTLEBLOWER DISCLOSURE CHANNEL

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

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

OSC JURISDICTION

OSC has no jurisdiction over disclosures filed by:

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

ANONYMOUS SOURCES

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

RETALIATION

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



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

CONTACT INFORMATION

Title:

First Name:* David

Middle Initial:

Last Name:* Medeiros

International Address?: No

Address:*

215 Mountain St
Willimantic, CT 06226

Cell Phone Number:

Home Phone Number:

Office Phone Number:

Ext.

Email Address:* aabiwr@live.com

Preferred means of contact:

Email: Yes

Cell phone: No

Home phone: No

Office phone: No

REPRESENTATIVE INFORMATION

Do you have representation? No

Information about representative, if applicable.

First Name:*

Middle Initial:

Last Name:*

International Address?:

Address: *



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*Denotes required fields.

Office Phone Number:

Ext.

Cell Phone Number:

Home Phone Number:

Email Address:

EMPLOYMENT INFORMATION

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

Department:* Health and Human Services

Agency:* Centers For Medicare & Medicaid Services

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

Street Address: 330 Independence Avenue SW

City: Washington

State: DC

Zip Code: 20201

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

Title	Series	Grade

Please provide your dates of employment in this position.

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

Are you covered by a collective bargaining agreement?



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DETAILS OF YOUR DISCLOSURES

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

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

DISCLOSURES

Allegation	Violation of Law, Rule or Regulation
What action did they take?	2. What action did they take? Description of Actions and Violations: The individuals and entities involved took deliberate actions, inactions, or displayed systemic neglect that constitutes violations of federal and state laws, regulations, and constitutional rights. These actions include: Failure to Maintain and Provide Financial Records (Violation of 42 U.S.C. § 1396 et seq. and FOIA Laws): Office of the State Comptroller (Yamuna Menon, General Counsel): Claimed "no responsive records" exist regarding financial and administrative oversight of the Connecticut Medicaid Acquired Brain Injury (ABI) Waiver Program. Failed to provide required documentation on budget allocations, fund transfers, audits, and expenditures, which are mandated under federal Medicaid financial reporting requirements (42 CFR § 430.12). This constitutes a failure to uphold financial accountability for federally funded programs and raises



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



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



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



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



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



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



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



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



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



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



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



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



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



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



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



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



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



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



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



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



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



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



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



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



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



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



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



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



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

DISCLOSURE SUBJECTS

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

First Name	Last Name	Title	Chain of Command
Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Cha	Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Cha	Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Cha	Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Cha
Christi Grimm Title: Inspector General Position	Christi A. Grimm – Inspector General, HHS	Christi A. Grimm – Inspector General, HHS	Christi Grimm Title: Inspector General Position in



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in Chain of Command: Health and Human Services (HHS			Chain of Command: Health and Human Services (HHS
Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in	Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in	Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in	Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in
Kristen Clarke Title: Assistant Attorney General, Civil Rights Division Position in Chain of Comman	Kristen Clarke Title: Assistant Attorney General, Civil Rights Division Position in Chain of Comman	Kristen Clarke Title: Assistant Attorney General, Civil Rights Division Position in Chain of Comman	Kristen Clarke Title: Assistant Attorney General, Civil Rights Division Position in Chain of Comman
Merrick Garland Title: U.S. Attorney General Position in Chain of Command: Oversees the Department	Merrick Garland Title: U.S. Attorney General Position in Chain of Command: Oversees the Department	Merrick Garland Title: U.S. Attorney General Position in Chain of Command: Oversees the Department	Merrick Garland Title: U.S. Attorney General Position in Chain of Command: Oversees the Department
Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Connecticut Office of the Sta	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Connecticut Office of the Sta	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Connecticut Office of the Sta	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Connecticut Office of the Sta
Sean Scanlon Title: Comptroller Position in Chain of Command: State financial	Sean Scanlon Title: Comptroller Position in Chain of Command: State financial	Sean Scanlon Title: Comptroller Position in Chain of Command: State financial	Sean Scanlon Title: Comptroller Position in Chain of Command: State financial officer, managing bud



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



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



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



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



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



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*Denotes required fields.

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



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*Denotes required fields.

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



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



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



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



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



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



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



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



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



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



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

REQUESTED OSC ACTION

What action would you like OSC to take?

Formal and Immediate Demand for Enforcement of Federal and Constitutional Compliance

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

Actions Demanded:



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1. Enforce Full Compliance with Federal and Constitutional Laws

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

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

Mandate unrestricted accessibility, including:

Transparent operations.

Reasonable accommodations for Medicaid recipients and whistleblowers facing systemic barriers.

Freedom of Information Act (FOIA):

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

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

Constitutional Violations:

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

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

2. Order Operational Corrections with Zero Delay

Reinstate Medicaid Services:

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

Fully restore critical ABI Waiver Program services.

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

Enforce Accountability Mechanisms:

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

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

3. Initiate Immediate Federal Oversight

Direct Federal Authority to Act:



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

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

4. Guarantee Transparency and Protect Whistleblowers
Whistleblower Protections:

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

Transparent Public Reporting:

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

5. Demand Results Now

Set Enforceable Deadlines:

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

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

Conclusion



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

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

David Medeiros

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

WHERE ELSE DID YOU REPORT THIS MATTER?

I have also disclosed this information to:

Other Action Type	Action Taken Date

Additional information about reports to Inspectors General, if applicable.

First Name:

Last Name:

Title:

Address:

Email Address:

Telephone Number:

Case ID #:

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

NOTE: MATTERS INVESTIGATED BY AN OFFICE OF INSPECTOR GENERAL

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



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ATTACHMENTS

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

I have attached the following documents to my filing:

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

CONSENT

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

I consent to disclosure of my identity.

Yes



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

No

CERTIFICATION

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

Yes

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

This Disclosure of Information was Received by OSC on: 12/6/2024

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



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IMPORTANT INFORMATION ABOUT FILING A DISCLOSURE

OSC WHISTLEBLOWER DISCLOSURE CHANNEL

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

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

OSC JURISDICTION

OSC has no jurisdiction over disclosures filed by:

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

ANONYMOUS SOURCES

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

RETALIATION

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



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

CONTACT INFORMATION

Title:

First Name:* David

Middle Initial:

Last Name:* Medeiros

International Address?: No

Address:*

215 Mountain St
Willimantic, CT 06226

Cell Phone Number:

Home Phone Number:

Office Phone Number:

Ext.

Email Address:* aabiwr@live.com

Preferred means of contact:

Email: Yes

Cell phone: No

Home phone: No

Office phone: No

REPRESENTATIVE INFORMATION

Do you have representation? No

Information about representative, if applicable.

First Name:*

Middle Initial:

Last Name:*

International Address?:

Address: *



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Office Phone Number:

Ext.

Cell Phone Number:

Home Phone Number:

Email Address:

EMPLOYMENT INFORMATION

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

Department:* Health and Human Services

Agency:* Centers For Medicare & Medicaid Services

Agency subcomponent: Office of the Inspector General (OIG)

Street Address: 200 Independence Avenue, SW

City: Washington

State: DC

Zip Code: 20201

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

Title	Series	Grade

Please provide your dates of employment in this position.

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

Are you covered by a collective bargaining agreement?

DETAILS OF YOUR DISCLOSURES



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

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

DISCLOSURES

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



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



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



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



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



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



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



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



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



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



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



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



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



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



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



REPORT GOVERNMENT WRONGDOING (DISCLOSURE)

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