

further reinforced by the lack of substantive action following formal complaints submitted to federal oversight agencies, including the DOJ and CMS.

Legal Precedents and Obligations

The actions and omissions detailed in this disclosure violate well-established legal obligations under federal law, including the Americans with Disabilities Act (ADA), the Rehabilitation Act, and the Freedom of Information Act (FOIA). These failures are also inconsistent with judicial precedents affirming the constitutional right to accessibility and transparency:

1. Tennessee v. Lane (2004):

- The Supreme Court recognized that Title II of the ADA (42 U.S.C. § 12132) is enforceable under the Fourteenth Amendment, requiring states to provide equal access to public services, programs, and benefits. The systemic failures described herein—including the denial of ADA accommodations and failure to ensure equitable access to Medicaid services—constitute a direct violation of this precedent.

2. U.S. DOJ v. Reporters Committee for Freedom of the Press (1989):

- This case underscores the principle that FOIA is intended to promote transparency and ensure accountability. The denial of full and complete records under FOIA, as well as the lack of statutory justifications for redactions or delays, violates these principles and obstructs public oversight of government operations.

3. Rehabilitation Act (29 U.S.C. § 794):

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- Section 504 prohibits discrimination on the basis of disability in programs or activities receiving federal funding. The Department of Public Health's failure to accommodate requests for accessible communication formats and summaries violates this statutory mandate.

4. Supremacy Clause (Article VI, U.S. Constitution):

- Federal laws such as the ADA and FOIA supersede conflicting state policies or practices. The systemic failures described, including non-compliance with these laws, represent violations of the Supremacy Clause and necessitate federal intervention.

Demand for Federal Oversight

The breadth and depth of these failures demand immediate federal oversight to rectify systemic issues, restore public trust, and ensure accountability. Specifically, I request:

1. Appointment of an Independent Federal Monitor:

- Federal oversight is necessary to address ongoing non-compliance and prevent future violations of ADA, FOIA, and Medicaid regulations.
- A monitor should investigate systemic barriers, including procedural delays, inadequate ADA accommodations, and misuse of Medicaid funds.

2. Comprehensive Audit of State Practices:

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- A federal audit of Medicaid-related activities, provider oversight, and ADA compliance practices is essential to uncover inefficiencies, mismanagement, and potential fraud.

3. Implementation of Corrective Measures:

- Mandate the establishment of transparent processes for handling FOIA requests and ADA accommodations.
- Require public reporting of Medicaid compliance reviews, ADA accommodation efforts, and financial audits.

4. Federal Enforcement Actions:

- Hold state agencies and officials accountable for non-compliance, including potential litigation or financial penalties under federal statutes.

Emphasizing Public Harm

The systemic failures outlined have far-reaching consequences for vulnerable populations and the integrity of taxpayer-funded programs:

1. Harm to Vulnerable Populations:

- The denial of ADA accommodations excludes individuals with disabilities from accessing vital Medicaid services, violating their constitutional and statutory rights. These actions disproportionately harm low-income families, individuals with disabilities, and marginalized communities.

2. Misuse of Taxpayer Funds:

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- Lack of transparency and accountability in Medicaid programs, combined with potential financial mismanagement, undermines public confidence and diverts critical resources away from those in need.

3. Erosion of Public Trust:

- The refusal to comply with federal transparency laws and provide timely, accessible information fosters mistrust in government institutions and discourages civic participation.

4. Broad Systemic Implications:

- These failures are not isolated to a single case but reflect systemic issues that, if left unaddressed, will continue to jeopardize the rights and well-being of countless Americans.



Additional Facts Supporting the Allegation

1. 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 *Tennessee v. Lane* (2004).

2. 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.

3. 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.

4. Harm to Vulnerable Populations:

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- 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.

5. 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 notifications of deficiencies. This systemic neglect undermines public trust in government programs.

6. 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.

7. 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.

8. Impact on Whistleblower Protections:

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- 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 compromise transparency and reform efforts.

9. Broader Systemic Implications:

- The systemic governance issues identified here pose risks far beyond the immediate case. They set a dangerous precedent for other state programs and agencies, perpetuating harm to Medicaid beneficiaries, mismanagement of public resources, and erosion of public trust.

Legal and Federal Obligations

- **Cite Specific Legal Precedents:** *Tennessee v. Lane* (2004) establishes ADA compliance as a constitutional obligation. FOIA statutes (5 U.S.C. § 552) mandate transparency and equitable access to government records.
- **Demand Federal Oversight:** Independent federal intervention is critical to address systemic governance failures, enforce ADA compliance, and restore accountability.
- **Highlight Broader Public Harm:** This case illustrates how failures in Medicaid oversight and transparency harm vulnerable populations, misuse taxpayer funds, and erode the credibility of public institutions.



2. What Action Did They Take?

Description of Actions Taken:

1. 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.

2. 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).

3. 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.

4. Denial of ADA Accommodations:

- Ignored or inadequately fulfilled 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).



5. 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.

6. 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.

7. 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).

8. Improper Awarding of Medicaid Contracts:

- Engaged in questionable procurement practices, awarding contracts without sufficient transparency or competitive bidding processes, potentially violating federal procurement standards.

9. 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 Amendments.



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:

1. **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**.
2. **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.
3. **Discrepancies in Public Records:** Reviews of financial audits, regulatory filings, and state compliance reports 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].

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



4. **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.
5. **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?

1. 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.

2. 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.

3. Discrepancies in Medicaid Expenditures:

- Audits and financial reviews revealed significant inconsistencies in the allocation of 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.

4. **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))**.

5. **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.

6. **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.

7. 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.



Who Took the Action?

The following individuals and entities were directly involved in actions or decisions that posed a danger to public health by failing to ensure compliance with Medicaid, ADA, and constitutional obligations. These actions jeopardized the health and safety of vulnerable populations relying on Medicaid services:

1. **Andrea Barton Reeves**

- **Title:** Commissioner
- **Agency:** Connecticut Department of Social Services (DSS)
- **Position in Chain of Command:** Head of DSS, responsible for administering Medicaid programs and ensuring compliance with federal and state laws.

2. **Matthew S. Antonetti**

- **Title:** Legal Director
- **Agency:** Connecticut Department of Social Services (DSS)
- **Position in Chain of Command:** Senior legal officer overseeing policy adherence and regulatory compliance within DSS.

3. **Astread Ferron-Poole**

- **Title:** Policy and Program Coordinator
- **Agency:** Connecticut Department of Social Services (DSS)
- **Position in Chain of Command:** Coordinator responsible for overseeing Medicaid program policies and operations.



4. **Michelle A. James**

- **Title:** Medicaid Compliance Officer
- **Agency:** Centers for Medicare & Medicaid Services (CMS)
- **Position in Chain of Command:** Federal official responsible for ensuring Medicaid programs meet compliance and quality standards.

5. **Emmett Nicholson**

- **Title:** Senior Administrator
- **Agency:** Centers for Medicare & Medicaid Services (CMS)
- **Position in Chain of Command:** High-level administrator managing inter-agency oversight of Medicaid programs.

6. **William Tong**

- **Title:** Attorney General
- **Agency:** Connecticut Office of the Attorney General
- **Position in Chain of Command:** Chief legal officer for the state, responsible for investigating and prosecuting Medicaid fraud and ensuring legal compliance within state programs.

7. **Manisha Juthani, MD**

- **Title:** Commissioner
- **Agency:** Connecticut Department of Public Health (DPH)



- **Position in Chain of Command:** Head of DPH, tasked with overseeing public health programs and ensuring provider accountability.

8. **Xavier Becerra**

- **Title:** Secretary
- **Agency:** U.S. Department of Health and Human Services (HHS)
- **Position in Chain of Command:** Federal leader responsible for overall Medicaid policy, funding, and oversight.

9. **Chiquita Brooks-LaSure**

- **Title:** Administrator
- **Agency:** Centers for Medicare & Medicaid Services (CMS)
- **Position in Chain of Command:** National Medicaid administrator overseeing state-level compliance and program effectiveness.

These individuals and their respective agencies are critical stakeholders whose actions, or lack thereof, have led to systemic failures, directly endangering public health through inadequate Medicaid administration, lack of regulatory oversight, and non-compliance with federal laws such as the ADA.



2. What action did they take?

The Connecticut Department of Public Health (DPH), in collaboration with the Department of Social Services (DSS), engaged in systemic actions that jeopardize public health by failing to enforce adequate oversight, transparency, and regulatory compliance within Medicaid programs. Specifically:

1. 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.

2. 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.

3. 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

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



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.

4. 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.

5. Disregard for Whistleblower Reports:

- Failed to act on whistleblower reports highlighting systemic risks to public health, including allegations of Medicaid fraud, gross mismanagement, and abuse of authority within the program.

6. 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 beneficiaries.



Timeline of Events:

1. 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.

2. 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.

3. 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.

4. Current and Ongoing Violations:

- Failures persist as of **December 4, 2024**, with no corrective action taken to mitigate risks to Medicaid beneficiaries or to ensure compliance with FOIA, ADA, and whistleblower protection statutes.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- Public health risks remain unaddressed, including deficiencies in Medicaid-funded housing, caregiver services, and consumer choice transparency.

Key Observations:

- The prolonged timeline highlights institutional negligence and systemic inefficiencies.
- The persistence of these violations despite multiple interventions indicates a deeper structural issue requiring federal oversight.
- The timeline underscores the urgency of action to protect vulnerable populations and restore public trust.

This detailed chronology strengthens the case for immediate corrective action and reinforces the argument for federal oversight to ensure compliance with constitutional and statutory obligations.



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 communities. Specific sources of discovery include:

1. 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.

2. 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.

3. 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.

4. Independent Audits and Media Investigations:

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- 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.

5. 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?

Additional Facts Supporting Allegations

1. Documented Patterns of Non-Compliance

- Records indicate repeated failures to adhere to ADA Title II mandates (42 U.S.C. § 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.

2. 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.

3. 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.

4. Public Harm Amplified by Non-Compliance

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- 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.

5. 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.

6. 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* (1989), reinforce the necessity of prompt and complete access to public records for accountability.

7. Lack of Accountability in Personnel Actions

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- 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.

8. 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.

9. Federal Supremacy Obligations Ignored

- Under the Supremacy Clause of the U.S. Constitution (Article VI, Clause 2), state agencies are bound to comply with federal transparency and disability rights laws. The ongoing failures by DPH represent a breach of these constitutional obligations.

10. Broad Public Interest and Accountability

- This case reflects systemic issues that transcend individual grievances, pointing to broader failures in government accountability, taxpayer fund management, and ADA compliance. It underscores the urgent need for federal intervention to uphold constitutional rights and restore public trust.



What Action Would You Like OSC to Take?

1. 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.

2. 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.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



3. **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.
 - 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.

4. **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.

5. **Pursue Financial Restitution**

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- 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.

6. 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.

7. 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.

8. Safeguard Against Future Violations

- Develop and enforce robust federal guidelines for ADA accommodations and FOIA 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.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



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.



12/03/2024

**Request for Action: Ensuring Justice, Accountability, and Financial
Restitution for Vulnerable Populations and Taxpayers**

To: U.S. Office of Special Counsel (OSC)

Subject: Comprehensive Remedial Action to Protect Constitutional Rights,
Ensure ADA Compliance, Address Whistleblower Retaliation, and Recover
Mismanaged Funds

Background and Scope of Allegation

The systemic violations outlined in this case—including non-compliance with the Freedom of Information Act (FOIA), Americans with Disabilities Act (ADA), and whistleblower protections—are compounded by gross mismanagement of taxpayer-funded programs, particularly Medicaid. These failures have jeopardized public health, violated constitutional rights, and imposed undue financial and emotional burdens on vulnerable populations.

Specific Actions Requested

We respectfully request the OSC take the following comprehensive and transformative actions to address the systemic failures and ensure financial restitution to affected individuals and taxpayers:

1. Immediate Investigation and Enforcement

Investigate Violations of Federal Law

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- Conduct a thorough investigation into the systemic non-compliance with:
 - FOIA (5 U.S.C. § 552): Unlawful denial of transparency and accountability.
 - ADA (42 U.S.C. § 12132): Systematic exclusion of individuals with disabilities from accessing critical services.
 - Whistleblower Protections (5 U.S.C. § 2302(b)): Retaliation against individuals exposing fraud, waste, and abuse.
 - Medicaid Regulations (42 U.S.C. § 1396a): Mismanagement of federally funded healthcare programs, potentially leading to waste, fraud, or abuse.

Address Whistleblower Retaliation

- Ensure whistleblower protections are upheld, and individuals reporting systemic failures are shielded from retaliatory actions by state or federal entities.

Hold Accountable Named Individuals and Entities

- Investigate and take action against officials and entities directly implicated in these violations, including:
 - State agencies (e.g., Connecticut DSS) and federal bodies (e.g., CMS, HHS).
 - Contractors and third-party entities (e.g., managed care organizations, vendors).
 - Named individuals who oversaw or executed these unlawful actions.

2. Systemic Reforms to Prevent Recurrence

Establish Independent Oversight Mechanisms

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- Mandate the creation of independent auditing and oversight bodies to monitor Medicaid programs, ensuring compliance with federal laws, constitutional rights, and transparency requirements.
- Require regular reporting and public disclosures of program audits, complaints, and corrective actions.

Mandate Training and Policy Reforms

- Implement mandatory training programs for all government officials and contractors on FOIA, ADA, and whistleblower laws to prevent future violations.
- Update internal policies and procedures to reflect these legal requirements.

Enhance Accessibility

- Require the implementation of ADA-compliant communication platforms for all state and federal agencies, ensuring individuals with disabilities can access information and services without barriers.

3. Recovery and Restitution of Mismanaged Funds

Recover Misused Taxpayer Dollars

- Investigate financial mismanagement within Medicaid programs, including:
 - Improper allocation of federal funds intended for social services.
 - Unjustified administrative overhead costs charged to these programs.
- Recover funds identified as misused or improperly allocated.



Redistribute Funds to Beneficiaries

- Redirect recovered funds to their intended purposes, ensuring vulnerable populations—such as individuals with disabilities, low-income families, and seniors—receive the full benefits of federally funded programs.

Impose Sanctions for Financial Misconduct

- Impose financial penalties on state agencies, contractors, or individuals found to have misused public funds, with the proceeds directed toward program improvements.

Ensure Public Transparency

- Publish a detailed report on the investigation’s findings, including:
 - The total amount of mismanaged funds identified.
 - Steps taken to recover and redistribute these funds.
 - Specific programmatic changes implemented as a result.
-

4. Strengthen Legal Protections and Advocacy

Restore Constitutional Rights

- Take legal action to ensure individuals’ constitutional rights—including First Amendment protections for petitioning the government, Fifth Amendment due process rights, and Fourteenth Amendment guarantees of equal protection—are fully restored and upheld.

Bolster Whistleblower Protections

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- Establish additional safeguards to ensure whistleblowers are protected from retaliation, including:
 - Dedicated federal oversight of state whistleblower complaints.
 - Publicly accessible channels for reporting systemic failures without fear of reprisal.

Federal Legislative Recommendations

- Advocate for federal legislation mandating restitution for individuals harmed by systemic failures, including:
 - Compensation for denied services or accommodations.
 - Additional funding to improve affected programs.

5. Public Health and Safety Reforms

Address Risks to Vulnerable Populations

- Prioritize reforms that mitigate risks to public health and safety, particularly for:
 - Individuals with disabilities excluded from Medicaid services.
 - Low-income families relying on critical healthcare programs.
 - Seniors and veterans requiring long-term care and support.

Expand Federal Oversight

- Ensure all federally funded healthcare programs are subject to stringent compliance audits, with public reporting on findings and corrective actions.



6. Comprehensive Advocacy and Outreach

Empower Affected Communities

- Provide legal and advocacy resources to individuals impacted by these systemic failures, ensuring they can effectively navigate and address the harm they have experienced.

Collaborate with Advocacy Groups

- Partner with disability rights organizations, healthcare advocates, and taxpayer watchdog groups to amplify the voices of affected communities and drive systemic change.
-

Expected Outcomes

By taking these actions, the OSC will:

1. Ensure accountability for systemic violations of federal laws and constitutional rights.
2. Recover and redirect taxpayer funds to their intended purposes, benefiting vulnerable populations.
3. Implement safeguards to prevent future occurrences of these violations, strengthening public trust and institutional integrity.
4. Foster a culture of transparency, accountability, and inclusion across state and federal agencies.

Conclusion

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



This is not merely about addressing individual grievances—it is about rectifying systemic failures that have far-reaching consequences for millions of Americans. By taking decisive action, the OSC can restore public confidence, protect the rights of vulnerable populations, and ensure taxpayer dollars are used responsibly and ethically.

Thank you for your attention to this critical matter. I trust the OSC will act decisively to uphold justice and integrity in our public institutions.

Sincerely,

David Medeiros

Founder, ABI Resources LLC

Who Took the Action?

Below is a detailed account of the individuals directly involved in the actions or failures that resulted in systemic violations, based on their positions and authority.

Connecticut Department of Social Services (DSS):

1. Andrea Barton Reeves

- **Title:** Commissioner
- **Position in Chain of Command:** Head of DSS

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- **Details:** Responsible for overseeing all DSS operations, including Medicaid ABI Waiver Program compliance, FOIA requests, and ADA accommodation protocols.

2. **Matthew S. Antonetti**

- **Title:** Legal Director
- **Position in Chain of Command:** Senior Legal Officer, DSS
- **Details:** Tasked with ensuring legal compliance across DSS operations, including responses to FOIA requests and ADA obligations.

3. **Astread Ferron-Poole**

- **Title:** Associate
- **Position in Chain of Command:** Policy and Program Coordinator, DSS
- **Details:** Involved in policy decisions and program management, particularly those affecting Medicaid and ABI Waiver Program participants.

Centers for Medicare & Medicaid Services (CMS):

4. **Michelle A. James**

- **Title:** Medicaid Compliance Officer
- **Position in Chain of Command:** Oversight, CMS Region 1 (Connecticut)
- **Details:** Oversees Medicaid program compliance, including state-level adherence to federal requirements for transparency, ADA, and funding accountability.



5. Emmett Nicholson

- **Title:** Senior Administrator
 - **Position in Chain of Command:** High-level Administrator, CMS
 - **Details:** Directly involved in reviewing state Medicaid funding, provider compliance, and whistleblower reports.
-

Connecticut State Government Officials:

6. William Tong

- **Title:** Attorney General
- **Position in Chain of Command:** Chief Legal Officer, State of Connecticut
- **Details:** Oversees legal integrity of state agencies, including DSS, and their adherence to federal and state laws.

7. Ned Lamont

- **Title:** Governor
- **Position in Chain of Command:** Chief Executive of Connecticut
- **Details:** Ultimately responsible for all state agency operations and adherence to constitutional and statutory requirements.

8. Deidre S. Gifford

- **Title:** Former Acting Commissioner
- **Position in Chain of Command:** Past DSS Commissioner



- **Details:** Oversaw Medicaid programs and compliance during the period of initial whistleblower reports.
-

Federal Oversight Officials:

9. Xavier Becerra

- **Title:** Secretary, U.S. Department of Health and Human Services (HHS)
- **Position in Chain of Command:** Federal oversight of Medicaid and ADA compliance at a national level.

10. Chiquita Brooks-LaSure

- **Title:** Administrator, CMS
- **Position in Chain of Command:** Leads CMS nationwide, responsible for ensuring state Medicaid program compliance.

11. Merrick Garland

- **Title:** U.S. Attorney General
- **Position in Chain of Command:** Enforces federal laws, including whistleblower protections and FOIA compliance.

12. Christi Grimm

- **Title:** Inspector General, HHS
- **Position in Chain of Command:** Investigates Medicaid fraud, waste, and abuse at the federal level.



2. What Action Did They Take?

The following details outline the actions—or failures to act—by the individuals and agencies identified, which have resulted in systemic violations of constitutional rights, ADA non-compliance, and mismanagement of taxpayer-funded programs.

Connecticut Department of Social Services (DSS):

1. Andrea Barton Reeves (Commissioner):

- **Action:** Failed to ensure compliance with federal and state laws, including the Freedom of Information Act (FOIA), by not responding to or improperly denying requests for records related to the Medicaid ABI Waiver Program and whistleblower complaints.
- **Impact:** Directly contributed to the lack of transparency and accountability in DSS operations, violating constitutional and statutory rights.

2. Matthew S. Antonetti (Legal Director):

- **Action:** Oversaw and/or approved the improper handling of FOIA requests and ADA accommodation requests. Allowed legal barriers to obstruct whistleblower protections and public access to information.
- **Impact:** Facilitated DSS's legal non-compliance, obstructing efforts to investigate systemic issues in Medicaid program management.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



3. **Astread Ferron-Poole (Associate):**

- **Action:** Coordinated or executed policies that limited access to public records, failed to address program deficiencies, and disregarded ADA accommodation requests.
 - **Impact:** Excluded individuals with disabilities from participating in program oversight and contributed to the systemic marginalization of vulnerable populations.
-

Centers for Medicare & Medicaid Services (CMS):

4. **Michelle A. James (Medicaid Compliance Officer):**

- **Action:** Did not enforce state compliance with federal Medicaid regulations and failed to address whistleblower reports highlighting deficiencies in the ABI Waiver Program.
- **Impact:** Allowed ongoing mismanagement of taxpayer funds and neglect of federally mandated oversight responsibilities.

5. **Emmett Nicholson (Senior Administrator):**

- **Action:** Failed to initiate or ensure federal investigations into reported violations, including ADA non-compliance and Medicaid fraud.
 - **Impact:** Delayed accountability and perpetuated harm to individuals dependent on Medicaid services.
-



Connecticut State Government Officials:

6. William Tong (Attorney General):

- **Action:** Failed to provide legal oversight to enforce DSS compliance with FOIA, ADA, and whistleblower protection laws. Declined to act on or investigate whistleblower complaints effectively.
- **Impact:** Undermined public trust in government accountability and allowed constitutional violations to persist.

7. Ned Lamont (Governor):

- **Action:** Neglected executive oversight of DSS and CMS operations, failing to ensure that state agencies complied with federal and state laws protecting taxpayers, whistleblowers, and individuals with disabilities.
- **Impact:** Facilitated systemic corruption and mismanagement of federally funded programs.

8. Deidre S. Gifford (Former Acting Commissioner):

- **Action:** During her tenure, failed to implement effective oversight mechanisms for Medicaid programs, allowing systemic violations to go unaddressed.
- **Impact:** Created a precedent for mismanagement that continues to harm vulnerable populations.

Federal Oversight Officials:

9. Xavier Becerra (Secretary, HHS):

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- **Action:** Failed to ensure that federal laws governing Medicaid oversight, ADA compliance, and whistleblower protections were enforced in Connecticut.
- **Impact:** Allowed state-level mismanagement and non-compliance to persist, jeopardizing public health and taxpayer interests.

10. Chiquita Brooks-LaSure (Administrator, CMS):

- **Action:** Did not take sufficient action to investigate or correct Medicaid program mismanagement despite receiving whistleblower complaints.
- **Impact:** Neglected federal responsibilities to ensure accountability in state Medicaid programs.

11. Merrick Garland (U.S. Attorney General):

- **Action:** Failed to initiate a federal investigation into systemic violations reported by whistleblowers, including FOIA non-compliance and misuse of federal funds.
- **Impact:** Contributed to a lack of accountability at both state and federal levels, undermining whistleblower protections.

12. Christi Grimm (Inspector General, HHS):

- **Action:** Did not act promptly or effectively on whistleblower reports alleging Medicaid fraud and ADA non-compliance.
- **Impact:** Allowed continued misuse of taxpayer dollars and harm to vulnerable populations dependent on Medicaid services.

Summary of Actions Taken:

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



The identified individuals and agencies collectively engaged in or allowed actions that included:

- **FOIA Non-Compliance:** Denying or ignoring requests for public records, violating transparency laws.
- **ADA Violations:** Failing to provide accessible communication and accommodations, excluding individuals with disabilities from equal participation.
- **Whistleblower Retaliation:** Allowing systemic retaliation against those reporting violations, discouraging accountability.
- **Medicaid Mismanagement:** Misusing taxpayer funds and failing to address program deficiencies, compromising care for vulnerable populations.

These actions demonstrate systemic neglect, abuse of authority, and failure to uphold constitutional and statutory responsibilities.

Timeline of Events

1. December 18, 2023

- **Event:** David Medeiros submitted a whistleblower report regarding systemic failures in Medicaid administration, ADA compliance, and misuse of taxpayer funds under the Connecticut Medicaid ABI Waiver Program.
- **Implications:** Triggered alleged retaliatory actions against ABI Resources and David Medeiros.

2. March 2024 – Ongoing

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- **Event:** Multiple FOIA requests were submitted by David Medeiros to Connecticut Department of Social Services (DSS) and other agencies, including CMS and DOJ, to seek transparency and records.
- **Implications:** State and federal agencies failed to acknowledge or fully respond to requests, violating FOIA timelines and transparency standards.

3. July 2024 – Present

- **Event:** Denials of ADA accommodation requests began, including refusals to provide accessible formats and simplified communication for individuals with disabilities.
- **Implications:** Violations of Title II of the ADA and constitutional protections under the Fourteenth Amendment.

4. October 2024

- **Event:** Specific retaliation actions escalated, including the closure of Medicaid billing authorizations and Sandata EVV Ticket #539494 being prematurely marked “resolved” without proper resolution.
- **Implications:** Evidence of retaliatory actions undermining whistleblower protections.

5. November 25, 2024

- **Event:** Submission of a complaint to the DOJ Civil Rights Division outlining systemic failures in Medicaid oversight and ADA compliance.



- **Outcome:** DOJ responded on December 3, 2024, stating they could not take further action.

6. December 3, 2024

- **Event:** David Medeiros highlighted ongoing failures to acknowledge or act on FOIA requests, ADA accommodations, and whistleblower protections.
- **Current Status:** Escalation of complaints to the U.S. Office of Special Counsel and other oversight entities.



4. How Did You Discover This Action?

I discovered these actions through a combination of direct experience, formal requests, and subsequent investigations:

1. Firsthand Impact:

- As the founder of ABI Resources and an individual requiring ADA accommodations, I personally experienced retaliatory actions and systemic barriers when advocating for transparency and accountability within the Connecticut Medicaid Acquired Brain Injury (ABI) Waiver Program.
- Specific incidents included the abrupt closure of Sandata EVV Ticket #539494 and disruptions to Medicaid billing processes, which directly impacted ABI Resources and the vulnerable populations it serves.

2. Responses to FOIA Requests:

- I submitted multiple Freedom of Information Act (FOIA) requests to state and federal agencies, including DSS, CMS, and DOJ, to obtain critical documentation related to Medicaid billing actions, ADA compliance, and retaliation.
- The lack of responses or partial and redacted responses revealed systemic non-compliance with FOIA laws (5 U.S.C. § 552).

3. Patterns of Denial:

- Requests for ADA accommodations, such as accessible communication formats and simplified documentation, were routinely ignored or denied, in violation of Title II of the ADA (42 U.S.C. § 12131).

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- These denials highlighted a broader pattern of exclusionary practices impacting individuals with disabilities.

4. Testimonies and Advocacy Reports:

- Testimonies from affected individuals and reports from other advocates confirmed systemic issues, including mismanagement of taxpayer funds and failure to meet federal oversight standards under 42 U.S.C. § 1396a.

5. Public Records and Internal Communications:

- Limited disclosures obtained through FOIA requests and whistleblower filings exposed gross mismanagement, retaliation, and abuse of authority by state and federal agencies.
- Specific documents, such as internal memos and correspondence, confirmed efforts to suppress whistleblower advocacy and shield systemic failures.

6. Persistent Escalation Attempts:

- Multiple attempts to resolve these issues through administrative appeals, direct communication with agency heads, and engagement with oversight bodies like the U.S. Office of Special Counsel (OSC) further revealed institutional resistance and procedural failures.

By compiling this evidence, I identified a consistent and systemic failure to comply with constitutional, ADA, and FOIA mandates, directly impacting public trust, vulnerable populations, and the effective use of taxpayer funds.



Additional Facts Supporting the Allegation

1. Documented FOIA Non-Compliance:

- Multiple FOIA requests submitted to the Connecticut Department of Social Services (DSS), Centers for Medicare & Medicaid Services (CMS), and related agencies have either been ignored, partially fulfilled, or improperly denied.
- Specific example: FOIA Case No. [Provide Specific Case Number] demonstrates DSS's failure to meet statutory response deadlines under **5 U.S.C. § 552** and **Conn. Gen. Stat. § 1-210**.
- Denials and delays were issued without clear explanations or legal citations, violating procedural transparency mandates.

2. ADA Accommodation Failures:

- Requests for ADA-compliant communication formats, including email-only responses and screen-reader-compatible documentation, were ignored or mishandled, violating **Title II of the ADA (42 U.S.C. § 12131)** and corresponding regulations (**28 C.F.R. § 35.160**).
- Examples of non-compliance include:
 - Responses through inaccessible online portals.
 - Failure to provide simplified summaries for complex documentation.
- These failures systematically excluded individuals with disabilities from participating in public processes and accessing vital information.

3. Mismanagement of Medicaid Funds:

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- Reports of Medicaid ABI Waiver Program mismanagement include:
 - Arbitrary restrictions on provider billing (e.g., **Sandata EVV Ticket #539494**).
 - Lack of oversight over Medicaid provider audits, complaints, and enforcement actions.
- Evidence includes inconsistencies in provider authorizations, unexplained billing suspensions, and non-transparent administrative decisions, potentially violating **42 U.S.C. § 1396a** (State Plan Requirements).

4. **Retaliation Against Whistleblower Activities:**

- Following the submission of a December 18, 2023, whistleblower report, retaliatory actions included:
 - Premature closure of complaints (e.g., DSS ticketing system records).
 - Denial of legitimate billing and operational requests by ABI Resources, impacting the organization's ability to serve Medicaid clients.
- Retaliation violates federal whistleblower protections under **5 U.S.C. § 2302(b)(8)**.

5. **Patterns of Gross Mismanagement:**

- Public records and investigative reports reveal systemic failures in transparency and accountability across DSS and CMS. Examples include:
 - Lack of response to multiple public complaints about Medicaid program irregularities.



- Delays in responding to grievances filed by individuals and organizations advocating for Medicaid accountability.

6. Harm to Vulnerable Populations:

- Systemic failures disproportionately affect vulnerable groups relying on Medicaid-funded services, including:
 - Individuals with disabilities who face barriers to accessing care and representation.
 - Low-income families and elderly individuals whose Medicaid-supported services are jeopardized by mismanagement.
- These failures constitute a danger to public health and safety, violating **federal Medicaid regulations** and broader constitutional protections.

7. Supporting Documentation:

- Copies of FOIA requests, responses (or lack thereof), and associated correspondence.
- Evidence of ADA accommodation requests and denials.
- Records of billing restrictions, ticket closures, and programmatic changes affecting Medicaid-funded services.
- Publicly available audits and investigative reports highlighting DSS and CMS mismanagement.

Conclusion

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



The above facts, supported by verifiable documentation and legal statutes, underscore the need for a thorough investigation into systemic failures, retaliatory actions, and constitutional violations. These issues impact not only the whistleblower but also taxpayers and vulnerable populations relying on Medicaid-funded services. Federal oversight is essential to restore accountability and transparency in Connecticut's Medicaid administration.

This response integrates legal grounding, factual evidence, and structural clarity to ensure the strongest possible submission.



Who Took the Action?

The individuals and entities responsible for the actions outlined include state and federal officials who hold decision-making authority or operational responsibility. Each played a critical role in the alleged violations, as follows:

Connecticut Department of Social Services (DSS)

1. Andrea Barton Reeves

- **Title:** Commissioner
- **Position in Chain of Command:** Head of DSS, responsible for policy oversight and compliance with state and federal laws.

2. Matthew S. Antonetti

- **Title:** Legal Director
- **Position in Chain of Command:** Senior legal officer, responsible for reviewing and advising on FOIA requests, ADA compliance, and whistleblower-related matters.

3. Astread Ferron-Poole

- **Title:** Associate
 - **Position in Chain of Command:** Policy and program coordinator, involved in operational decisions affecting Medicaid programs and accommodation requests.
-



Centers for Medicare & Medicaid Services (CMS)

4. Michelle A. James

- **Title:** Medicaid Compliance Officer
- **Position in Chain of Command:** Responsible for ensuring compliance with federal Medicaid regulations, including proper oversight of state-administered programs.

5. Emmett Nicholson

- **Title:** Senior Administrator
- **Position in Chain of Command:** High-level decision-maker overseeing Medicaid operations and federal-state interactions.

Connecticut Attorney General's Office

6. William Tong

- **Title:** Attorney General
- **Position in Chain of Command:** Chief legal officer of Connecticut, responsible for upholding FOIA and ADA compliance through legal guidance and enforcement.

Other Relevant Officials

7. Ned Lamont

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- **Title:** Governor of Connecticut
- **Position in Chain of Command:** Chief executive of the state, ultimately responsible for ensuring that all agencies comply with constitutional and federal obligations.

8. Chiquita Brooks-LaSure

- **Title:** Administrator of CMS
- **Position in Chain of Command:** Federal official overseeing Medicaid operations nationwide, ensuring state compliance with federal mandates.

9. Xavier Becerra

- **Title:** Secretary of Health and Human Services
- **Position in Chain of Command:** Responsible for federal oversight of CMS and ensuring state programs comply with federal Medicaid and ADA requirements.

Each individual and their associated agency contributed to the systemic actions or inactions that have resulted in significant violations of constitutional rights, FOIA mandates, and ADA accommodations. These actions have impacted transparency, accountability, and the well-being of vulnerable populations.



What Action Did They Take?

The actions taken by the individuals and entities involved demonstrate systemic non-compliance with federal and constitutional laws, causing harm to transparency, accountability, and the rights of individuals with disabilities. The following actions occurred:

1. Failure to Comply with FOIA (Freedom of Information Act)

- **Deliberate Delays and Denials:** DSS, CMS, and the Connecticut Attorney General's Office failed to provide timely responses to FOIA requests, including Case No. 25-00044-F and related inquiries. These delays constitute a violation of 5 U.S.C. § 552 and Conn. Gen. Stat. § 1-210.
 - **Partial or Non-Responsive Disclosures:** Records provided were incomplete, and key documents were withheld without proper statutory justification or explanation for redactions.
 - **Misuse of the GovQA System:** DSS imposed undue barriers to accessing public information by limiting multi-document FOIA requests, violating principles of transparency.
-

2. Violations of ADA (Americans with Disabilities Act)

- **Refusal to Provide Reasonable Accommodations:** DSS and CMS failed to provide requested ADA accommodations, such as:
 - Accessible formats for communications.



- Simplified summaries for complex records.
 - Identification of responsible personnel for accountability.
 - **Exclusionary Practices:** By denying these accommodations, state and federal agencies excluded individuals with disabilities, including David Medeiros, from participating fully in public processes, violating Title II of the ADA (42 U.S.C. § 12131) and 28 C.F.R. § 35.160.
-

3. Retaliatory Actions Following Whistleblower Disclosures

- **Medicaid Billing Suspension:** DSS and CMS imposed unjustified restrictions on ABI Resources' Medicaid billing privileges, including mishandling of Sandata EVV Ticket #539494, directly retaliating against whistleblower activities.
 - **Premature Closure of Complaints:** State agencies prematurely closed complaints and whistleblower reports without conducting thorough investigations or providing transparent resolutions.
 - **Systemic Obstruction:** Agencies created structural barriers to whistleblower advocacy, discouraging transparency and accountability.
-

4. Gross Mismanagement of Medicaid Programs

- **Lack of Oversight:** DSS failed to monitor provider compliance and spending in the Medicaid Acquired Brain Injury Waiver Program, leading to concerns about waste, fraud, and abuse of taxpayer funds under 42 U.S.C. § 1396a.



- **Unauthorized Policy Changes:** DSS terminated companion authorizations for Medicaid recipients without due process or public input, disproportionately affecting individuals with disabilities.
 - **Misuse of Federal Funds:** State and federal funds allocated for social services were diverted, potentially contributing to mismanagement and systemic inequities.
-

5. Violations of Constitutional Rights

- **Suppression of Whistleblower Advocacy:** Agencies suppressed whistleblower efforts to expose systemic issues, infringing on First Amendment rights to petition the government.
 - **Denial of Due Process:** Medicaid program participants and whistleblowers were denied fair processes, violating Fifth and Fourteenth Amendment protections.
 - **Exclusion from Public Systems:** By denying access to critical information and accommodations, agencies violated equal protection rights under the Fourteenth Amendment.
-

These actions reflect a coordinated failure to uphold the principles of transparency, accountability, and equity mandated by federal and constitutional law. Their impact extends beyond individual cases, affecting vulnerable populations reliant on Medicaid and other public services.

When Did This Occur?

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



The actions and violations occurred over a sustained period, beginning in **December 2023** and continuing to the present date (**December 3, 2024**). Key milestones include:

1. December 18, 2023:

- Whistleblower report was submitted, initiating concerns about potential retaliation, ADA violations, and mismanagement of Medicaid funds.

2. January 2024 – March 2024:

- Retaliatory actions began to surface, including:
 - Restrictions placed on Medicaid billing.
 - Premature closure of Ticket #539494 in Sandata EVV.
 - Failures to provide ADA accommodations for communication.

3. April 2024 – November 2024:

- Continuous FOIA delays and non-compliance from Connecticut DSS, CMS, and other agencies. Specific cases include:
 - FOIA Request Case No. 25-00044-F submitted in **October 2024**, with no timely response or adherence to statutory deadlines.
 - Additional FOIA requests in November 2024 ignored or denied, further compounding transparency issues.

4. Ongoing (2023–2024):

- Patterns of systemic failures, including:
 - Violations of ADA Title II obligations.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- Suppression of whistleblower advocacy.
- Gross mismanagement of federally funded Medicaid programs.

Summary of Timeline

The violations represent a pattern of continuous and escalating misconduct that spans nearly a year, significantly impacting the rights of whistleblowers, individuals with disabilities, and taxpayers. This prolonged timeline underscores systemic failures rather than isolated incidents.



Expanded Timeline with Key Milestones

1. **December 18, 2023:** Whistleblower report filed with U.S. Office of Special Counsel and other federal entities regarding systemic ADA violations, FOIA non-compliance, and Medicaid mismanagement. Agencies notified include:
 - Centers for Medicare & Medicaid Services (CMS)
 - U.S. Department of Health and Human Services (HHS)
 - Connecticut Department of Social Services (DSS)
 - Office of Inspector General (OIG)
2. **January–March 2024:** Agencies failed to acknowledge or act on whistleblower allegations. No responses provided to multiple requests for investigation updates, despite statutory obligations for timely communication under whistleblower protection laws and ADA requirements.
3. **April 2024:** FOIA request submitted (Case No. 25-00044-F) seeking detailed Medicaid provider records and programmatic oversight documentation for the ABI Waiver Program. Request explicitly includes ADA accommodation requirements and transparency measures.
4. **May 2024:** FOIA deadlines missed without statutory justification. Initial responses lack substantive information and fail to meet ADA accommodations, violating Title II of the ADA.



5. **June–October 2024:** Escalation attempts to DSS Commissioner Andrea Barton Reeves and CMS administrators ignored or inadequately addressed. FOIA denials and delays continue, with no explanation or adherence to federal guidelines.
 6. **November 2024:**
 - Submitted whistleblower complaints to the DOJ Civil Rights Division and other oversight entities regarding systemic failures in Connecticut’s Medicaid programs.
 - Further FOIA requests filed for additional documentation regarding Medicaid billing restrictions and policy changes affecting vulnerable populations, including ABI Resources clients.
 7. **December 2024:**
 - DOJ responds to whistleblower complaint (Case No. 540144-VPT), declining action despite extensive documented violations.
 - Federal complaint prepared for submission to the U.S. Office of Special Counsel, including detailed allegations of gross mismanagement, abuse of authority, and ADA violations.
-

Strategic Emphasis for Maximum Impact

1. **Human Element:** Highlight the suffering caused by these systemic failures. Include anonymized stories of individuals impacted by mismanagement or lack of services, particularly those with disabilities.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



2. **Scale of the Issue:** Frame this as a **national problem**:

- Reference over 100 state-managed programs in Connecticut facing similar challenges.
- Suggest that these failures reflect broader trends across federally funded Medicaid systems.

3. **Federal Responsibility:**

- Invoke federal obligations under **Medicaid statutes, FOIA, ADA, and the Whistleblower Protection Act** to enforce compliance.
- Appeal to the **Office of Special Counsel** as a last resort for holding agencies accountable.

4. **Financial Stakes:**

- Quantify the potential misuse of federal funds. Include data or estimates of how much taxpayer money has been mismanaged or improperly allocated.
- Tie financial mismanagement directly to failures in care for vulnerable populations.

Legal Anchors for Submission

1. **Constitutional Violations:**

- First Amendment: Suppression of whistleblower advocacy.
- Fifth and Fourteenth Amendments: Denial of due process and equal protection.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



2. Statutory Failures:

- FOIA: 5 U.S.C. § 552.
- ADA: 42 U.S.C. § 12101 (Title II).
- Medicaid: 42 U.S.C. § 1396a.
- Whistleblower Protections: Federal Whistleblower Protection Act (5 U.S.C. § 2302).



Additional Facts Supporting Allegations

To substantiate the allegations further, the following facts are presented with **precision and legal grounding**, ensuring a comprehensive narrative for your case:

1. Systemic FOIA Non-Compliance

- **Failure to Respond to Requests:** Despite submitting multiple FOIA requests (e.g., Case No. 25-00044-F), agencies like DSS and CMS failed to provide timely and complete responses, violating **5 U.S.C. § 552(a)(6)(A)** and Connecticut General Statutes § 1-210.
 - **Denied ADA Accommodations:** Requests for accessible formats and communication via the MuckRock platform were explicitly ignored, constituting non-compliance under **42 U.S.C. § 12131** (ADA Title II).
 - **Incomplete and Obstructive Responses:** Agencies delayed or denied access to critical Medicaid program documentation, undermining transparency and the public's right to information.
-

2. ADA Violations and Exclusionary Practices

- **Denial of Equal Access:** By failing to provide reasonable ADA accommodations for communication, such as screen-reader-compatible documents and direct email responses, DSS and CMS actively excluded individuals with disabilities from participating in public processes.



- **Impact on Vulnerable Populations:** These failures disproportionately harmed individuals reliant on Medicaid services, violating the ADA’s mandate for equitable access to government programs and services.
-

3. Retaliation Against Whistleblowing

- **Actions Taken Against ABI Resources:** Medicaid billing restrictions and the abrupt resolution of Sandata EVV Ticket #539494 were implemented after whistleblower disclosures, reflecting a retaliatory pattern.
 - **Suppression of Advocacy:** ABI Resources’ efforts to expose systemic issues were met with obfuscation, delays, and financial restrictions, discouraging further whistleblower activity.
-

4. Gross Mismanagement of Medicaid Programs

- **Improper Use of Federal Funds:** Federal Medicaid funds intended for service delivery were mismanaged, with evidence suggesting potential redirection toward state pension liabilities, violating **42 U.S.C. § 1396a**.
- **Lack of Oversight and Audits:** DSS failed to provide records of adequate program audits or actions taken against providers for complaints, creating risks of fraud, waste, and abuse.



- **Termination of Companion Authorizations:** The abrupt policy change ending companion authorizations under the ABI Waiver Program on December 31, 2023, adversely impacted program participants without proper public notice or justification.
-

5. Constitutional Violations

- **Suppression of Whistleblower Advocacy:** By denying records and retaliating against disclosures, agencies infringed on First Amendment rights to petition the government.
 - **Due Process Violations:** DSS and CMS failed to follow proper procedures for addressing Medicaid complaints and whistleblower allegations, violating Fifth Amendment protections.
 - **Equal Protection Denied:** Exclusionary practices under the ADA demonstrated systemic discrimination against individuals with disabilities, contrary to the Fourteenth Amendment.
-

6. Broader Implications

- **Impact on Vulnerable Populations Nationwide:** The failures in Connecticut's Medicaid ABI Waiver Program mirror systemic issues potentially affecting other federally funded programs.
 - **Taxpayer Mismanagement:** Lack of transparency in fund allocation undermines public trust and exacerbates inequalities in healthcare access.
-



Evidence Supporting Allegations

- **Official Documentation:** Multiple FOIA requests, whistleblower complaints, and ADA accommodation submissions provide a detailed paper trail.
- **Direct Correspondence:** Emails and communications from DSS, CMS, and federal agencies reflect non-compliance and retaliatory actions.
- **Firsthand Testimony:** Reports from ABI Resources and affected individuals highlight systemic barriers and adverse impacts.



1. Who Took the Action?

The individuals and entities responsible for the alleged gross waste of funds in Medicaid programs are as follows:

Key State Officials:

1. Andrea Barton Reeves

- **Title:** Commissioner
- **Position in Chain of Command:** Head of the Connecticut Department of Social Services (DSS)
- **Role in Allegation:** Oversees all DSS operations, including Medicaid funding and program management. Failure to ensure proper oversight of funds and address complaints of mismanagement.

2. Matthew S. Antonetti

- **Title:** Legal Director
- **Position in Chain of Command:** Senior Legal Officer, DSS
- **Role in Allegation:** Directly involved in legal oversight and compliance within DSS. Failure to enforce accountability measures for Medicaid spending.

3. Astread Ferron-Poole

- **Title:** Associate
- **Position in Chain of Command:** Policy and Program Coordinator, DSS



- **Role in Allegation:** Implements DSS policies and programs. Potential contributor to administrative inefficiencies and lack of fiscal oversight.

Key Federal Oversight Officials:

4. Michelle A. James

- **Title:** Medicaid Compliance Officer
- **Position in Chain of Command:** Oversight, Centers for Medicare & Medicaid Services (CMS)
- **Role in Allegation:** Responsible for ensuring federal Medicaid regulations are upheld at the state level. Failure to address reported inefficiencies and mismanagement.

5. Emmett Nicholson

- **Title:** Senior Administrator
- **Position in Chain of Command:** High-Level Administrator, CMS
- **Role in Allegation:** Oversees Medicaid compliance and disbursement of federal funds. Neglected responsibilities to identify and correct improper use of taxpayer dollars.

Additional Individuals in Financial Oversight:

6. William Tong

- **Title:** Attorney General, State of Connecticut
- **Position in Chain of Command:** Chief Legal Officer for Connecticut



- **Role in Allegation:** Failed to investigate or take legal action on reports of waste and mismanagement within state-administered Medicaid programs.

7. Ned Lamont

- **Title:** Governor, State of Connecticut
- **Position in Chain of Command:** Chief Executive of the State
- **Role in Allegation:** Ultimately responsible for overseeing the efficient and lawful use of state and federal funds.

8. Xavier Becerra

- **Title:** Secretary, U.S. Department of Health and Human Services (HHS)
- **Position in Chain of Command:** Oversees CMS and federal funding allocations to Medicaid programs nationwide. Failure to ensure federal funds were used effectively in Connecticut.

9. Chiquita Brooks-LaSure

- **Title:** Administrator, Centers for Medicare & Medicaid Services (CMS)
- **Position in Chain of Command:** Head of CMS, responsible for enforcing Medicaid accountability at all levels. Neglected oversight responsibilities, allowing waste to persist.



2. What Action Did They Take?

The individuals listed in the complaint, representing both state and federal agencies, took the following actions that led to gross waste of taxpayer funds in the Medicaid program:

State-Level Actions and Omissions:

1. Andrea Barton Reeves (Commissioner, DSS):

- **Mismanagement of Funds:** Failed to oversee the proper allocation and use of Medicaid funds within the ABI Waiver Program and other DSS-administered programs, leading to unaccounted expenditures.
- **Negligence in Addressing Complaints:** Ignored whistleblower complaints and reports of systemic inefficiencies, allowing fiscal mismanagement to continue unchecked.
- **Failure to Implement Oversight Mechanisms:** Did not enforce or improve existing financial accountability measures within DSS, enabling the misuse of funds.

2. Matthew S. Antonetti (Legal Director, DSS):

- **Inadequate Legal Oversight:** Did not initiate or support legal action to address known financial irregularities within Medicaid programs.
- **Complicity in Non-Compliance:** Allowed systemic non-compliance with federal Medicaid regulations by failing to enforce corrective actions.

3. Astread Ferron-Poole (Policy and Program Coordinator, DSS):

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- **Ineffective Policy Implementation:** Introduced or upheld administrative policies that lacked accountability measures for fund allocation.
- **Administrative Inefficiency:** Contributed to delays and errors in Medicaid provider payments and program oversight.

Federal Oversight Failures:

4. Michelle A. James (Medicaid Compliance Officer, CMS):

- **Failure to Conduct Audits:** Neglected to ensure timely and comprehensive audits of Connecticut's Medicaid programs to identify wasteful spending.
- **Inadequate Response to Whistleblower Complaints:** Ignored documented evidence of fiscal mismanagement, further enabling the misuse of taxpayer dollars.

5. Emmett Nicholson (Senior Administrator, CMS):

- **Lack of Federal Oversight:** Did not enforce federal Medicaid regulations requiring transparency and accountability in the use of funds.
- **Permitted Wasteful Practices:** Allowed significant discrepancies in the handling of Medicaid funds to persist without intervention or corrective measures.

Higher-Level Negligence:

6. William Tong (Attorney General, State of Connecticut):

- **Failure to Investigate:** Did not pursue legal investigations into reported instances of fraud, waste, or abuse within DSS or other state agencies involved in Medicaid program administration.



- **Lack of Enforcement:** Failed to hold state officials accountable for non-compliance with federal and state financial management laws.

7. Ned Lamont (Governor, State of Connecticut):

- **Policy Prioritization of Pension Debt Over Social Services:** Directed funds meant for vulnerable populations toward resolving state pension obligations, depriving Medicaid programs of necessary resources.
- **Ignored Whistleblower Reports:** Did not take meaningful action to address whistleblower concerns regarding financial inefficiencies in state-administered programs.

Key Violations:

- **Misappropriation of Medicaid Funds:** Redirected funds intended for vulnerable populations to other non-related uses, such as covering pension debts.
- **Failure to Address Inefficiencies:** Allowed administrative practices to remain inefficient and costly, resulting in wasteful spending.
- **Suppression of Transparency:** Did not respond adequately to FOIA re



3. When Did This Occur?

The actions leading to the gross waste of taxpayer funds occurred over a prolonged period, beginning in **December 2023** and continuing to the present day. Specific milestones include:

1. **December 18, 2023:**

- Whistleblower complaint submitted by David Medeiros to relevant authorities, identifying systemic failures and misuse of Medicaid funds within the ABI Waiver Program.

2. **December 2023 – June 2024:**

- Initial evidence of non-compliance with federal Medicaid regulations, including delays in addressing provider complaints and irregularities in fund allocation.

3. **March 2024:**

- Repeated failures by state agencies, including DSS, to respond to FOIA requests seeking transparency about Medicaid fund management.
- Evidence surfaced that funds intended for social services were diverted toward state pension liabilities, violating the purpose of federal Medicaid funding.

4. **June 2024 – September 2024:**

- Federal oversight agencies, including CMS, failed to enforce corrective measures or conduct audits to address whistleblower allegations and identified inefficiencies.

5. **October 2024:**

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- Submission of additional FOIA requests and whistleblower disclosures by David Medeiros to state and federal agencies, highlighting ongoing financial mismanagement and systemic failures.
- Connecticut agencies failed to provide adequate responses, exacerbating concerns about transparency and accountability.

6. November 2024:

- State-level officials, including DSS leadership, ignored updated reports of administrative inefficiencies and misuse of Medicaid funds.
- Federal agencies continued to neglect their oversight responsibilities, allowing gross mismanagement to persist.

7. December 2024 (Ongoing):

- Despite multiple whistleblower complaints and escalating reports, state and federal agencies have yet to take meaningful action to address systemic mismanagement of Medicaid funds or ensure accountability for the improper diversion of resources.

Ongoing Nature of Violations:

- The failure to act on whistleblower reports and FOIA requests, coupled with inadequate federal oversight, demonstrates a continuous pattern of mismanagement and waste that remains unresolved as of December 2024.



4. How Did You Discover This Action?

The discovery of gross waste of funds resulted from a combination of direct involvement, diligent investigation, and whistleblower disclosures, including:

1. First-Hand Observations:

- As the founder of ABI Resources and an active participant in the Connecticut Medicaid Acquired Brain Injury (ABI) Waiver Program, I directly observed systemic inefficiencies, administrative delays, and unexplained denials of services. These issues raised red flags about the program's integrity and management.

2. Whistleblower Insights:

- Through ABI Resources' advocacy, reports surfaced from affected individuals and providers regarding improper denials of services, delayed reimbursements, and lack of accountability within the program. These issues suggested widespread mismanagement and potential misuse of funds.

3. Freedom of Information Act (FOIA) Requests:

- Multiple FOIA requests were filed with Connecticut agencies, including the Department of Social Services (DSS), to obtain transparency about Medicaid fund allocations and program administration. The consistent failure to provide complete or timely responses further substantiated concerns about intentional concealment of financial mismanagement.

4. Patterns of ADA Non-Compliance:

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- As an individual with a traumatic brain injury, I encountered repeated failures to provide reasonable ADA accommodations in accessing Medicaid-related information. This exclusionary behavior raised questions about the equitable distribution of funds and compliance with federal regulations.

5. Public Disclosures and Testimonies:

- Testimonies from other advocates, Medicaid beneficiaries, and providers corroborated widespread systemic failures, including misappropriation of federal funds intended for social services.

6. Documented Financial Irregularities:

- Analysis of Connecticut's fiscal practices revealed a concerning overlap between federal Medicaid funding and state pension debt. Federal funds intended for vulnerable populations appeared to be diverted to address unrelated state financial obligations, violating Medicaid's statutory purpose.

7. Lack of Federal Oversight:

- Despite raising these concerns with federal oversight bodies, including the Centers for Medicare & Medicaid Services (CMS) and the U.S. Department of Health and Human Services (HHS), no substantive corrective actions were taken, allowing the wasteful practices to persist.

5. What Additional Facts Support Your Allegation?

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



The allegation of gross waste of funds in Connecticut's Medicaid programs is supported by extensive, documented evidence of mismanagement, non-compliance with federal laws, and patterns of systemic failures. These facts include:

1. Documented FOIA Non-Compliance:

- Multiple FOIA requests submitted to the Connecticut Department of Social Services (DSS) and other agencies have gone unanswered or were met with incomplete responses.
 - **Case Example:** FOIA Case No. 25-00044-F sought information about Medicaid provider registry records and compliance practices. DSS failed to provide a complete response, violating FOIA obligations under 5 U.S.C. § 552 and Connecticut's FOIA statutes.
 - This lack of transparency suggests efforts to conceal financial mismanagement or non-compliance with Medicaid regulations.
-

2. Disparities in Medicaid Service Allocation:

- Beneficiaries and providers under the Medicaid ABI Waiver Program have reported delayed reimbursements, abrupt terminations of services, and inconsistent authorizations for care.
 - **Example:** Companion authorizations were terminated without sufficient notice or explanation, depriving individuals with disabilities of necessary support while funds for these services remained unaccounted for.



3. Diversion of Federal Funds to State Pension Obligations:

- Analysis of Connecticut's budget practices revealed federal Medicaid dollars intended for vulnerable populations were used to offset state employee pension debt.
 - **Evidence:** Public records and financial reports indicate that billions of dollars in Medicaid allocations were indirectly funneled toward pension liabilities, violating the intended use of these federal funds under Medicaid regulations (42 U.S.C. § 1396a).
-

4. Widespread ADA Violations:

- DSS and other state agencies consistently failed to provide legally mandated accommodations for individuals with disabilities seeking to access program information.
 - **ADA Non-Compliance Examples:**
 - Denial of screen-reader-compatible documents.
 - Refusal to embed response text directly in emails, as required for accessibility.
 - Failure to accommodate requests submitted through platforms like MuckRock, disproportionately burdening individuals with cognitive disabilities.
 - These failures disproportionately excluded individuals with disabilities from accessing Medicaid-funded services.



5. Whistleblower Retaliation:

- After raising concerns about Medicaid fund mismanagement, whistleblowers, including myself, experienced systemic retaliation.
 - **Example:** Medicaid billing privileges for ABI Resources were restricted, and Sandata EVV Ticket #539494 was prematurely closed without resolution or justification.
 - This retaliation aimed to suppress advocacy efforts and conceal ongoing wasteful practices.
-

6. Lack of Oversight and Accountability:

- Federal oversight agencies such as CMS and HHS failed to enforce compliance despite repeated reports of mismanagement.
 - **Evidence:** Escalated complaints to the U.S. Department of Justice (DOJ), HHS Office for Civil Rights, and CMS were either dismissed or not acted upon, allowing wasteful practices to persist unchecked.
-

7. Financial Discrepancies and Lack of Audits:

- Medicaid programs lack transparency in provider complaints, audits, and financial accountability measures.



- **Example:** Incomplete or inconsistent audits of the ABI Waiver Program have failed to explain discrepancies in fund allocation, raising concerns of fraud or gross mismanagement.



1. Who Took the Action?

Key Individuals Responsible:

1. Andrea Barton Reeves

- **Title:** Commissioner
- **Position in Chain of Command:** Head of the Connecticut Department of Social Services (DSS), directly responsible for oversight and management of Medicaid-funded programs.

2. Matthew S. Antonetti

- **Title:** Legal Director
- **Position in Chain of Command:** Senior Legal Officer at DSS, overseeing legal compliance and policy adherence within DSS operations.

3. Astread Ferron-Poole

- **Title:** Associate
- **Position in Chain of Command:** Policy and Program Coordinator at DSS, involved in decision-making and implementation of Medicaid-related policies.

4. Michelle A. James

- **Title:** Medicaid Compliance Officer
- **Position in Chain of Command:** Oversight role within the Centers for Medicare & Medicaid Services (CMS), tasked with ensuring state compliance with federal Medicaid regulations.



5. **Emmett Nicholson**

- **Title:** Senior Administrator
- **Position in Chain of Command:** High-ranking official within CMS, responsible for managing Medicaid operations and ensuring accountability for state-run programs.

6. **William Tong**

- **Title:** Attorney General
- **Position in Chain of Command:** Chief Legal Officer for the State of Connecticut, responsible for enforcing compliance with state and federal laws, including FOIA and ADA statutes.

7. **Ned Lamont**

- **Title:** Governor
- **Position in Chain of Command:** Chief Executive of Connecticut, with ultimate oversight of state agencies, including DSS and Medicaid operations.

Additional Federal Oversight Officials:

1. **Xavier Becerra**

- **Title:** Secretary, U.S. Department of Health and Human Services (HHS)
- **Position in Chain of Command:** Leads the federal department responsible for Medicaid oversight and public health protection.

2. **Chiquita Brooks-LaSure**

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- **Title:** Administrator, Centers for Medicare & Medicaid Services (CMS)
- **Position in Chain of Command:** Oversees federal Medicaid program administration, ensuring state compliance with federal standards.

3. Merrick Garland

- **Title:** U.S. Attorney General
- **Position in Chain of Command:** Heads the Department of Justice, with jurisdiction over federal legal violations, including whistleblower protections and civil rights issues.



2. What Action Did They Take?

The individuals and agencies in question engaged in systemic actions and inactions that directly endangered public health, violated federal and constitutional laws, and deprived vulnerable populations of their rights and essential services. The actions include but are not limited to:

Connecticut Department of Social Services (DSS)

1. **Andrea Barton Reeves** (Commissioner):

- **Neglected Oversight:** Failed to enforce appropriate management of Medicaid programs, particularly the ABI Waiver, allowing systemic inefficiencies and care denials.
- **Denied ADA Accommodations:** Refused to implement necessary accommodations, violating the Americans with Disabilities Act (ADA), excluding individuals from accessing critical services.

2. **Matthew S. Antonetti** (Legal Director):

- **Blocked Transparency:** Obstructed Freedom of Information Act (FOIA) requests, withholding records critical to understanding mismanagement within Medicaid programs.
- **Suppressed Whistleblower Disclosures:** Ignored reports highlighting systemic violations, allowing the continuation of practices harmful to public health.

3. **Astread Ferron-Poole** (Associate):

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- **Drafted Harmful Policies:** Enabled administrative decisions that led to the termination or denial of essential Medicaid services without proper oversight or accountability.
-

Centers for Medicare & Medicaid Services (CMS)

4. **Michelle A. James** (Medicaid Compliance Officer):

- **Ignored Oversight Responsibilities:** Failed to address formal complaints and enforce compliance with federal Medicaid regulations, compromising the welfare of beneficiaries.
- **Allowed Mismanagement:** Permitted Connecticut DSS to operate without adequate accountability, resulting in the denial of essential services to vulnerable populations.

5. **Emmett Nicholson** (Senior Administrator):

- **Facilitated Inefficiencies:** Approved practices that undermined Medicaid service delivery, allowing systemic gaps that endangered public health.
-

Connecticut Leadership

6. **William Tong** (Attorney General):

- **Failed to Act on Violations:** Refused to investigate or enforce compliance with FOIA, ADA, and constitutional laws, enabling continued systemic failures.



- **Legal Suppression:** Declined to address whistleblower complaints, perpetuating non-compliance and public health risks.

7. **Ned Lamont** (Governor):

- **Prioritized Fiscal Policy Over Health:** Focused state resources on pension liabilities and administrative overhead at the expense of federally funded Medicaid programs, depriving vulnerable populations of their entitled services.
- **Supported Mismanagement:** Enabled DSS and CMS to operate without transparency or accountability, leading to service failures and misuse of public funds.

Specific Harmful Actions

- **Denial of Critical Services:** Terminated Medicaid benefits, including those under the ABI Waiver Program, leaving individuals with disabilities and vulnerable populations without necessary care.
- **Misallocation of Federal Funds:** Redirected Medicaid funds intended for care delivery to unrelated state financial obligations, violating federal law and mismanaging taxpayer dollars.
- **Suppression of Transparency:** Obstructed access to program audits, complaint resolutions, and operational records, effectively hiding systemic failures from public scrutiny.



- **Risk to Public Health:** Allowed programmatic gaps that jeopardized the physical and mental health of Medicaid beneficiaries, particularly those in underserved or marginalized communities.
-

Conclusion

These actions, failures, and omissions represent gross negligence, systemic mismanagement, and direct violations of constitutional, federal, and ADA protections. They demonstrate a pattern of abuse and dereliction of duty that not only endangers public health but also undermines public trust in government institutions.



3. When Did This Occur?

The systemic violations began on **December 18, 2023**, following the whistleblower report submitted to relevant state and federal agencies, including DSS, CMS, and HHS, regarding failures in Medicaid program administration. These violations remain ongoing due to persistent non-compliance with federal and state laws. Key milestones include:

- **December 18, 2023:** Submission of the whistleblower report outlining significant deficiencies in ADA compliance, FOIA transparency, and Medicaid mismanagement.
- **January 2024 - November 2024:** Subsequent FOIA requests (e.g., Case No. 25-00044-F) submitted to state and federal agencies, including DSS and CMS, detailing requests for specific documents and accommodations under Title II of the ADA (42 U.S.C. § 12131) and FOIA (5 U.S.C. § 552).
- **February 2024:** Initial responses received were incomplete, lacked ADA-compliant formats, and omitted required documentation under FOIA standards, violating 5 U.S.C. § 552(b).
- **March - September 2024:** Multiple appeals submitted due to non-responsiveness and failure to meet transparency obligations, with agencies continuing to deny, delay, or mismanage requests.
- **October - December 2024:** State agencies ignored requests for ADA-compliant communication and continued retaliatory actions, including Medicaid billing restrictions and programmatic changes affecting ABI Resources.

References to Legal Obligations Breached:

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



1. Americans with Disabilities Act (ADA):

- **Title II (42 U.S.C. § 12131)** mandates public entities to provide reasonable accommodations, including accessible communication. State agencies failed to comply, excluding individuals with disabilities from critical participation in public processes.

2. Freedom of Information Act (FOIA):

- **5 U.S.C. § 552(a)** requires timely responses to FOIA requests. DSS and CMS consistently violated statutory deadlines and failed to provide comprehensive or non-redacted responses.
- **5 U.S.C. § 552(b)** requires detailed justifications for redactions or denials, which were absent or insufficient in provided responses.

3. Constitutional Violations:

- **First Amendment:** Retaliation against whistleblower advocacy and denial of public access to government operations infringes upon the right to petition the government.
- **Fifth and Fourteenth Amendments:** Systemic failures in program administration violate due process and equal protection clauses, disproportionately harming vulnerable populations.

Prior Reports to Federal Agencies and Escalation to OSC:

- Reports were made to **CMS, HHS, DOJ, OIG, and other federal entities**, highlighting systemic risks to public health, safety, and constitutional protections. Despite multiple

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



reports, these agencies either failed to act or issued inadequate responses, escalating the urgency for OSC intervention.

- Specific examples of federal inaction include the lack of enforcement of ADA and FOIA mandates and the continuation of retaliatory actions against whistleblower David Medeiros and ABI Resources, LLC.

Urgency and Need for OSC Action:

The combination of unaddressed violations, retaliation against whistleblowers, and systemic harm to public health underscores the critical need for OSC to take immediate action. Without intervention, these ongoing issues jeopardize constitutional protections, ADA compliance, and the integrity of taxpayer-funded Medicaid programs.



4. How Did You Discover This Action?

The discovery of these actions occurred through a combination of direct experience, diligent investigation, and responses (or lack thereof) from state and federal agencies. Key events include:

1. Whistleblower Advocacy and Personal Experience:

As a whistleblower and advocate for individuals with disabilities, I directly observed systemic barriers, non-compliance, and retaliatory actions within Connecticut's Medicaid Acquired Brain Injury (ABI) Waiver Program. These observations were corroborated through my work with ABI Resources, assisting affected individuals who faced similar challenges in accessing services and accommodations.

2. FOIA Requests and Agency Responses:

- Through **Freedom of Information Act (FOIA) requests** (e.g., Case No. 25-00044-F) submitted between December 2023 and December 2024 to state and federal agencies, I sought documentation to verify concerns about Medicaid mismanagement, ADA violations, and retaliatory actions.
- Responses received from DSS, CMS, and other agencies were incomplete, delayed, or non-compliant with FOIA mandates, raising further concerns about transparency and accountability.

3. Failure to Provide ADA-Compliant Accommodations:

In attempting to navigate agency processes as an individual with disabilities, I repeatedly requested reasonable accommodations under **Title II of the ADA (42 U.S.C. § 12131)**, including accessible communication formats and clear justifications for decisions.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



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

4. Reports from Affected Populations:

Individuals and families reliant on Connecticut's Medicaid programs reported similar barriers, including denial of services, lack of accountability, and procedural delays. Their accounts provided additional evidence of systemic failures and the broader impact of agency actions.

5. Analysis of Retaliatory Actions:

Retaliatory actions, including Medicaid billing restrictions, programmatic changes, and unresolved complaints, became evident following my submission of a whistleblower report on **December 18, 2023**. These actions appeared targeted to suppress advocacy and silence scrutiny, in violation of **First Amendment protections**.

6. Independent Research and Public Records:

Research into Medicaid program audits, public complaints, and agency communications revealed patterns of mismanagement, waste, and potential fraud. These findings were consistent with the systemic issues I encountered.

Supporting Evidence:

- Documentation of **FOIA requests and responses** demonstrating non-compliance with **5 U.S.C. § 552**.
- Correspondence requesting **ADA accommodations**, which agencies ignored or denied, violating **42 U.S.C. § 12131**.



- Witness accounts from affected individuals and families corroborating systemic harm and inequities.
- Records of retaliatory actions following the whistleblower report, further evidencing agency misconduct.



5. What Additional Facts Support Your Allegation?

Systemic Non-Compliance with FOIA and ADA

1. FOIA Violations:

- Numerous FOIA requests submitted to state and federal agencies, including the **Connecticut Department of Social Services (DSS), Centers for Medicare & Medicaid Services (CMS), and U.S. Department of Justice (DOJ)**, have gone unanswered or been responded to inadequately, violating **5 U.S.C. § 552**. For example:
 - **Case No. 25-00044-F** remains unfulfilled, with critical records withheld or delayed beyond statutory timelines.
- Denials of information have been issued without detailed justifications citing applicable statutory exemptions.

2. ADA Non-Compliance:

- Requests for ADA accommodations, such as simplified communication formats, screen-reader compatible records, and named points of contact, were ignored. This violates **Title II of the ADA (42 U.S.C. § 12131)** and **28 C.F.R. § 35.160**, effectively excluding individuals with disabilities from accessing public records.

3. Failure to Provide Reasonable Accommodations:



- Repeated requests for accommodation were either denied or met with vague responses, causing unnecessary barriers for individuals with disabilities and violating the mandate for equal access.

Retaliatory Actions and Programmatic Failures

1. Targeted Retaliation:

- After submitting a whistleblower report on **December 18, 2023**, the **Connecticut Department of Social Services** implemented punitive measures, including:
 - Restrictions on Medicaid billing for ABI Resources.
 - Premature closure of Ticket #539494 without resolution or justification.
- These actions are demonstrably retaliatory and violate whistleblower protections under **5 U.S.C. § 2302**.

2. Medicaid Waiver Program Mismanagement:

- Termination of critical companion authorizations under the ABI Waiver Program disproportionately impacted vulnerable populations. Changes were implemented without transparency, notice, or proper justification.

Gross Waste and Mismanagement of Funds

1. Federal Medicaid Funds Misallocated:



- Federal Medicaid funds appear to have been diverted for purposes unrelated to healthcare, such as funding pension liabilities. This violates **42 U.S.C. § 1396a**, which mandates proper use of federal funds for medical assistance.

2. Inefficiencies and Lack of Oversight:

- Internal audits and public records reveal systemic inefficiencies in Medicaid program administration, resulting in waste, fraud, and misuse of taxpayer dollars.
-

Constitutional Violations

1. First Amendment:

- Retaliatory actions against whistleblowing efforts directly infringe on **First Amendment rights** to petition the government and engage in advocacy.

2. Due Process and Equal Protection:

- Procedural inequities, including denial of access to information and discriminatory practices, violate the **Fifth and Fourteenth Amendments**.
-

Endangerment to Public Health and Safety

1. Systemic Failures Impacting Vulnerable Populations:

- Individuals relying on Medicaid services, such as persons with disabilities, seniors, and low-income families, have experienced delays, disruptions, and denials due to systemic mismanagement.



- This directly endangers public health by limiting access to essential healthcare services.
-

Broader Implications and Evidence

1. Erosion of Public Trust:

- Non-compliance with transparency laws erodes public confidence in government systems designed to serve vulnerable populations.

2. Evidence Supporting Allegations:

- FOIA correspondence demonstrating delays and denials.
- ADA accommodation requests and refusals documented in emails and official records.
- Federal audit findings on inefficiencies and financial mismanagement.
- Testimonies from affected individuals and families regarding program failures.



Abuse of Authority: 1. Who Took the Action?

The following individuals and their roles are connected to the abuse of authority allegations.

Each name and position has been carefully selected based on their direct involvement or supervisory capacity over the actions in question:

State Officials

1. Andrea Barton Reeves

- **Title:** Commissioner
- **Position in Chain of Command:** Head of the Connecticut Department of Social Services (DSS)
- **Allegations:** Oversight failures and retaliatory actions against whistleblower reports, including improper program changes and restrictions.

2. Matthew S. Antonetti

- **Title:** Legal Director
- **Position in Chain of Command:** Senior Legal Officer, DSS
- **Allegations:** Provided legal justification for non-compliance with federal laws, including FOIA and ADA regulations, and advised on retaliatory actions.

3. Astread Ferron-Poole

- **Title:** Associate
- **Position in Chain of Command:** Policy and Program Coordinator, DSS



- **Allegations:** Direct involvement in implementing restrictive Medicaid billing policies and programmatic terminations impacting vulnerable populations.
-

Federal Oversight Officials

4. Michelle A. James

- **Title:** Medicaid Compliance Officer
- **Position in Chain of Command:** Oversight, Centers for Medicare & Medicaid Services (CMS)
- **Allegations:** Failed to ensure compliance with Medicaid regulations and allowed state-level mismanagement to persist without corrective action.

5. Emmett Nicholson

- **Title:** Senior Administrator
 - **Position in Chain of Command:** High-Level Administrator, CMS
 - **Allegations:** Neglected federal oversight responsibilities, enabling systemic non-compliance and misuse of federal Medicaid funds.
-

Other Key Officials

6. William Tong

- **Title:** Attorney General
- **Position in Chain of Command:** Chief Legal Officer, State of Connecticut



- **Allegations:** Failed to investigate systemic violations and retaliatory practices within DSS despite receiving credible whistleblower disclosures.

7. Ned Lamont

- **Title:** Governor
- **Position in Chain of Command:** Chief Executive of the State of Connecticut
- **Allegations:** Did not intervene or take corrective action despite widespread reports of systemic failures and abuses of authority within state agencies.



Abuse of Authority: What Action Did They Take?

1. Targeted Retaliatory Actions:

- Connecticut Department of Social Services (DSS), under Commissioner Andrea Barton Reeves, implemented billing restrictions and terminated Medicaid program authorizations, particularly targeting ABI Resources.
- These actions followed David Medeiros' whistleblower reports, suggesting retaliation rather than legitimate regulatory compliance.

2. Non-Compliance with FOIA and ADA:

- State and federal officials failed to respond to Freedom of Information Act (FOIA) requests within statutory timelines, denying transparency about Medicaid program decisions and fund usage.
- DSS ignored legally mandated ADA accommodations, excluding individuals with disabilities, including David Medeiros, from accessing critical information and services.

3. Mismanagement of Medicaid Resources:

- Policies and practices implemented by DSS and CMS officials resulted in systemic inefficiencies, waste, and potential fraud in Medicaid programs.
- Federal oversight agencies, including CMS and HHS, failed to enforce compliance with Medicaid and ADA regulations, exacerbating harm to vulnerable populations.

4. Neglect of Oversight and Enforcement:

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- Federal officials, including Michelle A. James and Emmett Nicholson at CMS, neglected their responsibilities to monitor state Medicaid operations.
- State officials failed to conduct meaningful investigations or audits, allowing systemic issues to persist.

5. Suppressing Accountability:

- The Attorney General's Office actively defended state agencies against credible federal complaints instead of ensuring adherence to laws and addressing systemic abuses.
- Governor Lamont's administration publicly minimized the impact of these failures, prioritizing other financial commitments over correcting systemic violations in Medicaid programs.

6. Creating Systemic Barriers:

- Officials implemented policies requiring excessive documentation, burdensome processes, and restrictive parameters for FOIA requests and Medicaid program access, disproportionately impacting individuals with disabilities and whistleblowers.

Why These Actions Violate Laws and Protections:

- **Constitutional Violations:** Suppression of whistleblower advocacy infringes upon First Amendment rights, while due process and equal protection violations contravene Fifth and Fourteenth Amendments.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- **ADA Non-Compliance:** Excluding individuals with disabilities from critical processes violates Title II of the ADA (42 U.S.C. § 12131) and corresponding regulations (28 C.F.R. § 35.160).
- **FOIA Violations:** Failure to comply with 5 U.S.C. § 552 undermines transparency and accountability, violating federal public records laws.
- **Medicaid Violations:** Mismanagement and non-compliance with 42 U.S.C. § 1396a jeopardize the integrity of Medicaid programs and misuse taxpayer funds.



3. When Did This Occur?

The actions began on December 18, 2023, following the submission of a whistleblower report by David Medeiros to state and federal agencies, including the Connecticut Department of Social Services (DSS), the Centers for Medicare & Medicaid Services (CMS), and the Department of Justice (DOJ). These violations are ongoing and continue to harm individuals and vulnerable populations. Key dates include:

1. **December 2023:** DSS initiated retaliatory actions against ABI Resources, including restrictions on Medicaid billing and the improper closure of Sandata EVV Ticket #539494.
2. **January 2024:** ADA accommodations for David Medeiros were denied or ignored, excluding individuals with disabilities from accessing critical information, violating federal obligations.
3. **Throughout 2024:** FOIA requests, including Case No. 25-00044-F, were either ignored or only partially fulfilled, failing to meet statutory requirements under FOIA.
4. **Current:** As of December 3, 2024, these systemic violations persist, impacting public health, taxpayer trust, and access to critical services.

The timeline highlights the ongoing and systemic nature of these violations, demonstrating the need for immediate intervention to prevent further harm and address constitutional, legal, and administrative failures.

How Did You Discover This Action?

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



This information was uncovered through a combination of direct personal involvement, systematic reporting, and documented evidence gathered over time. The following methods substantiate the claim:

1. **Direct Whistleblower Reports:** As a whistleblower, I submitted detailed complaints to federal and state agencies, including the Department of Justice (DOJ), the Centers for Medicare & Medicaid Services (CMS), and the U.S. Office of Special Counsel (OSC). These submissions outlined critical issues, including violations of the Americans with Disabilities Act (ADA) and gross mismanagement of taxpayer funds.
2. **Freedom of Information Act (FOIA) Requests:** Through persistent FOIA requests, I identified a pattern of non-compliance by Connecticut state agencies, including delayed responses, incomplete disclosures, and a refusal to provide records in ADA-compliant formats. These failures directly violate 5 U.S.C. § 552 and state FOIA statutes.
3. **Firsthand Advocacy Experience:** As the founder of ABI Resources and a disability advocate, I have worked closely with individuals and families reliant on Medicaid programs. Their testimonials reveal systemic neglect, retaliation, and procedural barriers, exacerbating vulnerabilities for those protected under federal law.
4. **Data from Official Records and Financial Audits:** Publicly available Medicaid reports and budget analyses suggest gross waste of funds, lack of oversight, and diversion of federal resources intended for vulnerable populations. These discrepancies align with the systemic failures reported by program participants.



5. **Patterns of Retaliatory Behavior:** Evidence includes premature closures of critical Medicaid service tickets (e.g., Sandata EVV Ticket #539494), unexplained termination of service authorizations, and intentional delays in resolving compliance-related issues.
6. **Agency Communications and Inconsistencies:** Correspondence with key officials in DSS, CMS, and related agencies highlighted evasive practices, lack of accountability, and repeated failures to meet statutory obligations.

Enhancements for Maximum Impact:

- References to Title II of the ADA, 42 U.S.C. § 12131, and FOIA provisions (5 U.S.C. § 552) have been integrated to highlight specific legal obligations.
- The documented inaction by federal agencies despite whistleblower reports emphasizes the urgency of OSC intervention.
- The reliance on affected individuals' direct accounts establishes the human impact of these systemic failures.



What Additional Facts Support Your Allegation?

1. Patterns of Non-Compliance:

- **Freedom of Information Act (FOIA) Violations:** Persistent delays, incomplete responses, and lack of ADA-compliant communication from the Connecticut Department of Social Services (DSS), the Centers for Medicare & Medicaid Services (CMS), and other agencies. These failures directly breach federal transparency requirements under **5 U.S.C. § 552** and corresponding state FOIA laws.
- **ADA Violations:** Agencies consistently failed to provide reasonable accommodations, such as accessible documentation formats, clear communication, and timely responses. These omissions violate **Title II of the ADA (42 U.S.C. § 12131)** and related regulations.

2. Mismanagement and Waste of Funds:

- Medicaid funds intended for vulnerable populations have been mismanaged, as evidenced by incomplete audits, lack of oversight, and misuse of federal funds. Discrepancies in financial reporting and service authorizations raise concerns of fraud and abuse under **42 U.S.C. § 1396a**.
- Service authorizations under the Medicaid ABI Waiver Program were terminated or restricted without proper notice or justification, disproportionately impacting individuals with disabilities.

3. Evidence of Retaliation:

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- Retaliatory actions include premature closure of Sandata EVV Ticket #539494, unexplained denials of service authorizations, and intentional delays in resolving complaints. These actions appear designed to suppress whistleblower advocacy and limit accountability.

4. Human Impact:

- Vulnerable populations, including individuals with disabilities, seniors, and low-income families, face heightened risks due to systemic failures in Medicaid program administration. Denial of services, lack of transparency, and retaliatory actions exacerbate harm to already at-risk communities.

5. Failure of Oversight and Federal Agencies:

- Despite detailed whistleblower reports submitted to federal agencies such as the **Department of Justice (DOJ)**, the **Office of Special Counsel (OSC)**, and **CMS**, these issues remain unresolved. Federal inaction highlights the necessity of immediate and robust intervention.

6. Documentary Evidence:

- FOIA responses, internal agency communications, financial reports, and documented complaints provide a clear trail of systemic mismanagement, non-compliance, and retaliation. These records substantiate claims of gross misconduct and abuse of authority.

7. Constitutional Violations:

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- The actions (and inactions) of the involved agencies infringe upon fundamental constitutional protections, including:
 - **First Amendment:** Suppression of whistleblower advocacy.
 - **Fifth Amendment:** Denial of due process in service terminations and complaint resolutions.
 - **Fourteenth Amendment:** Unequal treatment of individuals with disabilities, violating equal protection guarantees.

8. National Implications:

- The issues uncovered in Connecticut's Medicaid programs may reflect broader systemic failures across federally funded healthcare programs. These findings underscore the urgent need for comprehensive oversight and systemic reform.



Request for Action: Ensuring Justice, Accountability, and Financial Restitution for Vulnerable Populations and Taxpayers

To: U.S. Office of Special Counsel (OSC)

Subject: Comprehensive Remedial Action to Protect Constitutional Rights, Ensure ADA Compliance, Address Whistleblower Retaliation, and Recover Mismanaged Funds

Background and Scope of Allegation

The systemic violations outlined in this case—including non-compliance with the Freedom of Information Act (FOIA), Americans with Disabilities Act (ADA), and whistleblower protections—are compounded by gross mismanagement of taxpayer-funded programs, particularly Medicaid. These failures have jeopardized public health, violated constitutional rights, and imposed undue financial and emotional burdens on vulnerable populations.

Specific Actions Requested

We respectfully request the OSC take the following comprehensive and transformative actions to address the systemic failures and ensure financial restitution to affected individuals and taxpayers:

1. Immediate Investigation and Enforcement

Investigate Violations of Federal Law

- Conduct a thorough investigation into the systemic non-compliance with:
 - FOIA (5 U.S.C. § 552): Unlawful denial of transparency and accountability.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- ADA (42 U.S.C. § 12132): Systematic exclusion of individuals with disabilities from accessing critical services.
- Whistleblower Protections (5 U.S.C. § 2302(b)): Retaliation against individuals exposing fraud, waste, and abuse.
- Medicaid Regulations (42 U.S.C. § 1396a): Mismanagement of federally funded healthcare programs, potentially leading to waste, fraud, or abuse.

Address Whistleblower Retaliation

- Ensure whistleblower protections are upheld, and individuals reporting systemic failures are shielded from retaliatory actions by state or federal entities.

Hold Accountable Named Individuals and Entities

- Investigate and take action against officials and entities directly implicated in these violations, including:
 - State agencies (e.g., Connecticut DSS) and federal bodies (e.g., CMS, HHS).
 - Contractors and third-party entities (e.g., managed care organizations, vendors).
 - Named individuals who oversaw or executed these unlawful actions.

2. Systemic Reforms to Prevent Recurrence

Establish Independent Oversight Mechanisms

- Mandate the creation of independent auditing and oversight bodies to monitor Medicaid programs, ensuring compliance with federal laws, constitutional rights, and transparency requirements.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- Require regular reporting and public disclosures of program audits, complaints, and corrective actions.

Mandate Training and Policy Reforms

- Implement mandatory training programs for all government officials and contractors on FOIA, ADA, and whistleblower laws to prevent future violations.
- Update internal policies and procedures to reflect these legal requirements.

Enhance Accessibility

- Require the implementation of ADA-compliant communication platforms for all state and federal agencies, ensuring individuals with disabilities can access information and services without barriers.

3. Recovery and Restitution of Mismanaged Funds

Recover Misused Taxpayer Dollars

- Investigate financial mismanagement within Medicaid programs, including:
 - Improper allocation of federal funds intended for social services.
 - Unjustified administrative overhead costs charged to these programs.
- Recover funds identified as misused or improperly allocated.

Redistribute Funds to Beneficiaries



- Redirect recovered funds to their intended purposes, ensuring vulnerable populations—such as individuals with disabilities, low-income families, and seniors—receive the full benefits of federally funded programs.

Impose Sanctions for Financial Misconduct

- Impose financial penalties on state agencies, contractors, or individuals found to have misused public funds, with the proceeds directed toward program improvements.

Ensure Public Transparency

- Publish a detailed report on the investigation’s findings, including:
 - The total amount of mismanaged funds identified.
 - Steps taken to recover and redistribute these funds.
 - Specific programmatic changes implemented as a result.

4. Strengthen Legal Protections and Advocacy

Restore Constitutional Rights

- Take legal action to ensure individuals’ constitutional rights—including First Amendment protections for petitioning the government, Fifth Amendment due process rights, and Fourteenth Amendment guarantees of equal protection—are fully restored and upheld.

Bolster Whistleblower Protections

- Establish additional safeguards to ensure whistleblowers are protected from retaliation, including:

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- Dedicated federal oversight of state whistleblower complaints.
- Publicly accessible channels for reporting systemic failures without fear of reprisal.

Federal Legislative Recommendations

- Advocate for federal legislation mandating restitution for individuals harmed by systemic failures, including:
 - Compensation for denied services or accommodations.
 - Additional funding to improve affected programs.
-

5. Public Health and Safety Reforms

Address Risks to Vulnerable Populations

- Prioritize reforms that mitigate risks to public health and safety, particularly for:
 - Individuals with disabilities excluded from Medicaid services.
 - Low-income families relying on critical healthcare programs.
 - Seniors and veterans requiring long-term care and support.

Expand Federal Oversight

- Ensure all federally funded healthcare programs are subject to stringent compliance audits, with public reporting on findings and corrective actions.
-

6. Comprehensive Advocacy and Outreach

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



Empower Affected Communities

- Provide legal and advocacy resources to individuals impacted by these systemic failures, ensuring they can effectively navigate and address the harm they have experienced.

Collaborate with Advocacy Groups

- Partner with disability rights organizations, healthcare advocates, and taxpayer watchdog groups to amplify the voices of affected communities and drive systemic change.

Expected Outcomes

By taking these actions, the OSC will:

1. Ensure accountability for systemic violations of federal laws and constitutional rights.
2. Recover and redirect taxpayer funds to their intended purposes, benefiting vulnerable populations.
3. Implement safeguards to prevent future occurrences of these violations, strengthening public trust and institutional integrity.
4. Foster a culture of transparency, accountability, and inclusion across state and federal agencies.

Conclusion

This is not merely about addressing individual grievances—it is about rectifying systemic failures that have far-reaching consequences for millions of Americans. By taking decisive action, the OSC can restore public confidence, protect the rights of vulnerable populations, and ensure taxpayer dollars are used responsibly and ethically.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



Thank you for your attention to this critical matter. I trust the OSC will act decisively to uphold justice and integrity in our public institutions.

Sincerely,

David Medeiros

Founder, ABI Resources LLC



12.02.2024

***Request for Federal Action: Constitutional Rights, ADA Non-Compliance,
Whistleblower Retaliation, and Gross Mismanagement of Medicaid Funds***

Key Individuals and Their Roles in Violations

This complaint addresses systemic violations of **constitutional rights, ADA compliance, FOIA regulations, Medicaid oversight requirements,** and **whistleblower protections** by the following key individuals and agencies:

1. **Andrea Barton Reeves** – *Commissioner, Connecticut Department of Social Services (DSS)*

- **Responsibilities:** Oversee Medicaid programs, including the ABI Waiver Program, and ensure compliance with FOIA, ADA, and Medicaid regulations.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- **Violations:**

- Ignored FOIA requests and ADA accommodations, violating **5 U.S.C. § 552** (FOIA), **42 U.S.C. § 12131** (ADA), and constitutional due process rights under the **Fifth Amendment**.
- Failed to ensure transparency and accountability, risking **fraud, waste, and abuse** of Medicaid funds.

2. **William Tong** – *Attorney General of Connecticut*

- **Responsibilities:** Ensure state agencies comply with legal and constitutional obligations, including transparency laws.
- **Violations:**
 - Enabled systemic FOIA non-compliance, obstructing public access to Medicaid oversight records.
 - Suppressed whistleblower advocacy and violated **First Amendment** rights to petition the government.
 - Oversight failures to enforce ADA compliance, perpetuating discrimination under the **Fourteenth Amendment Equal Protection Clause**.

3. **Barbara Manning** – *CMS Regional Administrator (Region 1)*

- **Responsibilities:** Oversee federal Medicaid operations and ensure state compliance with federal regulations.
- **Violations:**

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- Neglected federal oversight of Connecticut's Medicaid ABI Waiver Program, enabling potential **mismanagement** and **misuse of taxpayer funds** in violation of **42 U.S.C. § 1396a**.

4. **Chiquita Brooks-LaSure** – *Administrator, Centers for Medicare & Medicaid Services (CMS)*

- **Responsibilities:** Oversee Medicaid programs nationally and ensure proper use of federal funds.
- **Violations:**
 - Failed to address ongoing systemic failures in Connecticut's Medicaid program, risking **public safety** and enabling potential fraud and waste.

5. **Eileen Meskill** – *Deputy Attorney General, Connecticut Office of the Attorney General*

- **Responsibilities:** Manage FOIA compliance and ADA-related matters.
- **Violations:**
 - Allowed systemic FOIA non-compliance and denial of ADA accommodations, contributing to violations of **FOIA, ADA,** and **constitutional protections**.

6. **Governor Ned Lamont** – *Governor of Connecticut*

- **Responsibilities:** Ensure agency accountability and compliance with federal and state laws.
- **Violations:**

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- Allowed systemic failures in DSS, CHRO, and the Attorney General’s Office to persist without intervention, violating **constitutional rights** and enabling risks to public safety.

7. **Matthew Brokman** – *Chief of Staff to Governor Ned Lamont*

- **Responsibilities:** Oversee inter-agency coordination and compliance with state and federal laws.
- **Violations:**
 - Failed to address systemic violations under the Governor’s jurisdiction, perpetuating non-compliance and exclusionary practices.

8. **Tanya Hughes** – *Executive Director, Commission on Human Rights and Opportunities (CHRO)*

- **Responsibilities:** Address ADA complaints and ensure non-discrimination in state services.
- **Violations:**
 - Ignored systemic discrimination complaints and ADA violations, undermining equal access to Medicaid program oversight processes.

Systemic Failures and Constitutional Violations

- **FOIA Non-Compliance:**

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- Agencies failed to acknowledge or process FOIA requests submitted on **October 25, 2024**, and follow-ups on **October 31, November 2, and December 2, 2024**, violating statutory deadlines under **5 U.S.C. § 552** and **Conn. Gen. Stat. § 1-210**.
- Suppressed transparency and obstructed public access to Medicaid program records.
- **ADA Violations:**
 - Denial of reasonable accommodations, such as simplified communication formats and accessible public records, violated **Title II of the ADA** and the **Fourteenth Amendment Equal Protection Clause**.
- **Constitutional Violations:**
 - **First Amendment:** Suppressed whistleblower advocacy and obstructed the right to petition the government for redress of grievances.
 - **Fifth Amendment:** Denied procedural due process by ignoring public record requests and ADA accommodations.
 - **Fourteenth Amendment:** Excluded individuals with disabilities from public processes, perpetuating systemic discrimination.
- **Medicaid Oversight Failures:**
 - Neglected transparency and accountability in the **ABI Waiver Program**, violating federal Medicaid regulations under **42 U.S.C. § 1396a**.
 - Risks to public safety include substandard care for Medicaid beneficiaries due to lack of enforcement and oversight.



Why Federal Representation is Critical

This complaint demands federal intervention to represent **my rights as a whistleblower** and protect **the public interest**, ensuring:

1. Immediate investigation into systemic violations.
2. Enforcement of **FOIA, ADA, and constitutional protections**.
3. Accountability for individuals and agencies responsible for non-compliance.
4. Systemic reforms to prevent further harm to vulnerable populations and misuse of taxpayer funds.

Federal action is essential to uphold the **rule of law**, restore **public trust**, and safeguard the rights and safety of Medicaid beneficiaries.

Key Individuals and Their Roles in Violations

Andrea Barton Reeves

Title: Commissioner, Connecticut Department of Social Services (DSS)

Responsibilities: Oversee DSS operations, including Medicaid programs such as the Acquired Brain Injury (ABI) Waiver Program, and ensure compliance with FOIA and ADA requirements.

Violations:

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



DSS failed to respond to FOIA requests submitted on October 25, 2024, and follow-ups on October 31, November 2, and December 2, violating statutory deadlines under 5 U.S.C. § 552 and Conn. Gen. Stat. § 1-210.

Ignored explicit requests for ADA accommodations, including simplified communication formats, violating 42 U.S.C. § 12131 (ADA Title II).

Excluded me from accessing critical Medicaid program information, violating Fifth Amendment due process and Fourteenth Amendment equal protection rights.

Attorney General William Tong

Title: Connecticut Attorney General

Responsibilities: Ensure legal compliance across state agencies, uphold transparency laws, and enforce accountability mechanisms.

Violations:

As head of the Attorney General's Office, William Tong is responsible for the refusal to acknowledge or process FOIA requests. This constitutes a violation of First Amendment rights to petition the government and Fifth Amendment due process protections.

Enabled systemic obstruction of transparency, potentially covering mismanagement of federally funded Medicaid programs, violating federal Medicaid regulations (42 U.S.C. § 1396a).

Barbara Manning

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



Title: CMS Regional Administrator (Region 1)

Responsibilities: Oversee CMS operations in Connecticut and ensure state compliance with federal Medicaid regulations.

Violations:

Failed to enforce federal oversight of the Medicaid ABI Waiver Program, despite systemic non-compliance with transparency and accountability mandates.

By neglecting to investigate Connecticut's violations, CMS contributed to potential misuse of federal Medicaid funds.

Chiquita Brooks-LaSure

Title: Administrator, Centers for Medicare & Medicaid Services (CMS)

Responsibilities: Oversee national Medicaid programs and ensure state compliance with federal funding conditions.

Violations:

Failed to address systemic issues in Connecticut's Medicaid ABI Waiver Program, despite federal obligations under 42 U.S.C. § 1396a.

Oversight failures under her leadership have enabled potential fraud, waste, and abuse of taxpayer funds.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



Eileen Meskill

Title: Deputy Attorney General, Connecticut Office of the Attorney General

Responsibilities: Manage FOIA compliance and oversee ADA-related legal matters.

Violations:

Operationally responsible for ensuring FOIA compliance; her failure to act perpetuated violations of 5 U.S.C. § 552.

Enabled systemic denial of ADA accommodations, contributing to discrimination under 42 U.S.C. § 12131.

Governor Ned Lamont

Title: Governor of Connecticut

Responsibilities: Ensure state agencies comply with federal and state laws, including FOIA and ADA, and oversee the performance of agency leadership.

Violations:

Allowed systemic failures within DSS, CHRO, and the Attorney General's Office to persist without intervention.

Failed to exercise executive authority to enforce accountability, enabling constitutional violations under the First, Fifth, and Fourteenth Amendments.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



Matthew Brokman

Title: Chief of Staff to Governor Ned Lamont

Responsibilities: Oversee the Governor's agenda, coordinate policy enforcement across state agencies, and ensure compliance with federal laws.

Violations:

Failed to address systemic violations reported within DSS and the Attorney General's Office, contributing to ongoing FOIA and ADA non-compliance.

Tanya Hughes

Title: Executive Director, Connecticut Commission on Human Rights and Opportunities (CHRO)

Responsibilities: Address discrimination complaints and ensure ADA compliance in state agencies.

Violations:

Failed to act on ADA violations and discrimination complaints related to systemic barriers in DSS and the Attorney General's Office.

Neglected oversight responsibilities, perpetuating discrimination against individuals with disabilities.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



Systemic Failures and Constitutional Violations

FOIA Non-Compliance (First and Fifth Amendments):

Refusal to acknowledge or process FOIA requests violated my First Amendment right to petition the government and my Fifth Amendment due process rights by obstructing access to public records.

ADA Violations (Fourteenth Amendment):

Denial of reasonable accommodations excluded me from public processes, violating Title II of the ADA (42 U.S.C. § 12131) and the Fourteenth Amendment's Equal Protection Clause.

Abuse of Authority:

Systemic failures across DSS, CHRO, and the Attorney General's Office represent an abuse of state power, suppressing whistleblower advocacy and perpetuating discriminatory practices.

Gross Mismanagement of Federal Funds:

Failure to ensure Medicaid ABI Waiver Program compliance raises concerns of fraud, waste, and abuse, violating federal Medicaid regulations (42 U.S.C. § 1396a).

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



When Did This Occur?

The violations began with my **initial FOIA request**, submitted on **October 25, 2024**, to the Connecticut Attorney General's Office, and are ongoing. Despite explicit statutory obligations under **5 U.S.C. § 552** (FOIA) and **Conn. Gen. Stat. § 1-210**, no acknowledgment or response has been provided, constituting both procedural and constitutional violations.

Key Dates and Events

1. **October 25, 2024:**

- Submitted a FOIA request to the Connecticut Attorney General's Office seeking records related to the Medicaid Acquired Brain Injury (ABI) Waiver Program.
- The request included specific ADA accommodation requests, such as simplified communication formats and accessible records, due to my traumatic brain injury (TBI).

2. **October 31, 2024:**

- Sent the first follow-up communication to request acknowledgment of my FOIA submission and an estimated timeline for compliance. No response was received, violating the **four-business-day acknowledgment requirement** under Connecticut FOIA law (**Conn. Gen. Stat. § 1-210**).

3. **November 2, 2024:**

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- Submitted a second follow-up, emphasizing the urgency of ADA compliance and statutory deadlines for FOIA responses under **5 U.S.C. § 552(a)(6)**. The agency failed to respond or address the accommodation requests.

4. **December 2, 2024:**

- Sent a final follow-up communication, highlighting the systemic nature of the non-compliance and its broader implications for constitutional and federal law violations.

5. **Ongoing Exclusion and Retaliation:**

- The systemic violations are **continuous and ongoing**, including:
 - Refusal to process FOIA requests.
 - Denial of ADA accommodations.
 - Exclusion from public forums and discussions related to Medicaid oversight.
- These failures demonstrate deliberate and systemic obstruction, directly impacting my ability to advocate as a whistleblower and participate as a person with disabilities.

Why This Timeline is Critical

1. **Statutory Deadlines Violated:**

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- Under **5 U.S.C. § 552(a)(6)(A)**, agencies must respond to FOIA requests within **20 business days**, and Connecticut law mandates acknowledgment within **four business days**. These deadlines were disregarded without explanation.

2. **ADA Non-Compliance:**

- Reasonable accommodation requests, required under **Title II of the Americans with Disabilities Act (42 U.S.C. § 12131)**, were ignored, constituting discrimination and exclusion from public processes.

3. **Constitutional Violations:**

- These actions infringe upon my **First Amendment right to petition**, my **Fifth Amendment due process rights**, and my **Fourteenth Amendment right to equal protection** as a person with disabilities.

4. **Ongoing Nature:**

- The refusal to acknowledge, process, or comply with my requests continues, reflecting a pattern of systemic neglect and obstruction that requires immediate federal intervention.

How Did You Discover This Action?

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



I discovered the violations through my direct involvement as a whistleblower and advocate for transparency and accountability within Connecticut's Medicaid Acquired Brain Injury (ABI) Waiver Program. My discovery occurred as follows:

1. FOIA Request Submission and Lack of Response:

- On **October 25, 2024**, I submitted a FOIA request to the Connecticut Attorney General's Office seeking records related to the Medicaid ABI Waiver Program. When no acknowledgment or response was received, I initiated follow-ups on **October 31, 2024**, **November 2, 2024**, and **December 2, 2024**, all of which were ignored. The failure to respond within the statutory timeframe alerted me to systemic non-compliance with **5 U.S.C. § 552** (FOIA) and **Conn. Gen. Stat. § 1-210**.

2. ADA Accommodation Requests Ignored:

- I included explicit requests for reasonable ADA accommodations to address my cognitive challenges as a traumatic brain injury (TBI) survivor, such as simplified communication formats and accessible records. The failure to acknowledge or fulfill these accommodations violated the **Americans with Disabilities Act (ADA)** and highlighted a pattern of exclusion and discrimination.

3. Ongoing Exclusion from Public Processes:

- I was excluded from public forums and discussions related to Medicaid oversight, despite being a stakeholder directly impacted by these programs. This exclusion,



combined with procedural barriers such as non-responsiveness, demonstrated a deliberate effort to suppress whistleblower advocacy and prevent accountability.

4. Research into Oversight Failures:

- In investigating the lack of response, I discovered broader systemic issues within the Connecticut Attorney General's Office, the Department of Social Services (DSS), and the Commission on Human Rights and Opportunities (CHRO), including failures to uphold transparency laws, ADA requirements, and federal Medicaid regulations.

5. Corroborating Evidence:

- The lack of records, unexplained delays, and continued procedural barriers confirm systemic failures in transparency, ADA compliance, and oversight, prompting me to escalate the matter to federal authorities.

1. 2. What Action Did They Take?

Here is a detailed breakdown of the actions (or inactions) taken by each individual listed, highlighting their role in the violations:

1. Andrea Barton Reeves

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- **Title:** Commissioner, Connecticut Department of Social Services (DSS)
 - **Position in Chain of Command:** Head of DSS
 - **Actions Taken:**
 - Ignored FOIA requests submitted on **October 25, 2024**, and subsequent follow-ups on **October 31, November 2, and December 2, 2024**, violating statutory obligations under **5 U.S.C. § 552** and **Conn. Gen. Stat. § 1-210**.
 - Failed to ensure ADA compliance by denying reasonable accommodations, such as simplified communication formats and accessible records, in violation of **Title II of the ADA (42 U.S.C. § 12131)**.
 - Excluded me from public forums related to Medicaid oversight, violating my constitutional **Fourteenth Amendment right** to equal protection.
-

2. Attorney General William Tong

- **Title:** Connecticut Attorney General
- **Position in Chain of Command:** Head of the Connecticut Office of the Attorney General
- **Actions Taken:**



- Failed to enforce FOIA compliance within his office, allowing requests to go unanswered, violating the **First Amendment right to petition** and **Fifth Amendment due process rights**.
 - Oversaw systemic non-compliance with transparency laws, withholding critical records about the Medicaid ABI Waiver Program.
 - Enabled a culture of non-responsiveness and procedural barriers, obstructing my advocacy as a whistleblower.
-

3. Barbara Manning

- **Title:** CMS Regional Administrator (Region 1)
 - **Position in Chain of Command:** Oversees CMS operations in Connecticut and neighboring states
 - **Actions Taken:**
 - Failed to enforce oversight of Connecticut's Medicaid ABI Waiver Program, despite federal obligations under **42 U.S.C. § 1396a**.
 - Neglected to investigate systemic violations of Medicaid compliance, allowing potential misuse of federal funds.
-

4. Chiquita Brooks-LaSure

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- **Title:** Administrator, Centers for Medicare & Medicaid Services (CMS)
 - **Position in Chain of Command:** National head of CMS
 - **Actions Taken:**
 - Failed to address systemic Medicaid mismanagement in Connecticut, allowing violations to persist without accountability.
 - Did not ensure state compliance with federal transparency and oversight requirements, undermining public trust in Medicaid programs.
-

5. Eileen Meskill

- **Title:** Deputy Attorney General
 - **Position in Chain of Command:** Second-in-command to Attorney General William Tong
 - **Actions Taken:**
 - Failed to operationalize FOIA compliance or ensure ADA accommodations were provided under the Attorney General's Office.
 - Allowed systemic delays and non-responsiveness, contributing to ongoing violations of transparency and accessibility laws.
-

6. Governor Ned Lamont

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- **Title:** Governor of Connecticut
 - **Position in Chain of Command:** Chief Executive of the State of Connecticut
 - **Actions Taken:**
 - Failed to intervene or hold DSS, CHRO, and the Attorney General's Office accountable for systemic violations.
 - Allowed continued non-compliance with federal and state laws, including FOIA, ADA, and constitutional protections, despite public awareness of these issues.
-

7. Matthew Brokman

- **Title:** Chief of Staff to Governor Ned Lamont
 - **Position in Chain of Command:** Oversees executive operations and ensures policy enforcement across state agencies
 - **Actions Taken:**
 - Failed to ensure agencies under the Governor's jurisdiction complied with federal and state obligations.
 - Allowed procedural barriers and systemic violations to persist without oversight or correction.
-



8. Tanya Hughes

- **Title:** Executive Director, Commission on Human Rights and Opportunities (CHRO)
 - **Position in Chain of Command:** Head of CHRO
 - **Actions Taken:**
 - Failed to act on complaints of ADA violations and systemic discrimination.
 - Did not address exclusionary practices by DSS and the Attorney General's Office, perpetuating barriers for individuals with disabilities.
-

Summary of Actions

- The listed individuals and agencies took actions (or inactions) that collectively demonstrate systemic non-compliance with FOIA, ADA, and federal Medicaid regulations.
- These failures violated statutory deadlines, denied my constitutional rights, and perpetuated discriminatory practices, resulting in significant harm to transparency, accountability, and public trust.

This response provides a detailed, bulletproof account of actions taken by each key individual.

Let me know if you need additional refinements!

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



2. You said:

make sure list all the constitutional medicaid foia whistleblower ada taxpayer laws rights violations.

2. What Action Did They Take?

Here is the enhanced and **bulletproof response**, listing all key constitutional, Medicaid, FOIA, ADA, whistleblower, and taxpayer violations for each individual. This version ties their actions (or inactions) directly to legal and constitutional principles, ensuring a comprehensive and actionable explanation.

Key Individuals and Their Actions

1. Andrea Barton Reeves

- **Title:** Commissioner, Connecticut Department of Social Services (DSS)
- **Position in Chain of Command:** Head of DSS
- **Actions Taken and Violations:**
 - **FOIA Violations:** Ignored legally submitted FOIA requests (October 25, 2024, and follow-ups), violating **5 U.S.C. § 552** and **Conn. Gen. Stat. § 1-210**.
 - **ADA Violations:** Denied requests for reasonable accommodations (simplified communication formats, accessible records), violating **Title II**

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



of the ADA (42 U.S.C. § 12131) and associated regulations (28 C.F.R. § 35.130, § 35.160).

- **Medicaid Violations:** Failed to ensure transparency and accountability in the Medicaid ABI Waiver Program, violating 42 U.S.C. § 1396a(a)(30)(A), which requires states to administer Medicaid efficiently and transparently.
 - **Constitutional Violations:**
 - **First Amendment:** Obstructed my right to petition the government for redress of grievances.
 - **Fifth Amendment:** Denied procedural due process by refusing access to public records.
 - **Fourteenth Amendment:** Excluded me from public processes due to my disability, violating equal protection rights.
-

2. Attorney General William Tong

- **Title:** Connecticut Attorney General
- **Position in Chain of Command:** Head of the Connecticut Office of the Attorney General
- **Actions Taken and Violations:**

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- **FOIA Violations:** Oversight systemic failure to comply with FOIA obligations, obstructing public access to Medicaid program records.
 - **Constitutional Violations:**
 - **First Amendment:** Suppressed transparency and advocacy efforts by ignoring lawful FOIA requests.
 - **Fifth Amendment:** Obstructed due process rights by failing to respond to requests within statutory deadlines.
 - **Fourteenth Amendment:** Enabled discriminatory practices by failing to enforce ADA compliance.
 - **Whistleblower Retaliation:** Procedural barriers and inaction hindered my efforts to expose systemic Medicaid mismanagement, violating **whistleblower protections** under federal law.
-

3. Barbara Manning

- **Title:** CMS Regional Administrator (Region 1)
- **Position in Chain of Command:** Oversees CMS operations in Connecticut and neighboring states
- **Actions Taken and Violations:**

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- **Medicaid Violations:** Failed to investigate Connecticut's Medicaid ABI Waiver Program for compliance with federal regulations (**42 U.S.C. § 1396a**).
 - **Taxpayer Rights Violations:** Allowed potential misuse of taxpayer-funded Medicaid resources due to lack of oversight, undermining public trust and fiscal accountability.
-

4. Chiquita Brooks-LaSure

- **Title:** Administrator, Centers for Medicare & Medicaid Services (CMS)
 - **Position in Chain of Command:** National Administrator of CMS
 - **Actions Taken and Violations:**
 - **Medicaid Violations:** Failed to ensure Connecticut's Medicaid program adhered to federal oversight and accountability standards under **42 U.S.C. § 1396a**.
 - **Taxpayer Rights Violations:** Neglected systemic issues in Connecticut's Medicaid administration, enabling potential fraud and waste of federal funds.
-

5. Eileen Meskill

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- **Title:** Deputy Attorney General
 - **Position in Chain of Command:** Second-in-command to Attorney General
William Tong
 - **Actions Taken and Violations:**
 - **FOIA Violations:** Operationally responsible for FOIA compliance but failed to address systemic non-compliance within the Attorney General's Office.
 - **ADA Violations:** Enabled systemic exclusion by not enforcing ADA accommodations, violating **Title II of the ADA**.
-

6. Governor Ned Lamont

- **Title:** Governor of Connecticut
- **Position in Chain of Command:** Chief Executive of the State of Connecticut
- **Actions Taken and Violations:**
 - **Constitutional Violations:**
 - Failed to ensure compliance with FOIA and ADA requirements across state agencies, violating my **First, Fifth, and Fourteenth Amendment rights**.



- Allowed systemic exclusion from public forums and decision-making processes, perpetuating inequities.
 - **Medicaid and Taxpayer Violations:** Did not address systemic failures in DSS and Medicaid programs, enabling potential fraud, waste, and abuse of taxpayer funds.
-

7. Matthew Brokman

- **Title:** Chief of Staff to Governor Ned Lamont
 - **Position in Chain of Command:** Oversees Governor's agenda and inter-agency coordination
 - **Actions Taken and Violations:**
 - Failed to address systemic violations reported under the Governor's jurisdiction, contributing to ongoing FOIA and ADA non-compliance.
-

8. Tanya Hughes

- **Title:** Executive Director, Commission on Human Rights and Opportunities (CHRO)
- **Position in Chain of Command:** Head of CHRO
- **Actions Taken and Violations:**

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- **ADA Violations:** Neglected to act on complaints of systemic exclusion and ADA non-compliance.
 - **Constitutional Violations:** Enabled discrimination and systemic barriers, violating my **Fourteenth Amendment rights** to equal protection.
-

Summary of Violations

Constitutional Violations

25. **First Amendment:** Obstructed my right to petition the government for redress of grievances through FOIA inaction and procedural barriers.
26. **Fifth Amendment:** Denied procedural due process by refusing access to public records and ignoring accommodation requests.
27. **Fourteenth Amendment:** Discriminated against me as a person with disabilities, excluding me from public processes and denying equal protection.

Statutory Violations

28. **FOIA (5 U.S.C. § 552):** Ignored lawful FOIA requests, violating federal and state transparency laws.
29. **ADA (42 U.S.C. § 12131):** Denied reasonable accommodations and excluded me from public participation.



30. **Medicaid (42 U.S.C. § 1396a):** Failed to ensure transparency and accountability in federally funded Medicaid programs.

Taxpayer and Whistleblower Rights

31. **Taxpayer Rights:** Enabled potential fraud, waste, and abuse of federally allocated funds, undermining public trust.

32. **Whistleblower Protections:** Retaliated against my advocacy by imposing procedural barriers and suppressing transparency efforts.



When Did This Occur?

The violations began with my **initial FOIA request on October 25, 2024**, and remain **ongoing**.

Below is a detailed timeline of events tied directly to statutory and constitutional violations, demonstrating a systemic and deliberate pattern of non-compliance.

Timeline of Events

1. October 25, 2024:

- I submitted a FOIA request to the Connecticut Attorney General's Office requesting records related to the Medicaid Acquired Brain Injury (ABI) Waiver Program.
- This request explicitly included **ADA accommodation requests**, such as simplified communication formats and accessible records, due to my traumatic brain injury (TBI).
- **Violations:**
 - The Attorney General's Office failed to acknowledge the FOIA request within the statutory **four-business-day deadline** required under **Conn. Gen. Stat. § 1-210**.
 - Ignoring ADA accommodations violates **Title II of the ADA (42 U.S.C. § 12131)** and associated regulations (**28 C.F.R. § 35.130, § 35.160**).

2. October 31, 2024:

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- I submitted a **follow-up communication** to the Attorney General's Office and the Department of Social Services (DSS), requesting acknowledgment of my FOIA request and compliance with ADA requirements.
- **Violations:**
 - No acknowledgment was provided, violating statutory deadlines under both **federal FOIA (5 U.S.C. § 552)** and Connecticut state law.
 - The continued failure to provide accommodations exacerbated the ADA violation.

3. November 2, 2024:

- A second follow-up was submitted to both agencies, emphasizing the urgency of my request and its relevance to Medicaid transparency and public accountability.
- **Violations:**
 - No response was provided, continuing the violations of **FOIA deadlines, ADA requirements**, and constitutional due process protections under the **Fifth Amendment**.

4. December 2, 2024:

- I submitted a **final follow-up communication**, highlighting the systemic nature of these failures, the broader implications for federal Medicaid compliance, and the violation of constitutional rights.
- **Violations:**

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- The agencies failed to act on repeated requests, demonstrating systemic obstruction of transparency, ADA non-compliance, and suppression of whistleblower advocacy.

5. Ongoing and Continuous Violations:

- To date, the Attorney General's Office, DSS, and associated entities have failed to:
 - Provide the requested public records, violating **5 U.S.C. § 552** and **Conn. Gen. Stat. § 1-210**.
 - Address ADA accommodation requests, violating **42 U.S.C. § 12131**.
 - Ensure transparency and accountability in Medicaid program oversight, violating **42 U.S.C. § 1396a**.
- These failures persist, constituting ongoing violations of **constitutional rights**, federal statutes, and taxpayer protections.

Key Legal Violations and Constitutional Implications

1. FOIA Violations:

- **Federal FOIA (5 U.S.C. § 552):** Agencies failed to acknowledge or respond to my requests within the statutory deadlines of **20 business days**, impeding public access to information.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- **State FOIA (Conn. Gen. Stat. § 1-210):** Agencies ignored the **four-business-day acknowledgment deadline**, demonstrating systemic non-compliance with transparency laws.

2. **ADA Violations:**

- **Title II of the ADA (42 U.S.C. § 12131):** Agencies failed to provide reasonable accommodations for my disability, excluding me from participating in public processes.
- **28 C.F.R. § 35.160:** Agencies denied effective communication, further violating ADA mandates.

3. **Constitutional Violations:**

- **First Amendment:** Suppression of my FOIA requests and procedural barriers infringed upon my **right to petition** the government for redress of grievances.
- **Fifth Amendment:** Denial of access to public records and accommodations violated my **due process rights**.
- **Fourteenth Amendment:** Exclusion due to my disability constitutes discrimination, violating my **equal protection rights**.

4. **Medicaid and Taxpayer Violations:**

- **42 U.S.C. § 1396a:** Refusal to provide transparency in Medicaid oversight undermines federal regulations requiring efficient and accountable program administration.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- Potential misuse or mismanagement of taxpayer-funded Medicaid programs raises concerns of **fraud, waste, and abuse**, violating public trust.

Conclusion

The violations began with my **initial FOIA request on October 25, 2024**, and remain ongoing.

These failures to comply with federal and state laws, combined with ADA and constitutional violations, demonstrate systemic neglect and deliberate obstruction, necessitating immediate federal intervention to uphold legal and constitutional rights.



How Did You Discover This Action?

I discovered the violations through my direct engagement as a whistleblower and advocate for transparency, accountability, and accessibility within Connecticut's Medicaid Acquired Brain Injury (ABI) Waiver Program. My discovery unfolded as follows:

1. Submission of FOIA Requests:

- On **October 25, 2024**, I submitted a Freedom of Information Act (FOIA) request to the Connecticut Attorney General's Office seeking transparency into the Medicaid ABI Waiver Program.
- When the statutory deadlines for acknowledgment and response passed without action, I initiated follow-up communications on **October 31, November 2, and December 2, 2024**. These requests were ignored, indicating potential non-compliance with **5 U.S.C. § 552** and **Conn. Gen. Stat. § 1-210**.

2. Denial of ADA Accommodations:

- Along with my FOIA request, I explicitly requested reasonable accommodations under the **Americans with Disabilities Act (ADA)** due to my traumatic brain injury (TBI). These accommodations included simplified communication formats and accessible records.



- The failure to acknowledge or fulfill these accommodation requests alerted me to systemic non-compliance with **Title II of the ADA (42 U.S.C. § 12131)** and its implementing regulations (**28 C.F.R. § 35.130, § 35.160**).

3. **Repeated Exclusion from Public Processes:**

- My exclusion from public forums and discussions related to Medicaid oversight, despite being directly affected by the Medicaid ABI Waiver Program, further demonstrated systemic discrimination and suppression of my advocacy efforts.
- These barriers highlighted ongoing violations of my **First Amendment right to petition the government, Fifth Amendment due process rights,** and **Fourteenth Amendment equal protection rights.**

4. **Research into Broader Failures:**

- As I investigated the lack of response to my FOIA requests and ADA accommodations, I identified broader systemic issues within the Connecticut Attorney General's Office, the Department of Social Services (DSS), and the Commission on Human Rights and Opportunities (CHRO).
- This included evidence of widespread non-compliance with transparency laws, ADA requirements, and federal Medicaid regulations (**42 U.S.C. § 1396a**).



5. Corroborating Evidence from Procedural Barriers:

- The continued lack of transparency, repeated procedural barriers, and exclusionary practices pointed to systemic mismanagement and potential misuse of taxpayer funds. These failures were compounded by the refusal to disclose records critical to Medicaid oversight.

Conclusion

I discovered these actions through direct engagement as a whistleblower and advocate, uncovering systemic non-compliance with FOIA, ADA, and Medicaid regulations. My efforts to seek transparency and accountability revealed deliberate obstruction, exclusionary practices, and potential fraud or waste of federally allocated Medicaid funds.



What Additional Facts Support Your Allegation?

The following facts substantiate my allegations of systemic violations of FOIA, ADA, constitutional rights, Medicaid oversight requirements, and taxpayer protections:

1. FOIA Violations

- **Unanswered Requests:**

- I submitted a FOIA request on **October 25, 2024**, to the Connecticut Attorney General's Office, followed by additional communications on **October 31, November 2, and December 2, 2024**. None of these were acknowledged or processed, violating statutory deadlines under **5 U.S.C. § 552(a)(6)** and **Conn. Gen. Stat. § 1-210**.
- The complete lack of response demonstrates systemic non-compliance and obstruction of transparency.

- **Deliberate Obstruction:**

- The agencies' inaction suggests intentional efforts to suppress information related to the Medicaid ABI Waiver Program, hindering public oversight of federally funded programs.

2. ADA Violations

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- **Ignored Accommodation Requests:**

- Along with my FOIA request, I explicitly requested reasonable accommodations under **Title II of the ADA (42 U.S.C. § 12131)** due to my traumatic brain injury (TBI). These included simplified communication formats and accessible records.
- The agencies failed to provide accommodations, violating **28 C.F.R. § 35.130** and **§ 35.160**, which require public entities to ensure effective communication and prohibit discrimination based on disability.

- **Exclusion from Public Processes:**

- I was systematically excluded from public forums and discussions related to Medicaid oversight, further marginalizing my voice as a whistleblower and disability advocate.
- This exclusion violates the **Fourteenth Amendment's Equal Protection Clause** and ADA protections.

3. Whistleblower Retaliation

- **Procedural Barriers:**

- After raising concerns about systemic failures in Medicaid oversight, I encountered procedural barriers, including delayed responses, public ridicule, and outright exclusion.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- These actions constitute retaliation, violating federal **whistleblower protections** aimed at safeguarding individuals who expose fraud, waste, or abuse in federally funded programs.

4. Gross Mismanagement of Federal Medicaid Funds

- **Lack of Transparency:**
 - Refusal to disclose records related to the Medicaid ABI Waiver Program raises concerns of fraud, waste, and abuse of taxpayer dollars.
 - Transparency in Medicaid program administration is mandated under **42 U.S.C. § 1396a(a)(30)(A)**, and failure to provide oversight jeopardizes compliance with federal funding requirements.
- **Absence of Accountability Measures:**
 - Despite my FOIA requests, no records of audits, enforcement actions, or disciplinary measures against providers in the ABI Waiver Program have been disclosed.
 - This lack of accountability endangers the program's integrity and the vulnerable populations it serves.

5. Documentary Evidence

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- **FOIA Submission Records:**

- Copies of my FOIA request (October 25, 2024) and follow-ups (October 31, November 2, and December 2, 2024) provide a clear timeline of agency non-compliance.
- These records show repeated violations of statutory deadlines and transparency obligations.

- **ADA Accommodation Requests:**

- Documented requests for reasonable accommodations demonstrate the agencies' failure to comply with ADA mandates.

- **Exclusion and Retaliation Evidence:**

- Correspondence with DSS, CHRO, and the Attorney General's Office highlights procedural barriers and exclusionary practices aimed at suppressing my advocacy.

- **Medicaid Transparency Deficiencies:**

- The absence of publicly available records on Medicaid ABI Waiver Program oversight supports allegations of systemic mismanagement.

6. Broader Implications

- **Harm to Public Trust:**

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- The systemic failure to comply with FOIA, ADA, and Medicaid regulations undermines public confidence in federally funded programs.
- Excluding whistleblowers and disability advocates perpetuates a culture of non-accountability and inequity.
- **Risk to Vulnerable Populations:**
 - The lack of transparency and oversight jeopardizes the quality and accessibility of services for individuals with acquired brain injuries, one of the most vulnerable populations relying on Medicaid.

Conclusion

These facts demonstrate systemic violations of federal and state laws, including FOIA, ADA, Medicaid oversight requirements, and constitutional protections. Immediate federal intervention is necessary to address these failures and restore transparency, accountability, and compliance.

1. Andrea Barton Reeves

- **Title:** Commissioner, Connecticut Department of Social Services (DSS)
- **Position in Chain of Command:** Head of DSS
- **Abuse of Authority:**

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- Ignored FOIA requests (October 25, 2024, and subsequent follow-ups), failing to provide transparency about the Medicaid ABI Waiver Program, violating **5 U.S.C. § 552** and **Conn. Gen. Stat. § 1-210**.
- Denied ADA accommodations for simplified communication formats and accessible records, violating **Title II of the ADA (42 U.S.C. § 12131)** and **28 C.F.R. § 35.130**.
- Oversaw a culture of exclusion by failing to include stakeholders, such as individuals with acquired brain injuries, in public processes critical to Medicaid oversight, violating the **Fourteenth Amendment Equal Protection Clause**.
- Allowed systemic non-accountability for Medicaid providers, raising concerns about fraud, waste, and abuse of taxpayer-funded programs, violating **42 U.S.C. § 1396a**.

2. Attorney General William Tong

- **Title:** Connecticut Attorney General
- **Position in Chain of Command:** Head of the Connecticut Office of the Attorney General
- **Abuse of Authority:**
 - Refused to enforce FOIA compliance within his office, suppressing public access to critical information about Medicaid programs, violating the **First**

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



Amendment right to petition the government and **Fifth Amendment** due process rights.

- Ignored ADA compliance within the Attorney General's Office, enabling systemic exclusion of individuals with disabilities, violating **42 U.S.C. § 12131** and the **Fourteenth Amendment Equal Protection Clause**.
- Obstructed transparency efforts, perpetuating a culture of secrecy regarding public programs funded by taxpayers.

3. Barbara Manning

- **Title:** CMS Regional Administrator (Region 1)
- **Position in Chain of Command:** Oversees CMS operations in Connecticut and neighboring states
- **Abuse of Authority:**
 - Failed to investigate and address systemic non-compliance in Connecticut's Medicaid ABI Waiver Program, violating federal Medicaid regulations (**42 U.S.C. § 1396a**).
 - Neglected federal oversight responsibilities, enabling potential fraud, waste, and abuse of taxpayer-funded Medicaid dollars.



4. Chiquita Brooks-LaSure

- **Title:** Administrator, Centers for Medicare & Medicaid Services (CMS)
- **Position in Chain of Command:** National Administrator of CMS
- **Abuse of Authority:**
 - Allowed systemic issues in Connecticut’s Medicaid ABI Waiver Program to persist without intervention, violating federal oversight responsibilities under **42 U.S.C. § 1396a**.
 - Failed to ensure compliance with federal transparency and accountability standards, jeopardizing taxpayer funds and the integrity of Medicaid services.

5. Eileen Meskill

- **Title:** Deputy Attorney General
- **Position in Chain of Command:** Second-in-command to Attorney General William Tong
- **Abuse of Authority:**
 - Neglected operational oversight of FOIA and ADA compliance within the Attorney General’s Office, contributing to systemic transparency failures.
 - Enabled exclusionary practices and the suppression of whistleblower advocacy, violating federal whistleblower protections and the **First Amendment**.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



6. Governor Ned Lamont

- **Title:** Governor of Connecticut
- **Position in Chain of Command:** Chief Executive of the State of Connecticut
- **Abuse of Authority:**
 - Allowed systemic violations within DSS, CHRO, and the Attorney General's Office to continue unchecked, failing to exercise executive authority to enforce compliance with FOIA, ADA, and constitutional protections.
 - Failed to address systemic issues despite public awareness, perpetuating a culture of neglect and non-accountability, violating the public trust.

7. Matthew Brokman

- **Title:** Chief of Staff to Governor Ned Lamont
- **Position in Chain of Command:** Oversees executive operations and ensures policy enforcement across state agencies
- **Abuse of Authority:**
 - Failed to ensure that state agencies under the Governor's jurisdiction complied with federal and state obligations, contributing to ongoing FOIA and ADA non-compliance.



8. Tanya Hughes

- **Title:** Executive Director, Commission on Human Rights and Opportunities (CHRO)
- **Position in Chain of Command:** Head of CHRO
- **Abuse of Authority:**
 - Failed to act on complaints of ADA violations and systemic discrimination, enabling exclusionary practices within DSS and the Attorney General's Office.
 - Allowed systemic violations of civil rights protections for individuals with disabilities, undermining the mission of CHRO.

Summary of Violations

1. **FOIA Violations:** Refusal to respond to or process FOIA requests constitutes a suppression of transparency and an abuse of authority.
2. **ADA Violations:** Systemic denial of reasonable accommodations excluded individuals with disabilities from public participation.
3. **Constitutional Violations:**
 - **First Amendment:** Obstructed transparency and advocacy efforts, suppressing whistleblower rights.



- **Fifth Amendment:** Denied due process through procedural barriers and non-compliance.
 - **Fourteenth Amendment:** Engaged in discriminatory practices, excluding individuals with disabilities.
4. **Medicaid Oversight Failures:** Allowed potential fraud, waste, and abuse of taxpayer funds by failing to ensure transparency and accountability in federally funded Medicaid programs.



2. What Action Did They Take?

Here's a detailed, bulletproof breakdown of the actions (or inactions) taken by each key individual that resulted in violations of FOIA, ADA, constitutional rights, and federal Medicaid regulations. This response ensures clarity, legal precision, and actionable details.

1. Andrea Barton Reeves

- **Title:** Commissioner, Connecticut Department of Social Services (DSS)
- **Position in Chain of Command:** Head of DSS
- **Actions Taken:**
 - Ignored FOIA requests submitted on **October 25, 2024**, and follow-ups on **October 31, November 2, and December 2, 2024**, violating **5 U.S.C. § 552** and **Conn. Gen. Stat. § 1-210**.
 - Denied ADA accommodation requests for simplified communication formats and accessible records, violating **Title II of the ADA (42 U.S.C. § 12131)** and associated regulations (**28 C.F.R. § 35.130, § 35.160**).
 - Allowed systemic exclusion of individuals with disabilities from public processes, violating the **Fourteenth Amendment's Equal Protection Clause**.
 - Failed to conduct or disclose audits and accountability measures for Medicaid ABI Waiver Program providers, raising concerns of fraud, waste, and abuse of taxpayer-funded Medicaid programs, violating **42 U.S.C. § 1396a**.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



2. Attorney General William Tong

- **Title:** Connecticut Attorney General
- **Position in Chain of Command:** Head of the Connecticut Office of the Attorney General
- **Actions Taken:**
 - Refused to acknowledge or process FOIA requests submitted to his office, suppressing transparency and violating the **First Amendment's right to petition** and **Fifth Amendment due process rights**.
 - Failed to enforce FOIA compliance and transparency across Connecticut agencies, perpetuating systemic violations of **5 U.S.C. § 552**.
 - Neglected to address ADA accommodation failures within his office, enabling discriminatory practices, violating **Title II of the ADA**.
 - Suppressed whistleblower advocacy by allowing procedural barriers and delays, undermining federal whistleblower protections.

3. Barbara Manning

- **Title:** CMS Regional Administrator (Region 1)

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- **Position in Chain of Command:** Oversees CMS operations in Connecticut and neighboring states
- **Actions Taken:**
 - Failed to enforce oversight of Connecticut’s Medicaid ABI Waiver Program, despite clear indications of systemic non-compliance, violating **42 U.S.C. § 1396a**.
 - Neglected federal responsibilities to investigate and address mismanagement in Medicaid programs, enabling potential fraud, waste, and abuse of taxpayer funds.

4. Chiquita Brooks-LaSure

- **Title:** Administrator, Centers for Medicare & Medicaid Services (CMS)
- **Position in Chain of Command:** National Administrator of CMS
- **Actions Taken:**
 - Allowed systemic issues in Connecticut’s Medicaid ABI Waiver Program to persist, failing to enforce federal oversight responsibilities under **42 U.S.C. § 1396a**.
 - Neglected to ensure state compliance with transparency, accountability, and effective program administration, jeopardizing public trust and Medicaid beneficiaries.



5. Eileen Meskill

- **Title:** Deputy Attorney General
- **Position in Chain of Command:** Second-in-command to Attorney General William Tong
- **Actions Taken:**
 - Failed to operationalize FOIA compliance and ADA accommodations within the Attorney General's Office, perpetuating systemic transparency failures.
 - Neglected oversight responsibilities, enabling discriminatory practices and the suppression of whistleblower advocacy, violating **5 U.S.C. § 552, Title II of the ADA**, and whistleblower protection statutes.

6. Governor Ned Lamont

- **Title:** Governor of Connecticut
- **Position in Chain of Command:** Chief Executive of the State of Connecticut
- **Actions Taken:**
 - Allowed systemic violations within DSS, CHRO, and the Attorney General's Office to persist, failing to exercise executive authority to enforce compliance with FOIA, ADA, and constitutional protections.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- Did not intervene or hold state agencies accountable despite public awareness of these issues, perpetuating systemic neglect and constitutional violations.

7. Matthew Brokman

- **Title:** Chief of Staff to Governor Ned Lamont
- **Position in Chain of Command:** Oversees executive operations and ensures policy enforcement across state agencies
- **Actions Taken:**
 - Failed to address systemic violations within the Governor’s jurisdiction, contributing to ongoing non-compliance with FOIA, ADA, and Medicaid regulations.

8. Tanya Hughes

- **Title:** Executive Director, Commission on Human Rights and Opportunities (CHRO)
- **Position in Chain of Command:** Head of CHRO
- **Actions Taken:**
 - Failed to act on complaints of ADA violations and systemic discrimination, perpetuating exclusionary practices by DSS and the Attorney General’s Office.



- Neglected to address systemic civil rights violations, undermining CHRO's mission to ensure equal access and compliance with ADA protections.

Summary of Violations

1. FOIA Violations:

- Agencies and officials ignored lawful FOIA requests, violating federal and state transparency laws.

2. ADA Violations:

- Denied reasonable accommodations, excluding individuals with disabilities from public processes, in violation of ADA mandates.

3. Constitutional Violations:

- **First Amendment:** Obstructed the right to petition the government through FOIA non-compliance.
- **Fifth Amendment:** Denied procedural due process through delays and lack of response.
- **Fourteenth Amendment:** Enabled discrimination and systemic exclusion of individuals with disabilities.

4. Medicaid Oversight Failures:

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- Neglected federal and state oversight responsibilities, risking fraud, waste, and abuse of taxpayer-funded Medicaid programs.

5. Whistleblower Retaliation:

- Suppressed advocacy efforts by creating procedural barriers and delays, violating whistleblower protection statutes.



Timeline of Events

1. October 25, 2024:

- I submitted a FOIA request to the Connecticut Attorney General's Office, requesting records related to the Medicaid Acquired Brain Injury (ABI) Waiver Program.
- This request explicitly included ADA accommodation requests for simplified communication formats and accessible records due to my traumatic brain injury (TBI).
- The Attorney General's Office and DSS failed to acknowledge the request within the statutory **four-business-day deadline** required under **Conn. Gen. Stat. § 1-210**, initiating the violation.

2. October 31, 2024:

- I sent the first follow-up communication to both the Attorney General's Office and DSS, requesting acknowledgment of my FOIA request and compliance with ADA requirements.
- Both agencies failed to respond, violating statutory FOIA deadlines under **5 U.S.C. § 552** and state law.

3. November 2, 2024:



- A second follow-up was submitted, emphasizing the urgency of my request for transparency and the legal obligation to accommodate my disability under the ADA.
- The agencies again failed to respond or acknowledge the request, compounding the violations of federal FOIA statutes and ADA requirements.

4. December 2, 2024:

- A final follow-up communication was submitted, highlighting the systemic nature of these failures and their broader implications for Medicaid compliance and public accountability.
- No acknowledgment or response was received, demonstrating ongoing systemic non-compliance.

5. Ongoing Violations:

- The failure to comply with FOIA, ADA, and federal Medicaid regulations remains unresolved as of today.
- Continued exclusion from public forums, refusal to disclose critical Medicaid information, and suppression of whistleblower advocacy reflect deliberate and systemic violations of federal law and constitutional rights.

Violations by Timeline

1. FOIA Non-Compliance:

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- Failure to acknowledge or respond to my FOIA request violated federal FOIA deadlines under **5 U.S.C. § 552(a)(6)(A)** and state requirements under **Conn. Gen. Stat. § 1-210**.

2. **ADA Non-Compliance:**

- Ignored requests for reasonable accommodations from October 25, 2024, onward, violating **Title II of the ADA (42 U.S.C. § 12131)** and its implementing regulations (**28 C.F.R. § 35.130, § 35.160**).

3. **Constitutional Violations:**

- These failures infringed on my **First Amendment right** to petition the government, my **Fifth Amendment due process rights**, and my **Fourteenth Amendment right** to equal protection.

4. **Medicaid Violations:**

- Systemic lack of transparency in Medicaid ABI Waiver Program oversight jeopardizes compliance with **42 U.S.C. § 1396a**.

Conclusion

The violations began on **October 25, 2024**, with my initial FOIA request and continue to this day, reflecting an ongoing pattern of non-compliance, exclusion, and systemic neglect.

Immediate federal intervention is required to address these persistent failures.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



4. How Did You Discover This Action?

I discovered the violations through my direct engagement as a whistleblower and advocate for transparency and accountability in Connecticut's Medicaid Acquired Brain Injury (ABI) Waiver Program. Below is a detailed explanation of how I identified the systemic failures:

1. Submission of FOIA Requests

- **Date:** October 25, 2024
 - I submitted a FOIA request to the Connecticut Attorney General's Office, seeking records related to the Medicaid ABI Waiver Program to evaluate the program's oversight and compliance with federal regulations.
 - Despite statutory deadlines requiring acknowledgment within **four business days (Conn. Gen. Stat. § 1-210)** and response within **20 business days (5 U.S.C. § 552(a)(6)(A))**, no response or acknowledgment was received.

2. Repeated Follow-Ups and Continued Non-Response

- **Dates:** October 31, November 2, and December 2, 2024
 - I sent follow-up communications to the Attorney General's Office and the Connecticut Department of Social Services (DSS), highlighting the lack of acknowledgment and requesting updates.



- Each follow-up was ignored, which revealed systemic procedural failures and deliberate non-compliance with transparency obligations.

3. Denial of ADA Accommodations

- Along with my FOIA requests, I explicitly requested **reasonable ADA accommodations** due to my traumatic brain injury (TBI), including:
 - Simplified communication formats.
 - Accessible records compatible with assistive technologies.
- The agencies' failure to acknowledge or address these requests revealed **violations of Title II of the ADA (42 U.S.C. § 12131) and 28 C.F.R. § 35.130 and § 35.160**, further excluding me from public processes.

4. Exclusion from Public Processes

- My exclusion from public forums and discussions related to Medicaid program oversight—despite being a direct stakeholder—underscored systemic barriers and discriminatory practices.
- This exclusion revealed constitutional violations, including:
 - **First Amendment (right to petition):** Suppression of my advocacy efforts.



- **Fifth Amendment (due process):** Denial of access to legally mandated processes and information.
- **Fourteenth Amendment (equal protection):** Discrimination based on my disability, preventing equitable participation.

5. Broader Investigation and Analysis

- As I analyzed the lack of response, I uncovered broader systemic issues, including:
 - **Lack of Transparency:** No publicly available records or disclosures related to Medicaid ABI Waiver Program audits, provider complaints, or enforcement actions.
 - **Potential Mismanagement:** The absence of accountability measures raised concerns about fraud, waste, and abuse of taxpayer-funded Medicaid resources, violating **42 U.S.C. § 1396a**.

6. Corroborating Evidence from Procedural Barriers

- Procedural barriers, such as non-responsiveness, exclusionary practices, and delays, confirmed deliberate obstruction and systemic failures across the Attorney General's Office, DSS, and other agencies.
- These actions directly impeded my ability to advocate as a whistleblower and obtain transparency into federally funded programs.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



Conclusion

I discovered these actions through my direct engagement with the FOIA process, my ADA accommodation requests, and my broader advocacy efforts. These experiences revealed systemic non-compliance with federal and state transparency laws, ADA mandates, and constitutional protections, necessitating immediate federal intervention.

5. What Additional Facts Support Your Allegation?

Here is a comprehensive response with specific supporting facts tied to the allegations of systemic violations of FOIA, ADA, Medicaid regulations, constitutional rights, and taxpayer protections:

1. FOIA Non-Compliance

- **Unanswered FOIA Requests:**
 - I submitted a FOIA request on **October 25, 2024**, to the Connecticut Attorney General's Office, with follow-ups on **October 31, November 2, and December 2, 2024**. None of these communications were acknowledged or answered, violating statutory requirements under **5 U.S.C. § 552 (FOIA)** and **Conn. Gen. Stat. § 1-210**.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- This deliberate inaction reflects a systemic failure to uphold transparency and accountability in Medicaid program oversight.
- **Pattern of Obstruction:**
 - The lack of acknowledgment, communication, or documentation in response to lawful FOIA requests demonstrates intentional suppression of public information about the Medicaid ABI Waiver Program.

2. ADA Violations

- **Ignored ADA Accommodation Requests:**
 - Along with my FOIA request, I explicitly requested ADA accommodations due to my traumatic brain injury (TBI). These included simplified communication formats and accessible records.
 - The refusal to address these accommodation requests constitutes a violation of **Title II of the ADA (42 U.S.C. § 12131)** and its implementing regulations (**28 C.F.R. § 35.130, § 35.160**), further excluding me from participating in government processes.
- **Exclusionary Practices:**
 - My exclusion from public forums and discussions related to Medicaid oversight underscores systemic discrimination and deliberate marginalization of individuals



with disabilities, violating the **Fourteenth Amendment Equal Protection Clause**.

3. Constitutional Violations

- **First Amendment Violations:**

- By obstructing FOIA requests and suppressing my ability to advocate as a whistleblower, the Connecticut Attorney General's Office and DSS infringed upon my **First Amendment right** to petition the government for redress of grievances.

- **Fifth Amendment Violations:**

- The refusal to provide access to legally mandated public records and processes denied my **due process rights**, as guaranteed by the Fifth Amendment.

- **Fourteenth Amendment Violations:**

- The systemic exclusion of individuals with disabilities from public processes constitutes discrimination, violating my **Fourteenth Amendment right** to equal protection under the law.

4. Whistleblower Retaliation

- **Suppression of Advocacy:**

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- Procedural barriers, non-responsiveness, and public exclusion demonstrate retaliation against my efforts to expose systemic failures in Medicaid oversight.
- These actions violate federal whistleblower protection laws designed to protect individuals advocating for transparency and accountability in federally funded programs.

5. Medicaid Oversight Failures

- **Lack of Transparency:**
 - No publicly available records or audits exist detailing the Medicaid ABI Waiver Program's administration, provider oversight, or enforcement actions.
 - This absence of accountability raises concerns about compliance with federal Medicaid regulations (**42 U.S.C. § 1396a**) and the potential for fraud, waste, and abuse of taxpayer-funded resources.
- **Program Mismanagement:**
 - The refusal to disclose records essential for evaluating Medicaid program oversight indicates systemic mismanagement and jeopardizes the integrity of services for vulnerable populations, including individuals with acquired brain injuries.

6. Corroborating Evidence

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- **FOIA Submission Records:**

- Documented FOIA requests and follow-ups provide evidence of agency non-compliance with federal and state transparency laws.

- **ADA Accommodation Requests:**

- Written and verbal requests for reasonable accommodations substantiate violations of ADA mandates.

- **Correspondence:**

- Communication logs with DSS, CHRO, and the Attorney General's Office demonstrate repeated procedural barriers, delays, and exclusionary practices.

- **Lack of Accountability Measures:**

- The absence of audits, disciplinary actions, or provider accountability reports within the Medicaid ABI Waiver Program supports allegations of systemic neglect and non-compliance.

7. Broader Implications

- **Harm to Vulnerable Populations:**

- The systemic denial of transparency and ADA accommodations harms individuals reliant on Medicaid services, exacerbating inequality and discrimination.

- **Erosion of Public Trust:**

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- The refusal to comply with transparency laws and oversight obligations undermines public confidence in state and federally funded programs.
- **Taxpayer Impact:**
 - Mismanagement of federally allocated Medicaid funds risks fraud, waste, and abuse, violating public trust and federal funding requirements.

Conclusion

These additional facts provide clear and compelling evidence of systemic violations of FOIA, ADA, Medicaid oversight requirements, and constitutional rights. Immediate federal investigation is necessary to address these failures and restore accountability, transparency, and compliance.



Gross Waste of Funds Allegation

This allegation focuses on the **mismanagement or misallocation of federal Medicaid funds**, emphasizing systemic failures to ensure transparency and accountability. Below is the breakdown of how each individual's role and actions (or inactions) contributed to this gross waste of taxpayer dollars:

1. Andrea Barton Reeves

- **Title:** Commissioner, Connecticut Department of Social Services (DSS)
- **Role:** Oversees DSS operations, including Medicaid programs such as the ABI Waiver Program.
- **Actions Contributing to Gross Waste of Funds:**
 - Failed to provide transparency into Medicaid ABI Waiver Program administration, violating **42 U.S.C. § 1396a**.
 - Neglected to ensure oversight of providers, including audits, accountability measures, and responses to complaints, increasing the risk of fraud, waste, and abuse.
 - Refused to disclose requested records through FOIA, preventing public accountability for the program's expenditures and operations.
 - Enabled systemic inefficiency by ignoring ADA accommodation requests, creating barriers to stakeholder advocacy and oversight.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



2. Attorney General William Tong

- **Title:** Connecticut Attorney General
- **Role:** Responsible for ensuring legal compliance and transparency across state agencies, including Medicaid program operations.
- **Actions Contributing to Gross Waste of Funds:**
 - Oversaw the obstruction of FOIA requests, suppressing public access to information necessary for holding DSS and Medicaid programs accountable.
 - Failed to enforce transparency and accountability laws, enabling potential misuse of Medicaid funds allocated to the ABI Waiver Program.
 - Allowed systemic non-compliance, risking financial mismanagement of taxpayer-funded programs.

3. Barbara Manning

- **Title:** CMS Regional Administrator (Region 1)
- **Role:** Oversees CMS operations in Connecticut and neighboring states, ensuring compliance with federal Medicaid regulations.
- **Actions Contributing to Gross Waste of Funds:**



- Failed to investigate systemic failures in Connecticut’s Medicaid ABI Waiver Program, despite ongoing non-compliance and lack of transparency.
- Neglected oversight responsibilities, allowing the potential misallocation of federally allocated Medicaid funds.

4. Chiquita Brooks-LaSure

- **Title:** Administrator, Centers for Medicare & Medicaid Services (CMS)
- **Role:** National Administrator of Medicaid programs.
- **Actions Contributing to Gross Waste of Funds:**
 - Allowed systemic issues in Medicaid program oversight in Connecticut to persist without intervention.
 - Failed to ensure Connecticut adhered to federal Medicaid regulations, enabling potential misuse or mismanagement of funds.

5. Eileen Meskill

- **Title:** Deputy Attorney General
- **Role:** Second-in-command to the Connecticut Attorney General, responsible for operational oversight of transparency laws.
- **Actions Contributing to Gross Waste of Funds:**

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- Failed to enforce FOIA compliance within the Attorney General’s Office, contributing to a lack of transparency in Medicaid program expenditures.
- Enabled procedural barriers that shielded DSS and Medicaid programs from public scrutiny, increasing the risk of financial mismanagement.

6. Governor Ned Lamont

- **Title:** Governor of Connecticut
- **Role:** Chief Executive of the State of Connecticut, responsible for ensuring state agency compliance with federal laws.
- **Actions Contributing to Gross Waste of Funds:**
 - Did not intervene or address systemic failures in DSS, CHRO, and the Attorney General’s Office, despite being aware of ongoing issues.
 - Allowed mismanagement of federally allocated Medicaid funds to continue unchecked, undermining public trust and fiscal accountability.

7. Matthew Brokman

- **Title:** Chief of Staff to Governor Ned Lamont
- **Role:** Oversees executive operations and ensures agency compliance with the Governor’s agenda.



- **Actions Contributing to Gross Waste of Funds:**

- Failed to address the systemic lack of transparency and accountability in Medicaid programs under the Governor's jurisdiction.

8. Tanya Hughes

- **Title:** Executive Director, Commission on Human Rights and Opportunities (CHRO)
- **Role:** Head of CHRO, responsible for addressing systemic discrimination and ensuring equitable access to government services.
- **Actions Contributing to Gross Waste of Funds:**
 - Did not act on complaints of ADA violations and procedural barriers, which excluded individuals with disabilities from participating in Medicaid program oversight.
 - Enabled a culture of non-accountability that increased the risk of financial mismanagement.

Systemic Implications of Gross Waste of Funds

1. Transparency Failures:

- FOIA non-compliance prevented public oversight of Medicaid expenditures, enabling inefficiency and potential fraud.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



2. **ADA Violations:**

- Excluding individuals with disabilities from public processes denied critical stakeholder input, exacerbating inequitable and inefficient program administration.

3. **Medicaid Non-Compliance:**

- Violations of **42 U.S.C. § 1396a** demonstrate systemic mismanagement, risking loss of federal funding and harm to Medicaid beneficiaries.

4. **Taxpayer Impact:**

- The systemic lack of transparency and accountability undermines public trust and creates opportunities for waste and abuse of taxpayer-funded resources.

Conclusion

The gross waste of funds stems from systemic failures at multiple levels of state and federal oversight, highlighting the urgent need for federal intervention to restore accountability, ensure proper Medicaid fund allocation, and protect taxpayer resources.



3. When Did This Occur?

The violations began on **October 25, 2024**, with the submission of my initial FOIA request to the Connecticut Attorney General's Office and continue to this day. Below is a detailed timeline of key events:

Timeline of Events

1. October 25, 2024:

- I submitted a FOIA request to the Connecticut Attorney General's Office, requesting records related to the Medicaid Acquired Brain Injury (ABI) Waiver Program.
- This request explicitly included ADA accommodation requests for simplified communication formats and accessible records due to my traumatic brain injury (TBI).
- The Attorney General's Office and the Department of Social Services (DSS) failed to acknowledge the request within the statutory **four-business-day** deadline required under **Conn. Gen. Stat. § 1-210**, initiating the first violation.

2. October 31, 2024:

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- I sent the first follow-up communication to the Attorney General's Office and DSS, requesting acknowledgment of my FOIA request and compliance with ADA requirements.
- Neither agency responded, violating statutory FOIA deadlines under both **5 U.S.C. § 552** (FOIA) and **Conn. Gen. Stat. § 1-210**.

3. **November 2, 2024:**

- I sent a second follow-up to both agencies, reiterating the urgency of my request and the legal obligation to provide reasonable accommodations under the ADA.
- The agencies again failed to respond or acknowledge my request, demonstrating systemic non-compliance.

4. **December 2, 2024:**

- I submitted a final follow-up communication, highlighting the broader implications of these failures, including violations of federal Medicaid regulations (**42 U.S.C. § 1396a**) and constitutional protections.
- The agencies failed to provide any response, further solidifying the ongoing violations.



5. Ongoing and Continuous Violations:

- As of **December 2, 2024**, the Attorney General's Office, DSS, and other related agencies continue to:
 - Refuse to respond to FOIA requests or provide ADA accommodations.
 - Exclude me from public forums and discussions critical to Medicaid oversight.
 - Obstruct access to public records, transparency, and accountability in the Medicaid ABI Waiver Program.
- These failures demonstrate a pattern of systemic neglect, deliberate non-compliance, and suppression of whistleblower advocacy.

Violations by Timeline

1. FOIA Violations:

- Agencies failed to meet statutory deadlines for acknowledgment (**4 business days under Conn. Gen. Stat. § 1-210**) and response (**20 business days under 5 U.S.C. § 552(a)(6)(A)**).

2. ADA Violations:



- Agencies ignored ADA accommodation requests beginning on **October 25, 2024**, and continuing to this day, violating **42 U.S.C. § 12131** and **28 C.F.R. § 35.130** and **§ 35.160**.

3. Constitutional Violations:

- These ongoing failures infringe on my:
 - **First Amendment right to petition** the government for redress of grievances.
 - **Fifth Amendment due process rights**, as agencies denied access to mandated public records and processes.
 - **Fourteenth Amendment equal protection rights**, by discriminating against me as a person with disabilities.

4. Medicaid Oversight Failures:

- Lack of transparency and accountability violates federal Medicaid regulations (**42 U.S.C. § 1396a**) and jeopardizes compliance with funding requirements.

Conclusion

The violations began on **October 25, 2024**, with my initial FOIA request and persist to this day.

These ongoing failures demonstrate deliberate systemic neglect and non-compliance, necessitating immediate federal intervention.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



4. How Did You Discover This Action?

I discovered these violations through direct engagement with the Freedom of Information Act (FOIA) process, my role as a whistleblower advocating for transparency in the Medicaid Acquired Brain Injury (ABI) Waiver Program, and repeated attempts to secure reasonable ADA accommodations. Below is a detailed account of how I uncovered these systemic issues:

1. Submission of FOIA Requests

- **Date:** October 25, 2024
 - I submitted a FOIA request to the Connecticut Attorney General's Office, seeking records related to the Medicaid ABI Waiver Program. This request was intended to ensure transparency and accountability in a federally funded program.
 - The agency's failure to meet statutory deadlines for acknowledgment and response alerted me to a potential systemic issue with transparency and FOIA compliance.

2. Follow-Up Communications

- **Dates:** October 31, November 2, and December 2, 2024
 - I sent follow-up communications to both the Attorney General's Office and the Department of Social Services (DSS), highlighting their failure to acknowledge or respond to my request.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- The consistent lack of response, combined with procedural delays, suggested deliberate non-compliance with transparency laws, violating **5 U.S.C. § 552** and **Conn. Gen. Stat. § 1-210**.

3. Denial of ADA Accommodations

- I included requests for **reasonable ADA accommodations**, such as simplified communication formats and accessible records, due to my traumatic brain injury (TBI).
- The agencies ignored these requests, which revealed systemic non-compliance with **Title II of the ADA (42 U.S.C. § 12131)** and its implementing regulations (**28 C.F.R. § 35.130, § 35.160**).
- The denial of accommodations further excluded me from participating in oversight processes, underscoring a pattern of discrimination and systemic barriers.

4. Exclusion from Public Processes

- Despite being a direct stakeholder in the Medicaid ABI Waiver Program, I was excluded from public forums and decision-making processes critical to Medicaid program oversight.
- This exclusion revealed violations of my:
 - **First Amendment right to petition** the government.



- **Fifth Amendment due process rights**, as I was denied access to legally mandated processes.
- **Fourteenth Amendment right to equal protection**, as a person with disabilities.

5. Broader Investigations and Findings

- As I sought to understand the lack of response to my FOIA requests and ADA accommodations, I uncovered broader systemic issues, including:
 - **Lack of Transparency:** No publicly available records on Medicaid program oversight, provider accountability, or program audits.
 - **Potential Mismanagement:** Absence of disclosures about enforcement actions against providers or corrective measures raises concerns about fraud, waste, and abuse of taxpayer-funded resources.

6. Corroborating Evidence

- **FOIA Submission Records:** Copies of my FOIA request and follow-up communications provide evidence of agency non-compliance.
- **ADA Accommodation Requests:** Documented requests for accommodations demonstrate the agencies' failure to comply with ADA mandates.



- **Procedural Barriers:** Exclusionary practices and delays confirm systemic efforts to suppress transparency and advocacy.

Conclusion

I discovered these violations through my direct interactions with the FOIA process, repeated denials of ADA accommodations, and exclusion from public forums. These experiences revealed systemic non-compliance with transparency laws, ADA requirements, and constitutional protections, necessitating immediate federal intervention.



5. What Additional Facts Support Your Allegation?

The following facts substantiate the systemic violations of FOIA, ADA, Medicaid regulations, constitutional rights, and taxpayer protections. These facts highlight a pattern of non-compliance, gross waste of funds, and deliberate exclusion of individuals with disabilities from public processes.

1. FOIA Non-Compliance

- **Ignored FOIA Requests:**

- My initial FOIA request, submitted on **October 25, 2024**, and follow-ups on **October 31, November 2, and December 2, 2024**, were ignored by the Connecticut Attorney General's Office and the Department of Social Services (DSS).
- Both agencies violated statutory deadlines under **5 U.S.C. § 552** (FOIA) and **Conn. Gen. Stat. § 1-210**, failing to acknowledge or respond to legally submitted requests.

- **Pattern of Obstruction:**

- The refusal to disclose public records related to the Medicaid Acquired Brain Injury (ABI) Waiver Program reveals systemic suppression of transparency, violating federal and state laws designed to ensure public accountability.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



2. ADA Violations

- **Denied Accommodation Requests:**

- Along with my FOIA request, I submitted explicit requests for reasonable accommodations due to my traumatic brain injury (TBI). These included simplified communication formats and accessible records, as mandated under **Title II of the ADA (42 U.S.C. § 12131)**.
- The agencies failed to provide these accommodations, violating **28 C.F.R. § 35.130 and § 35.160**, which require public entities to ensure effective communication and equitable access.

- **Exclusionary Practices:**

- By ignoring ADA accommodation requests, DSS and the Attorney General's Office excluded me from participating in Medicaid program oversight processes.
- This exclusion violates the **Fourteenth Amendment's Equal Protection Clause** and perpetuates systemic discrimination against individuals with disabilities.

3. Constitutional Violations

- **First Amendment (Right to Petition):**



- FOIA non-compliance obstructed my ability to petition the government for redress of grievances, violating my constitutional right to advocate for transparency and accountability.
- **Fifth Amendment (Due Process):**
 - The agencies' refusal to provide public records and accommodations denied me access to public processes mandated by law, violating my procedural due process rights.
- **Fourteenth Amendment (Equal Protection):**
 - Systemic exclusion from public forums and decision-making processes due to my disability constitutes discrimination, violating my equal protection rights under the law.

4. Medicaid Oversight Failures

- **Lack of Transparency:**
 - No publicly available records or audits exist detailing the Medicaid ABI Waiver Program's administration, provider accountability, or enforcement actions.
 - This absence of oversight violates **42 U.S.C. § 1396a**, which requires Medicaid programs to operate transparently and effectively.
- **Potential Mismanagement:**



- The lack of disclosure regarding complaints, violations, or corrective actions against Medicaid providers raises concerns about fraud, waste, and abuse of taxpayer-funded resources.

5. Whistleblower Retaliation

- **Procedural Barriers:**
 - The agencies imposed procedural barriers, such as non-responsiveness and exclusion from public processes, to suppress my efforts as a whistleblower.
 - These actions constitute retaliation against protected advocacy, violating federal whistleblower protection laws.

6. Corroborating Evidence

- **FOIA Submission Records:**
 - Copies of my FOIA request (October 25, 2024) and follow-ups (October 31, November 2, and December 2, 2024) demonstrate a clear pattern of agency non-compliance.
- **ADA Accommodation Requests:**
 - Documented requests for reasonable accommodations highlight systemic failures to provide equitable access and effective communication.



- **Communication Logs:**

- Email and written correspondence with DSS and the Attorney General’s Office confirm repeated procedural barriers and lack of responsiveness.

- **Program Oversight Deficiencies:**

- The absence of provider audits, enforcement actions, or corrective measures within the Medicaid ABI Waiver Program underscores systemic neglect.

7. Broader Implications

- **Harm to Vulnerable Populations:**

- The lack of transparency and accountability jeopardizes the quality of care for Medicaid beneficiaries, particularly individuals with acquired brain injuries.

- **Gross Waste of Funds:**

- Systemic failures to oversee Medicaid programs risk fraud, waste, and abuse of taxpayer-funded resources, undermining public trust.

- **Public Trust Erosion:**

- Continued non-compliance with federal and state laws damages confidence in the government’s ability to operate programs equitably and effectively.

Conclusion

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



These additional facts substantiate systemic violations of FOIA, ADA, Medicaid regulations, and constitutional protections. They demonstrate a deliberate pattern of non-compliance and exclusion, necessitating immediate federal intervention to restore transparency, accountability, and equitable program administration.



Danger to Public Health or Safety

The lack of transparency, accountability, and oversight in Connecticut's Medicaid programs, specifically the Acquired Brain Injury (ABI) Waiver Program, poses a significant danger to public health and safety. Vulnerable populations, including individuals with acquired brain injuries, rely on these services for essential care, and systemic failures jeopardize their well-being. Below is a breakdown of how each individual contributed to this danger:

1. Andrea Barton Reeves

- **Title:** Commissioner, Connecticut Department of Social Services (DSS)
- **Role:** Oversees DSS operations, including the Medicaid ABI Waiver Program.
- **Actions Contributing to Danger:**
 - **Lack of Oversight:** Failed to ensure transparency in program operations, including audits, complaints, and enforcement actions, increasing risks of substandard care.
 - **FOIA Non-Compliance:** Refused to disclose information critical to evaluating the program's effectiveness and safety, violating **5 U.S.C. § 552** and **Conn. Gen. Stat. § 1-210**.
 - **Impact on Vulnerable Populations:** Without accountability, Medicaid beneficiaries, including those with acquired brain injuries, face risks of neglect, mistreatment, or inadequate care.



2. Attorney General William Tong

- **Title:** Connecticut Attorney General
- **Role:** Responsible for ensuring legal compliance across state agencies.
- **Actions Contributing to Danger:**
 - **FOIA Obstruction:** Suppressed transparency efforts by ignoring FOIA requests, obstructing access to vital Medicaid oversight information.
 - **Failure to Enforce Accountability:** Did not hold DSS or other agencies accountable for systemic non-compliance, perpetuating unsafe practices in Medicaid programs.

3. Barbara Manning

- **Title:** CMS Regional Administrator (Region 1)
- **Role:** Oversees CMS operations in Connecticut and other New England states.
- **Actions Contributing to Danger:**
 - **Lack of Federal Oversight:** Neglected to investigate or address systemic failures in Connecticut's Medicaid ABI Waiver Program, despite its federally funded nature.



- **Risk to Public Health:** By failing to ensure program accountability, Barbara Manning allowed unsafe conditions and risks to persist for vulnerable Medicaid populations.

4. Chiquita Brooks-LaSure

- **Title:** Administrator, Centers for Medicare & Medicaid Services (CMS)
- **Role:** National Administrator of Medicaid programs.
- **Actions Contributing to Danger:**
 - **Failure to Intervene:** Did not address ongoing issues in Connecticut's Medicaid program, allowing risks to public health and safety to escalate.
 - **Jeopardized Beneficiary Care:** Lax oversight contributed to systemic failures that directly impact the quality and accessibility of care for Medicaid beneficiaries.

5. Eileen Meskill

- **Title:** Deputy Attorney General
- **Role:** Second-in-command to Attorney General William Tong.
- **Actions Contributing to Danger:**



- **Neglected Legal Oversight:** Failed to enforce transparency and ADA compliance, preventing stakeholders from ensuring the safety and efficacy of Medicaid programs.

6. Governor Ned Lamont

- **Title:** Governor of Connecticut
- **Role:** Chief Executive of the State of Connecticut.
- **Actions Contributing to Danger:**
 - **Inaction on Systemic Failures:** Despite being aware of the systemic issues in DSS and other agencies, Governor Lamont failed to intervene or address the lack of accountability.
 - **Harm to Public Trust:** This inaction undermines public confidence in programs meant to serve vulnerable populations, further endangering their health and safety.

7. Matthew Brokman

- **Title:** Chief of Staff to Governor Ned Lamont
- **Role:** Oversees executive operations and ensures compliance with the Governor's agenda.
- **Actions Contributing to Danger:**

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- **Lack of Executive Oversight:** Failed to ensure that state agencies complied with federal and state requirements for Medicaid program transparency and safety.

8. Tanya Hughes

- **Title:** Executive Director, Commission on Human Rights and Opportunities (CHRO)
- **Role:** Ensures equitable access and compliance with ADA requirements in public services.
- **Actions Contributing to Danger:**
 - **Neglected ADA Complaints:** Did not address exclusionary practices or ensure reasonable accommodations for stakeholders advocating for Medicaid program improvements.
 - **Risk to Vulnerable Groups:** Failure to address ADA violations perpetuates systemic inequities and endangers Medicaid beneficiaries.

Systemic Implications of Danger

1. Transparency Failures:

- FOIA non-compliance and lack of public accountability prevent scrutiny of Medicaid program operations, jeopardizing care quality and safety.

2. Impact on Vulnerable Populations:

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- Medicaid beneficiaries, particularly those with acquired brain injuries, face increased risks of neglect, mistreatment, or harm due to inadequate oversight.

3. Erosion of Public Trust:

- Lack of accountability undermines confidence in the integrity of public health programs and exposes taxpayers to fraud, waste, and abuse.

4. Broader Public Health Risk:

- Systemic failures in Medicaid administration can set a precedent for unsafe practices in other programs, posing a wider threat to public health and safety.

Conclusion

The systemic lack of transparency and accountability in the Medicaid ABI Waiver Program poses an ongoing danger to public health and safety. Immediate federal intervention is required to protect vulnerable populations, restore program integrity, and ensure compliance with federal oversight requirements.



3. When Did This Occur?

The violations began on **October 25, 2024**, with my initial FOIA request to the Connecticut Attorney General's Office, and continue to this day. Below is a detailed timeline of events that illustrate the systemic and ongoing nature of these violations:

Timeline of Events

1. October 25, 2024:

- I submitted a FOIA request to the Connecticut Attorney General's Office seeking records related to the Medicaid Acquired Brain Injury (ABI) Waiver Program.
- This request also included ADA accommodation requests for simplified communication formats and accessible records due to my traumatic brain injury (TBI).
- The Attorney General's Office and the Department of Social Services (DSS) failed to acknowledge the request within the statutory **four-business-day deadline** required under **Conn. Gen. Stat. § 1-210**, initiating the first violation.

2. October 31, 2024:

- I submitted a follow-up communication to both the Attorney General's Office and DSS, requesting acknowledgment of my FOIA submission and compliance with ADA requirements.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- Neither agency provided a response, violating FOIA's federal **20-business-day response deadline** under **5 U.S.C. § 552(a)(6)(A)**.

3. **November 2, 2024:**

- I sent a second follow-up communication reiterating the urgency of my requests for transparency and ADA compliance.
- Both agencies ignored this communication, compounding the FOIA and ADA violations and demonstrating systemic non-compliance.

4. **December 2, 2024:**

- I submitted a final follow-up communication highlighting the broader implications of these failures, including violations of Medicaid regulations (**42 U.S.C. § 1396a**) and constitutional rights.
- No response or acknowledgment was received, further confirming the deliberate and ongoing nature of these violations.

5. **Ongoing and Continuous Violations:**

- To date, the Attorney General's Office, DSS, and other related entities continue to:
 - Fail to respond to my FOIA requests and provide ADA accommodations.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- Exclude me from public forums and discussions critical to Medicaid program oversight.
- Obstruct access to public records, transparency, and accountability for federally funded Medicaid programs.

Nature of Violations

1. FOIA Non-Compliance:

- Agencies failed to meet acknowledgment and response deadlines under **5 U.S.C. § 552** and **Conn. Gen. Stat. § 1-210**.

2. ADA Violations:

- Ignored requests for accommodations, excluding me from participation and access, violating **42 U.S.C. § 12131** and **28 C.F.R. § 35.130 and § 35.160**.

3. Constitutional Violations:

- These actions infringe on my:
 - **First Amendment right** to petition the government for redress.
 - **Fifth Amendment due process rights**, as agencies denied access to mandated processes and records.
 - **Fourteenth Amendment equal protection rights**, as a person with disabilities.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



4. Medicaid Oversight Failures:

- Lack of transparency and accountability violates federal Medicaid regulations (**42 U.S.C. § 1396a**) and jeopardizes the integrity of taxpayer-funded programs.

Conclusion

The violations began on **October 25, 2024**, with my initial FOIA request and persist to this day.

These ongoing failures demonstrate systemic neglect, deliberate non-compliance, and significant risks to public health and safety, necessitating immediate federal intervention.



4. How Did You Discover This Action?

I discovered these violations through direct engagement with the Freedom of Information Act (FOIA) process, my role as a whistleblower advocating for transparency in the Medicaid Acquired Brain Injury (ABI) Waiver Program, and repeated attempts to secure reasonable ADA accommodations. Below is a detailed explanation of how I uncovered these systemic failures:

1. Submission of FOIA Requests

- **Date:** October 25, 2024
 - I submitted a FOIA request to the Connecticut Attorney General's Office, seeking records related to the Medicaid ABI Waiver Program to evaluate its oversight and compliance with federal regulations.
 - The agency failed to acknowledge the request within the statutory **four-business-day deadline** under **Conn. Gen. Stat. § 1-210**, which was my first indication of potential systemic transparency issues.

2. Follow-Up Communications

- **Dates:** October 31, November 2, and December 2, 2024
 - After receiving no acknowledgment, I sent follow-up communications to both the Attorney General's Office and the Department of Social Services (DSS).



- The consistent lack of response and failure to meet statutory deadlines under **5 U.S.C. § 552** (FOIA) revealed procedural barriers and deliberate non-compliance with transparency laws.

3. Denial of ADA Accommodations

- Along with my FOIA request, I submitted **explicit ADA accommodation requests** due to my traumatic brain injury (TBI), including simplified communication formats and accessible records.
- The agencies' failure to address or fulfill these accommodations exposed systemic non-compliance with **Title II of the ADA (42 U.S.C. § 12131)** and **28 C.F.R. § 35.130 and § 35.160**.
- This denial of accommodations excluded me from participating in public processes and advocacy efforts, further confirming institutional barriers and discriminatory practices.

4. Exclusion from Public Processes

- Despite being a direct stakeholder in the Medicaid ABI Waiver Program, I was excluded from public forums and decision-making processes critical to Medicaid oversight.
- This exclusion revealed violations of my:
 - **First Amendment right** to petition the government for redress.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- **Fifth Amendment due process rights**, as I was denied access to legally mandated processes.
- **Fourteenth Amendment right to equal protection**, as a person with disabilities.

5. Broader Investigation and Findings

- As I sought to understand the lack of response and accommodations, I uncovered broader systemic issues, including:
 - **Lack of Transparency:** No publicly available records on Medicaid program oversight, provider accountability, or program audits.
 - **Potential Mismanagement:** The absence of disclosures about enforcement actions against providers or corrective measures raised concerns about fraud, waste, and abuse of taxpayer-funded resources.

6. Corroborating Evidence

- **FOIA Submission Records:** Copies of my FOIA request and follow-up communications provide evidence of non-compliance.
- **ADA Accommodation Requests:** Documented requests for accommodations highlight systemic failures to provide equitable access and effective communication.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- **Communication Logs:** Correspondence with DSS and the Attorney General's Office confirms procedural barriers and systemic non-responsiveness.

Conclusion

I discovered these actions through my direct engagement with the FOIA process, repeated denials of ADA accommodations, and exclusion from public processes. These experiences exposed systemic non-compliance with transparency laws, ADA requirements, and constitutional protections, necessitating immediate federal intervention.



Constitutional Rights Violations Contributing to Danger to Public Safety

The systemic failures in transparency, ADA compliance, and oversight within Connecticut's Medicaid programs, particularly the ABI Waiver Program, violate multiple constitutional rights and significantly endanger public safety. Below are the specific constitutional violations linked to key individuals' actions or inactions.

1. First Amendment Violations

- **Right to Petition the Government:**
 - **What Happened:**
 - FOIA non-compliance obstructed my right to petition the government for redress of grievances.
 - The Attorney General's Office and DSS suppressed my advocacy efforts by ignoring lawful FOIA requests, preventing me from addressing systemic Medicaid oversight failures.
 - **Constitutional Violation:**
 - Suppressing my ability to request information and advocate for transparency violates the **First Amendment**.

2. Fifth Amendment Violations

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- **Right to Due Process:**

- **What Happened:**

- Denied access to public records mandated by FOIA and state law.
 - Ignored ADA accommodations, effectively excluding me from participating in Medicaid-related public processes.
 - Procedural barriers and non-responsiveness blocked my access to legal remedies.

- **Constitutional Violation:**

- These actions violate the **Fifth Amendment**, which guarantees procedural due process rights when engaging with government processes.

3. Fourteenth Amendment Violations

- **Equal Protection Under the Law:**

- **What Happened:**

- Denial of ADA accommodations excluded me, as a person with a disability, from critical forums and decision-making processes concerning Medicaid oversight.
 - Systemic neglect disproportionately impacts individuals with acquired brain injuries and disabilities, creating unequal access to public services.



- **Constitutional Violation:**
 - This exclusion constitutes discrimination, violating the **Fourteenth Amendment's Equal Protection Clause**.
- **Due Process (State-Level Applications):**
 - **What Happened:**
 - Lack of transparency and accountability in Medicaid programs directly affects beneficiaries' ability to access safe, effective care.
 - DSS and the Attorney General's Office ignored FOIA requests and procedural requirements, bypassing due process obligations.
 - **Constitutional Violation:**
 - These actions also violate the Fourteenth Amendment's **Due Process Clause**, which requires fairness in government actions impacting individuals' rights.

Specific Violations Linked to Danger to Public Safety

1. Denial of Transparency (First and Fifth Amendments):

- FOIA violations obstruct public accountability, preventing timely identification of safety risks in Medicaid programs, which jeopardizes beneficiaries' lives and well-being.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



2. Exclusion of Stakeholders (Fourteenth Amendment):

- The exclusion of individuals with disabilities from public processes weakens program accountability and oversight, increasing risks of harm to vulnerable populations.

3. Suppression of Advocacy (First Amendment):

- Retaliatory procedural barriers discourage whistleblower advocacy, allowing dangerous conditions to persist within Medicaid programs.

4. Failure to Provide Due Process (Fifth and Fourteenth Amendments):

- Denying access to records and accommodations prevents individuals from engaging in legally mandated oversight, violating due process and endangering public safety.

Contributing Actions by Key Individuals

Andrea Barton Reeves (Commissioner, DSS):

- Ignored FOIA requests, violating the First and Fifth Amendments.
- Failed to provide ADA accommodations, violating the Fourteenth Amendment's Equal Protection Clause.

Attorney General William Tong:

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- Suppressed transparency by allowing systemic FOIA non-compliance, violating the First Amendment.
- Failed to ensure ADA compliance, perpetuating discrimination and violating the Fourteenth Amendment.

Barbara Manning (CMS Regional Administrator):

- Neglected oversight of Medicaid programs, enabling systemic failures that endanger vulnerable populations and violate constitutional protections.

Chiquita Brooks-LaSure (CMS Administrator):

- Failed to enforce transparency and oversight within Connecticut’s Medicaid programs, allowing constitutional violations to persist.

Eileen Meskill (Deputy Attorney General):

- Operationally responsible for FOIA compliance, ignored requests, and failed to address ADA violations, compounding constitutional infractions.

Governor Ned Lamont:

- As the state’s chief executive, failed to intervene in systemic failures, allowing violations of constitutional rights to persist unchecked.

Systemic Impact of Constitutional Violations

1. Public Health Risk:

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- Denying transparency and excluding stakeholders from oversight processes jeopardizes the safety and well-being of Medicaid beneficiaries.

2. Erosion of Public Trust:

- Violations of constitutional rights and lack of government accountability undermine public confidence in Medicaid programs and taxpayer-funded initiatives.

3. Increased Risks for Vulnerable Populations:

- Discrimination and lack of oversight disproportionately harm individuals with acquired brain injuries and disabilities, leaving them vulnerable to neglect, mistreatment, or harm.

Conclusion

The actions of key individuals and agencies violate the **First, Fifth, and Fourteenth Amendments** of the U.S. Constitution. These constitutional infractions directly contribute to systemic risks that endanger public safety and necessitate immediate federal intervention to uphold the rule of law and protect vulnerable populations.



3. When Did This Occur?

The violations began on **October 25, 2024**, with the submission of my initial FOIA request to the Connecticut Attorney General's Office, and continue to this day. Below is a detailed timeline of events, demonstrating systemic and ongoing failures.

Timeline of Events

1. **October 25, 2024:**

- I submitted a FOIA request to the Connecticut Attorney General's Office, seeking records related to the Medicaid Acquired Brain Injury (ABI) Waiver Program.
- This request explicitly included ADA accommodation requests for simplified communication formats and accessible records, as required under **Title II of the ADA (42 U.S.C. § 12131)**.
- The Attorney General's Office and the Department of Social Services (DSS) failed to acknowledge this request within the statutory **four-business-day deadline** required under **Conn. Gen. Stat. § 1-210**, initiating the first violation.

2. **October 31, 2024:**

- I sent a follow-up communication to the Attorney General's Office and DSS, requesting acknowledgment of my FOIA submission and compliance with ADA requirements.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- Neither agency responded, violating federal FOIA response deadlines under **5 U.S.C. § 552(a)(6)(A)**.

3. November 2, 2024:

- I submitted a second follow-up communication reiterating the urgency of my requests for transparency and ADA compliance.
- Both agencies ignored this communication, compounding FOIA and ADA violations and demonstrating systemic neglect.

4. December 2, 2024:

- I submitted a final follow-up communication highlighting the broader implications of these failures, including violations of federal Medicaid regulations (**42 U.S.C. § 1396a**) and constitutional rights.
- Neither agency provided any acknowledgment or response, confirming deliberate non-compliance and ongoing violations.

5. Ongoing and Continuous Violations:

- As of today, the Attorney General's Office, DSS, and other related entities
continue to:

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- Refuse to respond to my FOIA requests or provide ADA accommodations.
- Exclude me from public forums and discussions critical to Medicaid program oversight.
- Obstruct access to public records and accountability in federally funded programs.

Nature of Violations

1. FOIA Non-Compliance:

- Agencies failed to meet acknowledgment and response deadlines under **5 U.S.C. § 552(a)(6)(A)** and **Conn. Gen. Stat. § 1-210**.

2. ADA Violations:

- Ignored requests for accommodations, excluding me from participation and access, violating **42 U.S.C. § 12131** and **28 C.F.R. § 35.130 and § 35.160**.

3. Constitutional Violations:

- These ongoing failures infringe on my:
 - **First Amendment right** to petition the government for redress of grievances.
 - **Fifth Amendment due process rights**, as agencies denied access to mandated processes and records.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- **Fourteenth Amendment equal protection rights**, as a person with disabilities.

4. **Medicaid Oversight Failures:**

- Lack of transparency and accountability violates federal Medicaid regulations (**42 U.S.C. § 1396a**) and jeopardizes the integrity of taxpayer-funded programs.

Conclusion

The violations began on **October 25, 2024**, with my initial FOIA request and persist to this day. These ongoing failures represent a pattern of systemic neglect, deliberate non-compliance, and significant risks to public health, safety, and constitutional rights.



4. How Did You Discover This Action?

I discovered these violations through direct engagement with the Freedom of Information Act (FOIA) process, my role as a whistleblower advocating for transparency in the Medicaid Acquired Brain Injury (ABI) Waiver Program, and repeated attempts to secure reasonable ADA accommodations. Below is a detailed explanation of how I uncovered these systemic failures:

1. Submission of FOIA Requests

- **Date:** October 25, 2024
 - I submitted a FOIA request to the Connecticut Attorney General's Office, seeking records related to the Medicaid ABI Waiver Program to evaluate its oversight, compliance with federal Medicaid regulations, and effectiveness in serving vulnerable populations.
 - The lack of acknowledgment or response to this request, required under **Conn. Gen. Stat. § 1-210** and **5 U.S.C. § 552(a)(6)(A)**, indicated potential transparency failures and non-compliance with statutory obligations.

2. Follow-Up Communications

- **Dates:** October 31, November 2, and December 2, 2024
 - After receiving no acknowledgment, I sent multiple follow-up communications to both the Attorney General's Office and the Department of Social Services (DSS).

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- The continued lack of response revealed systemic procedural failures and deliberate suppression of transparency, as required under state and federal FOIA laws.

3. Denial of ADA Accommodations

- Along with my FOIA request, I submitted **explicit ADA accommodation requests** due to my traumatic brain injury (TBI). These accommodations included:
 - Simplified communication formats.
 - Accessible records compatible with assistive technologies.
- The agencies' failure to fulfill these reasonable accommodation requests demonstrated non-compliance with **Title II of the ADA (42 U.S.C. § 12131)** and its implementing regulations (**28 C.F.R. § 35.130 and § 35.160**).
- This exclusion from participating in critical oversight processes further revealed systemic discrimination and procedural barriers.

4. Exclusion from Public Processes

- Despite being a direct stakeholder in the Medicaid ABI Waiver Program, I was excluded from public forums, discussions, and decision-making processes critical to Medicaid program oversight.



- This exclusion revealed violations of my:
 - **First Amendment right** to petition the government for redress of grievances.
 - **Fifth Amendment due process rights**, as I was denied access to legally mandated processes.
 - **Fourteenth Amendment right to equal protection**, as a person with disabilities.

5. Broader Investigation and Findings

- Through my advocacy efforts, I uncovered broader systemic issues, including:
 - **Lack of Transparency:** No publicly available records, audits, or enforcement actions exist detailing the Medicaid ABI Waiver Program's operations or accountability mechanisms.
 - **Potential Mismanagement:** Absence of records about complaints, violations, or corrective actions raises concerns about fraud, waste, and abuse of taxpayer-funded Medicaid resources.
 - **Barriers to Accountability:** Systemic delays and exclusionary practices obstruct meaningful oversight and advocacy efforts.

6. Corroborating Evidence

- **FOIA Submission Records:**

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- Copies of my FOIA request (October 25, 2024) and follow-ups (October 31, November 2, and December 2, 2024) provide evidence of agency non-compliance.
- **ADA Accommodation Requests:**
 - Documented requests for accommodations highlight the agencies' failure to comply with ADA mandates and ensure equitable participation.
- **Communication Logs:**
 - Correspondence with DSS and the Attorney General's Office confirms procedural barriers, delays, and systemic non-responsiveness.
- **Lack of Accountability Measures:**
 - The absence of publicly disclosed records on Medicaid program oversight supports allegations of systemic neglect and potential mismanagement.

Conclusion

I discovered these systemic failures through my direct involvement with the FOIA process, repeated denials of ADA accommodations, and exclusion from critical Medicaid oversight processes. These experiences revealed widespread violations of transparency laws, ADA requirements, and constitutional protections, necessitating immediate federal intervention.



Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



What Action Would I Like OSC to Take?

1. Launch a Comprehensive Investigation

- **Systemic FOIA Non-Compliance:**

- Investigate failures by the Connecticut Department of Social Services (DSS), the Connecticut Attorney General's Office, and related state agencies to comply with **FOIA (5 U.S.C. § 552)** and **Conn. Gen. Stat. § 1-210**.
- Review delays and refusals to provide records related to Medicaid ABI Waiver Program operations, including:
 - Provider complaints.
 - Financial audits and fund usage.
 - Accountability measures, including investigations of fraud or misconduct.

- **ADA Non-Compliance:**

- Investigate systemic refusal to provide reasonable accommodations under the **Americans with Disabilities Act (ADA)**, including:
 - Simplified communication formats.
 - Accessible public records.
 - Inclusion in public forums related to Medicaid program oversight.



- **Constitutional Violations:**

- Examine infringements of:
 - **First Amendment:** Suppressing my right to petition the government for redress of grievances through FOIA obstruction.
 - **Fifth Amendment:** Denying access to due process by excluding me from government processes and failing to provide legally mandated public records.
 - **Fourteenth Amendment:** Discriminating against me as a person with disabilities, violating my equal protection rights.

- **Whistleblower Retaliation:**

- Investigate procedural barriers, public exclusion, and systemic retaliation aimed at suppressing my advocacy for transparency and accountability.
- Examine whether Connecticut state officials or agencies retaliated against me for exposing systemic Medicaid mismanagement.

- **Gross Mismanagement of Medicaid Funds:**

- Investigate DSS and related entities for potential violations of **42 U.S.C. § 1396a**, including failure to:
 - Ensure efficient administration of federally funded Medicaid programs.
 - Prevent fraud, waste, and abuse of taxpayer dollars.



- Provide effective oversight of the ABI Waiver Program.

2. Enforce Immediate Corrective Actions

- **Transparency and FOIA Compliance:**

- Compel DSS, the Attorney General's Office, and all implicated agencies to:
 - Immediately release all records requested under FOIA, including Medicaid provider complaints, financial audits, and enforcement actions.
 - Comply with statutory deadlines for FOIA requests and provide justifications for any redactions or exemptions under **5 U.S.C. § 552(b)**.

- **ADA Compliance:**

- Mandate immediate implementation of ADA accommodations for individuals with disabilities, including:
 - Simplified communication formats and accessible public records.
 - Equal access to public forums and decision-making processes.
- Enforce compliance with **28 C.F.R. § 35.130 and § 35.160**, which require effective communication and prohibit discriminatory practices.

- **Whistleblower Protections:**

- Enforce protections under the **Whistleblower Protection Act** to prevent further retaliation against me for exposing systemic failures.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- Ensure that agencies involved are prohibited from imposing procedural barriers or other retaliatory actions.

3. Hold Individuals Accountable

- **Identify Responsible Parties:**

- Investigate the roles of key individuals, including:
 - Andrea Barton Reeves (Commissioner, DSS).
 - Attorney General William Tong.
 - Barbara Manning (CMS Regional Administrator).
 - Chiquita Brooks-LaSure (CMS Administrator).
 - Governor Ned Lamont and his Chief of Staff, Matthew Brokman.
- Determine whether their actions or inactions contributed to systemic non-compliance, retaliation, and gross mismanagement.

- **Disciplinary Measures:**

- Recommend disciplinary action for officials found to have violated federal laws, suppressed whistleblower advocacy, or enabled discrimination and non-transparency.



4. Recommend Systemic Reforms

- **Structural Changes:**

- Recommend the establishment of independent oversight mechanisms to ensure ADA compliance, whistleblower protections, and transparency within Medicaid programs.
- Mandate annual independent audits of Medicaid programs to prevent fraud, waste, and abuse.

- **Whistleblower Protections:**

- Recommend stronger federal oversight of whistleblower complaints related to federally funded programs.
- Propose policies requiring immediate and comprehensive responses to whistleblower allegations.

- **Transparency Initiatives:**

- Require DSS and related agencies to:
 - Publish annual reports on Medicaid program operations, including complaints, audits, and corrective actions.
 - Maintain a publicly accessible database of provider violations and enforcement outcomes.



5. Ensure Restorative Justice

- **Compensation for Harm:**

- Seek restitution for damages caused by systemic retaliation, ADA violations, and procedural barriers that obstructed my advocacy and access to information.
- Provide compensation for lost time, resources, and advocacy opportunities resulting from agency non-compliance.

- **Public Acknowledgment:**

- Require public acknowledgment of systemic failures by DSS, CHRO, and the Attorney General's Office, including an apology for violating whistleblower protections and ADA compliance.

6. Promote Public Accountability

- **Public Reporting:**

- Ensure that findings from OSC investigations are publicly disclosed, including corrective actions and enforcement measures.
- Require regular updates to demonstrate progress in addressing systemic issues and ensuring compliance with federal laws.

- **Stakeholder Inclusion:**



- Mandate the inclusion of whistleblowers, disability advocates, and affected stakeholders in oversight and decision-making processes related to Medicaid programs.

7. Address Broader Public Safety Risks

- **Immediate Risk Mitigation:**

- Address ongoing risks to public safety posed by systemic failures in Medicaid oversight, including:
 - Lack of provider accountability.
 - Potential neglect or mistreatment of Medicaid beneficiaries.
- Strengthen enforcement of **42 U.S.C. § 1396a** to ensure Medicaid programs operate effectively and safely.

- **Policy Changes:**

- Recommend federal policy changes to prevent similar systemic failures in other states, focusing on transparency, accountability, and whistleblower protections.

Conclusion

These actions are necessary to uphold **whistleblower protections**, ensure compliance with **FOIA, ADA**, and **constitutional rights**, and protect public safety. Immediate federal

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



intervention and systemic reform are critical to restoring transparency, accountability, and trust in Medicaid programs.



Request for Federal Representation

The Office of Special Counsel (OSC) and other relevant federal agencies, including the Department of Justice (DOJ), the Department of Health and Human Services (HHS), and the Centers for Medicare & Medicaid Services (CMS), must represent **both myself as a whistleblower and the broader public** in addressing these systemic violations. These actions should include:

1. Representing Whistleblower Rights

- **Protect My Advocacy Efforts:**
 - Enforce whistleblower protections under the **Whistleblower Protection Act** to safeguard my rights and ensure that my efforts to expose systemic failures are not met with retaliation.
 - Act as a federal intermediary to hold state agencies accountable for obstructing transparency and ADA compliance.
- **Provide Legal and Procedural Representation:**
 - Advocate for my access to records, ADA accommodations, and participation in oversight processes as required under **FOIA, ADA, and constitutional rights** provisions.
 - Assist in ensuring that state agencies, including DSS and the Connecticut Attorney General's Office, comply with federal laws and policies.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



2. Representing the Broader Public Interest

- **Ensure Accountability for Medicaid Mismanagement:**
 - Represent the interests of taxpayers and Medicaid beneficiaries by investigating systemic mismanagement and potential misuse of federal funds under **42 U.S.C. § 1396a**.
 - Address gross waste of federal and state resources allocated to the Medicaid ABI Waiver Program, ensuring that these funds serve their intended purpose of supporting vulnerable populations.
- **Protect Public Safety:**
 - Act on behalf of individuals who rely on Medicaid services, ensuring program integrity and preventing harm to public health and safety caused by lack of oversight, transparency, or accountability.
 - Address the exclusion of stakeholders with disabilities from decision-making processes, which creates inequitable systems that endanger lives and erode public trust.

3. Federal Oversight of State Agencies

- **Hold State Agencies Accountable:**

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- Represent federal authority in addressing Connecticut’s systemic failures, ensuring that state agencies comply with federal laws, including **FOIA**, **ADA**, and Medicaid oversight regulations.
- Require the Connecticut Department of Social Services (DSS), the Connecticut Attorney General’s Office, and CHRO to implement federal-mandated corrective actions.
- **Demand Systemic Reforms:**
 - Advocate for the establishment of independent oversight bodies to monitor ADA compliance, Medicaid program transparency, and whistleblower protections in Connecticut.

4. Advocating for Constitutional Protections

- **First Amendment:**
 - Ensure my right to petition the government for redress of grievances is fully protected by holding state agencies accountable for suppressing FOIA requests and obstructing advocacy efforts.
- **Fifth Amendment:**
 - Guarantee procedural due process in accessing public records, participating in Medicaid oversight, and ensuring equitable treatment under the law.
- **Fourteenth Amendment:**

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- Demand equal protection for individuals with disabilities who are excluded from public forums, decision-making processes, and oversight roles due to systemic ADA violations.

5. Supporting Restorative Justice

- **Advocate for Compensation and Acknowledgment:**
 - Request compensation for the harm caused to myself and others affected by these systemic violations, including delays, barriers to advocacy, and exclusion from public processes.
 - Seek a public acknowledgment of failures by Connecticut state agencies to ensure accountability and transparency for the public.
- **Mandate Public Reforms:**
 - Represent the public interest by ensuring systemic reforms that guarantee transparency, accountability, and compliance with federal laws in all future Medicaid operations.

Conclusion

This request explicitly asks the federal government, through OSC and related agencies, to act on behalf of **both myself as a whistleblower** and the **broader public interest**, ensuring transparency, equity, and accountability in federally funded programs. The federal government's

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



role is essential to restoring trust in public institutions and protecting the rights of whistleblowers and vulnerable populations.



"Federal Representation for Justice: Addressing Systemic Violations of Constitutional Rights, ADA Protections, and Whistleblower Safeguards to Ensure Transparency and Accountability"

Complaint and Demand for Justice: Systemic Violations of Constitutional Rights, ADA Compliance, Whistleblower Protections, and State Transparency Obligations

What's Specifically Happening

1. State Agencies Are Failing in Their Duties

- **CHRO (Commission on Human Rights and Opportunities):**

CHRO is responsible for investigating discrimination complaints, including ADA violations. David submitted a notarized complaint detailing ADA violation by DSS, yet CHRO refuses to assign a case number or take meaningful action. This failure obstructs justice, denies David's right to due process, and allows systemic discrimination to persist unchecked.

- **Connecticut DSS (Department of Social Services):**

DSS officials have publicly ridiculed David, excluded him from discussions, and obstructed his access to information critical for accountability. DSS has also failed



to provide the ADA accommodations David needs to engage meaningfully in its processes.

- **Attorney General's Office:**

Despite receiving evidence of systemic failures and misconduct, the Attorney General's Office has ignored David's calls for intervention, effectively enabling DSS and CHRO's inaction.

2. Federal Agencies Are Neglecting Oversight Responsibilities

- **DOJ (Department of Justice):**

David escalated his complaints to the DOJ, highlighting ADA violations, FOIA non-compliance, and whistleblower retaliation. Despite unmistakable evidence, DOJ has taken no substantive action to protect David's rights or hold Connecticut accountable.

- **HHS OCR (Office for Civil Rights):**

As the federal agency responsible for enforcing ADA compliance in healthcare settings, HHS OCR has failed to address the systemic failures within Connecticut's Medicaid program, leaving vulnerable populations without recourse.

3. Exploitation of Disability

- Agencies are exploiting David's brain injury and related cognitive challenges, such as memory difficulties, by creating procedural barriers and refusing to



provide accommodations. This deliberate exclusion compounds his inability to navigate the system and enforce his rights effectively.

4. Retaliation for Whistleblowing

- David's efforts to expose Medicaid mismanagement and corruption have made him a target of systemic retaliation. Rather than address the issues he has raised, state and federal entities are obstructing his advocacy, denying him access to justice, and suppressing his whistleblower protections.

The Broader Implications

1. Erosion of Public Trust

- Connecticut's refusal to investigate or address its own systemic failures undermines public confidence in state agencies and their commitment to justice and transparency.

2. Mismanagement of Taxpayer Funds

- The misuse or mismanagement of Medicaid funds harms taxpayers and jeopardizes the financial stability of federal healthcare programs.

3. Endangerment of Vulnerable Populations

- By neglecting ADA compliance and suppressing whistleblowers, these agencies fail to protect individuals who depend on Medicaid and disability rights protections, perpetuating harm to vulnerable communities.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



The violations of **ADA**, **civil**, and **constitutional rights** against David Medeiros stem from systemic corruption, deliberate inaction, and institutional self-preservation. Connecticut's state agencies and federal oversight bodies are fully aware of David's **brain injury**, which adds an egregious dimension to their failure to act. Below is a detailed analysis of the root causes and their implications.

1. Shielding Mismanagement

A Culture of Secrecy to Avoid Accountability

Connecticut's agencies operate within an environment of financial strain and heavy dependence on **Medicaid funding**. The exposure of systemic mismanagement would not only jeopardize federal funding but also trigger public scrutiny, damaging political stability and institutional reputations. These motivations drive a deliberate effort to suppress transparency and accountability.

Key Points:

- **Avoiding Scrutiny:** Connecticut officials prioritize obscuring inefficiencies and potential financial mismanagement rather than addressing whistleblower concerns.
- **Fiscal Vulnerability:** The state's precarious financial position fuels an incentive to suppress whistleblowers and deny transparency to prevent federal audits or public fallout.
- **Retaliatory Measures:** Agencies such as DSS retaliate against whistleblowers like David Medeiros to deter future accountability efforts, reinforcing a culture of impunity.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



2. Lack of Federal Enforcement

Deferred Oversight Creates a Vacuum of Accountability

Federal agencies like the **Department of Justice (DOJ)** and **Office for Civil Rights (OCR)** within the **Department of Health and Human Services (HHS)** are tasked with enforcing ADA compliance and whistleblower protections. However, these agencies frequently defer to state jurisdictions, allowing violations to persist unchecked.

Key Points:

- **Vacuum of Accountability:** Federal inaction emboldens state agencies like DSS and CHRO, which exploit procedural loopholes to evade oversight.
- **Under prioritization of Disability Complaints:** ADA violations and whistleblower complaints, especially from individuals with disabilities, are often deprioritized due to bureaucratic inefficiency or limited resources.
- **Implicit Endorsement of State Inaction:** The lack of federal enforcement signals that state agencies can act with impunity, undermining the very purpose of federal protections.

3. Systemic Corruption

Institutional Self-Preservation Over Justice

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



The refusal to act on credible complaints and the systemic obstruction faced by David Medeiros are indicative of deeper corruption. Agencies prioritize shielding themselves and their leadership over upholding public trust or addressing misconduct.

Key Points:

- **Corruption-Fueled Retaliation:** DSS and CHRO are complicit in protecting officials engaged in discriminatory or retaliatory practices by refusing to investigate or acknowledge complaints.
- **Erosion of Public Trust:** The failure to address David's complaints undermines confidence in government accountability, fostering public disenfranchisement.
- **Misaligned Priorities:** Agencies prioritize maintaining their power structures over ensuring justice, enabling discrimination and retaliatory practices to persist.

Exploitation of David Medeiros' Brain Injury

The deliberate disregard for David's documented **cognitive challenges** is not just an act of negligence; it represents a **weaponization of his disability** to suppress his advocacy and deny him justice.

4. Deliberate Procedural Barriers

Agencies such as DSS and CHRO have systematically refused to provide ADA-mandated accommodations, including simplified processes, email-only correspondence, and accessible

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



formats. These failures exacerbate David's difficulties as a **traumatic brain injury (TBI)** survivor.

Specific Examples:

- **Procedural Delays:** Refusal to simplify communication has created insurmountable delays and confusion, making it nearly impossible for David to pursue justice effectively.
- **Weaponized Complexity:** Agencies have used procedural obstacles to exhaust David's resources, undermine his advocacy, and delay action indefinitely.
- **Institutional Knowledge of Disability:** Officials are aware of David's cognitive challenges yet exploit them to silence his voice and obstruct his efforts to hold the system accountable.

5. Retaliation and Exclusion

David Medeiros' whistleblowing activities have made him a target for systemic retaliation. DSS officials and other state actors have exploited his disability to undermine his credibility and suppress his advocacy.

Key Retaliatory Actions:

- **Public Ridicule:** DSS officials publicly ridiculed David during ABI Waiver forums, excluding him from critical discussions and decision-making processes.



- **Whistleblower Retaliation:** David’s whistleblowing on Medicaid mismanagement has been met with systematic obstruction, inaction, and exclusion, violating federal whistleblower protections.
- **Suppression of Advocacy:** By denying David a platform, these agencies have silenced his advocacy, depriving vulnerable populations of a powerful voice.

The Broader Implications

The systemic failures and deliberate exploitation of David Medeiros’ disability have far-reaching consequences that extend beyond his individual case.

1. Erosion of Public Trust

- Connecticut’s refusal to investigate or address its own systemic failures undermines public confidence in government accountability.
- Federal inaction further erodes trust, signaling that the government is unwilling to protect constitutional rights or enforce transparency.

2. Endangerment of Vulnerable Populations

- By disregarding ADA compliance and whistleblower protections, these agencies fail to uphold the rights of individuals who depend on Medicaid and disability accommodations.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- This systemic neglect perpetuates harm to already marginalized communities, leaving them without recourse or protection.

3. Mismanagement of Public Funds

- The misuse or mismanagement of Medicaid funds, coupled with a lack of transparency, raises significant concerns about financial accountability.
- Taxpayer dollars intended to support vulnerable populations are instead diverted or wasted, further exacerbating systemic inequality.

Conclusion: A Call for Justice

David Medeiros is not only a victim of systemic retaliation but also a symbol of the broader failures within Connecticut's state agencies and federal oversight bodies. The deliberate exploitation of his disability and suppression of his advocacy represents a fundamental violation of **constitutional rights, ADA protections, and public trust.**

These coordinated failures demand immediate and decisive federal intervention to restore justice, enforce accountability, and ensure systemic reform.

The Crux of the Matter

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



David Medeiros is trapped in a system designed to suppress whistleblowers, marginalize individuals with disabilities, and shield governmental misconduct. Each agency involved is either actively retaliating against him or passively allowing injustices to continue, leaving him without meaningful recourse.

This pattern of neglect and retaliation is not just a personal injustice—it represents a systemic failure that threatens the rights of all vulnerable populations.

Would you like this clarified further, or should we strengthen specific aspects of the complaint?

Complaint and Demand for Justice: Systemic Violations of Constitutional Rights, ADA Compliance, Whistleblower Protections, and State Transparency Obligations

Complainant:

David Medeiros

Founder, ABI Resources

Willimantic, Connecticut

Filed Against:

- **Connecticut Commission on Human Rights and Opportunities (CHRO)**

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- **Connecticut Attorney General's Office**
- **Connecticut Department of Social Services (DSS)**
- **Unidentified State and Federal Officials**
- **U.S. Department of Justice (DOJ), Civil Rights Division**
- **U.S. Department of Health and Human Services (HHS), Office for Civil Rights (OCR)**

Preface and Executive Summary

This complaint seeks to expose a systemic and coordinated failure by Connecticut state agencies, compounded by federal inaction, to uphold constitutional rights, enforce ADA compliance, protect whistleblowers, and maintain transparency through FOIA and related laws. As a whistleblower and a person with a brain injury, David Medeiros has been systematically retaliated against, discriminated against, and excluded from public processes vital to his rights, his advocacy, and his ability to serve the community of individuals with disabilities.

This primary complaint is submitted to demand:

1. Immediate enforcement of legal protections and accommodations.
2. A comprehensive investigation into systemic misconduct.
3. Transparent accountability and systemic reform to prevent recurrence of these injustices.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



Table of Contents

1. Introduction and Purpose of the Complaint
2. Legal Background and Framework
3. Factual Background and Timeline of Events
4. Systemic Violations of Law
 - Constitutional Violations
 - ADA and Rehabilitation Act Violations
 - FOIA and Transparency Violations
 - Whistleblower Protection Violations
 - Connecticut Statutory Violations
5. Impact on Vulnerable Populations
6. Demands for Immediate Relief and Systemic Accountability
7. Conclusion and Final Demands

1. Introduction and Purpose of the Complaint

David Medeiros files this primary complaint to document, expose, and demand immediate redress for systemic violations of his rights as a whistleblower, advocate, taxpayer, and person with a disability. Connecticut state agencies, including CHRO and DSS, have engaged in

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



deliberate and coordinated actions to suppress transparency, deny lawful accommodations, and retaliate against his efforts to expose Medicaid mismanagement and advocate for individuals with disabilities.

Despite notifying federal agencies, including the DOJ and HHS OCR, of these violations, no meaningful action has been taken. This complaint seeks enforcement of all applicable federal and state laws, systemic reform, and relief for the harms caused to David Medeiros and the broader population affected by these failures.

2. Legal Background and Framework

This complaint is rooted in foundational legal principles, federal statutes, and state laws designed to protect constitutional rights, ensure equity, and uphold accountability in public services.

A. Constitutional Provisions

1. **First Amendment:** Protects the right to petition the government for redress of grievances. CHRO's refusal to assign a case number and the Connecticut Attorney General's inaction constitute suppression of this fundamental right.
2. **Fifth Amendment:** Guarantees due process protections, violated by the state's failure to provide substantive responses or avenues for redress.
3. **Fourteenth Amendment:** Ensures equal protection under the law, which has been denied to David Medeiros as a person with a disability and whistleblower.

B. Federal Statutes

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



1. **Americans with Disabilities Act (ADA) Title II (42 U.S.C. § 12132):** Prohibits discrimination in public services, requiring accessibility and accommodations.
2. **Rehabilitation Act (29 U.S.C. § 794):** Mandates accessibility and prohibits discrimination in federally funded programs.
3. **Whistleblower Protection Act (5 U.S.C. § 2302):** Protects individuals reporting government misconduct, ensuring they are shielded from retaliation.
4. **Freedom of Information Act (FOIA, 5 U.S.C. § 552):** Mandates timely access to public records to ensure accountability and transparency.

C. Connecticut Statutory Obligations

1. **Connecticut FOIA (C.G.S. § 1-200 et seq.):** Ensures public access to government records and transparency in state agency operations.
2. **Anti-Discrimination Laws under CHRO's Jurisdiction:** Mandate investigation of complaints alleging discrimination or retaliation.

D. Case Law Supporting the Complaint

1. **Tennessee v. Lane (2004):** Reaffirmed the ADA's applicability to public services and institutions.
2. **NARA v. Favish (2004):** Established FOIA's role in ensuring transparency in matters of public interest.
3. **Chevron U.S.A., Inc. v. NRDC (1984):** Limited agency discretion to ensure compliance with statutory mandates.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



3. Factual Background and Timeline of Events

October 24, 2024 – Filing of CHRO Complaint

- David Medeiros submitted a notarized complaint to CHRO detailing ADA violations and systemic retaliation by DSS.
- Request: Assignment of a case number and initiation of an investigation.
- CHRO Response: No acknowledgment, no case number, and no investigation, violating statutory obligations.

October 30, 2024 – Follow-Up with CHRO

- David requested an update on the status of his complaint and reiterated the need for a case number.
- CHRO Response: Continued silence and inaction, creating procedural barriers.

November 1, 2024 – Appeal to Connecticut Attorney General

- Evidence of misconduct by DSS and CHRO submitted to the Attorney General, requesting oversight and intervention.
- AG Response: No acknowledgment or action, constituting abdication of statutory duties.

November 10, 2024 – Escalation to DOJ

- David submitted a detailed complaint to the DOJ, citing constitutional violations, ADA non-compliance, and whistleblower retaliation.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- DOJ Response: No substantive action, perpetuating systemic inaction and allowing violations to persist.

November 28, 2024 – Current Status

- CHRO: Refuses to act on the complaint or provide a case number.
- Attorney General: Has ignored all submissions, shielding state agencies from accountability.
- DOJ: Failed to enforce federal protections under the ADA and whistleblower statutes.

4. Systemic Violations of Law

A. Constitutional Violations

1. First Amendment

- **Violation:** The Connecticut Commission on Human Rights and Opportunities (CHRO), the Connecticut Attorney General's Office, and DSS have systematically suppressed David Medeiros' right to petition for redress of grievances. CHRO's refusal to assign a case number to his notarized complaint constitutes an outright denial of access to due process mechanisms.
- **Supporting Precedent:**



- *Borough of Duryea v. Guarnieri (2011)*: Affirmed the right of individuals to petition the government for redress, reinforcing that denial of this right constitutes a constitutional violation.
- **Actions Involved:**
 - Delays and procedural barriers to processing the complaint.
 - Obstructive silence from CHRO, DSS, and the Attorney General's office.

2. Fifth Amendment

- **Violation:** Connecticut agencies' refusal to engage with David's complaints, issue case numbers, or provide updates denies him the procedural due process guaranteed under the Fifth Amendment.
- **Supporting Precedent:**
 - *Mathews v. Eldridge (1976)*: Established procedural due process requirements for fair and meaningful engagement with citizens.
- **Actions Involved:**
 - Arbitrary and capricious denial of access to legal and investigative procedures by CHRO.
 - DSS's retaliation and lack of transparency regarding Medicaid programs.

3. Fourteenth Amendment

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- **Violation:** Connecticut agencies have disproportionately harmed David Medeiros, a person with disabilities and a whistleblower, through discriminatory practices and the denial of equal protection under the law.
- **Supporting Precedent:**
 - *Obergefell v. Hodges (2015)*: Reinforced the Fourteenth Amendment's equal protection guarantees, particularly for marginalized groups.
 - *Tennessee v. Lane (2004)*: Established the right of individuals with disabilities to access public services without discrimination.

B. Americans with Disabilities Act (ADA) Violations

1. Denial of Reasonable Accommodations

- **Violation:** Connecticut agencies failed to provide ADA-compliant accommodations, such as accessible communication formats (e.g., email-only correspondence) and assistance with navigating complex procedural barriers.
- **Supporting Precedent:**
 - *Tennessee v. Lane (2004)*: Highlighted the obligation of public entities to accommodate individuals with disabilities in their access to government services.
 - *Alexander v. Choate (1985)*: Prohibited discriminatory practices that deny individuals meaningful access to public services.

2. Retaliation Against Disability Advocacy

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- **Violation:** DSS and CHRO retaliated against David Medeiros by excluding him from forums, ridiculing him publicly, and ignoring his requests for case numbers, all while knowing his disability-related challenges.
- **Supporting Precedent:**
 - *Olmstead v. L.C. (1999)*: Confirmed the ADA's mandate against unnecessary exclusion and segregation of individuals with disabilities.

C. Rehabilitation Act (Section 504) Violations

- **Violation:** DSS and CHRO, as recipients of federal funding, failed to meet Section 504's requirements to provide accessible services and accommodations to individuals with disabilities.
- **Supporting Precedent:**
 - *Barnes v. Gorman (2002)*: Enforced financial accountability for entities violating Section 504.

D. Whistleblower Protection Violations

1. Retaliation for Reporting Medicaid Mismanagement

- **Violation:** David Medeiros faced retaliation for exposing systemic Medicaid mismanagement and corruption within DSS. This included exclusion from critical forums and the withholding of vital information.



- **Supporting Statutes:**

- *Whistleblower Protection Act (5 U.S.C. § 2302):* Prohibits retaliation against individuals reporting government misconduct.

- **Actions Involved:**

- DSS's refusal to provide records, information, or updates related to whistleblower reports.
- CHRO and the Attorney General's office enabling retaliatory practices by refusing oversight.

2. Lack of Federal Enforcement

- **Violation:** Despite being notified, the DOJ failed to enforce whistleblower protections or investigate reported retaliation, allowing Connecticut agencies to perpetuate systemic misconduct.

E. FOIA and Transparency Violations

1. Failure to Respond to FOIA Requests

- **Violation:** DSS and related agencies failed to respond to FOIA requests for Medicaid records, ABI Waiver program details, and whistleblower case information within statutory timelines.
- **Supporting Statutes:**

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- FOIA (5 U.S.C. § 552): Mandates timely and comprehensive responses to public records requests.

2. Non-Referral of Misdirected FOIA Requests

- **Violation:** Agencies did not forward improperly file FOIA requests to the appropriate offices, violating statutory requirements under FOIA.

F. Connecticut State Law Violations

1. Anti-Discrimination Statutes

- **Violation:** CHRO failed to investigate DSS's discriminatory practices, violating its statutory mandate under Connecticut anti-discrimination laws.

2. Connecticut FOIA (C.G.S. § 1-200 et seq.)

- **Violation:** DSS obstructed transparency by withholding requested records related to Medicaid policies and whistleblower reports, violating state FOIA laws.

5. Impact on Vulnerable Populations

The systemic failures outlined in this complaint have far-reaching consequences:

- **Individuals with Disabilities:** Excluded from vital public services and decision-making processes due to ADA violations.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- **Whistleblowers:** Silenced and retaliated against, eroding public trust in accountability mechanisms.
- **Taxpayers:** Denied transparency into the use of federal and state funds, raising concerns about financial mismanagement and corruption.

6. Demands for Immediate Relief and Systemic Accountability

Immediate Relief

1. Assignment of a CHRO case number and initiation of a full investigation into DSS's discriminatory practices.
2. Enforcement of ADA accommodations for all communications and procedures involving David Medeiros.

Federal Oversight

1. DOJ: Launch a formal investigation into systemic ADA violations and whistleblower retaliation.
2. HHS OCR: Enforce federal oversight to ensure DSS complies with ADA and Medicaid standards.

Accountability Measures

1. Full disclosure of DSS's Medicaid fund usage, specifically related to the ABI Waiver Program.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



2. Disciplinary action against officials responsible for retaliation and non-compliance.

Systemic Reform

1. Enact policies ensuring timely responses to whistleblower complaints and ADA accommodation requests.
2. Strengthen oversight mechanisms to prevent retaliation, corruption, and systemic discrimination.

7. Conclusion and Final Demands

David Medeiros' rights as a whistleblower, advocate, and individual with a disability have been systematically violated at every level of government. This master complaint demands immediate enforcement of federal and state laws, systemic reform, and full accountability for the harms caused.

By upholding these demands, the federal government can restore public trust, protect vulnerable populations, and affirm its commitment to justice and transparency.

Complaint and Demand for Justice

Complainant:

David Medeiros

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



Founder, ABI Resources

Willimantic, Connecticut

Filed Against:

- **Connecticut Commission on Human Rights and Opportunities (CHRO)**
- **Connecticut Attorney General's Office**
- **Connecticut Department of Social Services (DSS)**
- **Unidentified State and Federal Officials**
- **U.S. Department of Justice (DOJ), Civil Rights Division**
- **U.S. Department of Health and Human Services (HHS), Office for Civil Rights (OCR)**

Preface and Executive Summary

This complaint exposes systemic failures and coordinates inaction by Connecticut state agencies and federal oversight bodies, leading to the violation of constitutional rights, non-compliance with ADA standards, retaliation against whistleblowers, and denial of transparency through FOIA. As a whistleblower and person with a disability, David Medeiros has faced retaliation, discrimination, and exclusion, leaving him unable to address systemic Medicaid mismanagement and protect the rights of vulnerable populations.

This document calls for:

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



1. **Immediate enforcement of legal protections** for whistleblowers and individuals with disabilities.
2. **Thorough investigation** into systemic misconduct by state agencies and federal inaction.
3. **Transparent accountability and reform** to ensure no recurrence of these injustices.

Table of Contents

1. Introduction and Purpose of the Complaint
2. Legal Background and Framework
3. Factual Background and Timeline of Events
4. Systemic Violations of Law
 - Constitutional Violations
 - ADA and Rehabilitation Act Violations
 - FOIA and Transparency Violations
 - Whistleblower Protection Violations
 - Connecticut Statutory Violations
5. Impact on Vulnerable Populations
6. Demands for Immediate Relief and Systemic Accountability
7. Conclusion and Final Demands

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



1. Introduction and Purpose of the Complaint

David Medeiros submits this complaint to document and demand redress for systemic violations of his rights as a whistleblower, disability advocate, taxpayer, and citizen. Connecticut state agencies have suppressed transparency, retaliated against whistleblowers, and denied ADA accommodations, creating a dangerous precedent for the treatment of individuals seeking accountability.

Despite repeated submissions to federal oversight bodies, including the DOJ and HHS OCR, no meaningful action has been taken. This complaint seeks the enforcement of federal and state laws, the protection of constitutional rights, and systemic reform.

2. Legal Background and Framework

This complaint invokes federal statutes, constitutional principles, and state laws designed to safeguard equity, accountability, and accessibility in public services.

A. Constitutional Provisions

1. **First Amendment:** Protects the right to petition for redress of grievances.
 - CHRO and the Connecticut Attorney General's Office have suppressed this right by refusing to act on valid complaints.
2. **Fifth Amendment:** Guarantees due process protections, which were denied when agencies failed to provide substantive responses or case numbers.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



3. **Fourteenth Amendment:** Protects against discrimination, which has been evident in the systemic exclusion and retaliation against David Medeiros as a person with a disability and whistleblower.

B. Federal Statutes

1. Americans with Disabilities Act (ADA):

- Title II (42 U.S.C. § 12132): Mandates accessibility and prohibits discrimination in public services.

2. Rehabilitation Act:

- Section 504 (29 U.S.C. § 794): Requires accessibility in federally funded programs.

3. Whistleblower Protection Act (5 U.S.C. § 2302):

- Shields individuals exposing government misconduct from retaliation.

4. Freedom of Information Act (FOIA, 5 U.S.C. § 552):

- Mandates timely access to public records for transparency.

C. Connecticut Statutory Obligations

1. Connecticut FOIA (C.G.S. § 1-200 et seq.):

- Ensures public access to government records.

2. Anti-Discrimination Laws under CHRO Jurisdiction:

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- Mandates investigation of complaints regarding discrimination and retaliation.

D. Supporting Case Law

1. **Tennessee v. Lane (2004):** Enforced ADA compliance for public institutions.
2. **NARA v. Favish (2004):** Reaffirmed FOIA's role in ensuring public accountability.
3. **Chevron U.S.A., Inc. v. NRDC (1984):** Limited agency discretion to ensure compliance with statutory mandates.

3. Factual Background and Timeline of Events

October 24, 2024 – Filing of CHRO Complaint

- David Medeiros submitted a notarized complaint to CHRO alleging ADA violations and systemic retaliation by DSS.
- **CHRO Response:** No acknowledgment, no case number, and no investigation initiated, in clear violation of its statutory obligations.

October 30, 2024 – Follow-Up with CHRO

- David reiterated his request for a case number and investigation status.
- **CHRO Response:** Continued silence, creating procedural barriers and denying justice.

November 1, 2024 – Appeal to Connecticut Attorney General

- Submitted evidence of DSS's misconduct and CHRO's inaction to the Attorney General.



- **AG Response:** No acknowledgment or action, allowing systemic violations to persist.

November 10, 2024 – Escalation to DOJ

- Detailed complaint submitted to the DOJ, outlining ADA violations, whistleblower retaliation, and suppression of constitutional rights.
- **DOJ Response:** No substantive action taken, perpetuating systemic inaction.

November 28, 2024 – Current Status

- **CHRO:** Still refuses to assign a case number or act.
- **Attorney General:** Continues to ignore the complaint.
- **DOJ:** Failed to enforce federal protections under ADA and whistleblower statutes.

4. Systemic Violations of Law

A. Constitutional Violations

1. **First Amendment:** Suppression of the right to petition for redress.
2. **Fifth Amendment:** Denial of due process by failing to provide substantive responses.
3. **Fourteenth Amendment:** Systemic discrimination against individuals with disabilities.

B. ADA Violations

1. Denial of reasonable accommodations, including accessible communication formats.
2. Retaliation against advocacy and whistleblowing efforts.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



C. Rehabilitation Act Violations

Failure to meet federally funded programs' accessibility requirements.

D. Whistleblower Protection Violations

Retaliation for exposing Medicaid mismanagement and corruption.

E. FOIA and Transparency Violations

1. Failure to respond to FOIA requests.
2. Non-referral of misdirected FOIA requests.

F. Connecticut State Law Violations

1. Violation of CHRO's anti-discrimination mandate.
2. Failure to ensure public transparency under Connecticut FOIA.

5. Comprehensive Impact on Vulnerable Populations

The systemic failures outlined in this complaint have far-reaching and devastating effects on vulnerable populations, violating fundamental constitutional principles, statutory mandates, and ethical obligations. Below is a detailed analysis of how these violations impact three critical groups.

A. Individuals with Disabilities

1. Exclusion from Public Services

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- **ADA Violations:** The refusal of Connecticut agencies, including DSS and CHRO, to provide reasonable accommodations as mandated by the Americans with Disabilities Act (ADA) systematically excludes individuals with disabilities from accessing public services. This violates their constitutional right to equal protection under the Fourteenth Amendment and statutory protections under the ADA and Section 504 of the Rehabilitation Act.
- **Specific Harm to David Medeiros:** As a person with a brain injury, David Medeiros has faced procedural and logistical barriers, including:
 - Failure to provide accessible communication formats, such as email-only correspondence and screen-reader-compatible documents.
 - The deliberate use of complex, inaccessible processes to impede his ability to advocate effectively.
- **Broader Implications:** These actions signal to other individuals with disabilities that their needs will be ignored or obstructed, discouraging engagement with public institutions and perpetuating systemic discrimination.

2. Segregation and Stigmatization

- **Constitutional Violation:** Exclusion from decision-making processes and public forums creates a de facto segregation of individuals with disabilities, reinforcing stigmas and systemic barriers. This directly contravenes the Supreme Court's mandate in *Tennessee v. Lane* (2004), which established the necessity of public institutions providing equitable access.



B. Whistleblowers

1. Silencing Advocacy

- **Suppression of Free Speech:** Retaliation against David Medeiros for exposing Medicaid mismanagement violates his First Amendment right to free speech. By silencing whistleblowers, Connecticut agencies erode a cornerstone of democratic accountability and transparency.
- **Chilling Effect:** DSS's public ridicule and exclusion of David Medeiros, combined with CHRO's refusal to investigate, create a hostile environment for other potential whistleblowers, deterring them from reporting misconduct or advocating for systemic change.

2. Erosion of Public Accountability

- **Violation of Whistleblower Protection Laws:** By failing to act on David Medeiros' reports of Medicaid mismanagement, DSS and CHRO undermine federal and state whistleblower protections, including those enshrined in the Whistleblower Protection Act (5 U.S.C. § 2302). This enables corruption and malpractice to persist unchecked.
- **Impact on Democratic Oversight:** Whistleblowers are critical to uncovering government mismanagement and corruption. Suppressing their voices undermines public trust and weakens institutional accountability.



C. Taxpayers

1. Denial of Transparency in Public Fund Usage

- **FOIA Violations:** The refusal to provide timely responses to FOIA requests and transparency regarding Medicaid fund allocations deprives taxpayers of their right to scrutinize how public funds are managed. This violates federal FOIA laws (5 U.S.C. § 552) and Connecticut FOIA statutes (C.G.S. § 1-200 et seq.).
- **Specific Allegations:** DSS's obstruction of records related to Medicaid, including the ABI Waiver Program, raises concerns about the potential misuse or mismanagement of federal and state funds.

2. Financial Harm

- **Mismanagement of Medicaid Funds:** Inefficient or corrupt use of Medicaid resources directly impacts taxpayers, who bear the financial burden of supporting these programs. The lack of oversight and transparency perpetuates waste and undermines public confidence in government stewardship.

3. Broader Consequences: Taxpayer dollars intended to support vulnerable populations are diverted or wasted due to systemic failures, eroding public trust and the integrity of federally funded programs.

6. Demands for Immediate Relief and Systemic Accountability

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



To address the systemic violations outlined above, the following measures are demanded to restore justice, enforce legal protections, and uphold transparency:

Immediate Relief

1. Assignment of a CHRO Case Number:

- CHRO must immediately assign a case number to David Medeiros' complaint and provide a timeline for investigating DSS's discriminatory practices.
- A full and transparent investigation must be conducted, with findings publicly reported to ensure accountability.

2. Enforcement of ADA Accommodations:

- All communications with David Medeiros must adhere to ADA standards, including email-only correspondence, accessible formats, and simplified processes.
- Federal and state agencies must review their ADA compliance protocols to prevent further violations.

Federal Oversight

1. DOJ Investigation:

- The Department of Justice must launch a formal investigation into systemic ADA violations, whistleblower retaliation, and constitutional rights infringements by Connecticut agencies.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



2. HHS OCR Enforcement:

- The Office for Civil Rights at HHS must enforce oversight of Connecticut's Medicaid program to ensure compliance with ADA and Rehabilitation Act requirements.

Accountability Measures

1. Full Disclosure of DSS Medicaid Fund Usage:

- DSS must release detailed records of Medicaid fund usage, particularly those related to the ABI Waiver Program, to determine whether federal funds have been mismanaged.

2. Disciplinary Actions Against Officials:

- State officials responsible for retaliation, non-compliance, or discriminatory practices must face disciplinary measures, including removal from positions of authority where appropriate.

Systemic Reform

1. Timely Responses to Whistleblower Complaints:

- Policies must be enacted to ensure that all whistleblower complaints are addressed promptly and transparently, with legal protections strictly enforced.

2. Strengthened Oversight Mechanisms:



- Oversight bodies must implement safeguards to prevent retaliation, corruption, and systemic discrimination within federally funded programs.

7. Conclusion and Final Demands

David Medeiros’ constitutional rights, statutory protections, and dignity as a whistleblower and individual with a disability have been systematically violated at every level of government. These coordinated failures demand immediate federal intervention, systemic reform, and full accountability.

Final Demands:

1. Immediate enforcement of federal and state laws to protect whistleblowers and individuals with disabilities.
2. Comprehensive investigations by the DOJ and HHS OCR into systemic failures and non-compliance.
3. Structural reforms to ensure transparency, accountability, and equitable access to public services for all individuals.

By addressing these demands, the federal government can restore public trust, safeguard vulnerable communities, and reaffirm its commitment to justice, equality, and transparency.

Demands for Immediate Relief

1. Formal Acknowledgment and Redress

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- **CHRO Case Number and Investigation Timeline:** CHRO must immediately assign a case number to David's complaint, ensuring transparency in its investigation of DSS's discriminatory practices.
- **Public Apology:** A formal apology from Connecticut DSS, CHRO, and the Attorney General for retaliatory actions, discrimination, and neglect of their constitutional and statutory obligations.

2. Immediate Enforcement of ADA Accommodations

- **Accessibility Protocols:** All communication with David must adhere to ADA standards, including:
 - Email-only correspondence.
 - Screen-reader-compatible documents.
 - Summarized and simplified information to accommodate his TBI-related cognitive challenges.
- **Dedicated Accessibility Advocate:** Appoint a state and federal-level liaison to oversee all accommodations provided to David in the complaint process.

3. Cease Retaliatory Practices

- **Immediate Suspension of Retaliatory Officials:** DSS and CHRO officials identified in discriminatory or retaliatory actions must be removed from any involvement with David's case until investigations are complete.



- **Protection from Future Retaliation:** A legally binding agreement must be enacted to prevent further acts of retaliation or discrimination against David, his business (ABI Resources), or any associated individuals.

Federal Oversight and Systemic Accountability

1. DOJ Investigation

- The Department of Justice must launch a formal investigation into Connecticut's systemic violations of:
 - David's constitutional rights (First, Fifth, and Fourteenth Amendments).
 - ADA compliance failures.
 - Whistleblower retaliation under federal statutes.

2. HHS OCR Enforcement

- The Office for Civil Rights must audit DSS and CHRO to assess ADA compliance and Medicaid program management, particularly in the context of the ABI Waiver Program.

3. Federal Protection of Whistleblowers

- DOJ must enforce whistleblower protections under the Whistleblower Protection Act, ensuring David is shielded from retaliation and any whistleblowing actions are fully investigated.



4. Transparency in Medicaid Fund Usage

- Connecticut DSS must provide a detailed, audited report on its use of Medicaid funds, specifically those allocated to the ABI Waiver Program, to determine potential misuse or mismanagement.

5. Immediate Federal Oversight

- Appoint a federal oversight committee to review Connecticut's handling of ADA compliance, Medicaid administration, and whistleblower protection.

Demands for Systemic Reform

1. Strengthened ADA Compliance Mechanisms

- **Independent Audits:** Regular, independent audits of Connecticut's compliance with ADA and Rehabilitation Act standards in all state agencies.
- **Training Programs:** Mandate comprehensive training for state employees on ADA requirements, disability rights, and whistleblower protections.

2. Enhanced Whistleblower Protections

- **Expedited Whistleblower Claims:** Implement clear timelines and federal oversight for whistleblower complaints, ensuring prompt investigations and resolutions.



- **Whistleblower Advocacy Office:** Establish an independent advocacy office to assist whistleblowers in navigating complaints, ensuring protection from retaliation.

3. FOIA and Transparency Reform

- **Timely FOIA Responses:** Enforce strict compliance with FOIA and Connecticut FOIA statutes, including penalties for non-compliance.
- **Mandatory Record Forwarding:** Require all improperly submitted FOIA requests to be forwarded to the appropriate agency within five business days.

4. Structural Reform in Connecticut Agencies

- **Oversight Committees:** Create independent oversight committees to monitor DSS and CHRO operations, ensuring transparency, accountability, and adherence to legal standards.
- **Public Reporting:** Mandate public reporting on the outcomes of ADA and whistleblower-related complaints to restore public trust.

Restorative Justice for David Medeiros

1. Compensatory Damages

- Financial compensation for the pain, suffering, and professional harm caused by the systemic violations of David's constitutional rights, ADA protections, and whistleblower status.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



2. Legal and Advocacy Support

- Demand: Appoint federally funded legal counsel to provide David Medeiros with specialized, comprehensive legal representation to ensure the full enforcement of his rights under constitutional, federal, and state law.
- Purpose:
- To Level the Playing Field: Ensure David has access to expert legal resources to counter the institutional advantages of state and federal agencies, which have repeatedly failed to address his grievances and protect his rights.
- To Enforce Compliance: Guarantee the enforcement of ADA mandates, whistleblower protections, and constitutional safeguards that have been systematically ignored.
- To Ensure Accessibility: Provide legal counsel trained in ADA compliance to meet David's unique needs as a brain injury survivor, ensuring equitable participation and effective advocacy throughout the legal process.
- Rationale:
- Systemic Complexity: The violations span multiple legal frameworks, including the Americans with Disabilities Act (ADA), the Rehabilitation Act, whistleblower statutes, constitutional law, and FOIA requirements. Legal expertise is essential to navigate these intersecting areas effectively.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- **Power Imbalance:** David faces well-resourced government entities that have demonstrated a coordinated effort to suppress his advocacy and obstruct justice. Federally funded legal counsel is necessary to balance this disparity.
- **ADA Obligations:** David's brain injury imposes cognitive challenges, such as memory deficits and processing difficulties. Denying legal support would effectively exclude him from the justice system, compounding the ADA violations he has already endured.
- **Institutional Accountability:** Legal representation is critical for compelling compliance from state and federal agencies that have failed to act on their statutory and constitutional obligations.
- **Precedents Supporting the Demand:**
 - **Powell v. Alabama (1932):** Recognized the right to legal counsel as essential to due process under the Fourteenth Amendment.
 - **Tennessee v. Lane (2004):** Affirmed the right of individuals with disabilities to access public services, including justice systems, without discrimination.
 - **Olmstead v. L.C. (1999):** Established the principle that unnecessary exclusion of individuals with disabilities constitutes discrimination under the ADA.
- **Expected Outcomes:**
 - **Effective Advocacy:** Legal counsel will ensure that David's complaints are pursued vigorously, with no room for procedural dismissals or oversight failures.



- Enforcement of Rights: Legal expertise will hold agencies accountable for their statutory violations and secure compliance with ADA, whistleblower, and transparency laws.
- Prevention of Further Retaliation: Federally funded legal representation will function as a safeguard against continued retaliation and systemic neglect by state and federal agencies.
- Restoration of Justice: Legal support will not only protect David's rights but also serve as a precedent for enforcing similar rights for other whistleblowers and individuals with disabilities.
- Conclusion:
- Appointing federally funded legal counsel is not optional—it is a necessary and immediate measure to rectify the systemic injustices David has faced, ensure the enforcement of his legal rights, and restore public confidence in the accountability of government institutions.
- Appoint federally funded legal counsel to assist David in navigating ongoing complaints and ensuring enforcement of all relevant laws.

3. Restoration of Professional Standing

- Public acknowledgment of David's contributions as a whistleblower and advocate for individuals with disabilities, highlighting his role in exposing systemic failures.



4. Public Investigation of Retaliatory Practices

- A federal investigation into the retaliatory culture within Connecticut agencies, with a specific focus on DSS and CHRO.

Final Demands for Justice and Systemic Change

1. Restoration of Constitutional Rights

- Immediate enforcement of David's First, Fifth, and Fourteenth Amendment protections, ensuring he is no longer subject to segregation, discrimination, or retaliation.

2. Comprehensive Federal and State Investigations

- DOJ and HHS OCR must collaborate to investigate systemic failures, ensuring federal laws are enforced and future violations are prevented.

3. Permanent Policy Changes

- Enact structural reforms to ensure ADA compliance, protect whistleblowers, and enforce transparency laws at all levels of government.

Why These Demands Are Necessary

David Medeiros has suffered profound personal and professional harm due to systemic failures, discriminatory practices, and retaliatory actions by Connecticut agencies. These injustices not

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



only violate his constitutional and statutory rights but also undermine public trust in the institutions responsible for protecting vulnerable populations.

Addressing these demands will:

- Restore David's dignity and rights as a U.S. citizen, whistleblower, and disability advocate.
- Send a clear message that federal and state governments are committed to upholding justice, transparency, and accountability.
- Protect future whistleblowers and individuals with disabilities from similar injustices.

By taking decisive action, the federal government can reaffirm its commitment to justice, equity, and the rule of law while honoring the courage and integrity of those, like David Medeiros, who fight to protect it.

Sincerely,

David Medeiros

David Medeiros

Founder, ABI Resources

TBI and Stroke Survivor



Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



Constitutional rights, First Amendment, Fifth Amendment, Fourteenth Amendment, Americans with Disabilities Act (ADA), Rehabilitation Act Section 504, Whistleblower Protection Act, Freedom of Information Act (FOIA), disability rights, systemic corruption, Medicaid mismanagement, public accountability, state transparency, ADA compliance, whistleblower retaliation, civil rights violations, equal protection under the law, due process rights, reasonable accommodations, procedural justice, TBI advocacy, structural reform, federal oversight, systemic discrimination, government accountability, taxpayer protections, misuse of public funds, retaliation prevention, transparency enforcement, restorative justice, federal investigations, independent audits, anti-discrimination statutes, equitable access, whistleblower protections, legal redress, systemic reform policies, and federal-state compliance. Transparency: Enforce FOIA and ADA compliance to reveal systemic failures and establish trust in government institutions. Accountability: Demand disciplinary actions and investigations to address misconduct in state agencies.

Justice: Restore constitutional and statutory rights for whistleblowers and individuals with disabilities.

Equity: Advocate for fair access to public services, as mandated by ADA and constitutional protections.

Oversight: Ensure federal agencies actively monitor state adherence to federal laws.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



David Medeiros, Founder of ABI Resources, continues to advocate for systemic reform and transparency to protect vulnerable populations, uphold constitutional principles, and safeguard the integrity of federal programs. DB.42.131.Inf. DOGE

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



1. What action did they take?

Actions Taken by the Involved Parties

1. Connecticut Department of Social Services (DSS):

- Publicly ridiculed and excluded David Medeiros during ABI Waiver forums, violating ADA and First Amendment protections.
- Refused to provide ADA-mandated accommodations, including accessible communication formats and simplified processes.
- Obstructed access to critical information about Medicaid programs, including ABI Waiver policies, in violation of FOIA.
- Retaliated against David Medeiros for whistleblowing on systemic Medicaid mismanagement.

2. Connecticut Commission on Human Rights and Opportunities (CHRO):

- Refused to assign a case number or investigate David's notarized complaint alleging ADA violations and discrimination by DSS.
- Ignored follow-up inquiries regarding the status of the complaint, denying due process and perpetuating discrimination.

3. Connecticut Attorney General's Office:

- Failed to act on evidence submitted by David Medeiros regarding DSS misconduct and CHRO's inaction.



- Neglected its statutory duty to uphold constitutional and civil rights protections in Connecticut, effectively enabling systemic violations.

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

- Ignored David’s formal complaints regarding ADA violations, whistleblower retaliation, and systemic corruption within Connecticut’s Medicaid program.
- Failed to investigate or enforce federal protections, allowing violations to persist unchecked.

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

- Did not investigate systemic ADA violations in Connecticut’s Medicaid program, despite clear evidence of non-compliance and harm to individuals with disabilities.

6. Connecticut Governor’s Office:

- Failed to intervene or provide oversight of DSS and CHRO despite being alerted to systemic violations and retaliation against David Medeiros.

7. Centers for Medicare & Medicaid Services (CMS):

- Did not enforce federal Medicaid oversight to ensure that Connecticut DSS complies with federal regulations and ADA mandates.

Summary of Actions:

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- **Exclusion:** Agencies excluded David from forums and processes critical to his advocacy and whistleblower activities.
- **Retaliation:** State and federal actors retaliated against David for exposing Medicaid mismanagement, violating whistleblower protections.
- **Non-Compliance:** Agencies failed to uphold ADA requirements and constitutional rights, creating systemic barriers and procedural delays.
- **Neglect:** Federal oversight bodies deferred action, enabling Connecticut agencies to act with impunity.

Constitutional Violations and Crimes Committed

12. First Amendment Violations

- **Suppression of Petition Rights:** By ignoring David Medeiros' complaints and failing to investigate or act on his claims, Connecticut state agencies and federal oversight bodies have suppressed his constitutional right to petition the government for redress of grievances.
- **Retaliation Against Free Speech:** Retaliatory actions, such as public ridicule and exclusion from public forums, violate David's right to free speech, as protected by the First Amendment.

13. Fifth Amendment Violations

- **Denial of Procedural Due Process:** Connecticut DSS, CHRO, and the Attorney General's Office failed to provide timely and meaningful responses to David's complaints. The refusal to issue case numbers,

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



investigate complaints, or enforce ADA compliance constitutes a denial of due process rights under the Fifth Amendment.

- **Arbitrary Actions:** The lack of transparency and accountability in denying David access to procedural protections constitutes arbitrary and capricious state actions, violating the principles of fundamental fairness guaranteed by the Fifth Amendment.

14. Fourteenth Amendment Violations

- **Denial of Equal Protection:** David, as an individual with a disability, has been subjected to systemic discrimination and segregation. Connecticut agencies' failure to provide reasonable accommodations and their active exclusion of David from critical processes violate the Equal Protection Clause.
- **State-Sanctioned Discrimination:** The coordinated inaction and refusal to investigate complaints by CHRO, DSS, and the Attorney General's Office amount to state-sanctioned discrimination against an individual with disabilities.

15. Americans with Disabilities Act (ADA) and Rehabilitation Act Violations

- **Failure to Accommodate:** DSS and CHRO failed to provide ADA-mandated accommodations, such as email-only correspondence, accessible documents, and simplified processes. This denies David equal access to public services as required under federal law.



- **Segregation and Exclusion:** David was excluded from forums and decision-making processes, creating a de facto segregation, which is prohibited under the ADA and Section 504 of the Rehabilitation Act.

16. Whistleblower Protection Act Violations

- **Retaliation for Protected Activity:** DSS retaliated against David for exposing Medicaid mismanagement and systemic corruption, violating his protections under the Whistleblower Protection Act. The refusal to investigate his complaints further compounds this retaliation.
- **Chilling Effect on Advocacy:** The systemic retaliation discourages other whistleblowers from coming forward, undermining the principles of transparency and accountability protected under federal law.

17. FOIA Violations

- **Denial of Access to Public Records:** DSS's refusal to respond to FOIA requests regarding Medicaid fund usage and ABI Waiver details denies David his right to access public information, a key component of government transparency.
- **Failure to Forward Requests:** Improper handling and failure to forward FOIA requests to appropriate agencies further obstruct David's right to information, violating federal and state FOIA statutes.

Cumulative Impact

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



The above violations collectively represent a systemic disregard for constitutional principles and federal protections. The acts of retaliation, exclusion, and failure to act demonstrate a pattern of willful neglect and abuse, undermining David Medeiros' rights as a whistleblower, individual with a disability, and U.S. citizen. These violations demand immediate federal oversight and corrective action to restore justice and ensure accountability.

2. When did this occur?

Timeline of Events

1. October 24, 2024 – Filing of CHRO Complaint

- David Medeiros submitted a notarized complaint to the Connecticut Commission on Human Rights and Opportunities (CHRO), detailing ADA violations, systemic discrimination, and retaliation by the Connecticut Department of Social Services (DSS).

2. October 30, 2024 – Follow-Up with CHRO

- David requested a status update and assignment of a case number for his complaint. CHRO failed to respond, creating procedural barriers to justice.

3. November 1, 2024 – Appeal to Connecticut Attorney General

- David escalated his complaints to the Connecticut Attorney General's Office, providing evidence of systemic violations and requesting oversight of DSS and CHRO. The Attorney General's Office did not respond or take any action.



4. November 10, 2024 – Submission to DOJ

- David submitted a comprehensive complaint to the U.S. Department of Justice (DOJ), detailing ADA violations, constitutional breaches, whistleblower retaliation, and systemic mismanagement by Connecticut agencies. Despite the urgency, the DOJ failed to initiate an investigation or enforce compliance.

5. November 28, 2024 – Current Status

- **CHRO:** Refuses to assign a case number or act on David’s complaint, obstructing due process.
- **Connecticut Attorney General:** Has ignored all communications, abdicating responsibility for overseeing state agency compliance.
- **DOJ:** Has not taken substantive action to investigate federal violations or ensure ADA compliance.
- **HHS OCR:** Remains unresponsive despite its mandate to enforce ADA compliance and Medicaid program integrity.

These violations and inactions have created a continuous pattern of systemic neglect and retaliation against David Medeiros, with no resolution or accountability to date.

4. How did you discover this action?

How the Action Was Discovered

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



David Medeiros, as a whistleblower and disability advocate, discovered the actions through direct personal experience and documentation, which include:

6. Personal Experience with Discrimination and Retaliation

- David experienced firsthand acts of exclusion, public ridicule, and procedural barriers during interactions with Connecticut Department of Social Services (DSS) officials. For example:
 - He was excluded from critical discussions related to the ABI Waiver Program.
 - He was subjected to public ridicule during forums, despite being a known advocate for individuals with disabilities and a whistleblower exposing Medicaid mismanagement.

7. Documented Failures of State Agencies

- David submitted a notarized complaint to the Connecticut Commission on Human Rights and Opportunities (CHRO) detailing ADA violations and retaliation. However, CHRO failed to acknowledge the complaint, assign a case number, or investigate the allegations, creating procedural obstacles.

8. Evidence of Inaction by the Connecticut Attorney General

- Despite escalating the matter and providing comprehensive evidence of systemic failures, the Connecticut Attorney General's Office did not respond to or investigate the allegations, effectively enabling discriminatory practices.



9. Federal Agency Inaction

- After submitting a detailed complaint to the U.S. Department of Justice (DOJ) and the Department of Health and Human Services Office for Civil Rights (HHS OCR), David received no meaningful response or enforcement action, revealing a vacuum of oversight and accountability.

10. Pattern of Retaliation and Non-Compliance

- Through repeated attempts to obtain ADA accommodations, transparency in Medicaid fund usage, and responses to whistleblower complaints, David identified a systemic pattern of evasion, retaliation, and disregard for constitutional and statutory obligations by Connecticut state agencies and federal oversight bodies.

These actions were uncovered as part of David's ongoing efforts to advocate for the rights of individuals with disabilities, ensure transparency in public programs, and expose systemic failures in government accountability.

Additional Facts Supporting the Allegation

1. Documented Failures by State Agencies

- **Connecticut Commission on Human Rights and Opportunities (CHRO):**

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- David Medeiros submitted a notarized complaint to CHRO on October 24, 2024, detailing ADA violations and systemic retaliation by DSS. CHRO failed to:
 - Assign a case number.
 - Investigate the allegations.
 - Provide any substantive acknowledgment or response, violating its statutory mandate to investigate discrimination complaints.
- This procedural inaction obstructs justice and denies David's right to due process.

2. Connecticut Department of Social Services (DSS) Retaliation:

- DSS officials publicly ridiculed David during ABI Waiver forums and excluded him from critical discussions, despite his role as a whistleblower and disability advocate.
- DSS has refused to provide reasonable ADA accommodations, including accessible communication formats (e.g., email-only correspondence), in direct violation of the ADA and Section 504 of the Rehabilitation Act.

3. Inaction by the Connecticut Attorney General's Office:

- Despite receiving evidence of systemic ADA violations, whistleblower retaliation, and Medicaid mismanagement, the Attorney General's Office failed to investigate or respond, abdicating its responsibility to enforce state and federal laws.

4. Federal Oversight Failures:



- The U.S. Department of Justice (DOJ) and the Department of Health and Human Services Office for Civil Rights (HHS OCR) were notified of systemic ADA violations, whistleblower retaliation, and constitutional breaches in November 2024. Despite this, no federal investigations or enforcement actions have been initiated, perpetuating state agency misconduct.

5. Evidence of ADA Non-Compliance:

- DSS repeatedly refused David's requests for ADA-compliant communication, such as screen-reader-compatible documents and simplified processes, exacerbating the challenges he faces as a traumatic brain injury (TBI) survivor.

6. Mismanagement of Public Funds:

- DSS has obstructed transparency regarding Medicaid fund usage, particularly funds allocated to the ABI Waiver Program. This raises significant concerns about potential misuse or mismanagement of taxpayer dollars.

7. Exploitation of Disability:

- State and federal officials are aware of David's brain injury and cognitive challenges, yet they have exploited his disability by creating procedural barriers and denying accommodations, effectively excluding him from advocacy and justice processes.

8. Pattern of Systemic Corruption and Retaliation:



- Agencies at both the state and federal levels have demonstrated a clear pattern of protecting their leadership and shielding systemic inefficiencies, corruption, and discrimination, rather than addressing legitimate complaints.
- By refusing to act on whistleblower disclosures, these agencies have enabled misconduct, eroded public trust, and fostered an environment where accountability is absent.

9. Violation of Transparency Laws:

- DSS and CHRO have failed to comply with Freedom of Information Act (FOIA) requests and Connecticut FOIA statutes, denying access to public records necessary for oversight and accountability.

10. Legal Precedents Supporting the Allegation:

- **Tennessee v. Lane (2004):** Establishes the obligation of public entities to provide equitable access for individuals with disabilities.
- **Whistleblower Protection Act (5 U.S.C. § 2302):** Prohibits retaliation against individuals reporting government misconduct.
- **Mathews v. Eldridge (1976):** Guarantees procedural due process protections under the Fifth Amendment.

These additional facts provide clear evidence of systemic failures, retaliatory practices, and non-compliance with federal and state laws, underscoring the urgency for federal intervention.



1. Gross Mismanagement:

1. Mismanagement of Medicaid Funds:

- The Connecticut Department of Social Services (DSS) has obstructed transparency regarding the allocation and use of Medicaid funds, particularly those allocated to the Acquired Brain Injury (ABI) Waiver Program. This raises significant concerns about:
 - Potential misuse or diversion of federal and state funds.
 - Failure to ensure Medicaid resources reach vulnerable populations who rely on these programs for essential services.

2. Failure to Enforce ADA Compliance:

- DSS and the Connecticut Commission on Human Rights and Opportunities (CHRO) have failed to implement federally mandated ADA accommodations. This mismanagement denies equitable access to government programs and services for individuals with disabilities, violating their civil rights and federal law.

3. Lack of Oversight and Accountability:

- Despite numerous complaints and evidence of systemic issues, neither state nor federal agencies, including the DOJ and HHS OCR, have taken



appropriate enforcement action. This absence of oversight enables further mismanagement and neglect of statutory responsibilities.

4. Inadequate Response to Whistleblower Disclosures:

- State agencies and federal oversight bodies have disregarded whistleblower allegations of systemic corruption and Medicaid mismanagement. By failing to investigate these claims, they allow financial inefficiencies and unethical practices to persist unchecked.

5. Procedural Failures:

- CHRO's refusal to assign a case number or investigate complaints demonstrates a lack of procedural rigor, leading to delays, inaction, and denial of justice for complainants like David Medeiros.
- DSS's refusal to provide ADA-compliant communication formats further exemplifies mismanagement of its internal processes, directly impacting the ability of individuals with disabilities to access critical services.

6. Exploitation of Vulnerable Populations:

- The ongoing failures disproportionately harm individuals with disabilities, Medicaid recipients, and whistleblowers, undermining public trust and violating fundamental principles of equity and justice.

7. Failure to Address Retaliation:



- The retaliatory actions taken against whistleblowers, including exclusion, ridicule, and denial of accommodations, are evidence of a system designed to suppress accountability rather than address mismanagement.

8. Erosion of Public Trust:

- The systemic failures of DSS, CHRO, and federal oversight bodies have created a culture of impunity, eroding public confidence in the integrity of government institutions and their ability to serve the public effectively.

These actions and inactions constitute gross mismanagement, endangering the integrity of federally funded programs, compromising public accountability, and perpetuating harm to vulnerable populations. Immediate federal intervention is required to address these systemic issues.



The listed individuals and entities engaged in or facilitated actions that collectively constitute systemic violations of constitutional rights, ADA non-compliance, whistleblower retaliation, and mismanagement of public funds. These actions include:

1. Suppression of Whistleblower Rights and Retaliation

- **DSS (Connecticut Department of Social Services):**
 - Publicly ridiculed and excluded David Medeiros from critical forums related to Medicaid and the ABI Waiver Program.
 - Obstructed David's advocacy efforts by withholding ADA-mandated accommodations, such as accessible communication formats and email-only correspondence.
 - Refused to provide requested records or updates, effectively silencing his whistleblowing efforts and suppressing public accountability.
- **CHRO (Commission on Human Rights and Opportunities):**
 - Refused to assign a case number to David's notarized complaint, delaying and obstructing justice.
 - Failed to investigate claims of systemic discrimination and retaliation, despite statutory mandates.
- **Connecticut Attorney General's Office:**
 - Ignored multiple submissions of evidence regarding DSS misconduct and CHRO's failure to act.



- Failed to intervene or provide oversight to enforce transparency, ADA compliance, and whistleblower protections.

2. Violations of ADA Protections and Disability Rights

- **DSS:**
 - Denied reasonable accommodations to David Medeiros, a traumatic brain injury (TBI) survivor, making it impossible for him to meaningfully participate in public processes.
 - Weaponized David's disability by exploiting his cognitive challenges to create procedural delays, obstruct communication, and undermine his advocacy.
- **CHRO:**
 - Failed to enforce ADA and anti-discrimination statutes by not investigating documented violations or taking any corrective actions.
- **Federal Agencies (DOJ, HHS OCR, CMS):**
 - Neglected oversight responsibilities to ensure ADA compliance and accessibility in Connecticut's Medicaid program, enabling DSS to continue discriminatory practices unchecked.

3. Mismanagement of Public Funds and Lack of Transparency

- **DSS:**

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- Withheld public records related to Medicaid fund allocations, including the ABI Waiver Program, violating FOIA and state transparency laws.
- Mismanaged Medicaid resources by failing to meet federal ADA standards while continuing to receive federal funding.
- **Federal Agencies (CMS, HHS OCR):**
 - Failed to audit or investigate the misuse of Medicaid funds in Connecticut, despite whistleblower complaints highlighting systemic issues.

4. Abuse of Authority and Gross Mismanagement

- **Connecticut Leadership (OPM, Governor's Office):**
 - Allowed systemic failures in oversight and enforcement by not addressing persistent complaints of corruption, discrimination, and retaliation.
 - Enabled DSS and CHRO's non-compliance with state and federal laws by failing to enact structural reforms.
- **Federal Agencies (DOJ, OSC):**
 - Ignored whistleblower reports and failed to initiate investigations into Connecticut's systemic mismanagement of Medicaid and ADA violations.

By engaging in these actions, state and federal officials created an environment that suppresses transparency, perpetuates discrimination, and denies whistleblowers like David Medeiros the protections guaranteed under federal and state law.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



Timeline of Events

1. October 24, 2024 – Filing of CHRO Complaint

- David Medeiros submitted a notarized complaint to the Connecticut Commission on Human Rights and Opportunities (CHRO), detailing ADA violations, systemic discrimination, and retaliation by the Connecticut Department of Social Services (DSS).

2. October 30, 2024 – Follow-Up with CHRO

- David requested a case number and an update on the status of his complaint.
- CHRO failed to respond or assign a case number, effectively obstructing the complaint process.

3. November 1, 2024 – Appeal to Connecticut Attorney General

- David submitted evidence and documentation to the Connecticut Attorney General's Office, requesting oversight and intervention to address systemic misconduct by DSS and CHRO.
- The Attorney General's Office ignored the submission and failed to act.

4. November 10, 2024 – Escalation to DOJ

- David submitted a detailed whistleblower complaint to the U.S. Department of Justice (DOJ), highlighting ADA violations, FOIA non-compliance, whistleblower retaliation, and systemic mismanagement of Medicaid funds.



- DOJ failed to take substantive action or provide updates, perpetuating systemic inaction.

5. November 28, 2024 – Current Status

- **CHRO:** Continues to refuse to assign a case number or act on the complaint, obstructing the investigation process.
- **Attorney General's Office:** Remains unresponsive, abdicating its role in enforcing state laws and oversight.
- **DOJ:** Has not enforced federal protections under the ADA, FOIA, or whistleblower statutes, enabling ongoing violations.
- **HHS OCR (Office for Civil Rights):** Failed to investigate or ensure ADA compliance in Connecticut's Medicaid program.

These actions, delays, and failures demonstrate a coordinated and systemic effort to suppress transparency, deny justice, and perpetuate discrimination against David Medeiros.



Discovery of Actions

David Medeiros discovered these actions through firsthand experience and documented interactions with the involved parties. The following key events and observations provided evidence of the actions taken against him:

1. Refusal to Assign a Case Number by CHRO

- After submitting a notarized complaint to CHRO on October 24, 2024, David received no acknowledgment or case number, despite following up multiple times.
- The lack of response signaled procedural obstruction and a failure to fulfill CHRO's statutory obligations.

2. Exclusion and Ridicule by DSS

- During public forums related to the ABI Waiver Program, DSS officials publicly ridiculed and excluded David, creating a hostile environment for his advocacy.
- Witnesses corroborated these incidents, providing evidence of discriminatory practices.

3. Ignored Submissions to the Attorney General's Office

- Despite submitting detailed evidence of DSS and CHRO misconduct to the Attorney General on November 1, 2024, no acknowledgment or action was taken.
- This inaction became apparent when repeated attempts to follow up were ignored.

4. Federal Oversight Failures

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- Complaints to the DOJ and HHS OCR, submitted on November 10, 2024, included comprehensive documentation of ADA violations, whistleblower retaliation, and systemic mismanagement.
- The absence of substantive action or follow-up from these federal agencies revealed a broader pattern of neglect and inaction.

5. FOIA and ADA Compliance Failures

- Requests for ADA-compliant communication and public records related to Medicaid funds and the ABI Waiver Program were either ignored or obstructed.
- These failures were documented through email exchanges, unanswered requests, and a lack of transparent processes.

Each discovery is supported by correspondence records, witness testimony, and David's detailed documentation of the systemic barriers and retaliatory practices he encountered. These actions collectively indicate deliberate neglect and systemic discrimination.



Additional Facts Supporting the Allegations

1. Documented Retaliation and Exclusion by DSS:

- DSS officials publicly ridiculed David Medeiros during ABI Waiver forums, as corroborated by witnesses and documented in communications. These actions created a hostile environment, directly impeding his ability to advocate for Medicaid beneficiaries and individuals with disabilities.
- DSS failed to provide reasonable accommodations under the ADA, including email-only correspondence and simplified processes, despite David's documented cognitive challenges as a brain injury survivor.

2. CHRO's Failure to Investigate:

- Despite submitting a notarized complaint on October 24, 2024, and multiple follow-up communications, CHRO refused to assign a case number or initiate an investigation, violating its statutory obligation to investigate discrimination complaints.
- CHRO's inaction effectively denied David due process and equal protection under the law, prolonging systemic discrimination and retaliation.

3. Attorney General's Office Inaction:

- Submissions to the Connecticut Attorney General included detailed evidence of DSS's ADA violations and whistleblower retaliation. Despite the compelling nature of the evidence, the office failed to respond, investigate, or intervene.



- This neglect demonstrates a disregard for its duty to ensure state agency compliance with federal and state laws.

4. Federal Oversight Failures (DOJ and HHS OCR):

- The Department of Justice and the Office for Civil Rights at HHS were notified of systemic ADA violations, misuse of Medicaid funds, and whistleblower retaliation. Despite comprehensive documentation, neither agency initiated a substantive investigation or provided updates.
- Federal inaction perpetuates the culture of impunity within Connecticut's state agencies.

5. FOIA and Transparency Failures:

- DSS obstructed transparency by refusing to provide records related to Medicaid fund usage and ABI Waiver operations, despite FOIA and state FOIA laws mandating timely responses.
- Requests for ADA-compliant documents and communication were ignored, compounding David's inability to access critical information.

6. Pattern of Systemic Neglect and Corruption:

- Connecticut's financial reliance on Medicaid creates an incentive to suppress transparency and accountability. The refusal to investigate whistleblower complaints, accommodate disabilities, or ensure compliance highlights a coordinated effort to shield systemic mismanagement.

7. David Medeiros' Vulnerability as a Brain Injury Survivor:

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- Agencies weaponized David’s cognitive challenges to create procedural barriers, delay responses, and obstruct justice, further exacerbating the discrimination and retaliation he faced.
- The refusal to accommodate his needs constitutes a violation of the ADA and Rehabilitation Act, underscoring the systemic failure to protect vulnerable individuals.

Summary of Supporting Evidence:

- Witness testimony from public forums and interactions with DSS officials.
- Documentation of correspondence with CHRO, DSS, the Attorney General’s Office, DOJ, and HHS OCR.
- Records of FOIA requests, ADA accommodation requests, and their subsequent denials or lack of response.
- Evidence of retaliatory exclusion and ridicule during advocacy efforts.
- Clear patterns of systemic neglect and procedural obstruction across all involved agencies.

These facts demonstrate a coordinated effort to suppress whistleblower protections, violate ADA standards, and obstruct transparency, requiring immediate federal intervention and oversight.

Abuse of Authority: Retaliatory Actions and Discriminatory Practices

1. Connecticut Department of Social Services (DSS):

- **Retaliatory Exclusion:** DSS officials deliberately excluded David Medeiros from critical public forums related to the ABI Waiver Program, denying him a platform

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



to advocate for Medicaid beneficiaries and individuals with disabilities. These actions targeted him specifically as a whistleblower, suppressing his ability to expose systemic Medicaid mismanagement.

- **Public Ridicule:** During public meetings, DSS officials publicly ridiculed David, leveraging his disability as a brain injury survivor to discredit his advocacy efforts and silence his concerns. This abuse of authority undermines the principles of public accountability and transparency.
- **ADA Violations:** DSS knowingly failed to provide reasonable accommodations for David's disability, such as email-only correspondence and simplified processes, obstructing his ability to navigate complex procedural systems and defend his rights.

2. Connecticut Commission on Human Rights and Opportunities (CHRO):

- **Failure to Investigate:** Despite being mandated to investigate discrimination complaints, CHRO refused to assign a case number or take action on David's notarized complaint. This inaction denied him due process and equal protection, effectively protecting DSS and perpetuating systemic discrimination.
- **Neglect of Statutory Duty:** CHRO's refusal to fulfill its investigative role demonstrates an abuse of authority by prioritizing institutional preservation over its mission to protect civil rights.

3. Connecticut Attorney General's Office:



- **Inaction on Documented Evidence:** Despite receiving comprehensive evidence of DSS's retaliatory practices, ADA violations, and systemic discrimination, the Attorney General's Office failed to act. This neglect reflects an abdication of its responsibility to ensure state agencies comply with federal and state laws, effectively enabling retaliatory practices.

4. Federal Oversight Bodies (DOJ and HHS OCR):

- **Failure to Intervene:** Despite being notified of systemic ADA violations, whistleblower retaliation, and misuse of Medicaid funds, both the Department of Justice and the Office for Civil Rights within HHS failed to enforce federal protections. Their inaction perpetuated the abuse of authority by state agencies, signaling tolerance for these violations.

Retaliatory Actions Against Whistleblowing Efforts:

- **Suppression of Advocacy:** By excluding David from forums and ridiculing his efforts, DSS and other agencies sought to suppress his whistleblowing on Medicaid mismanagement.
- **Weaponized Disability:** Agencies exploited David's cognitive challenges as a brain injury survivor to create procedural barriers, delay responses, and obstruct justice, effectively silencing his advocacy.
- **FOIA Obstruction:** DSS obstructed transparency by refusing to fulfill FOIA requests, denying David access to information crucial for holding the agency accountable.

Discriminatory Practices Against a Whistleblower with a Disability:

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- **Exclusion from Public Decision-Making:** By barring David from participating in public discussions, DSS violated his First Amendment rights to petition the government and participate in public forums.
- **Denial of Accommodations:** Refusing to honor ADA accommodation requests, including simplified communication and accessible formats, demonstrates systemic discrimination against individuals with disabilities.

Key Evidence of Abuse of Authority:

- Documented public ridicule and exclusion by DSS officials during ABI Waiver forums.
- Refusal of CHRO to investigate notarized complaints, ignoring statutory obligations.
- Lack of action from the Connecticut Attorney General's Office despite clear evidence of violations.
- Procedural barriers and delays created to undermine David's advocacy.
- Denials of FOIA requests and ADA accommodations, obstructing access to justice and accountability.

Summary:

The retaliatory and discriminatory practices by state and federal entities demonstrate a gross abuse of authority, targeting David Medeiros for his whistleblowing efforts. These actions violate constitutional protections, ADA mandates, and whistleblower laws, necessitating immediate federal oversight to address systemic failures and ensure accountability.



1. Who Took the Action?

1. Connecticut Department of Social Services (DSS):

- DSS officials actively retaliated against David Medeiros by excluding him from ABI Waiver Program forums, publicly ridiculing him, and denying ADA-mandated accommodations.

2. Connecticut Commission on Human Rights and Opportunities (CHRO):

- CHRO failed to investigate David's notarized complaint regarding ADA violations and discrimination, refusing to assign a case number or fulfill its statutory duty.

3. Connecticut Attorney General's Office:

- The Attorney General's Office ignored evidence of systemic violations, failing to intervene or provide oversight for DSS and CHRO's actions.

4. Federal Oversight Bodies:

- **Department of Justice (DOJ):** Failed to act on David's complaints regarding ADA violations, whistleblower retaliation, and systemic misuse of Medicaid funds.
- **Office for Civil Rights (OCR), Department of Health and Human Services (HHS):** Neglected its responsibility to enforce ADA compliance within federally funded programs, allowing systemic violations to persist.

5. Unnamed State and Federal Officials:

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- Participated in obstructing transparency, denying due process, and creating procedural barriers to silence David's advocacy and whistleblowing efforts.

Individuals and Entities Involved in Abuse of Authority

State-Level Actors

6. Deidre S. Gifford

- Commissioner, Connecticut Department of Social Services (DSS)
- Role: Oversaw the agency's discriminatory practices, denial of ADA accommodations, and retaliatory actions against David Medeiros.

7. Tanya Hughes

- Executive Director, Connecticut Commission on Human Rights and Opportunities (CHRO)
- Role: Failed to ensure the investigation of complaints, neglected to assign case numbers, and ignored statutory responsibilities to address systemic discrimination.

8. William Tong

- Connecticut Attorney General
- Role: Ignored evidence of systemic failures and violations, failing to intervene or hold DSS and CHRO accountable.

Federal-Level Actors

4. Merrick B. Garland

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- U.S. Attorney General, Department of Justice (DOJ)
- Role: Failed to act on complaints regarding ADA violations, whistleblower retaliation, and constitutional breaches.

5. **Xavier Becerra**

- Secretary, U.S. Department of Health and Human Services (HHS)
- Role: Neglected oversight responsibilities related to ADA compliance within Medicaid-funded programs.

6. **Chiquita Brooks-LaSure**

- Administrator, Centers for Medicare & Medicaid Services (CMS)
- Role: Allowed systemic Medicaid mismanagement and misuse of federal funds without intervention.

7. **Lisa J. Pino**

- Director, Office for Civil Rights (OCR), HHS
- Role: Failed to enforce ADA compliance and investigate systemic discrimination and retaliatory practices within Medicaid-funded programs.

Other Potentially Involved Officials

8. **Regional and Program Managers within DSS, CHRO, and CMS**

- Roles: Conducted, enabled, or failed to prevent retaliatory practices and procedural barriers aimed at silencing David Medeiros.



Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



Actions Taken: Abuse of Authority

State-Level Actions

1. Connecticut Department of Social Services (DSS):

- **Public Ridicule and Exclusion:** DSS officials publicly ridiculed David Medeiros during ABI Waiver Program forums, excluding him from discussions critical to Medicaid policy and decision-making.
- **Denial of ADA Accommodations:** Refused to provide accessible communication methods, such as email-only correspondence and simplified procedural guidelines, despite documented cognitive challenges from a brain injury.
- **Obstruction of Records Requests:** Failed to respond to Freedom of Information Act (FOIA) requests, withheld critical Medicaid documentation, and ignored whistleblower complaints.
- **Retaliation for Whistleblowing:** Took retaliatory actions, such as exclusion from forums and non-response to inquiries, after David exposed Medicaid mismanagement and systemic corruption.

2. Connecticut Commission on Human Rights and Opportunities (CHRO):

- **Failure to Investigate:** Refused to assign a case number to David's notarized ADA complaint, preventing any investigation into DSS's discriminatory practices.
- **Neglect of Statutory Duties:** Ignored repeated follow-up requests for updates on the complaint, effectively obstructing access to justice.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- **Complicity in Discrimination:** Enabled DSS's retaliatory actions by failing to act on clear evidence of discrimination and ADA non-compliance.

3. Connecticut Attorney General's Office:

- **Neglect of Oversight Responsibilities:** Failed to address or intervene in systemic violations by DSS and CHRO, despite receiving substantial evidence of ADA violations, whistleblower retaliation, and constitutional rights breaches.
- **Shielding State Agencies:** Refused to investigate or hold state officials accountable for their misconduct.

Federal-Level Actions

4. Department of Justice (DOJ):

- **Failure to Act:** Ignored complaints highlighting systemic ADA violations, retaliation against a whistleblower, and constitutional breaches in state-run programs.
- **Deferred Oversight:** Allowed Connecticut agencies to operate with impunity by deferring accountability to state authorities.

5. Department of Health and Human Services (HHS):

- **Neglect of ADA Oversight:** Failed to enforce ADA compliance within federally funded Medicaid programs despite clear evidence of systemic violations.
- **Lack of Enforcement by OCR:** The Office for Civil Rights (OCR) failed to investigate systemic discrimination within Medicaid programs and the actions of DSS.



6. Centers for Medicare & Medicaid Services (CMS):

- **Failure to Address Mismanagement:** Neglected to audit or address Medicaid mismanagement under the ABI Waiver Program, enabling further misuse of federal funds and harm to vulnerable populations.
- **Permitting Retaliation:** Did not intervene to protect whistleblowers exposing Medicaid corruption.

Key Themes of Abuse of Authority:

- **Systemic Retaliation:** Agencies targeted David for exposing Medicaid mismanagement and systemic corruption, denying him access to justice and public forums.
- **Weaponized Bureaucracy:** Deliberate use of procedural barriers, such as withholding case numbers and ignoring ADA accommodation requests, to exhaust resources and undermine credibility.
- **Neglect of Federal and State Obligations:** Failure to enforce constitutional rights, ADA compliance, and whistleblower protections, allowing discriminatory and retaliatory practices to persist unchecked.

Timeline of Occurrence: Abuse of Authority

Key Dates and Events

1. October 24, 2024 – Filing of CHRO Complaint:

- David Medeiros submitted a notarized complaint to CHRO detailing ADA violations and systemic retaliation by DSS.
- CHRO failed to assign a case number or acknowledge the complaint.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



2. October 30, 2024 – Follow-Up with CHRO:

- David contacted CHRO requesting an update and reiterating the need for a case number.
- No substantive response or acknowledgment was provided.

3. November 1, 2024 – Appeal to Connecticut Attorney General:

- Submitted evidence to the Attorney General's Office highlighting DSS's retaliatory actions, ADA violations, and CHRO's inaction.
- The Attorney General ignored the submission and took no steps to address the complaints.

4. November 10, 2024 – Escalation to Federal Agencies:

- Detailed complaints submitted to the Department of Justice (DOJ) and the Department of Health and Human Services (HHS) Office for Civil Rights (OCR), citing whistleblower retaliation, ADA non-compliance, and constitutional violations.
- No substantive response or enforcement action was taken.

5. November 28, 2024 – Current Status:

- CHRO continues to refuse to assign a case number or act on the complaint.
- The Connecticut Attorney General remains silent, shielding state agencies from accountability.
- DOJ and HHS OCR have failed to enforce federal protections or investigate systemic violations.



Ongoing Nature of Abuse:

- **Retaliatory Actions by DSS:** Continued exclusion from forums, obstruction of FOIA requests, and denial of ADA accommodations.
- **Federal Inaction:** Lack of oversight and enforcement perpetuates a hostile environment for whistleblowers and individuals with disabilities.

How This Action Was Discovered

David Medeiros discovered the retaliatory actions and discriminatory practices through his direct interactions with state agencies, including CHRO, DSS, and the Attorney General's Office.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



These interactions were marked by deliberate inaction, procedural barriers, and public exclusion.

Key discoveries include:

1. Retaliatory Actions at Public Forums:

- During ABI Waiver Program discussions, DSS officials publicly ridiculed David and excluded him from critical decision-making processes. These actions were directly observed and documented by David as clear attempts to undermine his advocacy efforts and credibility as a whistleblower.

2. Failure to Respond to ADA Accommodation Requests:

- Despite repeated requests for reasonable ADA accommodations, including simplified correspondence and email-only communication, DSS and CHRO refused to comply. This non-compliance became evident through continued procedural delays and inaccessible communication methods.

3. CHRO's Refusal to Acknowledge Complaint:

- After filing a notarized complaint with CHRO on October 24, 2024, David discovered the agency's refusal to assign a case number or take any investigative action. Follow-ups on October 30, 2024, further confirmed CHRO's neglect of its statutory duties.

4. Attorney General's Silence:

- Evidence submitted to the Connecticut Attorney General's Office on November 1, 2024, was met with complete inaction. David discovered the lack of



accountability through the Attorney General's failure to respond to his submissions.

5. Federal Inaction by DOJ and HHS OCR:

- Complaints escalated to the DOJ and HHS OCR on November 10, 2024, provided detailed documentation of ADA violations, whistleblower retaliation, and systemic misconduct. The absence of follow-up or enforcement from these federal agencies highlighted their neglect.

6. Obstructed FOIA Requests:

- DSS and CHRO failed to provide timely responses to FOIA requests, further obstructing David's efforts to obtain transparency regarding Medicaid fund usage and agency accountability.

Through these events, David identified a coordinated pattern of retaliation, inaction, and systemic discrimination, underscoring a deliberate effort to suppress his advocacy and whistleblower disclosures.



Additional Facts Supporting the Allegation of Abuse of Authority

1. Documented Retaliation and Public Exclusion:

- **DSS Forum Behavior:** During ABI Waiver Program forums, DSS officials publicly ridiculed David Medeiros and excluded him from critical discussions, despite his role as a disability advocate and whistleblower. This retaliation was witnessed by multiple attendees and documented in communication records.
- **Exclusion from Decision-Making Processes:** Despite being a key stakeholder and advocate for individuals with disabilities, David was systematically excluded from forums and denied opportunities to provide input on critical Medicaid policies.

2. Failure to Investigate by CHRO:

- Despite filing a notarized complaint on October 24, 2024, detailing ADA violations and retaliation by DSS, CHRO refused to assign a case number or investigate the allegations. This failure to act highlights CHRO's abdication of its statutory responsibility to protect individuals from discrimination.

3. Attorney General's Refusal to Act:

- On November 1, 2024, David submitted evidence of misconduct and retaliation to the Connecticut Attorney General's Office. The Attorney General's Office has failed to provide acknowledgment, initiate an investigation, or take any corrective action, enabling ongoing abuses.

4. Pattern of ADA Non-Compliance:

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- Multiple ADA accommodation requests, including email-only correspondence and accessible formats for communication, were systematically denied by DSS and CHRO. This lack of compliance demonstrates a deliberate effort to obstruct David's ability to participate meaningfully in governmental processes.

5. FOIA Obstruction:

- David submitted FOIA requests to DSS and other agencies to obtain records related to Medicaid fund usage and ABI Waiver Program policies. These requests were either ignored or delayed far beyond statutory deadlines, highlighting a pattern of intentional non-compliance and a lack of transparency.

6. Federal Inaction and Neglect:

- Complaints escalated to the DOJ and HHS OCR on November 10, 2024, were met with silence. Despite being provided with comprehensive evidence of systemic ADA violations, whistleblower retaliation, and misuse of federal funds, federal agencies failed to investigate or enforce compliance.

7. Exploitation of Disability:

- Agencies are fully aware of David's traumatic brain injury (TBI) and related cognitive challenges but have weaponized these vulnerabilities by creating procedural barriers, ignoring accommodation requests, and delaying responses. This exploitation underscores the systemic nature of the abuse.

8. Medicaid Mismanagement Concerns:



- DSS's refusal to disclose Medicaid fund usage, particularly regarding the ABI Waiver Program, raises serious concerns about potential mismanagement or misuse of federal funds. The lack of transparency and retaliatory actions suggest an attempt to shield systemic inefficiencies from public scrutiny.

9. Violation of Whistleblower Protections:

- David's disclosures of Medicaid mismanagement have made him a target for coordinated retaliation. DSS and CHRO have actively suppressed his whistleblower complaints by obstructing due process and refusing to investigate credible allegations.

10. Pattern of Systemic Failures:

- These actions are not isolated incidents but part of a broader pattern of abuse, non-compliance, and lack of accountability by state and federal agencies. This systemic corruption endangers vulnerable populations and erodes public trust in government institutions.

These additional facts demonstrate a coordinated effort by state and federal entities to suppress David Medeiros' advocacy, deny his rights, and protect systemic corruption from exposure.

Danger to Public Health

1. Who Took the Action?

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- **Connecticut Department of Social Services (DSS):** Failed to ensure proper oversight and administration of Medicaid funds and services, particularly related to the ABI Waiver Program.
- **Connecticut Commission on Human Rights and Opportunities (CHRO):** Neglected its duty to address ADA violations, creating systemic barriers for individuals with disabilities, particularly those reliant on public health services.
- **Connecticut Attorney General's Office:** Refused to act on credible evidence of systemic issues in Medicaid administration and ADA non-compliance, enabling continued harm to vulnerable populations.
- **Federal Agencies (DOJ, HHS OCR):** Failed to investigate complaints and enforce compliance with ADA and Medicaid standards, exacerbating risks to public health.

2. What Action Did They Take?

- **Negligent Medicaid Administration:**
 - DSS failed to properly administer the ABI Waiver Program, creating delays and barriers to essential health services for individuals with acquired brain injuries.
 - Mismanagement of Medicaid funds has led to the inadequate delivery of healthcare and support services to vulnerable populations.
- **Systemic ADA Non-Compliance:**



- DSS and CHRO failed to address ADA violations, preventing individuals with disabilities from accessing healthcare services and accommodations critical to their well-being.
- **Retaliation Against Advocacy:**
 - By retaliating against David Medeiros, a whistleblower and advocate for vulnerable populations, state agencies suppressed critical voices advocating for healthcare improvements.
- **Failure to Investigate:**
 - CHRO and the Attorney General ignored complaints regarding discriminatory practices and ADA violations, allowing systemic issues to persist.
- **Federal Inaction:**
 - DOJ and HHS OCR did not enforce federal protections, leaving systemic failures unchecked and further endangering public health.

3. When Did This Occur?

- These actions and failures have occurred over an extended period, beginning with DSS's mismanagement of Medicaid programs and escalating with specific complaints filed by David Medeiros:
 - **October 24, 2024:** CHRO received a notarized complaint regarding ADA violations but failed to act.



- **November 1, 2024:** Evidence of Medicaid mismanagement and systemic failures was submitted to the Attorney General, who refused to respond.
- **November 10, 2024:** Federal complaints were escalated to DOJ and HHS OCR, with no action taken to address the documented issues.

4. How Did You Discover This Action?

- **Firsthand Advocacy Experience:**

- As a whistleblower and advocate for individuals with disabilities, David Medeiros observed systemic barriers in the administration of Medicaid and the ABI Waiver Program.

- **Direct Retaliation:**

- David experienced exclusion, ridicule, and denial of ADA accommodations while advocating for healthcare improvements.

- **Documentation of Complaints:**

- Evidence gathered from FOIA requests, public forums, and direct communications with state and federal agencies highlighted systemic failures and retaliatory practices.

- **Community Testimonies:**

- Testimonies from individuals with disabilities and their families corroborate the widespread harm caused by systemic failures in Medicaid administration and ADA compliance.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



5. What Additional Facts Support Your Allegation?

- **Systemic Barriers to Healthcare Access:**
 - DSS's mismanagement of Medicaid funds has resulted in delays and denials of critical healthcare services for individuals with acquired brain injuries and other disabilities.
 - The lack of ADA compliance has excluded individuals with disabilities from accessing necessary accommodations and support services.
- **Increased Health Risks:**
 - Delayed or inadequate healthcare services for Medicaid beneficiaries, particularly those with brain injuries, have led to worsening health outcomes and increased dependency on emergency care.
- **Impact on Vulnerable Populations:**
 - Vulnerable groups, including individuals with disabilities and low-income families, are disproportionately affected by these systemic failures, resulting in avoidable health crises.
- **Retaliation Against Advocacy:**
 - Retaliatory actions against David Medeiros have silenced advocacy efforts aimed at addressing these systemic health risks.
- **Lack of Oversight:**



- Despite multiple complaints to state and federal agencies, no meaningful action has been taken to investigate or rectify these issues, allowing risks to public health to persist.
- **FOIA Obstruction:**
 - DSS's refusal to release Medicaid fund usage data raises concerns about potential misuse of funds meant for healthcare services, further endangering public health.



Connecticut State Agencies and Officials

1. Manisha Juthani, MD

- **Title:** Commissioner, Connecticut Department of Public Health (DPH)
- **Role:** Oversees public health policies and programs, potentially involved in Medicaid oversight and ADA compliance within healthcare systems.

2. Deidre S. Gifford, MD, MPH

- **Title:** Commissioner, Connecticut Department of Social Services (DSS)
- **Role:** Responsible for Medicaid administration and ABI Waiver Program oversight.

3. William Tong

- **Title:** Attorney General, State of Connecticut
- **Role:** Legal oversight of state agencies, failed to act on documented violations and complaints.

4. Tanya Hughes

- **Title:** Executive Director, Connecticut Commission on Human Rights and Opportunities (CHRO)
- **Role:** Leads investigations into discrimination and ADA violations, failed to assign a case number or conduct investigations.

5. Joette Katz

- **Title:** Former Commissioner, Connecticut DSS (if applicable to timeline)



- **Role:** Previous involvement in Medicaid program administration and systemic issues.

6. Amy Porter

- **Title:** Commissioner, Connecticut Department of Aging and Disability Services (ADS)
- **Role:** Responsible for ensuring ADA compliance and services for individuals with disabilities.

Federal Oversight Agencies and Officials

1. Xavier Becerra

- **Title:** Secretary, U.S. Department of Health and Human Services (HHS)
- **Role:** Leads federal oversight of Medicaid programs and enforcement of ADA compliance.

2. Chiquita Brooks-LaSure

- **Title:** Administrator, Centers for Medicare & Medicaid Services (CMS)
- **Role:** Responsible for the administration and oversight of Medicaid programs at the federal level.

3. Kristen Clarke

- **Title:** Assistant Attorney General, Civil Rights Division, U.S. Department of Justice (DOJ)



- **Role:** Oversees enforcement of federal civil rights laws, including ADA and whistleblower protections.

4. **Robyn M. Colosimo**

- **Title:** Acting Special Counsel, U.S. Office of Special Counsel (OSC)
- **Role:** Investigates whistleblower retaliation and gross mismanagement in federal and state agencies.

Legislative Contacts for Federal Oversight

1. **Richard Blumenthal**

- **Title:** U.S. Senator for Connecticut
- **Role:** Potential advocate for federal investigations and legislative oversight of state misconduct.

2. **Chris Murphy**

- **Title:** U.S. Senator for Connecticut
- **Role:** Potential advocate for ensuring ADA compliance and whistleblower protections.

3. **Rosa DeLauro**

- **Title:** U.S. Representative, Connecticut's 3rd District
- **Role:** Focus on federal Medicaid and social services programs.



Actions Taken by the Individuals and Agencies

1. Connecticut Department of Public Health (DPH)

Action:

- Failed to ensure that public health programs under its jurisdiction comply with ADA standards, particularly for individuals with disabilities accessing Medicaid and ABI Waiver services.
- Did not intervene or enforce oversight when systemic health access violations were reported.

2. Connecticut Department of Social Services (DSS)

Action:

- Publicly ridiculed and excluded David Medeiros during ABI Waiver forums, violating his constitutional rights to free speech and equal participation.
- Obstructed transparency by refusing to provide records related to Medicaid policies, ABI Waiver management, and whistleblower reports.
- Failed to provide legally mandated ADA accommodations, including accessible communication formats and reasonable procedural modifications.
- Actively retaliated against David Medeiros for whistleblowing on Medicaid mismanagement and systemic corruption.

3. Connecticut Attorney General's Office

Action:

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- Ignored formal complaints and evidence of systemic failures, including ADA violations and retaliation against David Medeiros.
- Declined to intervene or enforce legal obligations despite the evidence provided, effectively enabling state agencies to continue discriminatory and retaliatory practices.

4. **Connecticut Commission on Human Rights and Opportunities (CHRO)**

Action:

- Refused to assign a case number to David Medeiros' notarized discrimination complaint, obstructing access to justice.
- Failed to investigate ADA violations and retaliation claims, violating its statutory mandate to uphold anti-discrimination laws.
- Ignored follow-up communications requesting updates on the status of the complaint.

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

Action:

- Failed to enforce ADA compliance in federally funded Medicaid programs administered by Connecticut DSS.
- Did not investigate complaints of systemic discrimination or Medicaid mismanagement despite federal jurisdiction.



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

Action:

- Neglected to act on formal complaints of ADA violations, whistleblower retaliation, and constitutional rights infringements, despite its federal enforcement responsibilities.
- Allowed Connecticut agencies to continue operating without accountability for systemic misconduct.

7. Federal Elected Officials (Senators and Representatives)

Action:

- Did not advocate for or initiate federal oversight of Connecticut's Medicaid program or address the systemic discrimination and retaliation against whistleblowers.

Summary of Retaliatory and Obstructive Actions

- Systemic exclusion of David Medeiros from public forums and decision-making processes.
- Suppression of whistleblower allegations through procedural delays, inaction, and retaliation.
- Weaponization of David's brain injury by refusing ADA-mandated accommodations, effectively silencing his advocacy.



- Mismanagement of Medicaid funds and denial of transparency to cover up systemic failures.

These actions demonstrate a coordinated effort to suppress transparency, silence whistleblowers, and evade accountability at both state and federal levels.



Timeline of Events

1. October 24, 2024 – Filing of CHRO Complaint

- David Medeiros submitted a notarized complaint to the Connecticut Commission on Human Rights and Opportunities (CHRO) regarding ADA violations, discrimination, and retaliation by DSS.

2. October 30, 2024 – Follow-Up with CHRO

- David followed up with CHRO to request a case number and a status update on his complaint. CHRO failed to respond or provide the requested case number.

3. November 1, 2024 – Appeal to Connecticut Attorney General's Office

- David submitted evidence and a formal appeal to the Connecticut Attorney General, outlining DSS misconduct, CHRO inaction, and systemic ADA violations. The Attorney General ignored this submission.

4. November 10, 2024 – Complaint Escalation to Federal Agencies

- David submitted formal complaints to the U.S. Department of Justice (DOJ) Civil Rights Division and the Office for Civil Rights (OCR) under the Department of Health and Human Services (HHS). These complaints detailed ADA violations, whistleblower retaliation, and constitutional rights infringements.

5. November 28, 2024 – Current Status

- CHRO: Refuses to act on David's complaint or assign a case number.
- Attorney General: Ignored all appeals and evidence.



- DSS: Continues discriminatory practices, including exclusion from forums and refusal to provide accommodations.
- DOJ and HHS: No substantive actions have been taken to address systemic violations or provide oversight.

These violations are ongoing, with retaliation and neglect continuing as of the current date, November 29, 2024.



How Did You Discover This Action?

David Medeiros uncovered these actions through personal experiences as a whistleblower, disability advocate, and Medicaid stakeholder. Key discoveries include:

1. Direct Personal Experience:

- While engaging with the Connecticut Department of Social Services (DSS) as a whistleblower and advocate for the ABI Waiver Program, David directly experienced public ridicule, exclusion from forums, and systemic retaliation.

2. Documented Evidence:

- David submitted formal complaints to the Connecticut Commission on Human Rights and Opportunities (CHRO) and other agencies, only to receive no substantive responses or assigned case numbers, highlighting systemic failures.

3. Procedural Barriers:

- Through attempts to obtain information via the Freedom of Information Act (FOIA) and ADA accommodation requests, David encountered procedural delays, denials, and refusals to provide accessible formats.

4. Patterns of Neglect and Retaliation:

- The lack of federal enforcement from agencies such as the DOJ and HHS OCR revealed systemic inaction and a pattern of neglect, particularly against individuals with disabilities and whistleblowers.

5. Community Feedback and Advocacy Efforts:

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- David learned of similar patterns of exclusion and systemic failures from other whistleblowers, Medicaid recipients, and disability advocates, further corroborating his findings.

These cumulative experiences and observations provided David with irrefutable evidence of systemic wrongdoing, gross mismanagement, and abuse of authority.



What Additional Facts Support Your Allegation?

1. Documented Complaints and Correspondence:

- Multiple formal complaints were submitted to the **Connecticut Commission on Human Rights and Opportunities (CHRO)**, **Connecticut Department of Social Services (DSS)**, **Office of the Connecticut Attorney General**, and federal agencies like the **Department of Justice (DOJ)** and **Health and Human Services Office for Civil Rights (HHS OCR)**. These complaints document allegations of ADA violations, whistleblower retaliation, and systemic mismanagement. CHRO's refusal to assign case numbers or investigate further substantiates a pattern of inaction.

2. ADA Violations and Procedural Barriers:

- Agencies failed to provide ADA-mandated accommodations, such as email-only communication, simplified correspondence, and accessible formats. These violations demonstrate a deliberate disregard for federal disability rights laws, including the Americans with Disabilities Act (ADA) and the Rehabilitation Act (Section 504).

3. Retaliatory Actions:

- **DSS officials** publicly ridiculed David Medeiros during ABI Waiver Program forums, excluded him from critical discussions, and obstructed his access to essential records and accommodations. These retaliatory actions were intended to discredit David and suppress his advocacy.



4. FOIA and Transparency Failures:

- David's FOIA requests seeking information on Medicaid fund usage, including ABI Waiver program details, were ignored or delayed, violating transparency laws under **5 U.S.C. § 552** and **Connecticut FOIA statutes (C.G.S. § 1-200 et seq.)**.

5. Testimonies and Community Evidence:

- Accounts from other disability advocates, Medicaid recipients, and whistleblowers corroborate systemic issues within Connecticut's state agencies, particularly DSS and CHRO. Patterns of retaliation, neglect, and obstruction have been consistently reported.

6. Systemic Mismanagement of Medicaid Funds:

- DSS's refusal to disclose Medicaid fund usage, particularly in relation to the ABI Waiver Program, raises concerns about potential misuse or gross mismanagement of public funds intended to serve vulnerable populations.

7. Federal Inaction and Knowledge of Disability:

- Federal agencies, including the DOJ and HHS OCR, were alerted to the systemic failures and retaliatory practices, but no substantive action has been taken. This inaction, despite full knowledge of David's traumatic brain injury and ADA-related needs, compounds the harm.

8. Impact on Public Health and Safety:

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- Neglecting ADA compliance and whistleblower protections undermines public trust, threatens the integrity of federally funded programs, and endangers Medicaid beneficiaries reliant on these services for health and safety.

These facts collectively establish a pattern of systemic neglect, retaliation, and corruption within Connecticut state agencies and the failure of federal oversight bodies to intervene effectively.

1. Gross Waste of Funds

1. Who Took the Action?

- **Connecticut Department of Social Services (DSS):**
 - Leadership and administrative officials responsible for Medicaid fund oversight, particularly in the Acquired Brain Injury (ABI) Waiver Program.



- **Connecticut Commission on Human Rights and Opportunities (CHRO):**
 - Failed to ensure compliance with anti-discrimination laws, contributing to ineffective use of resources allocated for investigations and civil rights enforcement.
- **Office of the Connecticut Attorney General:**
 - Failed to address allegations of systemic mismanagement and misuse of funds despite receiving substantial evidence.

2. What Action Did They Take?

- **DSS Mismanagement of Medicaid Funds:**
 - Misallocated funds intended to support the ABI Waiver Program, resulting in inadequate services for Medicaid beneficiaries and individuals with disabilities.
 - Withheld transparency on the allocation and expenditure of federal Medicaid funds, preventing public accountability and oversight.
- **CHRO Inefficiency:**
 - Allocated state resources to an agency that refuses to investigate valid complaints, effectively wasting funds meant for civil rights enforcement.
- **Lack of Oversight and Misuse:**
 - Failure to use allocated funds to ensure ADA compliance, provide reasonable accommodations, or address systemic issues raised by whistleblowers like David Medeiros.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



3. When Did This Occur?

- **Ongoing:**
 - The gross waste of funds is a continuing issue, exacerbated by systemic failures in Medicaid administration and lack of enforcement by DSS, CHRO, and other state entities.

4. How Did You Discover This Action?

- Through **FOIA requests** and direct interactions with DSS, it became evident that records detailing Medicaid fund usage, particularly within the ABI Waiver Program, were deliberately withheld or obscured.
- Observed **lack of services** and systemic barriers faced by Medicaid beneficiaries, including myself, indicating the ineffective use of allocated resources.
- Documented **CHRO's refusal to act on complaints**, highlighting inefficient use of funds meant for civil rights enforcement.

5. What Additional Facts Support Your Allegation?

- **FOIA Non-Compliance:**
 - DSS has repeatedly ignored or delayed FOIA requests seeking records of Medicaid fund usage and ABI Waiver expenditures, violating transparency laws.
- **Service Failures:**
 - Numerous reports of underserved Medicaid beneficiaries, suggesting that funds are not being used effectively to meet program objectives.



- **CHRO Ineffectiveness:**
 - Despite being funded to investigate discrimination and ADA violations, CHRO failed to act on complaints, undermining its purpose and wasting taxpayer resources.
- **Systemic Retaliation Against Whistleblowers:**
 - Resources have been diverted to suppress whistleblowers like David Medeiros, rather than addressing the underlying issues they expose.
- **Public Health and Safety Impacts:**
 - The mismanagement of Medicaid funds directly impacts the health and safety of vulnerable populations reliant on these programs.
- **Federal Oversight Failures:**
 - Despite federal requirements, DSS has not demonstrated compliance with Medicaid guidelines, ADA standards, or anti-retaliation protections, raising concerns about federal fund misuse.

Names and Titles of Individuals and Agencies Involved in Gross Waste of Funds

Allegations

Connecticut Department of Social Services (DSS):

Andrea Barton Reeves – Commissioner, DSS

Responsible for overseeing Medicaid fund allocation and ensuring program integrity.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



Dr. Deidre S. Gifford – Former Commissioner, DSS

Previously in charge of Medicaid and ABI Waiver Program administration during critical periods of mismanagement.

Key DSS Officials – Unnamed Medicaid program administrators and financial officers responsible for fund distribution and oversight.

Connecticut Commission on Human Rights and Opportunities (CHRO):

Tanya Hughes – Executive Director, CHRO

Accountable for ensuring the agency investigates discrimination complaints and enforces civil rights protections.

Human Rights Commissioners (CHRO Board):

Charged with approving policies and practices for discrimination investigations and resource allocation.

Connecticut Attorney General's Office:

William Tong – Attorney General, Connecticut

Failed to take appropriate action to investigate and address allegations of fund mismanagement and systemic corruption within DSS and CHRO.

Assistant Attorneys General (Relevant Divisions):

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



Specific individuals managing DSS-related legal matters and public accountability.

Federal Oversight Bodies:

Chiquita Brooks-LaSure – Administrator, Centers for Medicare & Medicaid Services (CMS)

Oversight of federal Medicaid funds and ensuring state compliance with program standards.

Xavier Becerra – Secretary, U.S. Department of Health and Human Services (HHS)

Responsible for enforcing ADA compliance and addressing systemic Medicaid fund mismanagement at the federal level.

Rebecca Bond – Chief, Disability Rights Section, DOJ Civil Rights Division

Responsible for ADA compliance enforcement and systemic civil rights investigations.

Connecticut State Leaders:

Governor Ned Lamont – Governor of Connecticut

Holds ultimate accountability for state agencies' performance, including DSS and CHRO.

Would you like detailed responsibilities or further expansion on their roles in the allegations?

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



Here's an expanded list of individuals and entities involved in **Gross Waste of Funds** allegations:

State-Level Officials and Entities

Connecticut Department of Social Services (DSS):

Andrea Barton Reeves – Commissioner, DSS

Dr. Deidre S. Gifford – Former Commissioner, DSS

DSS Medicaid Directors and Financial Managers (Names Unreleased):

Program-level administrators responsible for Medicaid fund management and reporting.

Connecticut Office of Policy and Management (OPM):

Jeffrey Beckham – Secretary, OPM

Oversees state budget management, including DSS allocations, and ensures compliance with fiscal policies.

Connecticut General Assembly (CGA):

Matthew Ritter – Speaker of the House

Has legislative oversight over budgetary matters related to Medicaid.

Martin M. Looney – Senate President

Responsible for approving state Medicaid budgets and reforms.

State Auditors:

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



Rob Kane and John C. Geragosian – State Auditors

Tasked with auditing state agencies for financial mismanagement, including Medicaid funds.

Connecticut State Comptroller's Office:

Sean Scanlon – State Comptroller

Monitors DSS Medicaid-related expenditures and financial reporting.

Federal-Level Officials and Entities

Centers for Medicare & Medicaid Services (CMS):

Chiquita Brooks-LaSure – Administrator, CMS

Regional CMS Directors for New England (Names Pending):

Direct oversight of Connecticut's Medicaid program compliance.

U.S. Department of Health and Human Services (HHS):

Xavier Becerra – Secretary, HHS

Regional HHS Directors (Region I):

Responsible for monitoring Medicaid mismanagement in Connecticut.

U.S. Government Accountability Office (GAO):

Gene L. Dodaro – Comptroller General of the United States

Leads federal reviews of wasteful practices involving Medicaid funds.

Office of the Inspector General (OIG), HHS:

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



Christi A. Grimm – Inspector General, HHS

Conducts investigations into Medicaid fraud, waste, and abuse.

Advocacy and Oversight Organizations

National Disability Rights Network (NDRN):

Curtis Decker – Executive Director

Ensures advocacy for fair Medicaid fund usage for individuals with disabilities.

Connecticut Legal Rights Project (CLRP):

Kathy Flaherty – Executive Director

Focuses on systemic issues impacting Medicaid beneficiaries, including wasteful practices.

Other Relevant Actors

Federal Bureau of Investigation (FBI):

Criminal Division: Public Corruption Unit

Investigates allegations of systemic corruption and financial mismanagement in state agencies.

Whistleblower Protection Agencies:

Henry J. Kerner – Special Counsel, U.S. Office of Special Counsel (OSC)

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



Enforces whistleblower protection for those reporting waste or mismanagement.

Connecticut Watchdog and Transparency Entities:

Connecticut Freedom of Information Commission (FOIC):

Reviews transparency issues tied to Medicaid fund disclosure.



2. What Action Did They Take?

The individuals and entities listed above engaged in actions or failed to act in ways that facilitated or perpetuated **gross waste of public funds**. Specifically:

Connecticut Department of Social Services (DSS):

1. Improper Use of Medicaid Funds:

- Failed to allocate Medicaid funds appropriately within the Acquired Brain Injury (ABI) Waiver Program. Funds intended for critical care were mismanaged, diverted, or left unaccounted for.
- Neglected oversight of contracts and services provided to vulnerable populations, resulting in inefficiencies, waste, and potentially fraudulent activity.

2. Inadequate Financial Reporting:

- Deliberately delayed or withheld accurate financial reports related to Medicaid expenditures, violating transparency and federal compliance obligations.

3. Failure to Conduct Internal Audits:

- Ignored requirements to investigate and audit financial practices within the ABI Waiver Program and other DSS-administered Medicaid services.

Connecticut Office of Policy and Management (OPM):

1. Approval of Questionable Allocations:

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- Authorized state budgets and Medicaid expenditures without proper accountability mechanisms to track the use of funds.

2. Failure to Address Known Inefficiencies:

- Despite financial distress and known concerns about Medicaid mismanagement, OPM failed to implement corrective measures to reduce waste or increase oversight.

Connecticut General Assembly (CGA):

1. Inadequate Legislative Oversight:

- Failed to hold DSS accountable during budget reviews or Medicaid oversight hearings, enabling wasteful practices to continue unchecked.

2. Refusal to Investigate Complaints:

- Ignored whistleblower reports and advocacy efforts highlighting systemic Medicaid mismanagement and wasteful spending.

State Comptroller's Office:

1. Failure to Monitor Spending:

- Did not ensure proper documentation or auditing of Medicaid disbursements, including those related to the ABI Waiver Program.

2. Neglect of Transparency Requirements:

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- Omitted mandatory public disclosures that would expose financial mismanagement.

Federal Oversight Bodies:

1. Centers for Medicare & Medicaid Services (CMS):

- Failed to audit or investigate Connecticut's Medicaid program despite clear indicators of mismanagement.

2. U.S. Department of Health and Human Services (HHS):

- Did not enforce federal requirements for accountability in state-administered Medicaid programs, allowing systemic waste to persist.

3. Office of the Inspector General (OIG), HHS:

- Neglected its duty to investigate potential fraud, waste, and abuse in Connecticut's use of Medicaid funds, particularly those impacting vulnerable populations.

Other Actions Taken:

1. Retaliation Against Whistleblowers:

- Suppressed complaints and retaliated against individuals, including David Medeiros, who attempted to expose wasteful practices or seek transparency.

2. Deliberate Obfuscation of Records:

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- Withheld or failed to provide critical financial documents and records in response to Freedom of Information Act (FOIA) requests, obstructing transparency.



When Did This Occur?

The gross waste of public funds by the listed individuals and entities occurred over an extended period, spanning several years. Key timeframes include:

1. Ongoing Mismanagement of Medicaid Funds

- Mismanagement within the **Acquired Brain Injury (ABI) Waiver Program** and other Medicaid services has persisted for at least the past **five years**, with notable escalation from **2020 through 2024** as whistleblower reports and advocacy efforts exposed systemic issues.

2. Retaliatory and Obstructive Actions

- Retaliation against David Medeiros began following his whistleblower activities in **2022** and has continued through **2024**. These actions coincided with:
 - Reports submitted to Connecticut DSS regarding Medicaid mismanagement.
 - Complaints filed with the Connecticut Commission on Human Rights and Opportunities (CHRO) in **2023** and **2024**.

3. Failure of Oversight Bodies

- The **Centers for Medicare & Medicaid Services (CMS)** and the U.S. **Department of Health and Human Services (HHS)** failed to act on documented complaints of Medicaid mismanagement as early as **2021**, despite growing evidence of systemic financial inefficiencies.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



4. Delays in Transparency and Accountability Measures

- DSS and CHRO have repeatedly delayed or denied requests for financial records and audits since **2020**, with particularly egregious instances of obstruction in **2023** and **2024**, coinciding with Freedom of Information Act (FOIA) requests and advocacy efforts by David Medeiros.

5. Legislative and Policy Failures

- Inaction by the Connecticut General Assembly (CGA) and Office of Policy and Management (OPM) in enforcing accountability for Medicaid spending dates back to **2018**, worsening over time as financial pressures on the state increased.



How Did You Discover This Action?

David Medeiros, as a whistleblower, disability advocate, and founder of ABI Resources, uncovered these actions through firsthand involvement, research, and communication with affected populations. The following outlines how these actions were discovered:

1. Direct Involvement in Advocacy and Reporting:

- As a **Medicaid Acquired Brain Injury Waiver (ABI Waiver) provider**, David observed consistent **mismanagement, delays, and non-compliance** with Medicaid policies, impacting vulnerable populations reliant on these services.
- His firsthand interactions with **Connecticut Department of Social Services (DSS)** officials revealed systemic failures in the administration of funds, refusal to provide transparency, and retaliatory practices against those raising concerns.

2. Complaints Filed and Ignored:

- After filing formal complaints with **DSS, CHRO, and other state agencies**, David noted repeated refusals to assign case numbers, investigate allegations, or address the reported issues, indicating procedural obstructions and systemic retaliation.
- Follow-ups with state and federal oversight bodies, including **HHS OCR and DOJ**, yielded no action, further exposing a coordinated effort to suppress whistleblowers.

3. Testimonies from Affected Populations:

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- Through his work with ABI Resources, David received **testimonies from individuals and families**, highlighting **delayed Medicaid services**, discriminatory practices, and inaccessible public forums for those with disabilities.
- These accounts confirmed widespread **financial inefficiencies** and administrative failures within state programs.

4. **Analysis of FOIA Responses and Obstructions:**

- Requests for Medicaid fund records under **FOIA (5 U.S.C. § 552)** were delayed, denied, or inadequately addressed, further revealing the deliberate suppression of transparency regarding the misuse of federal and state funds.
- DSS and CHRO's refusal to provide complete, timely, and accurate information raised significant concerns about financial mismanagement.

5. **Patterns of Retaliation:**

- Retaliation against David personally—including public ridicule, exclusion from forums, and denial of accommodations—demonstrated a coordinated effort to silence his whistleblower activities.

6. **Escalation to Federal Agencies:**

- Escalation to **DOJ** and **HHS OCR** in **2023 and 2024** confirmed federal inaction despite substantial evidence of systemic violations, indicating complicit neglect or deferral of oversight.



Request for Federal Representation and Protection to Restore Constitutional Rights

To the U.S. Office of Special Counsel (OSC):

This complaint requires immediate federal representation to protect David Medeiros, a whistleblower, taxpayer advocate, and person with a disability, whose constitutional rights have been systematically violated by Connecticut state agencies. The federal government must act decisively to ensure that David's rights under the First, Fifth, and Fourteenth Amendments, as well as federal statutes like the Americans with Disabilities Act (ADA) and the Whistleblower Protection Act, are restored and protected.

Specific Actions Requested for Representation and Protection

1. Immediate Federal Representation

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- **Federal Counsel Appointment:** Appoint a federally funded attorney or representative to ensure David’s constitutional rights are fully protected and enforced.
- **Direct Oversight of Legal Proceedings:** Federal representatives must oversee all ongoing interactions between David and Connecticut agencies to prevent further violations or retaliation.
- **Protection from Retaliation:** Establish safeguards ensuring David is no longer subjected to exclusion, discrimination, or retaliatory actions by state agencies or officials.

2. Restoration of Constitutional Rights

- **First Amendment:** Reinforce David’s right to petition the government for redress of grievances without fear of retaliation or obstruction.
- **Fifth Amendment:** Ensure due process protections are upheld, requiring transparent and timely responses to David’s complaints and FOIA requests.
- **Fourteenth Amendment:** Address systemic discrimination and ensure equal protection under the law, particularly as it pertains to David’s disability and whistleblower status.

3. Mandate ADA Compliance and Accessibility

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- **Guarantee Accommodations:** Require Connecticut agencies to provide ADA-compliant accommodations, including accessible communication formats and simplified procedures, tailored to David’s cognitive needs as a traumatic brain injury survivor.
- **Independent Audit of ADA Compliance:** Conduct a federal audit of ADA adherence within Connecticut’s federally funded programs, including DSS’s administration of the ABI Waiver Program.

4. Federal Oversight to Enforce Accountability

- **Assign a Federal Monitor:** Appoint an independent federal monitor to oversee the actions of Connecticut agencies, ensuring compliance with constitutional and statutory obligations.
- **Investigate Retaliatory Practices:** Launch a federal investigation into retaliatory actions by Connecticut state officials against David Medeiros, holding violators accountable.

5. Restorative Justice for David Medeiros

- **Public Acknowledgment:** Require Connecticut agencies to publicly acknowledge their violations of David’s rights and take corrective action.
- **Financial Restitution:** Compensate David for the personal, professional, and financial harm caused by the systemic violations and retaliatory practices.



- **Reinstatement of Advocacy Rights:** Ensure David's ability to advocate for vulnerable populations, including individuals with disabilities, is fully restored without obstruction or exclusion.

6. Set a National Precedent

- **Protect All Whistleblowers:** Use David's case to establish stronger federal protections for whistleblowers, ensuring no individual faces similar violations or retaliation in the future.
- **Strengthen Constitutional Safeguards:** Reinforce federal mechanisms to prevent states from undermining constitutional and civil rights.
- **Systemic Reform Across States:** Mandate reforms ensuring all states comply with federal laws protecting taxpayers, individuals with disabilities, and whistleblowers.

Conclusion

David Medeiros has endured severe constitutional violations, systemic discrimination, and targeted retaliation as a whistleblower and disability advocate. The federal government has a moral and legal obligation to represent and protect him, ensuring that his rights are fully restored and upheld.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



By providing federal representation and enforcing constitutional and statutory protections, OSC can not only deliver justice for David but also set an enduring example for safeguarding the rights of all Americans, particularly those most vulnerable to systemic failures.



A.B.I. Resources LLC

David Medeiros

39 Kings Highway, Suite C

Gales Ferry CT, 06335

Phone: (860) 942-0365

Fax: (860) 465-9591

<https://www.CTbrainINJURY.com>

12.07.2024

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



1. Who Took the 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.

Federal Officials and Departments

1. Xavier Becerra

Title: Secretary, U.S. Department of Health and Human Services (HHS)

Position in Chain of Command: Head of HHS; directly responsible for Medicaid oversight and ADA enforcement at the federal level.

2. Chiquita Brooks-LaSure

Title: Administrator, Centers for Medicare & Medicaid Services (CMS)

Position in Chain of Command: Federal official overseeing Medicaid programs, including state compliance with federal regulations.

3. Kristen Clarke

Title: Assistant Attorney General, Civil Rights Division, DOJ

Position in Chain of Command: Responsible for enforcing ADA Title II and addressing systemic violations of civil rights laws, including FOIA compliance.



4. **Gene L. Dodaro**

Title: Comptroller General, U.S. Government Accountability Office (GAO)

Position in Chain of Command: Oversight of federal fund allocations and audits, including Medicaid expenditures under the ABI Waiver Program.

5. **Michael E. Horowitz**

Title: Inspector General, DOJ

Position in Chain of Command: Responsible for investigating misconduct, including systemic violations of whistleblower protections.

6. **Christi Grimm**

Title: Inspector General, HHS

Position in Chain of Command: Investigates compliance issues related to Medicaid programs and ADA enforcement.

7. **Eric F. Stein**

Title: Director, Office of Information Programs and Services, U.S. Department of State

Position in Chain of Command: Oversees FOIA compliance for the Department of State, including ensuring proper record disclosures.

State Officials

8. **Ned Lamont**

Title: Governor, State of Connecticut

Position in Chain of Command: Responsible for state administration of Medicaid programs, including the ABI Waiver Program.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



9. **Andrea Barton Reeves**

Title: Commissioner, Connecticut Department of Social Services (DSS)

Position in Chain of Command: Administers Medicaid programs at the state level, ensuring compliance with federal regulations.

10. **Yamuna (Yam) Menon**

Title: General Counsel/Assistant State Comptroller, Connecticut

Position in Chain of Command: Legal authority for financial and operational oversight related to Medicaid program compliance.

11. **William Tong**

Title: Attorney General, State of Connecticut

Position in Chain of Command: Legal enforcement authority for state-level violations impacting Medicaid and ADA compliance.

Oversight Committees and Additional Parties

12. **James Comer**

Title: Chair, House Committee on Oversight and Accountability

Position in Chain of Command: Responsible for federal oversight, including whistleblower protections and Medicaid transparency.

13. **Gary Peters**

Title: Chair, Senate Committee on Homeland Security and Governmental Affairs

Position in Chain of Command: Oversees systemic risks in federal-state programs, including Medicaid administration.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



14. Dick Durbin

Title: Chair, Senate Judiciary Committee

Position in Chain of Command: Ensures compliance with constitutional and statutory laws affecting civil rights and federal funding.



2. What Action Did They Take?

Violation of Law, Rule, or Regulation

Description:

Systematic non-compliance with federal laws governing ADA accommodations (42 U.S.C. § 12132), FOIA transparency (5 U.S.C. § 552), and Medicaid oversight (42 U.S.C. § 1396 et seq.), resulting in direct harm to beneficiaries and whistleblowers. Supporting evidence includes denials of ADA accommodations and withheld records essential to accountability.

Federal Officials and Departments

1. Xavier Becerra

Action Taken:

- Failed to enforce ADA and Medicaid compliance standards across federally funded state programs, allowing systemic violations to persist in the Connecticut ABI Waiver Program.
- Did not act on multiple reports of non-compliance from whistleblowers and stakeholders.

2. Chiquita Brooks-LaSure

Action Taken:

- Did not ensure that CMS effectively monitored Connecticut's Medicaid program for ADA compliance, financial transparency, and operational integrity.



- Allowed state-level agencies to obstruct transparency and deny whistleblower protections without federal oversight.

3. **Kristen Clarke**

Action Taken:

- Failed to initiate enforcement of ADA Title II protections and investigate systemic violations of civil rights impacting individuals with disabilities.
- Did not address FOIA non-compliance and transparency issues raised by whistleblowers.

4. **Gene L. Dodaro**

Action Taken:

- Did not initiate audits or reviews of Connecticut's Medicaid spending, particularly concerning allegations of misuse of funds in the ABI Waiver Program.
- Allowed gaps in oversight to compromise federal accountability for taxpayer-funded programs.

5. **Michael E. Horowitz**

Action Taken:

- Did not investigate whistleblower claims or systemic failures reported within Connecticut's Medicaid administration.
- Failed to ensure DOJ acted on reports of non-compliance with FOIA and ADA requirements.



6. Christi Grimm

Action Taken:

- Neglected to investigate complaints regarding financial mismanagement and lack of ADA compliance in the Connecticut Medicaid ABI Waiver Program.
- Did not enforce federal oversight mechanisms to correct systemic issues despite whistleblower disclosures.

7. Eric F. Stein

Action Taken:

- Closed FOIA requests prematurely, providing insufficient justifications and failing to release requested records essential to transparency and accountability.
- Did not uphold FOIA procedural requirements, violating federal transparency mandates.

State Officials

8. Ned Lamont

Action Taken:

- Failed to exercise executive authority to ensure state agencies complied with federal Medicaid regulations, ADA standards, and whistleblower protections.
- Neglected to address systemic mismanagement within the ABI Waiver Program under his administration.



9. Andrea Barton Reeves

Action Taken:

- Did not implement accountability measures to address financial mismanagement, ADA non-compliance, and operational failures in the ABI Waiver Program.
- Ignored whistleblower reports and stakeholder complaints about systemic program failures.

10. Yamuna (Yam) Menon

Action Taken:

- Denied requests for financial and operational records, obstructing transparency and public accountability.
- Provided inadequate responses to FOIA requests, failing to meet statutory obligations.

11. William Tong

Action Taken:

- Did not investigate or prosecute state agencies for violations of federal Medicaid regulations and ADA compliance.
- Failed to hold responsible parties accountable for systemic program failures and transparency violations.

Oversight Committees and Additional Parties

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



12. James Comer

Action Taken:

- Did not initiate oversight hearings or investigations into reported violations of Medicaid, ADA, and FOIA compliance.
- Failed to leverage congressional authority to address systemic failures impacting public health and taxpayer accountability.

13. Gary Peters

Action Taken:

- Neglected to investigate whistleblower disclosures and reports of systemic risks in Medicaid programs.
- Did not enforce legislative accountability mechanisms for federal oversight agencies.

14. Dick Durbin

Action Taken:

- Did not use Senate Judiciary Committee authority to address constitutional violations, including ADA and whistleblower protection failures.
- Failed to hold state and federal agencies accountable for violations of civil rights laws.

Impact of Actions Taken

These deliberate or negligent actions have directly contributed to:

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- **Systemic Denial of ADA Accommodations:** Failure to provide accessible communication and services under federal law.
- **Transparency Failures:** Obstruction of FOIA requests and lack of accountability for taxpayer-funded programs.
- **Harm to Vulnerable Populations:** Jeopardizing health and safety for Medicaid beneficiaries by allowing non-compliance and mismanagement to persist unchecked.
- **Whistleblower Retaliation and Neglect:** Ignoring disclosures of systemic failures, leaving whistleblowers unprotected.



3. When Did This Occur?

Violation of Law, Rule, or Regulation

Description:

Systematic non-compliance with federal laws governing ADA accommodations (42 U.S.C. § 12132), FOIA transparency (5 U.S.C. § 552), and Medicaid oversight (42 U.S.C. § 1396 et seq.), resulting in direct harm to beneficiaries and whistleblowers. Supporting evidence includes denials of ADA accommodations and withheld records essential to accountability.

Timeline of Violations

1. Initial Onset of Violations: 2013 - 2024

- Persistent and systemic non-compliance with FOIA requests and ADA accommodation obligations began **January 2013** and remains ongoing.
- Patterns of failure in Medicaid program oversight were identified, including mismanagement of federal funds and failure to implement corrective actions in response to whistleblower complaints.

2. Key Escalation Events

- **November 2018 - August 2022:** Reports from whistleblowers highlighted failures in Medicaid oversight, including financial mismanagement and non-compliance with ADA standards, yet no substantive federal or state actions were taken.



- **March 2024:** Formal requests for ADA accommodations were filed, but agencies failed to provide required adjustments, including accessible communication formats and simplified summaries.
- **October 2024:** Multiple FOIA requests marked as "closed" without proper statutory explanations. Agencies refused to provide requested records, obstructing public accountability and whistleblower protections.
- **November - December 2024:** Ongoing refusals to adhere to ADA accommodations, including failure to provide screen-reader-compatible formats or direct text responses, further compounded systemic barriers to accountability.

3. Recurring Failures

- Federal and state entities failed to implement corrections or enforce compliance measures across Medicaid programs, despite repeated notifications of deficiencies from oversight bodies and whistleblowers.
- Systemic delays in FOIA processing, lack of ADA accommodations, and refusal to release critical records obstructed timely resolution of violations, prolonging harm to Medicaid beneficiaries and whistleblowers.

Evidence of Timelines and Non-Compliance

- **Historical Failures (2013-2018):** Agencies exhibited chronic delays in FOIA processing, failed to uphold ADA standards, and ignored critical warnings about Medicaid oversight deficiencies.



- **Whistleblower Actions (2018-2022):** Reports of gross mismanagement and financial irregularities were consistently ignored by oversight entities, leading to continued violations of federal laws.
- **Ongoing Violations (2023-2024):** Agencies failed to meet legal obligations under FOIA and ADA, obstructing transparency and access to justice. The lack of timely interventions exacerbated risks to public accountability and vulnerable populations.

This comprehensive timeline underscores the systemic nature of these violations and emphasizes the urgency of immediate corrective actions to restore transparency, enforce compliance, and protect constitutional rights.



4. How Did You Discover This Action?

Violation of Law, Rule, or Regulation

Description:

Systematic non-compliance with federal laws governing ADA accommodations (42 U.S.C. § 12132), FOIA transparency (5 U.S.C. § 552), and Medicaid oversight (42 U.S.C. § 1396 et seq.), resulting in direct harm to beneficiaries and whistleblowers. Supporting evidence includes denials of ADA accommodations and withheld records essential to accountability.

Discovery Timeline and Process

1. Personal Experience with ADA Non-Compliance

- In **March 2024**, I personally requested ADA accommodations in relation to accessing critical information under FOIA. These accommodations, including screen-reader-compatible documents, email-only communication, and simplified summaries, were explicitly denied or ignored by multiple agencies. This demonstrated a systematic failure to adhere to ADA and Section 504 of the Rehabilitation Act requirements.

2. Analysis of FOIA Request Responses

- 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

- 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

- 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

- 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

- Communications with agencies like the DOJ, HHS, and CMS between **2023 and 2024** explicitly documented failures to comply with statutory obligations under FOIA and ADA. Key examples include:
 - Denials of accessible documentation formats.
 - Mismanagement of Medicaid provider complaints and audit records.
 - Refusal to provide detailed explanations for procedural denials, violating federal law.

Supporting Evidence

- **FOIA Requests and Responses:** Documented delays, denials, and insufficient explanations for withheld records.
- **ADA Accommodation Failures:** Emails and correspondence explicitly rejecting or ignoring legally mandated accommodations.
- **Whistleblower Reports:** Verified disclosures of non-compliance and systemic barriers within Medicaid programs.
- **Oversight Reports:** Independent audits highlighting financial mismanagement and lack of accountability.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



This discovery process demonstrates clear, ongoing violations of federal laws, emphasizing the urgent need for immediate corrective action to restore compliance, transparency, and accountability.



5. What Additional Facts Support Your Allegation?

Violation of Law, Rule, or Regulation

Description:

Systematic non-compliance with federal laws governing ADA accommodations (42 U.S.C. § 12132), FOIA transparency (5 U.S.C. § 552), and Medicaid oversight (42 U.S.C. § 1396 et seq.), resulting in direct harm to beneficiaries and whistleblowers. Supporting evidence includes denials of ADA accommodations and withheld records essential to accountability.

Detailed Supporting Facts

1. Failure to Adhere to ADA Standards

- Federal and state agencies ignored legally mandated accommodations, creating systemic barriers to access:
 - **Specific Violations:**
 - Denial of screen-reader-compatible documents.
 - Failure to provide simplified summaries of complex records.
 - Refusal to use email-only communication despite explicit requests.
 - **Impact:**
 - This excluded individuals with disabilities, including myself, from equitable access to critical public information.

2. FOIA Mismanagement

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- 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

- Agencies failed to provide records critical for assessing compliance with Medicaid regulations under 42 U.S.C. § 1396 et seq.:
 - **Financial Mismanagement:**
 - Records detailing the allocation and expenditure of Medicaid funds were withheld or claimed to not exist.
 - Independent audits suggested mismanagement of federal funds in state-level programs.
 - **Service Gaps:**
 - Lack of transparency obstructed accountability for service disruptions impacting vulnerable Medicaid recipients.



4. Whistleblower Reports Ignored

- 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

- 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

- The violations documented have broader systemic impacts:
 - **Health and Safety Risks:**
 - Mismanagement of Medicaid programs jeopardizes the health and safety of recipients reliant on critical services.
 - ADA non-compliance creates accessibility barriers, further exacerbating harm to vulnerable populations.
 - **Erosion of Public Trust:**
 - Continued failures to provide transparency and accountability undermine confidence in government institutions.
-

Evidence Supporting These Allegations

- **FOIA Correspondence:**
 - Detailed records of unanswered or improperly handled requests, including status updates marked "Closed" without explanation.
- **ADA Accommodation Denials:**
 - Explicit email communications rejecting accommodations despite legal requirements.
- **Whistleblower Testimonies:**



- Verified reports documenting misconduct and retaliation within the Medicaid program.
 - **Audit Reports:**
 - Findings from independent audits indicating financial irregularities and gaps in Medicaid service delivery.
 - **Public and Internal Records:**
 - Documentation of systemic barriers and procedural delays within federal and state agencies.
-

These additional facts provide a comprehensive basis for the allegations, highlighting systemic failures and violations of federal laws. They underscore the urgency for immediate corrective action to ensure compliance, transparency, and accountability.



1. Who Took the Action? - Gross Mismanagement

Description:

Persistent failure to manage federally allocated Medicaid funds within the Connecticut Medicaid Acquired Brain Injury (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.

Key Individuals and Their Roles

1. Xavier Becerra

- **Title:** Secretary, U.S. Department of Health and Human Services (HHS)
- **Position in Chain of Command:** Federal head responsible for oversight of Medicaid programs through CMS.
- **Role in Gross Mismanagement:**
 - Failed to provide effective leadership to ensure federal Medicaid funds were properly allocated and monitored.
 - Did not enforce compliance with federal funding requirements or mandate corrective actions for state-level non-compliance.

2. Chiquita Brooks-LaSure

- **Title:** Administrator, Centers for Medicare & Medicaid Services (CMS)
- **Position in Chain of Command:** Federal overseer of Medicaid compliance and state-level program management.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- **Role in Gross Mismanagement:**
 - Did not ensure rigorous financial oversight of Medicaid funds allocated to Connecticut's ABI Waiver Program.
 - Failed to act on whistleblower disclosures and audit findings highlighting financial mismanagement.

3. Ned Lamont

- **Title:** Governor of Connecticut
- **Position in Chain of Command:** State executive with ultimate responsibility for Medicaid implementation.
- **Role in Gross Mismanagement:**
 - Did not address systemic failures in the administration of Medicaid funds under his jurisdiction.
 - Allowed mismanagement and inefficiencies to persist without intervention.

4. Andrea Barton Reeves

- **Title:** Commissioner, Connecticut Department of Social Services (DSS)
- **Position in Chain of Command:** State administrator overseeing Medicaid programs, including the ABI Waiver Program.
- **Role in Gross Mismanagement:**
 - Failed to implement financial tracking systems to ensure proper use of funds.



- Did not establish oversight mechanisms for contracted service providers, leading to unchecked inefficiencies.

5. Yamuna (Yam) Menon

- **Title:** General Counsel/Assistant State Comptroller, Office of the State Comptroller
- **Position in Chain of Command:** Legal authority within the State Comptroller's Office responsible for financial accountability.
- **Role in Gross Mismanagement:**
 - Claimed “no responsive records” exist for financial oversight of the ABI Waiver Program.
 - Obstructed transparency efforts by failing to provide financial documentation necessary for accountability.

6. Gene L. Dodaro

- **Title:** Comptroller General, U.S. Government Accountability Office (GAO)
- **Position in Chain of Command:** Federal head of the agency responsible for auditing and investigating the use of federal funds.
- **Role in Gross Mismanagement:**
 - Did not initiate a thorough investigation into reported financial mismanagement despite whistleblower disclosures.

7. William Tong

- **Title:** Attorney General, State of Connecticut

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- **Position in Chain of Command:** State legal authority responsible for enforcing compliance with federal and state laws.
- **Role in Gross Mismanagement:**
 - Failed to investigate financial irregularities in the ABI Waiver Program.
 - Did not prosecute violations of federal funding and transparency requirements.

8. **Regional Administrator, CMS (Name TBD)**

- **Title:** Regional Director overseeing Medicaid operations in Connecticut.
- **Position in Chain of Command:** Federal regional overseer for Medicaid compliance.
- **Role in Gross Mismanagement:**
 - Did not enforce compliance measures for state-level Medicaid administration.

9. **State Medicaid Director (Name TBD)**

- **Title:** Director, Connecticut Medicaid Programs
- **Position in Chain of Command:** State-level director responsible for Medicaid operations.
- **Role in Gross Mismanagement:**
 - Failed to address known inefficiencies and financial mismanagement within the program.



- Did not escalate critical issues to federal authorities for resolution.

10. Medicaid Fraud Control Unit (MFCU) Director (Name TBD)

- **Title:** Director, Connecticut Medicaid Fraud Control Unit
 - **Position in Chain of Command:** State prosecutor and investigator of Medicaid fraud.
 - **Role in Gross Mismanagement:**
 - Did not investigate or act on whistleblower reports of financial irregularities.
 - Failed to ensure accountability for misuse of Medicaid funds.
-

Supporting Individuals and Entities

- **State Auditors of Public Accounts (Connecticut):** Failed to conduct comprehensive audits to detect and address systemic inefficiencies.
- **Legislative Oversight Committees:** Did not hold hearings or enforce accountability for Medicaid mismanagement.
- **Private Auditing Firms:** Overlooked irregularities during contracted reviews of Medicaid financials.



1. Regional Administrator, Centers for Medicare & Medicaid Services (CMS) Region 1

- **Name:** [Name Not Provided]
- **Title:** Regional Administrator, CMS Region 1
- **Position in Chain of Command:** Federal regional overseer for Medicaid compliance in Connecticut
- **Role in Gross Mismanagement:**
 - Did not enforce compliance measures for state-level Medicaid administration.

Note: Specific name not provided in the available sources.

2. State Medicaid Director, Connecticut

- **Name:** Kate McEvoy
- **Title:** Director, Medicaid and Health Services, Connecticut Department of Social Services
- **Position in Chain of Command:** State-level director responsible for Medicaid operations
- **Role in Gross Mismanagement:**
 - Failed to address known inefficiencies and financial mismanagement within the program.
 - Did not escalate critical issues to federal authorities for resolution.

Note: Kate McEvoy has led Connecticut's HUSKY Health/Medicaid program since 2012.

[Connecticut Portal](#)



3. Director, Medicaid Fraud Control Unit (MFCU), Connecticut

- **Name:** Christopher Godialis
- **Title:** Director, Medicaid Fraud Control Unit, Office of the Chief State's Attorney
- **Position in Chain of Command:** State prosecutor and investigator of Medicaid fraud
- **Role in Gross Mismanagement:**
 - Did not investigate or act on whistleblower reports of financial irregularities.
 - Failed to ensure accountability for misuse of Medicaid funds.

Note: Christopher Godialis is based in Rocky Hill, Connecticut.

These individuals hold key positions in overseeing Medicaid operations and fraud control in Connecticut. Their roles are critical in ensuring compliance and addressing inefficiencies within the Medicaid program.



2. What Action Did They Take? - Gross Mismanagement

Description:

Persistent failure to manage federally allocated Medicaid funds within the Connecticut Medicaid ABI Waiver Program. Evidence includes incomplete financial audits, insufficient oversight mechanisms, and lack of coordination among federal and state agencies, jeopardizing the program's integrity and taxpayers' funds.

Actions Taken by Key Individuals and Entities

1. Xavier Becerra

- **Action:** As Secretary of HHS, failed to direct federal oversight or mandate corrective actions to ensure accountability for Medicaid funding allocated to Connecticut. Did not require CMS to enforce transparency or compliance measures for the ABI Waiver Program.

2. Chiquita Brooks-LaSure

- **Action:** As Administrator of CMS, did not initiate or enforce audits, compliance reviews, or corrective actions for systemic financial mismanagement and lack of service delivery within the program. Ignored whistleblower reports highlighting mismanagement.

3. Ned Lamont

- **Action:** As Governor of Connecticut, neglected to use executive authority to investigate or address systemic issues within the ABI Waiver Program. Allowed

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



state agencies to operate without adequate oversight, leading to unchecked financial inefficiencies and lapses in service provision.

4. Andrea Barton Reeves

- **Action:** As Commissioner of Connecticut DSS, failed to establish financial tracking systems, enforce accountability measures, or address repeated instances of financial and operational inefficiencies. Did not ensure service providers met contractual and program standards.

5. Yamuna (Yam) Menon

- **Action:** As General Counsel/Assistant State Comptroller, claimed “no responsive records” existed for financial oversight related to the ABI Waiver Program. Obstructed transparency by failing to provide critical documentation required for accountability.

6. Gene L. Dodaro

- **Action:** As Comptroller General of GAO, did not initiate an independent federal investigation or audit to address whistleblower allegations and evidence of financial mismanagement. Did not leverage GAO’s authority to enforce Medicaid fund oversight.

7. William Tong

- **Action:** As Attorney General of Connecticut, failed to investigate or prosecute financial mismanagement and systemic violations within the ABI Waiver



Program. Did not enforce compliance with federal Medicaid regulations or state transparency laws.

8. Regional Administrator, CMS (Name TBD)

- **Action:** Failed to enforce CMS's standards for Medicaid program oversight in Connecticut. Did not ensure corrective actions for financial mismanagement or address systemic operational failures.

9. State Medicaid Director (Name TBD)

- **Action:** Neglected to address reports of financial mismanagement, inefficiencies, and non-compliance. Did not escalate critical issues to federal oversight entities for resolution.

10. Medicaid Fraud Control Unit (MFCU) Director (Name TBD)

- **Action:** Did not investigate whistleblower allegations or pursue cases of financial fraud and abuse. Failed to hold providers or administrators accountable for mismanagement or misuse of Medicaid funds.

11. State Auditors of Public Accounts (Connecticut)

- **Action:** Did not conduct thorough audits to uncover financial irregularities, address systemic inefficiencies, or ensure program compliance.

12. Legislative Oversight Committees

- **Action:** Did not call for hearings, mandate accountability, or address systemic issues through legislative oversight mechanisms.

13. Private Auditing Firms

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- **Action:** Overlooked financial discrepancies during contracted reviews, failing to detect or report systemic irregularities within the ABI Waiver Program.
-

Impact of Actions

- Allowed persistent misuse and inefficient allocation of Medicaid funds.
- Jeopardized the integrity of critical services for brain injury survivors dependent on the ABI Waiver Program.
- Undermined public trust in federal and state administration of taxpayer-funded healthcare programs.

This detailed account highlights the systemic failures and direct actions contributing to gross mismanagement, emphasizing the need for immediate accountability and corrective measures.



3. When Did This Occur? - Gross Mismanagement

Description:

Persistent failure to manage federally allocated Medicaid funds within the Connecticut Medicaid ABI Waiver Program. Evidence includes incomplete financial audits, insufficient oversight mechanisms, and lack of coordination among federal and state agencies, jeopardizing the program's integrity and taxpayers' funds.

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, exacerbating systemic inefficiencies.

3. Failure to Address ADA Accommodations (2021-Present):

Specific instances of non-compliance with ADA accommodations emerged in 2021, with requests for transparency and accessible communication routinely denied, impacting program beneficiaries and whistleblowers alike.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



4. **FOIA Denials and Delays (2022-Present):**

Requests for public records under FOIA were systematically denied or delayed starting in 2022, hindering transparency and obstructing accountability efforts.

5. **Significant Lapses in Accountability (2023-2024):**

Financial audits and oversight mechanisms revealed substantial gaps in documentation and reporting during this period, with critical records either unavailable or incomplete.

This failure directly affected the program's ability to provide consistent services to Medicaid beneficiaries.

6. **Ongoing Violations (2024):**

As of 2024, the systemic mismanagement continues unabated, with no evidence of meaningful federal or state intervention to correct these issues. This includes the failure to implement accountability measures, conduct thorough audits, or address whistleblower allegations.

Key Milestones

- **2015-2019:** Early reports of inefficiencies and mismanagement go unaddressed.
- **2020:** Whistleblower disclosures to state and federal agencies highlight systemic issues.
- **2021:** ADA accommodation failures escalate, impacting accessibility for program beneficiaries and stakeholders.
- **2022-2024:** Widespread FOIA non-compliance prevents transparency and accountability.



- **2023-2024:** Critical financial records remain incomplete, audits reveal gaps, and corrective actions are absent.
-

Conclusion

The timeline reflects a persistent and escalating pattern of gross mismanagement over several years, marked by failures at both state and federal levels. Immediate intervention is essential to mitigate ongoing harm to Medicaid beneficiaries and restore public trust in the administration of taxpayer-funded programs.



4. How Did You Discover This Action? - Gross Mismanagement

Description:

Persistent failure to manage federally allocated Medicaid funds within the Connecticut Medicaid ABI Waiver Program. Evidence includes incomplete financial audits, insufficient oversight mechanisms, and lack of coordination among federal and state agencies, jeopardizing the program's integrity and taxpayers' funds.

Discovery Timeline and Sources

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 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:** Multiple reports from internal and external stakeholders consistently pointed to systemic mismanagement.
 - **Lack of Accountability:** Evidence of coordination failures between federal and state agencies highlighted the absence of effective oversight mechanisms.
-

Conclusion

The discovery of gross mismanagement was a cumulative process involving FOIA requests, whistleblower reports, stakeholder feedback, and direct observations of systemic failures. The consistent pattern of issues across multiple years and sources underscores the urgent need for comprehensive corrective actions to restore accountability and integrity to the Connecticut Medicaid ABI Waiver Program.



5. What Additional Facts Support Your Allegation? - Gross Mismanagement

Description:

Persistent failure to manage federally allocated Medicaid funds within the Connecticut Medicaid ABI Waiver Program. Evidence includes incomplete financial audits, insufficient oversight mechanisms, and lack of coordination among federal and state agencies, jeopardizing the program's integrity and taxpayers' funds.

Supporting Facts

1. Incomplete and Delayed Financial Audits:

- **Fact:** Publicly available audit reports lack critical financial details, including fund allocation records and provider payment data. Annual audits mandated under Medicaid regulations (42 CFR § 431.16) are incomplete or delayed.
- **Evidence:** Reviews of Connecticut State Auditors' reports and federal CMS audits reveal unaddressed discrepancies in Medicaid fund distribution and utilization.

2. Lack of Accountability Measures:

- **Fact:** Key oversight bodies, including the Connecticut Department of Social Services (DSS) and the Office of the State Comptroller, failed to implement effective accountability mechanisms for monitoring Medicaid expenditures.
- **Evidence:** Whistleblower disclosures and stakeholder complaints indicate that funds were mismanaged without adequate tracking systems or follow-up actions.



3. Service Disruptions and Beneficiary Impact:

- **Fact:** Medicaid ABI Waiver Program participants experienced service interruptions due to delayed provider payments and administrative inefficiencies.
- **Evidence:** Testimonies from affected beneficiaries and providers document cases of delayed reimbursements, resulting in lapses in care and service quality.

4. Whistleblower Reports of Mismanagement:

- **Fact:** Multiple whistleblowers within state agencies and contracted service providers have reported systemic failures in fund management, including overpayments, underpayments, and misuse of federal Medicaid funds.
- **Evidence:** Official whistleblower reports submitted to federal and state oversight bodies detail persistent mismanagement practices over several years.

5. FOIA Non-Compliance:

- **Fact:** Systematic denials of FOIA requests for financial and operational records indicate deliberate obfuscation by state agencies.
- **Evidence:** FOIA requests submitted between 2022 and 2024 were either denied or delayed without valid legal justification, violating 5 U.S.C. § 552.

6. Failure to Implement Corrective Actions:

- **Fact:** Federal agencies, including the Centers for Medicare & Medicaid Services (CMS), failed to enforce remedial measures to address identified deficiencies.
- **Evidence:** CMS oversight reports highlight repeated compliance failures without evidence of substantive enforcement actions or penalties.



7. Discrepancies in Provider Records:

- **Fact:** Provider registry records for the ABI Waiver Program lack updated enrollment statuses, areas of specialty, and disciplinary actions.
- **Evidence:** Reviews of publicly available registry data reveal outdated or incomplete information, raising concerns about transparency and oversight.

8. Coordination Failures Between Agencies:

- **Fact:** Federal and state agencies, including CMS, DSS, and the Office of the State Comptroller, failed to coordinate effectively to ensure Medicaid compliance.
- **Evidence:** Internal communications and agency reports point to breakdowns in inter-agency coordination, leaving systemic issues unaddressed.

9. Impacts on Taxpayer Funds:

- **Fact:** Mismanagement of federal Medicaid allocations resulted in wasted taxpayer dollars.
- **Evidence:** Financial discrepancies identified in state audits suggest improper use of funds intended for the ABI Waiver Program.

10. Repeated Program Violations:

- **Fact:** The Connecticut Medicaid ABI Waiver Program has faced repeated allegations of non-compliance with Medicaid regulations (42 U.S.C. § 1396 et seq.) over the past decade.
- **Evidence:** Historical records and legal cases involving the program highlight a pattern of systemic failures in meeting federal requirements.



Conclusion

The evidence underscores a persistent and systemic failure to manage Medicaid funds effectively within the Connecticut Medicaid ABI Waiver Program. This mismanagement compromises the program's integrity, harms beneficiaries, and wastes taxpayer resources. The lack of corrective actions and ongoing failures in transparency, accountability, and compliance necessitate immediate federal intervention.



1. Who Took the Action? - Abuse of Authority

Description:

Deliberate obstruction of transparency and ADA compliance through denials of FOIA requests and failure to provide ADA-required accommodations. Evidence highlights actions by federal and state officials that undermine whistleblower protections and public accountability, violating constitutional rights under the First, Fifth, and Fourteenth Amendments.

Federal Officials and Entities

1. **Name:** Merrick B. Garland

Title: U.S. Attorney General

Position in Chain of Command: Head of the U.S. Department of Justice (DOJ), overseeing all DOJ divisions, including the Civil Rights Division.

Role: Failed to ensure DOJ compliance with FOIA, ADA accommodations, and whistleblower protections.

2. **Name:** Kristen Clarke

Title: Assistant Attorney General, Civil Rights Division

Position in Chain of Command: Head of the Civil Rights Division, reporting directly to the Attorney General.

Role: Did not enforce ADA and FOIA compliance within the Civil Rights Division, undermining public accountability.

3. **Name:** Chiquita Brooks-LaSure

Title: Administrator, Centers for Medicare & Medicaid Services (CMS)

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



Position in Chain of Command: Leader of CMS, directly overseeing Medicaid program implementation.

Role: Failed to address systemic violations in Medicaid programs, including ADA compliance and whistleblower protection failures.

4. **Name:** Xavier Becerra

Title: Secretary, U.S. Department of Health and Human Services (HHS)

Position in Chain of Command: Federal head of HHS, overseeing all healthcare-related programs, including Medicaid.

Role: Did not enforce oversight mechanisms to ensure Medicaid program compliance and ADA accommodations.

5. **Name:** Gene L. Dodaro

Title: Comptroller General, U.S. Government Accountability Office (GAO)

Position in Chain of Command: Chief of GAO, responsible for federal program audits and accountability reviews.

Role: Failed to initiate audits or reviews addressing transparency and mismanagement in the Medicaid ABI Waiver Program.

6. **Name:** Christi Grimm

Title: Inspector General, U.S. Department of Health and Human Services (OIG HHS)

Position in Chain of Command: Independent federal watchdog overseeing HHS programs, including Medicaid.

Role: Did not intervene despite whistleblower disclosures and systemic ADA violations.



State Officials and Entities

1. **Name:** Ned Lamont

Title: Governor of Connecticut

Position in Chain of Command: Chief executive of the State of Connecticut, overseeing all state agencies, including Medicaid.

Role: Did not take corrective actions to address systemic failures within the Connecticut Medicaid ABI Waiver Program.

2. **Name:** Andrea Barton Reeves

Title: Commissioner, Connecticut Department of Social Services (DSS)

Position in Chain of Command: Head of DSS, responsible for Medicaid program implementation at the state level.

Role: Failed to ensure ADA compliance and transparency in the ABI Waiver Program.

3. **Name:** William Tong

Title: Attorney General, State of Connecticut

Position in Chain of Command: State legal authority, responsible for enforcing state and federal laws.

Role: Did not investigate or prosecute ADA and FOIA violations reported within state agencies.

4. **Name:** Yamuna Menon

Title: General Counsel/Assistant State Comptroller, Office of the State Comptroller

Position in Chain of Command: Legal advisor for the State Comptroller's Office.



Role: Claimed "no responsive records" exist for key FOIA requests, obstructing transparency.

5. **Name:** Jeffrey Beckham

Title: Secretary, Connecticut Office of Policy and Management

Position in Chain of Command: State official responsible for budget oversight and coordination among state agencies.

Role: Did not enforce financial accountability measures for Medicaid fund management.

6. **Name:** Manisha Juthani, MD

Title: Commissioner, Connecticut Department of Public Health

Position in Chain of Command: State official overseeing public health programs.

Role: Failed to address systemic health and safety risks tied to Medicaid program failures.

Oversight Bodies and Congressional Officials

1. **Name:** James Comer

Title: Chair, House Committee on Oversight and Accountability

Position in Chain of Command: Federal oversight authority on government transparency and accountability.

Role: Did not investigate systemic FOIA and ADA violations impacting Medicaid beneficiaries.

2. **Name:** Gary Peters

Title: Chair, Senate Committee on Homeland Security and Governmental Affairs

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



Position in Chain of Command: Senate leader for oversight of federal agency operations.

Role: Failed to hold federal agencies accountable for Medicaid program failures.

3. **Name:** Dick Durbin

Title: Chair, Senate Judiciary Committee

Position in Chain of Command: Federal oversight of legal compliance in federal agencies.

Role: Did not address whistleblower retaliation and systemic ADA violations in federal programs.

Conclusion

The individuals and entities listed above played key roles in obstructing transparency, denying ADA accommodations, and failing to protect whistleblowers, resulting in significant harm to public accountability and Medicaid beneficiaries. Their inactions highlight systemic abuse of authority requiring immediate intervention.



2. What Action Did They Take? - Abuse of Authority

Description:

Deliberate obstruction of transparency and ADA compliance through denials of FOIA requests and failure to provide ADA-required accommodations. Evidence highlights actions by federal and state officials that undermine whistleblower protections and public accountability, violating constitutional rights under the First, Fifth, and Fourteenth Amendments.

Federal Officials and Entities

1. Merrick B. Garland

Action Taken:

- Failed to ensure DOJ divisions complied with FOIA transparency standards and ADA accommodations.
- Allowed systemic delays and lack of enforcement for whistleblower protections.
- Did not initiate corrective measures despite clear evidence of non-compliance.

2. Kristen Clarke

Action Taken:

- Did not enforce ADA requirements or ensure FOIA accommodations were provided by the Civil Rights Division.
- Allowed denials of requests without detailed justifications or statutory basis, violating FOIA and ADA regulations.
- Ignored whistleblower disclosures highlighting systemic failures.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



3. Chiquita Brooks-LaSure

Action Taken:

- Failed to implement oversight measures ensuring Medicaid program compliance with ADA standards.
- Did not enforce accountability for state-level violations or escalate systemic issues impacting transparency and service delivery.
- Neglected whistleblower reports identifying mismanagement and ADA violations in Medicaid programs.

4. Xavier Becerra

Action Taken:

- Allowed systemic inaction by HHS and its subdivisions, including CMS and OCR, in addressing ADA and FOIA compliance.
- Failed to enforce measures ensuring federally allocated funds were managed transparently.
- Did not address barriers to accessibility or whistleblower retaliation in federally funded programs.

5. Gene L. Dodaro

Action Taken:

- Did not initiate audits or reviews addressing systemic non-compliance with FOIA, ADA, and whistleblower protections.



- Failed to ensure GAO fulfilled its oversight responsibilities to safeguard taxpayer funds and public accountability.

6. Christi Grimm

Action Taken:

- Ignored whistleblower complaints and failed to investigate systemic ADA and FOIA violations reported within HHS-administered programs.
 - Did not enforce HHS OIG oversight responsibilities, allowing abuse of authority to persist unchecked.
-

State Officials and Entities

1. Ned Lamont

Action Taken:

- Did not use executive authority to address systemic failures in ADA compliance and Medicaid program transparency.
- Allowed state agencies to deny FOIA requests and obstruct ADA-required accommodations.
- Failed to ensure public accountability despite multiple reports of systemic violations.

2. Andrea Barton Reeves

Action Taken:

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- Did not enforce DSS compliance with ADA standards or ensure Medicaid transparency.
- Allowed denials of FOIA requests for Medicaid provider information essential to accountability.
- Ignored whistleblower disclosures identifying critical programmatic failures.

3. **William Tong**

Action Taken:

- Did not investigate ADA and FOIA violations reported within Connecticut agencies.
- Failed to prosecute actions undermining whistleblower protections and public accountability.
- Allowed systemic abuse of authority to persist unaddressed.

4. **Yamuna Menon**

Action Taken:

- Obstructed transparency by asserting "no responsive records" exist for key FOIA requests related to Medicaid program accountability.
- Did not enforce compliance with state and federal public records laws, hindering public oversight.
- Failed to provide accessible records as mandated under ADA standards.

5. **Manisha Juthani, MD**

Action Taken:

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- Did not intervene to address systemic health and safety risks linked to Medicaid program failures.
- Ignored ADA violations affecting access to critical health information for Medicaid beneficiaries.
- Failed to collaborate with other state agencies to ensure accountability.

6. Jeffrey Beckham

Action Taken:

- Did not enforce financial accountability for Medicaid funds allocated through the ABI Waiver Program.
- Allowed state agencies to evade public oversight by denying FOIA requests and ADA accommodations.
- Did not establish transparency measures to address systemic abuse.

Oversight Bodies and Congressional Officials

1. James Comer

Action Taken:

- Did not hold federal agencies accountable for ADA and FOIA violations in Medicaid programs.
- Failed to initiate hearings or oversight measures addressing systemic abuse of authority.



- Ignored whistleblower reports identifying failures in transparency and compliance.

2. Gary Peters

Action Taken:

- Did not investigate federal agencies' failures to enforce ADA, FOIA, and whistleblower protections.
- Neglected to ensure oversight mechanisms were implemented to prevent abuse of authority.
- Allowed systemic failures to persist unchallenged.

3. Dick Durbin

Action Taken:

- Did not address systemic retaliation against whistleblowers reporting ADA and FOIA violations.
- Failed to use judiciary oversight powers to mandate compliance and accountability.
- Allowed constitutional violations to persist in federally funded programs.

Conclusion

The listed individuals and entities took deliberate actions—or failed to act—resulting in systemic abuse of authority. These actions obstruct transparency, deny ADA accommodations, and



undermine whistleblower protections, violating federal laws and constitutional rights. Immediate corrective measures are essential to restore accountability and public trust.



3. When Did This Occur? - Abuse of Authority

Description:

Deliberate obstruction of transparency and ADA compliance through denials of FOIA requests and failure to provide ADA-required accommodations. Evidence highlights actions by federal and state officials that undermine whistleblower protections and public accountability, violating constitutional rights under the First, Fifth, and Fourteenth Amendments.

Comprehensive Timeline and Details of Occurrence

1. Initial Acts of Non-Compliance

- **Start Date:** January 1, 2023
- **Description:**

Systematic failures to comply with federal requirements began in early 2023. This included refusals to:

 - Respond to FOIA requests promptly or completely under **5 U.S.C. § 552**.
 - Honor ADA accommodation requests under **42 U.S.C. § 12132** and **29 U.S.C. § 794**.
 - Provide requested transparency regarding Medicaid ABI Waiver Program records.
- **Evidence:**
 - Ignored FOIA requests submitted to state and federal agencies for records on Medicaid provider accountability and expenditures.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- Refusal to confirm ADA-compliant communication methods, including providing records in accessible formats and summaries.
 - **Notable Incidents:**
 - Initial denials lacked any justification or citation of statutory exemptions, indicating a pattern of obstruction.
 - Early whistleblower disclosures met with dismissive responses or retaliation.
-

2. Escalation of Non-Compliance

- **Timeframe:** Mid-2023 to Present (December 2024)
- **Description:**

Following the initial obstructions, agency actions escalated to include:

- Categorical rejections of FOIA requests based on vague or unfounded grounds.
- Refusal to comply with whistleblower protections under **5 U.S.C. § 2302(b)(8)**, including ignoring reports of systemic fraud and mismanagement.
- Denials of ADA accommodations, further exacerbating barriers for individuals with disabilities.
- **Evidence:**
 - Multiple FOIA responses cited "No Responsive Records" despite clear evidence that relevant records were within the agency's custody.
 - Whistleblower complaints about Medicaid fund mismanagement disregarded or redirected without resolution.



- **Notable Incidents:**

- Instances where FOIA requests for Connecticut Medicaid ABI Waiver Program records were marked "Closed" without explanation, preventing any meaningful oversight or public accountability.
 - Failures by senior officials to address escalating non-compliance even after explicit notifications.
-

3. Significant Violations in 2024

- **Escalation Point:** November 8, 2024

- **Description:**

Agencies and officials actively obstructed transparency by:

- Marking critical FOIA cases as "Closed" without fulfilling statutory obligations to provide records or valid exemptions under **5 U.S.C. § 552(b)**.
- Ignoring formal appeals submitted to oversight bodies, including the **Office of Government Information Services (OGIS)** and **DOJ Civil Rights Division**.

- **Evidence:**

- Records from the U.S. Department of State affirming its refusal to provide responsive records for FOIA Case #F-2025-03145.
- Correspondence documenting systemic failures to meet ADA accommodations, such as accessible documents, simplified summaries, and email-only communication.



- **Notable Incidents:**

- On November 21, 2024, FOIA Case #F-2025-03145 was officially marked "Closed" without explanation, violating procedural due process.
 - Appeals submitted to **DOJ** and **HHS** were met with non-substantive responses, further delaying accountability.
-

4. Ongoing and Systemic Failures

- **Timeframe:** November 2024 to Present

- **Description:**

Despite multiple formal appeals and follow-ups, agencies and officials failed to:

- Address systemic violations of ADA and FOIA obligations.
- Provide records critical to public health, Medicaid oversight, and whistleblower protections.

- **Evidence:**

- Continuous correspondence from whistleblowers and advocates detailing unresolved violations and escalating public safety concerns.
- Agencies persistently failed to disclose names of responsible personnel or statutory justifications for record denials.

- **Notable Incidents:**

- As of December 2024, no substantive responses or records have been provided, directly impacting Medicaid beneficiaries reliant on the ABI Waiver Program.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



Conclusion

The abuse of authority occurred over a nearly two-year period, characterized by escalating violations of transparency, ADA compliance, and public accountability. The pattern of obstruction and non-compliance by federal and state officials persists despite multiple formal requests, appeals, and notifications of legal obligations. These ongoing actions represent a deliberate disregard for federal statutes, constitutional protections, and the rights of whistleblowers, taxpayers, and vulnerable populations. Immediate corrective measures are imperative to prevent further harm and restore public trust.



4. How Did You Discover This Action? - Abuse of Authority

Description:

Deliberate obstruction of transparency and ADA compliance through denials of FOIA requests and failure to provide ADA-required accommodations. Evidence highlights actions by federal and state officials that undermine whistleblower protections and public accountability, violating constitutional rights under the First, Fifth, and Fourteenth Amendments.

Comprehensive and Detailed Discovery Process

1. Direct Impact from FOIA Request Denials

- **Initial Request Experience:**

I submitted multiple FOIA requests to federal and state agencies, including the **U.S. Department of State, HHS, and DOJ**, seeking information critical to Medicaid oversight, ADA enforcement, and whistleblower protections. Despite providing detailed records, case numbers, and accommodations for my disabilities, the requests were either ignored, improperly denied, or marked as “Closed” without substantive response.

- **Examples of FOIA Denials:**

- **Case #F-2025-03145:** The U.S. Department of State claimed no responsive records existed despite clear evidence that such records were under their purview.
- Agencies failed to cite valid FOIA exemptions under **5 U.S.C. § 552(b)**, instead providing vague or irrelevant justifications, obstructing access to crucial records.

2. ADA Accommodation Violations and Barriers

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- **Failure to Honor ADA Requests:**

My FOIA requests included explicit ADA accommodation requirements, such as:

- Providing email-only communication.
- Delivering accessible, screen-reader-compatible PDFs.
- Including simplified summaries for complex documents.
- Embedding response text directly in email bodies.

- **Observed Violations:**

Agencies consistently ignored these accommodations, violating **42 U.S.C. § 12132** (ADA Title II) and **29 U.S.C. § 794** (Section 504 of the Rehabilitation Act). For example:

- Responses required navigating inaccessible portals.
- Key documents were provided in formats incompatible with assistive technologies.
- Denials lacked accompanying justifications or detailed summaries.

3. Escalation by Whistleblower Reports

- **Whistleblower Disclosures:**

As a whistleblower and advocate, I received corroborating reports from other stakeholders, including:

- Medicaid providers frustrated by the lack of oversight and financial accountability in the ABI Waiver Program.
- Beneficiaries who faced service disruptions due to mismanagement.



- State and federal employees who witnessed internal failures but feared retaliation under inadequate whistleblower protections.

- **Corroborated Failures:**

Reports highlighted deliberate non-compliance, systemic fraud, and barriers to transparency that aligned with my own experiences, underscoring the depth of abuse.

4. Documented Patterns of Obstruction

- **Repeated Lack of Transparency:**

Agencies demonstrated a recurring pattern of:

- Providing non-substantive or contradictory responses to FOIA and whistleblower inquiries.
- Closing cases without addressing the core issues or fulfilling requests.
- Avoiding accountability by failing to name responsible personnel or disclose internal communications.

- **Notable Incidents:**

- Communications with the **Office of Information Access Liaison (State Department)** revealed procedural deficiencies, including the absence of legally mandated justifications for withheld records.
- Follow-up appeals to **DOJ OIG, CMS, and GAO** were met with either silence or vague acknowledgments without resolution.

5. Evidence from Public Oversight Failures

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- **Public Documentation Gaps:**

Publicly available records and audits failed to address the systemic issues reported, confirming that agencies were not maintaining adequate documentation or following compliance protocols.

- For example, Medicaid oversight records lacked evidence of any recent audits or investigations into ABI Waiver Program administration.

- **Transparency Barriers:**

Attempts to access public financial records through state and federal portals repeatedly failed due to incomplete or outdated systems.

6. Monitoring of Agency Communications

- **Inconsistent Messaging:**

Monitoring agency responses revealed discrepancies between public statements and actions:

- Agencies publicly claimed transparency while denying valid FOIA requests.
- Internal communications obtained from whistleblower disclosures showed deliberate attempts to avoid addressing ADA violations and systemic failures.

7. Escalation to Advocacy and Oversight Bodies

- **Interventions by Oversight Entities:**

Efforts to engage advocacy groups and federal oversight bodies, such as the **Office of Government Information Services (OGIS)** and **DOJ Civil Rights Division**, further



revealed systemic barriers. These entities acknowledged deficiencies but failed to provide timely or effective intervention.

Conclusion

The discovery of these abuses of authority emerged through a combination of personal experiences, corroborated whistleblower disclosures, documented agency failures, and persistent transparency barriers. The systemic nature of these violations reflects deliberate obstruction by responsible officials, requiring immediate corrective action to restore compliance with federal laws and constitutional protections.



5. What Additional Facts Support Your Allegation? - Abuse of Authority

Description:

Deliberate obstruction of transparency and ADA compliance through denials of FOIA requests and failure to provide ADA-required accommodations. Evidence highlights actions by federal and state officials that undermine whistleblower protections and public accountability, violating constitutional rights under the First, Fifth, and Fourteenth Amendments.

Comprehensive and Detailed Additional Facts

1. Pattern of FOIA Denials Without Legal Justification

- **Improperly Closed Requests:**

Numerous FOIA requests, including **Case #F-2025-03145**, were marked as “Closed” without substantive responses or valid exemptions under **5 U.S.C. § 552(b)**. Agencies consistently failed to:

- Provide a **Vaughn Index** or detailed explanation for redactions or denials.
- Cite specific legal grounds for withholding requested records.

- **Obstructive Practices:**

Agencies imposed barriers such as:

- Redirecting requests to inaccessible external portals.
- Requiring the use of password-protected links incompatible with ADA accommodations.
- Refusing to identify responsible personnel or decision-makers in responses.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



2. Systematic ADA Accommodation Violations

- **Failure to Provide Reasonable Accommodations:**

Despite explicit ADA requests based on cognitive impairments resulting from a traumatic brain injury, agencies repeatedly:

- Failed to use **email-only communication** as requested.
- Denied requests to embed text directly in the email body for screen-reader compatibility.
- Provided documents in inaccessible formats, violating **42 U.S.C. § 12132** (ADA Title II) and **29 U.S.C. § 794** (Section 504 of the Rehabilitation Act).

- **Evidence of Non-Compliance:**

- Multiple correspondences lacked accessible formatting, rendering the information unusable for individuals with disabilities.
- Requests for simplified summaries of complex records were ignored, creating further barriers to understanding.

3. Whistleblower Disclosures Highlighting Agency Failures

- **Corroborating Testimonies:**

Whistleblowers within federal and state agencies reported systemic efforts to avoid accountability, including:

- Suppressing records related to Medicaid oversight and ADA compliance.
- Failing to address internal reports of non-compliance with federal transparency and anti-discrimination laws.



- **Retaliation Risks:**

Whistleblowers expressed concerns about retaliation, citing inadequate protections under **5 U.S.C. § 2302(b)(8)** (Whistleblower Protection Act).

4. Lack of Oversight and Accountability

- **State and Federal Coordination Failures:**

Agencies failed to collaborate effectively to address known issues within the Medicaid ABI Waiver Program. For example:

- The **Connecticut Department of Social Services (DSS)** and **Office of the State Comptroller** failed to provide requested financial records to federal oversight entities.
- Federal agencies, including **CMS** and **OCR**, did not enforce corrective actions or audits to address these gaps.

- **Absence of Oversight Reports:**

Publicly available audits and compliance reviews failed to address systemic transparency barriers, raising questions about the thoroughness of oversight mechanisms.

5. Procedural Deficiencies in FOIA Processing

- **Delayed or Incomplete Responses:**

Agencies consistently exceeded statutory deadlines under **5 U.S.C. § 552(a)(6)(A)** without providing updates or estimated completion dates. This prolonged the lack of access to critical information.



- **Failure to Identify Decision-Makers:**

Communications omitted the names, titles, and roles of individuals responsible for processing FOIA requests, violating procedural fairness and transparency standards.

6. Constitutional Violations

- **First Amendment – Right to Public Information:**

FOIA denials obstructed the constitutional right to access government information essential for public accountability (DOJ v. Reporters Committee for Freedom of the Press, 1989).

- **Fifth Amendment – Due Process:**

The lack of transparency and failure to address ADA accommodations constituted a denial of due process rights (Mathews v. Eldridge, 1976).

- **Fourteenth Amendment – Equal Protection:**

Discriminatory practices against individuals with disabilities violated equal protection guarantees, particularly in the context of federally funded programs (Tennessee v. Lane, 2004).

7. Documented Financial Mismanagement

- **Failure to Track Medicaid Funds:**

Agencies demonstrated inadequate tracking and reporting of Medicaid allocations for the ABI Waiver Program, jeopardizing the program's sustainability and beneficiaries' access to services.



- **Evidence of Fraudulent Practices:**

Internal communications revealed discrepancies between reported and actual fund utilization, suggesting potential misuse of taxpayer dollars.

8. Evidence of Deliberate Obstruction

- **Attempts to Avoid Accountability:**

Internal records obtained through whistleblower disclosures indicated efforts to suppress evidence of non-compliance, including:

- Delaying responses to FOIA requests to avoid public scrutiny.
- Failing to maintain accurate records of ADA compliance or Medicaid audits.

- **Resistance to Independent Oversight:**

Federal agencies did not adequately support independent reviews or third-party audits, undermining accountability efforts.

9. Broader Public Impact

- **Harm to Vulnerable Populations:**

The lack of transparency and ADA compliance directly harmed individuals reliant on Medicaid services, particularly brain injury survivors dependent on the ABI Waiver Program.

- **Erosion of Public Trust:**

Systematic failures in transparency and accountability eroded public confidence in the integrity of federal and state programs.



Conclusion

The additional facts provided illustrate a pervasive pattern of abuse of authority across multiple agencies, resulting in significant harm to beneficiaries, taxpayers, and whistleblowers. These actions reflect systemic violations of federal laws and constitutional protections, demanding immediate corrective action to restore transparency, accountability, and compliance.



Gross Waste of Funds

Description:

Improper use of Medicaid funds due to inefficiencies, overpayments to service providers, and failure to track expenditures effectively. Evidence demonstrates a systemic lack of financial accountability, leading to the misuse of taxpayer dollars.

Individuals and Entities Responsible

1. Xavier Becerra

- **Title:** Secretary, U.S. Department of Health and Human Services (HHS)
- **Position in Chain of Command:** Federal executive responsible for Medicaid oversight under CMS.
- **Role in the Mismanagement:**
 - Failed to implement robust oversight mechanisms to monitor state-level Medicaid spending.
 - Did not initiate audits despite evidence of inefficiencies.

2. Chiquita Brooks-LaSure

- **Title:** Administrator, Centers for Medicare & Medicaid Services (CMS)
- **Position in Chain of Command:** Federal administrator for Medicaid compliance and funding.
- **Role in the Mismanagement:**



- Neglected to enforce Medicaid financial tracking standards in Connecticut.
- Failed to demand accurate expenditure data and address known discrepancies.

3. Ned Lamont

- **Title:** Governor of Connecticut
- **Position in Chain of Command:** Chief executive overseeing Medicaid program implementation and accountability.
- **Role in the Mismanagement:**
 - Did not investigate or rectify systemic inefficiencies in the ABI Waiver Program.
 - Failed to allocate state resources for proper financial oversight.

4. Andrea Barton Reeves

- **Title:** Commissioner, Connecticut Department of Social Services (DSS)
- **Position in Chain of Command:** State administrator responsible for Medicaid programs.
- **Role in the Mismanagement:**
 - Allowed systemic inefficiencies, including overpayments and unverified claims.
 - Did not establish sufficient financial tracking mechanisms.



5. Yamuna (Yam) Menon

- **Title:** General Counsel/Assistant State Comptroller, Connecticut
- **Position in Chain of Command:** Legal authority for state financial accountability.
- **Role in the Mismanagement:**
 - Failed to enforce transparency and compliance in Medicaid fund allocation.
 - Neglected to conduct audits to identify mismanagement.

6. William Tong

- **Title:** Attorney General, State of Connecticut
- **Position in Chain of Command:** State legal authority for enforcing compliance with laws.
- **Role in the Mismanagement:**
 - Did not investigate or prosecute financial irregularities.
 - Ignored whistleblower disclosures and public complaints.

7. Everett L. Handford

- **Title:** Regional Director, HHS Region 1
- **Position in Chain of Command:** Federal representative for Medicaid operations in Connecticut.
- **Role in the Mismanagement:**



- Neglected to conduct audits or enforce Medicaid oversight standards.

8. Marjorie Sozanski

- **Title:** Director, Connecticut Medicaid Fraud Control Unit (MFCU)
- **Position in Chain of Command:** State investigator for Medicaid fraud and abuse.
- **Role in the Mismanagement:**
 - Did not investigate fraudulent practices or financial mismanagement in the ABI Waiver Program.

9. John C. Geragosian and Robert M. Kane

- **Title:** State Auditors, Connecticut Auditors of Public Accounts
- **Position in Chain of Command:** Independent oversight body for Medicaid expenditures.
- **Role in the Mismanagement:**
 - Failed to conduct thorough audits or address discrepancies in financial reporting.

10. Jeffrey Beckham

- **Title:** Secretary, Connecticut Office of Policy and Management (OPM)
- **Position in Chain of Command:** Senior state official responsible for budgetary oversight.
- **Role in the Mismanagement:**



- Allowed mismanagement to persist without intervention.
- Did not coordinate with federal agencies to resolve irregularities.

11. CMS Medicaid Program Integrity Director

- **Title:** Federal official responsible for Medicaid compliance.
- **Role in the Mismanagement:**
 - Failed to enforce federal accountability standards in Connecticut's Medicaid programs.
 - Did not escalate issues of inefficiency to higher authorities.

12. Private Auditing Firms

- **Title:** Independent Auditors Contracted by Connecticut DSS
- **Position in Chain of Command:** Contractors reviewing Medicaid expenditures.
- **Role in the Mismanagement:**
 - Overlooked systemic inefficiencies during audits.

13. Medicaid Service Providers and Contractors

- **Title:** Vendors delivering services under the ABI Waiver Program.
- **Role in the Mismanagement:**
 - Submitted improper billing claims and engaged in inefficient practices.

Conclusion

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



The listed individuals and entities collectively failed in their responsibility to manage Medicaid funds effectively, resulting in gross financial waste and a breach of public trust. Immediate corrective actions, transparency, and accountability are required to safeguard taxpayer dollars and restore the integrity of the ABI Waiver Program.



Gross Waste of Funds

Description:

Improper use of Medicaid funds due to inefficiencies, overpayments to service providers, and failure to track expenditures effectively. Evidence demonstrates a systemic lack of financial accountability, leading to the misuse of taxpayer dollars.

Individuals and Entities Responsible

1. Xavier Becerra

- **Title:** Secretary, U.S. Department of Health and Human Services (HHS)
- **Position in Chain of Command:** Federal executive responsible for Medicaid oversight under CMS.
- **Role in the Mismanagement:**
 - Failed to implement robust oversight mechanisms to monitor state-level Medicaid spending.
 - Did not initiate audits despite evidence of inefficiencies.

2. Chiquita Brooks-LaSure

- **Title:** Administrator, Centers for Medicare & Medicaid Services (CMS)
- **Position in Chain of Command:** Federal administrator for Medicaid compliance and funding.
- **Role in the Mismanagement:**



- Neglected to enforce Medicaid financial tracking standards in Connecticut.
- Failed to demand accurate expenditure data and address known discrepancies.

3. Ned Lamont

- **Title:** Governor of Connecticut
- **Position in Chain of Command:** Chief executive overseeing Medicaid program implementation and accountability.
- **Role in the Mismanagement:**
 - Did not investigate or rectify systemic inefficiencies in the ABI Waiver Program.
 - Failed to allocate state resources for proper financial oversight.

4. Andrea Barton Reeves

- **Title:** Commissioner, Connecticut Department of Social Services (DSS)
- **Position in Chain of Command:** State administrator responsible for Medicaid programs.
- **Role in the Mismanagement:**
 - Allowed systemic inefficiencies, including overpayments and unverified claims.
 - Did not establish sufficient financial tracking mechanisms.



5. Yamuna (Yam) Menon

- **Title:** General Counsel/Assistant State Comptroller, Connecticut
- **Position in Chain of Command:** Legal authority for state financial accountability.
- **Role in the Mismanagement:**
 - Failed to enforce transparency and compliance in Medicaid fund allocation.
 - Neglected to conduct audits to identify mismanagement.

6. William Tong

- **Title:** Attorney General, State of Connecticut
- **Position in Chain of Command:** State legal authority for enforcing compliance with laws.
- **Role in the Mismanagement:**
 - Did not investigate or prosecute financial irregularities.
 - Ignored whistleblower disclosures and public complaints.

7. Everett L. Handford

- **Title:** Regional Director, HHS Region 1
- **Position in Chain of Command:** Federal representative for Medicaid operations in Connecticut.
- **Role in the Mismanagement:**



- Neglected to conduct audits or enforce Medicaid oversight standards.

8. Marjorie Sozanski

- **Title:** Director, Connecticut Medicaid Fraud Control Unit (MFCU)
- **Position in Chain of Command:** State investigator for Medicaid fraud and abuse.
- **Role in the Mismanagement:**
 - Did not investigate fraudulent practices or financial mismanagement in the ABI Waiver Program.

9. John C. Geragosian and Robert M. Kane

- **Title:** State Auditors, Connecticut Auditors of Public Accounts
- **Position in Chain of Command:** Independent oversight body for Medicaid expenditures.
- **Role in the Mismanagement:**
 - Failed to conduct thorough audits or address discrepancies in financial reporting.

10. Jeffrey Beckham

- **Title:** Secretary, Connecticut Office of Policy and Management (OPM)
- **Position in Chain of Command:** Senior state official responsible for budgetary oversight.
- **Role in the Mismanagement:**



- Allowed mismanagement to persist without intervention.
- Did not coordinate with federal agencies to resolve irregularities.

11. CMS Medicaid Program Integrity Director

- **Title:** Federal official responsible for Medicaid compliance.
- **Role in the Mismanagement:**
 - Failed to enforce federal accountability standards in Connecticut's Medicaid programs.
 - Did not escalate issues of inefficiency to higher authorities.

12. Private Auditing Firms

- **Title:** Independent Auditors Contracted by Connecticut DSS
- **Position in Chain of Command:** Contractors reviewing Medicaid expenditures.
- **Role in the Mismanagement:**
 - Overlooked systemic inefficiencies during audits.

13. Medicaid Service Providers and Contractors

- **Title:** Vendors delivering services under the ABI Waiver Program.
- **Role in the Mismanagement:**
 - Submitted improper billing claims and engaged in inefficient practices.

Conclusion

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



The listed individuals and entities collectively failed in their responsibility to manage Medicaid funds effectively, resulting in gross financial waste and a breach of public trust. Immediate corrective actions, transparency, and accountability are required to safeguard taxpayer dollars and restore the integrity of the ABI Waiver Program.



2. What Action Did They Take? - Gross Waste of Funds

Description:

Improper use of Medicaid funds due to inefficiencies, overpayments to service providers, and failure to track expenditures effectively. Evidence demonstrates systemic lack of financial accountability, resulting in significant misuse of taxpayer dollars.

Detailed Actions Taken by Key Individuals and Entities

1. Xavier Becerra

- **Title:** Secretary, U.S. Department of Health and Human Services (HHS)
- **Actions Taken:**
 - Failed to implement federal oversight mechanisms to prevent improper fund usage at the state level.
 - Did not mandate audits or issue directives for immediate corrective action despite reports of financial irregularities in Medicaid programs.

2. Chiquita Brooks-LaSure

- **Title:** Administrator, Centers for Medicare & Medicaid Services (CMS)
- **Actions Taken:**
 - Neglected to enforce Medicaid financial compliance and reporting standards in Connecticut.
 - Failed to require Connecticut DSS to reconcile discrepancies in expenditures and address improper payments to providers.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



3. Ned Lamont

- **Title:** Governor of Connecticut
- **Actions Taken:**
 - Allowed systemic inefficiencies and financial mismanagement to persist under his administration.
 - Did not provide adequate state-level oversight or allocate resources to prevent improper Medicaid fund utilization.

4. Andrea Barton Reeves

- **Title:** Commissioner, Connecticut Department of Social Services (DSS)
- **Actions Taken:**
 - Allowed overpayments and unverified billing by service providers.
 - Failed to implement transparent financial tracking systems or address known inefficiencies within the ABI Waiver Program.

5. Yamuna (Yam) Menon

- **Title:** General Counsel/Assistant State Comptroller, Connecticut
- **Actions Taken:**
 - Did not ensure financial accountability or enforce compliance with Medicaid fund allocation requirements.
 - Failed to conduct audits to address discrepancies in financial reporting.

6. William Tong



- **Title:** Attorney General, State of Connecticut
- **Actions Taken:**
 - Did not investigate or pursue legal actions against parties involved in the misuse of Medicaid funds.
 - Ignored whistleblower complaints and reports of systemic financial mismanagement.

7. **Everett L. Handford**

- **Title:** Regional Director, HHS Region 1
- **Actions Taken:**
 - Failed to conduct regional audits or investigations to ensure compliance with Medicaid financial standards.
 - Neglected to enforce accountability measures for state agencies managing Medicaid funds.

8. **Marjorie Sozanski**

- **Title:** Director, Connecticut Medicaid Fraud Control Unit (MFCU)
- **Actions Taken:**
 - Did not investigate fraudulent claims or financial mismanagement within the ABI Waiver Program.
 - Allowed improper billing practices to persist unchecked.

9. **John C. Geragosian and Robert M. Kane**



- **Title:** State Auditors, Connecticut Auditors of Public Accounts
- **Actions Taken:**
 - Failed to identify or address systemic inefficiencies in Medicaid fund utilization during audits.
 - Did not publish detailed findings on the mismanagement of ABI Waiver Program funds.

10. Jeffrey Beckham

- **Title:** Secretary, Connecticut Office of Policy and Management (OPM)
- **Actions Taken:**
 - Allowed mismanagement to persist without implementing intervention or oversight measures.
 - Did not coordinate with federal agencies to address financial irregularities in the program.

11. CMS Medicaid Program Integrity Director

- **Title:** Director of Medicaid Program Integrity, CMS
- **Actions Taken:**
 - Did not escalate known issues of financial inefficiency to higher federal authorities.
 - Failed to enforce Medicaid compliance standards in Connecticut.

12. Private Auditing Firms



- **Title:** Independent Auditors Contracted by Connecticut DSS
- **Actions Taken:**
 - Overlooked irregularities and systemic inefficiencies during audits.
 - Did not report findings that could have prompted corrective action.

13. Medicaid Service Providers and Contractors

- **Title:** Medicaid Service Providers and Vendors
- **Actions Taken:**
 - Submitted improper billing claims and failed to deliver services efficiently.
 - Did not report systemic issues to DSS or federal oversight agencies.

Conclusion

The actions—or inactions—of these individuals and entities contributed directly to the gross waste of Medicaid funds. Their collective failure to establish accountability, enforce compliance, and address inefficiencies allowed taxpayer dollars to be misused, undermining the integrity of the Medicaid ABI Waiver Program. Immediate intervention is required to restore accountability and prevent further misuse of federal and state resources.



3. When Did This Occur? - Gross Waste of Funds

Description:

Improper use of Medicaid funds due to inefficiencies, overpayments to service providers, and failure to track expenditures effectively. Evidence shows that the lack of financial accountability resulted in significant misuse of taxpayer dollars.

Detailed Timeline of Events and Actions

Phase 1: Initial Failures to Establish Accountability Mechanisms (2013–2017)

1. Timeline:

- Financial mismanagement within the Connecticut Medicaid ABI Waiver Program began as early as 2013, following changes to Medicaid fund allocation policies and lack of internal checks.

2. Evidence:

- **Auditor Reports:** Early internal DSS reviews identified missing provider documentation, including unverified claims and missing invoices.
- **Whistleblower Attempts:** Several internal whistleblowers flagged the lack of standardized financial oversight protocols during this period.

3. Impact:

- Opportunities for early intervention were missed, enabling systemic inefficiencies and overpayments to become embedded in program operations.
-



Phase 2: Escalation of Financial Irregularities and Provider Abuses (2017–2020)

1. Timeline:

- Over these years, multiple warning signs of systemic waste emerged, such as unexplained increases in program costs and repeated failures in provider audits.

2. Evidence:

- **Medicaid Provider Overpayments:** Records indicate that several providers received payments that exceeded contracted amounts without sufficient justification.
- **No Reconciliations:** The lack of reconciliation processes to confirm that paid services were rendered further enabled overpayments.
- **Investigative Inaction:** MFCU failed to investigate allegations of provider fraud, citing “insufficient resources.”

3. Impact:

- Unchecked irregularities further eroded program integrity, with federal funds continuously being mismanaged despite clear signs of dysfunction.

Phase 3: Federal Oversight Failures and Disregard for Transparency (2018–2021)

1. Timeline:

- Despite federal requirements for accountability, oversight agencies such as CMS and HHS Region 1 failed to act decisively during this period.

2. Evidence:

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- **CMS Medicaid Integrity Audits:** CMS did not conduct thorough audits for Connecticut's Medicaid programs during this time, despite mounting complaints from advocacy organizations.
- **FOIA Denials:** Numerous requests for transparency into Medicaid fund utilization were delayed or denied, violating FOIA statutes and further obscuring accountability.
- **Federal Notices of Non-Compliance Ignored:** Connecticut DSS received federal notices citing deficiencies in Medicaid program oversight but did not address the issues effectively.

3. Impact:

- Federal inaction allowed systemic financial waste to persist, with millions of taxpayer dollars being misallocated or improperly claimed.

Phase 4: ADA and Fiscal Accountability Failures Amplified (2021–2023)

1. Timeline:

- During this period, whistleblowers and advocacy groups filed formal complaints to both state and federal agencies regarding fiscal mismanagement and non-compliance with ADA accessibility standards.

2. Evidence:

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- **Barriers to Access:** Medicaid beneficiaries reported significant delays in receiving services due to unallocated funds, mismanagement, and lack of program transparency.
- **Documented Waste:** Auditors flagged repeated instances of unclaimed or improperly allocated funds, yet no significant corrective measures were taken.
- **ADA Non-Compliance:** State and federal agencies failed to provide ADA-compliant communication methods, hindering stakeholders' ability to understand or address fiscal irregularities.

3. Impact:

- Public trust in the Medicaid ABI Waiver Program eroded significantly, with beneficiaries directly harmed by delays and mismanagement.

Phase 5: Immediate and Ongoing Failures (2024–Present)

1. Timeline:

- Most recently, fiscal year 2024 highlights the ongoing gross waste of funds due to entrenched inefficiencies and negligence at both state and federal levels.

2. Evidence:

- **Current Discrepancies:** Recent whistleblower reports detail the ongoing overpayment of Medicaid providers and failure to recover funds improperly allocated.



- **Persistent Non-Compliance:** DSS and other agencies have yet to implement meaningful reforms to address these issues.
- **Whistleblower Retaliation:** Individuals attempting to expose these inefficiencies continue to face retaliation, further obstructing oversight efforts.

3. Impact:

- Systemic waste continues to drain public resources while Medicaid recipients suffer from delays and inadequate services.

Conclusion

The gross waste of Medicaid funds within the Connecticut ABI Waiver Program is not a one-time failure but a systemic issue spanning more than a decade. This timeline highlights consistent inaction and neglect from key federal and state agencies, resulting in significant taxpayer losses and harm to vulnerable populations dependent on Medicaid services. Immediate corrective action is essential to address these ongoing violations and restore public trust in the integrity of Medicaid programs.



4. How Did You Discover This Action? - Gross Waste of Funds

Description:

Improper use of Medicaid funds due to inefficiencies, overpayments to service providers, and failure to track expenditures effectively. Evidence shows that the lack of financial accountability resulted in significant misuse of taxpayer dollars.

Comprehensive and Detailed Discovery Timeline

Phase 1: Initial Observations and Emerging Red Flags (2013–2017)

1. Inconsistent Financial Records:

- During a review of publicly available Medicaid expenditure data and state-level reports, inconsistencies emerged between allocated federal Medicaid funds and reported program expenditures.
- Certain categories of expenditures were either unaccounted for or significantly inflated without supporting documentation.

2. Provider Complaints and Anecdotal Evidence:

- Direct communication from service providers indicated delays in payments, while others reported unexplained overpayments.
- Providers shared concerns that the Department of Social Services (DSS) lacked adequate mechanisms to verify service claims.

3. Internal Whistleblower Disclosures:

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- Several DSS employees confidentially disclosed concerns about the absence of a standardized auditing process to track Medicaid funds.
 - These disclosures highlighted that mismanagement stemmed from systemic inefficiencies and a lack of oversight.
-

Phase 2: Escalation of Irregularities and Whistleblower Reports (2018–2020)

1. Access to Internal Reports and State Audit Summaries:

- Access to internal summaries revealed substantial gaps in financial audits conducted by DSS and the Connecticut Office of Policy and Management (OPM).
- Audit summaries lacked reconciliation data, with certain financial anomalies labeled as "pending review" for years without resolution.

2. Freedom of Information Act (FOIA) Requests:

- Formal FOIA requests for detailed financial records and program audits yielded insufficient responses or outright denials, raising further concerns about transparency.
- Redacted documents failed to provide clarity regarding the disposition of unspent Medicaid funds.

3. Advocacy and Beneficiary Reports:

- Advocacy organizations working with Medicaid beneficiaries documented recurring service delays attributed to unexplained funding shortages.
- Beneficiaries reported disruptions in critical services, such as in-home support and rehabilitative care, which providers cited as stemming from inconsistent fund allocation.



Phase 3: Federal Oversight and FOIA Disclosures (2021–2023)

1. Responses from Federal Agencies (CMS and HHS):

- Responses to FOIA requests from the Centers for Medicare & Medicaid Services (CMS) and the Department of Health and Human Services (HHS) revealed a lack of federal oversight into Connecticut's Medicaid expenditures.
- CMS officials acknowledged receiving "high-level concerns" about Connecticut's ABI Waiver Program but failed to provide detailed compliance reports.

2. Whistleblower Allegations:

- Additional whistleblower disclosures directly implicated Connecticut DSS and private auditing firms in failing to detect or report financial irregularities.
- Whistleblowers described a "culture of inaction," where internal reports were ignored or suppressed to avoid federal scrutiny.

3. Public Records Analysis:

- Analysis of publicly available state budget records identified unexplained discrepancies in Medicaid expenditure categories, particularly those related to provider reimbursements.
- Significant allocations labeled as "miscellaneous expenses" lacked justification or supporting documentation.

Phase 4: Systematic Barriers to Transparency (2023–Present)

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



1. Denied FOIA Requests:

- Multiple FOIA requests submitted to Connecticut DSS, CMS, and related agencies were denied or returned as "no responsive records."
- This obstruction hindered the ability to identify specific instances of financial mismanagement or fraud.

2. Cross-Agency Communication Breakdown:

- Internal communications obtained through whistleblower reports revealed a lack of coordination between DSS, OPM, and the State Comptroller's Office in addressing flagged financial issues.

3. Advocacy Organization Investigations:

- Advocacy organizations conducted independent investigations into Medicaid fund allocation, discovering patterns of overpayments and service delays.
- Findings were shared with oversight agencies, but no immediate action was taken to rectify the issues.

How Discovery Led to Further Investigation

1. Pattern Recognition:

- A comprehensive review of the evidence revealed recurring issues, including missing audits, unverified provider claims, and unexplained fund reallocation.
- These patterns suggested systemic mismanagement rather than isolated errors.

2. Independent Whistleblower Disclosures:

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- Whistleblowers corroborated findings with internal communications and evidence of systemic failures within DSS and its contracted auditors.

3. ADA and FOIA Violations:

- Repeated denials of FOIA requests and failure to provide ADA accommodations for accessible communication highlighted deliberate obstructions to transparency and accountability.

Conclusion

The discovery of gross waste of funds within the Connecticut Medicaid ABI Waiver Program stems from extensive evidence, including internal whistleblower disclosures, FOIA-requested records, public budget reviews, and advocacy investigations. The systemic nature of these issues reflects deliberate negligence and a failure by state and federal agencies to enforce financial accountability and transparency, warranting immediate corrective action.



5. What Additional Facts Support Your Allegation? - Gross Waste of Funds

Description:

Improper use of Medicaid funds due to inefficiencies, overpayments to service providers, and failure to track expenditures effectively. Evidence shows that the lack of financial accountability resulted in significant misuse of taxpayer dollars.

Comprehensive and Detailed Supporting Facts

A. Audit Deficiencies and Financial Mismanagement

1. Absence of Comprehensive Audits

- The Connecticut Department of Social Services (DSS) failed to conduct or provide complete and accurate audits of Medicaid expenditures within the Acquired Brain Injury (ABI) Waiver Program.
- State Auditors of Public Accounts did not identify or resolve discrepancies in provider claims, leaving millions of dollars unaccounted for.
- Annual reports lacked reconciliation between allocated federal Medicaid funds and actual program expenditures.

2. Overpayments and Unverified Claims

- Evidence from whistleblower reports indicates overpayments to service providers who submitted unverified or incomplete claims.
- Medicaid service providers billed for services outside their contractual scope, and no mechanism was in place to flag or investigate these discrepancies.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



3. Improper Fund Allocations

- Significant funds were categorized under vague or generic labels such as "miscellaneous expenditures," without supporting documentation or explanation.
 - Disproportionate increases in administrative costs were recorded with no corresponding improvements in program delivery.
-

B. Federal and State Oversight Failures

1. Inadequate Federal Oversight by CMS

- The Centers for Medicare & Medicaid Services (CMS) did not enforce financial accountability measures for state-level Medicaid operations in Connecticut.
- Despite receiving high-level complaints about inefficiencies and waste, CMS failed to initiate audits or corrective actions.

2. Neglect by the Office of Policy and Management (OPM)

- The Connecticut Office of Policy and Management allowed systemic inefficiencies to persist without coordinating with DSS or other oversight bodies to implement corrective measures.

3. HHS Region 1 Negligence

- The HHS Regional Director did not ensure that DSS complied with Medicaid program integrity standards, contributing to unchecked financial waste.
-

C. Whistleblower and Advocacy Disclosures

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



1. Whistleblower Testimonies

- Internal DSS whistleblowers reported systemic mismanagement, including deliberate efforts to suppress findings of financial discrepancies to avoid federal scrutiny.
- Whistleblower disclosures documented gaps in financial reporting, including missing expenditure details and unverified provider reimbursements.

2. Advocacy Organization Investigations

- Nonprofit organizations investigating Medicaid program inefficiencies found patterns of financial irregularities, including delayed reimbursements and gaps in service delivery tied to unaccounted funds.

D. FOIA Obstruction and Transparency Failures

1. FOIA Denials and Delays

- Multiple FOIA requests for detailed financial records and audits were denied, with agencies citing "no responsive records" despite clear evidence of mismanagement.
- Delays in responding to FOIA requests further obstructed efforts to uncover the scope of financial waste.

2. Lack of Accessible Records



- Even when records were provided, they were heavily redacted or incomplete, failing to address critical questions regarding fund utilization and oversight responsibilities.
-

E. Programmatic Impact on Beneficiaries and Providers

1. Service Disruptions for Beneficiaries

- Medicaid beneficiaries experienced delays in receiving critical services due to inconsistencies in fund allocation and program delivery.
- Brain injury survivors dependent on the ABI Waiver Program faced interruptions in in-home support and rehabilitative care.

2. Burden on Service Providers

- Providers reported delayed payments and excessive administrative burdens caused by inadequate financial tracking and reimbursement systems.
 - Some providers were forced to discontinue services, reducing access for Medicaid recipients.
-

F. Evidence of Collusion and Neglect by Contracted Auditors

1. Auditor Failures

- Private auditing firms contracted by DSS failed to flag financial irregularities or report inefficiencies in their findings.



- Evidence suggests that auditors overlooked systemic issues or were not provided with the necessary data to conduct thorough reviews.

2. Contractor Neglect

- Medicaid service providers and contractors engaged in improper billing practices, including duplicate claims and billing for unauthorized services.
 - No meaningful oversight was implemented to ensure that contracted entities complied with financial and operational standards.
-

G. Broader Implications for Public Trust and Taxpayer Funds

1. Erosion of Public Confidence

- The mismanagement of Medicaid funds undermines public trust in government accountability and the equitable use of taxpayer dollars.

2. Potential Legal Violations

- Non-compliance with federal statutes, including Medicaid regulations (42 U.S.C. § 1396 et seq.), FOIA (5 U.S.C. § 552), and ADA (42 U.S.C. § 12132), indicates potential violations that warrant immediate federal intervention.
-

Conclusion

The additional facts presented demonstrate a systemic failure across federal, state, and contracted entities to ensure the proper use of Medicaid funds. These failures have directly contributed to the misuse of taxpayer dollars, disrupted services for vulnerable populations, and perpetuated a

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



lack of accountability. Immediate corrective measures, transparency, and oversight are essential to restore program integrity and prevent further harm.



Comprehensive List of Individuals and Entities Responsible for Danger to Public Health

1. Federal Oversight

a. Xavier Becerra

- **Title:** Secretary, U.S. Department of Health and Human Services (HHS)
- **Position in Chain of Command:** Federal head of HHS, overseeing all Medicaid-related programs, including state-administered waivers like the ABI Waiver Program.
- **Role in the Mismanagement:**
 - Did not establish federal intervention mechanisms to address systemic failures in Connecticut's ABI Waiver Program.
 - Failed to ensure Medicaid funds were used effectively to protect public health.

b. Chiquita Brooks-LaSure

- **Title:** Administrator, Centers for Medicare & Medicaid Services (CMS)
- **Position in Chain of Command:** Federal administrator responsible for ensuring compliance with Medicaid standards nationwide.
- **Role in the Mismanagement:**
 - Did not enforce federal guidelines to ensure programmatic compliance by Connecticut's Medicaid program administrators.
 - Failed to take remedial action despite multiple reports of non-compliance affecting vulnerable beneficiaries.

c. Everett L. Handford

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- **Title:** Regional Director, HHS Region 1
 - **Position in Chain of Command:** Federal representative overseeing Medicaid operations in New England, including Connecticut.
 - **Role in the Mismanagement:**
 - Neglected to require compliance with federal health and safety standards in Connecticut's ABI Waiver Program.
 - Did not intervene to address deficiencies in service delivery that jeopardized public health.
-

2. State Leadership

a. Ned Lamont

- **Title:** Governor of Connecticut
- **Position in Chain of Command:** Chief executive of Connecticut, responsible for state-administered Medicaid programs.
- **Role in the Mismanagement:**
 - Did not use executive authority to investigate and rectify systemic failures in the ABI Waiver Program.
 - Failed to allocate resources to ensure the health and safety of Medicaid beneficiaries.

b. Andrea Barton Reeves

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- **Title:** Commissioner, Connecticut Department of Social Services (DSS)
- **Position in Chain of Command:** State administrator of Medicaid programs, including the ABI Waiver Program.
- **Role in the Mismanagement:**
 - Did not implement operational changes to ensure critical care delivery to brain injury survivors.
 - Overlooked program failures that placed beneficiaries at risk.

c. William Tong

- **Title:** Attorney General, State of Connecticut
- **Position in Chain of Command:** State's legal authority tasked with ensuring compliance with state and federal laws.
- **Role in the Mismanagement:**
 - Did not investigate or take legal action to address complaints of systemic non-compliance with Medicaid standards.

3. State Medicaid Leadership

a. Jeffrey Beckham

- **Title:** Secretary, Connecticut Office of Policy and Management (OPM)
- **Position in Chain of Command:** Senior state official overseeing Connecticut's budget and financial operations.



- **Role in the Mismanagement:**

- Allowed resource mismanagement and failed to coordinate oversight efforts to protect public health.

b. Yamuna (Yam) Menon

- **Title:** General Counsel/Assistant State Comptroller, Connecticut
- **Position in Chain of Command:** Legal authority within the State Comptroller's Office responsible for Medicaid fund accountability.
- **Role in the Mismanagement:**
 - Failed to ensure financial transparency and accountability to prevent risks to public health.

c. Medicaid Fraud Control Unit (MFCU) Director: Marjorie Sozanski

- **Title:** Director, Connecticut MFCU
- **Position in Chain of Command:** State-level investigator tasked with addressing Medicaid fraud and abuse.
- **Role in the Mismanagement:**
 - Did not investigate service failures or fraudulent practices that jeopardized Medicaid recipients' health and safety.

4. Legislative Oversight

a. Connecticut General Assembly Human Services Committee

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- **Position in Chain of Command:** Provides legislative oversight of DSS programs.
- **Role in the Mismanagement:**
 - Did not hold hearings or conduct inquiries into systemic programmatic failures within the ABI Waiver Program.

b. State Auditors of Public Accounts (John C. Geragosian and Robert M. Kane)

- **Title:** State Auditors, Connecticut Auditors of Public Accounts
- **Position in Chain of Command:** Independent oversight body for public accounts.
- **Role in the Mismanagement:**
 - Failed to identify and report systemic inefficiencies affecting public health in Medicaid-funded programs.

Summary

The individuals and entities listed above collectively contributed to systemic failures in the ABI Waiver Program, endangering the health and safety of brain injury survivors. This mismanagement demands immediate corrective action and accountability to safeguard vulnerable populations.



2. What Action Did They Take? – Danger to Public Health

Description:

The mismanagement of the Connecticut Medicaid ABI Waiver Program by federal, state, and contracted entities has directly jeopardized the health and safety of brain injury survivors. These failures include non-compliance with Medicaid regulations, lack of ADA accommodations, and insufficient oversight, all of which have resulted in inadequate care and service disruptions for vulnerable populations. Below is a comprehensive detailing of the actions and omissions that contributed to this systemic failure.

Federal Oversight Failures

1. Xavier Becerra

- **Action Taken:**
 - Did not establish or enforce oversight mechanisms within HHS to monitor Connecticut's Medicaid ABI Waiver Program.
 - Allowed gaps in program accountability that led to service failures for brain injury survivors.
 - Failed to mandate corrective actions despite reports of systemic violations affecting public health.

2. Chiquita Brooks-LaSure

- **Action Taken:**

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- Did not enforce federal Medicaid standards requiring states to ensure continuity of care for beneficiaries.
- Allowed Connecticut DSS to operate the ABI Waiver Program without addressing critical failures in compliance and service delivery.
- Neglected to conduct federal-level audits or impose penalties for non-compliance, leaving programmatic failures unchecked.

3. Everett L. Handford

- **Action Taken:**

- Failed to require corrective actions from Connecticut state agencies under his purview as HHS Region 1 Director.
- Did not intervene to address complaints or public health risks reported by beneficiaries and whistleblowers.
- Neglected to provide direct oversight or escalate systemic issues to CMS leadership.

State Leadership Failures

4. Ned Lamont

- **Action Taken:**

- Did not use executive authority to initiate investigations or reforms to address deficiencies in the ABI Waiver Program.



- Allowed inadequate funding and mismanagement to persist, compromising essential healthcare services.
- Failed to establish an inter-agency task force to address widespread non-compliance and service disruptions.

5. Andrea Barton Reeves

- **Action Taken:**

- Did not implement operational or compliance reforms within DSS to ensure adequate service delivery under the ABI Waiver Program.
- Allowed unverified service providers and contractors to continue operating without accountability, resulting in gaps in care.
- Overlooked systemic complaints from Medicaid beneficiaries regarding lapses in healthcare services.

6. William Tong

- **Action Taken:**

- Failed to investigate legal violations tied to mismanagement and public health risks within the ABI Waiver Program.
- Did not initiate lawsuits or legal actions to compel programmatic compliance with state and federal laws.
- Ignored whistleblower complaints highlighting imminent risks to vulnerable populations.



State Medicaid Leadership Failures

7. Jeffrey Beckham

- **Action Taken:**
 - Did not address budgetary discrepancies or enforce accountability measures to prevent service failures.
 - Neglected to ensure that Medicaid funds were appropriately allocated to critical health services.
 - Allowed systemic inefficiencies to persist without remedial action.

8. Yamuna (Yam) Menon

- **Action Taken:**
 - Failed to enforce legal and financial accountability measures to protect public health.
 - Did not take action to ensure that financial mismanagement did not impact service delivery to brain injury survivors.
 - Overlooked reporting failures from contracted providers, exacerbating systemic issues.

9. Marjorie Sozanski

- **Action Taken:**
 - Did not investigate fraudulent practices or billing irregularities within the ABI Waiver Program.



- Failed to address complaints from beneficiaries and whistleblowers regarding service gaps.
 - Did not escalate programmatic failures to federal authorities despite evident risks to public health.
-

Legislative and Oversight Failures

10. State Auditors of Public Accounts (John C. Geragosian and Robert M. Kane)

- **Action Taken:**
 - Failed to conduct comprehensive audits of Medicaid funds allocated to the ABI Waiver Program.
 - Did not identify or report on systemic inefficiencies affecting public health outcomes.
 - Allowed gaps in financial reporting and accountability to persist without addressing their impact on healthcare delivery.

11. Connecticut General Assembly Human Services Committee

- **Action Taken:**
 - Did not hold public hearings to address reported public health risks within the ABI Waiver Program.
 - Failed to exercise legislative authority to compel DSS to implement reforms or address deficiencies in service delivery.
-



Contractor and Provider Failures

12. Private Auditing Firms

- **Action Taken:**
 - Overlooked systemic inefficiencies and irregularities during audits of Medicaid expenditures.
 - Did not provide actionable recommendations to address financial mismanagement impacting healthcare services.

13. Medicaid Service Providers and Vendors

- **Action Taken:**
 - Submitted improper billing claims for services not rendered or delivered inadequately.
 - Did not report systemic issues or failures to DSS or federal oversight agencies.
 - Contributed to service disruptions by failing to meet contractual and regulatory obligations.

Conclusion

The actions and omissions of federal, state, and contracted entities demonstrate gross negligence and deliberate indifference to the health and safety of Medicaid beneficiaries. These failures demand immediate accountability and systemic reforms to protect public health and restore program integrity.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



3. When Did This Occur? – Danger to Public Health

Description:

The mismanagement of the Connecticut Medicaid ABI Waiver Program has persisted over a decade, marked by systemic failures, lapses in oversight, and non-compliance with federal laws. These failures have directly endangered the health and safety of brain injury survivors reliant on Medicaid services. Below is a comprehensive and detailed timeline highlighting key events and patterns of negligence contributing to the ongoing public health crisis.

Detailed Timeline of Events

1. Program Establishment and Initial Oversight Failures (2010–2015):

- **Program Creation and Goals:**

The Connecticut Medicaid Acquired Brain Injury (ABI) Waiver Program was created to provide essential services for individuals with brain injuries, enabling them to live independently in the community.

- **Early Indicators of Non-Compliance:**

- Lack of foundational oversight mechanisms to ensure compliance with Medicaid standards, including the verification of service provider qualifications.
- Complaints of service inconsistencies emerged, with beneficiaries reporting significant delays in accessing care.
- Initial state audits, if conducted, failed to address these issues or establish corrective actions.

Constitutional rights, ADA compliance, whistleblower protections, systemic reform, transparency enforcement, public accountability, equal protection, due process, disability rights, government oversight, federal investigations, structural reform, equitable access, taxpayer protections, restorative justice, civil rights violations, systemic discrimination, federal-state compliance, Medicaid accountability, procedural justice, anti-discrimination statutes. DB.42.131.Inf. DOGE



- **Federal Oversight Gaps:**

- CMS and HHS Region 1 did not implement robust monitoring protocols for the program despite clear obligations under Medicaid law (42 U.S.C. § 1396).
 - Transparency in program operations, including service allocations and expenditures, was lacking, violating FOIA standards (5 U.S.C. § 552).
-

2. Growing Complaints and Escalating Failures (2016–2020):

- **Service Delivery Interruptions:**

- Reports of beneficiaries being denied critical services, such as cognitive rehabilitation, transportation, and case management, became more frequent.
- Service providers consistently reported delayed reimbursements, leading to disruptions in care.

- **Whistleblower Allegations:**

- Whistleblowers began filing complaints highlighting ADA violations, financial mismanagement, and misuse of Medicaid funds.
- Allegations included non-compliance with ADA standards (42 U.S.C. § 12132), particularly regarding accessibility barriers for individuals with cognitive impairments.

- **State-Level Negligence:**

- Connecticut DSS failed to take corrective actions despite clear evidence of systemic inefficiencies.

