

- 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:**



- **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.



- 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.

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



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)



- **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.



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.



- **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).

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- 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:**

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- 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.



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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.

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- 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:**

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- 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

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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.

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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:**

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- 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:**

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- 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

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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.

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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.

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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

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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

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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.

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- 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



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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

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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

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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.

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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.



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.

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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.

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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.



- **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

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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, 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.



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,

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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

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- 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:

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- 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

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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:

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- **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.





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.



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.



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:



- 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.

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 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?



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.



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.



Whistleblower Report

Urgent Federal Action Required:

**Federal Compliance and Accountability Review:
Mismanagement, Legal Violations, and Retaliation in
Connecticut's Medicaid ABI Waiver Program.**



Whistleblower Report Prepared by:

David Medeiros
Founder/CEO, ABI Resources
Brain Injury Survivor

Date: September 21, 2024

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Submitted To:

1. President of the United States

Joe Biden

The White House

1600 Pennsylvania Avenue NW

Washington, DC 20500

Role: Oversees federal agencies, sets national priorities for healthcare, civil rights, and government accountability. Can influence Medicaid enforcement and reform.

Contact: [Contact form for the President](#)

2. Vice President of the United States

Kamala Harris

The White House

1600 Pennsylvania Avenue NW

Washington, DC 20500

Role: Plays an active role in shaping policy decisions, including healthcare and civil rights.

Contact: [Contact form for the Vice President](#)

3. Department of Health and Human Services (HHS)

Xavier Becerra – Secretary of Health and Human Services

200 Independence Avenue, SW

Washington, DC 20201

Role: Oversees Medicaid programs and enforces federal healthcare laws to ensure compliance by states.

Email: contact@hhs.gov

4. Centers for Medicare & Medicaid Services (CMS)

Chiquita Brooks-LaSure – Administrator

7500 Security Boulevard

Baltimore, MD 21244

Role: Directly oversees Medicaid and Medicare, ensuring compliance with federal healthcare regulations.

Email: press@cms.hhs.gov

5. Office of Inspector General (OIG) – HHS

Christi A. Grimm – Inspector General



330 Independence Avenue, SW
Washington, DC 20201

Role: Investigates fraud, waste, and abuse in HHS programs, including Medicaid.

Email: HHSTips@oig.hhs.gov

6. Department of Justice (DOJ) Civil Rights Division

Kristen Clarke – Assistant Attorney General for Civil Rights

950 Pennsylvania Avenue NW

Washington, DC 20530

Role: Enforces federal laws that protect against discrimination, including under the ADA.

Email: CRT@usdoj.gov

7. Office for Civil Rights (OCR) – HHS

Melanie Fontes Rainer – Director

200 Independence Avenue, SW

Washington, DC 20201

Role: Enforces civil rights laws ensuring equal access to Medicaid services for individuals with disabilities.

Email: ocrmail@hhs.gov

8. U.S. Department of Labor (DOL) Wage and Hour Division

Jessica Looman – Principal Deputy Administrator

200 Constitution Ave NW

Washington, DC 20210

Role: Enforces labor laws including violations related to sub-minimum wage payments in Medicaid programs.

Email: help@dol.gov

9. U.S. Government Accountability Office (GAO)

Gene L. Dodaro – Comptroller General of the United States

441 G Street NW

Washington, DC 20548

Role: Investigates financial mismanagement and efficiency in federal programs, including Medicaid.

Email: contact@gao.gov



10. Equal Employment Opportunity Commission (EEOC)

Charlotte A. Burrows – Chair

131 M Street NE

Washington, DC 20507

Role: Handles complaints related to employment discrimination, including disabilities in Medicaid implementation.

Email: info@eeoc.gov

11. U.S. Commission on Civil Rights

Norma V. Cantú – Chair

1331 Pennsylvania Avenue NW, Suite 1150

Washington, DC 20425

Role: Investigates civil rights violations, including discrimination in Medicaid programs.

Email: info@usccr.gov

12. U.S. Senate Finance Committee

Chair: Senator Ron Wyden (Democrat)

219 Dirksen Senate Office Building

Washington, DC 20510

Role: Oversees Medicaid and can investigate financial mismanagement in state programs.

Contact: <https://www.finance.senate.gov/contact>

13. U.S. Senate Special Committee on Aging

Chair: Senator Bob Casey (Democrat)

520 Senate Hart Office Building

Washington, DC 20510

Role: Oversees issues related to aging, including Medicaid and long-term care.

Contact: <https://www.aging.senate.gov/>

14. U.S. Senate Committee on Health, Education, Labor, and Pensions (HELP)

Chair: Senator Bernie Sanders (Independent)

428 Senate Dirksen Office Building

Washington, DC 20510

Role: Oversees healthcare policy, Medicaid, and labor laws.

Contact: <https://www.help.senate.gov/>



Abstract

This report highlights systemic failures within Connecticut's Medicaid Acquired Brain Injury (ABI) Waiver Program, revealing extensive mismanagement of federal Medicaid funds, violations of federal labor laws, and retaliation against whistleblowers. The Connecticut Department of Social Services (DSS) has engaged in financial mismanagement by improperly allocating funds to agencies that fail to meet contractual obligations, in violation of the False Claims Act and the Social Security Act. Additionally, the report documents how the DSS has allowed the exploitation of disabled workers by paying sub-minimum wages without obtaining necessary 14(c) certification, contravening the Fair Labor Standards Act (FLSA).

Whistleblowers, including the author, have faced retaliation, including blocked billing, tampering with timekeeping systems, public defamation, and obstruction of legal recourse, in violation of the Whistleblower Protection Act.

Furthermore, the DSS has operated a closed and non-transparent Medicaid referral system, denying beneficiaries their right to choose qualified providers, in violation of federal Medicaid regulations. Efforts to obtain information through Freedom of Information Act (FOIA) requests have been obstructed, further eroding transparency and accountability. Recent amendments by the DSS have also lowered professional standards for case managers, jeopardizing the care of brain injury survivors and violating federal Medicaid guidelines.

The report calls for immediate federal intervention, including comprehensive audits, enforcement of Medicaid compliance, recovery of misallocated funds, and stronger whistleblower protections. This systemic failure, if left unaddressed, risks further harm to vulnerable populations and undermines public trust in federally funded programs. Urgent action is required to restore integrity, accountability, and care standards within the ABI Waiver Program.



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Request for Basic Accommodations and Electronic Communications

Dear Friends and Advocates



Executive Summary

This report exposes critical systemic failures and legal violations within Connecticut's Medicaid Acquired Brain Injury (ABI) Waiver Program. These ongoing issues jeopardize the welfare of vulnerable Medicaid recipients, lead to the mismanagement of state and federal taxpayer dollars, and foster retaliation against whistleblowers who courageously expose these abuses. Immediate federal intervention is required to ensure compliance, enforce accountability, and prevent further misuse of public funds.

Key Findings

1. Mismanagement of Federal Medicaid Funds

- **Issue:** The Connecticut Department of Social Services (DSS) has been mismanaging Medicaid funds, resulting in the improper allocation of resources and failure to provide necessary services to ABI Waiver beneficiaries.
- **Legal Violations:** This mismanagement violates the *False Claims Act* (31 U.S.C. § 3729) and the *Social Security Act* (42 U.S.C. § 1396a), putting millions of taxpayer dollars at risk.
- **Action Needed:** A federal audit is essential to evaluate the misuse of Medicaid funds and recover misallocated amounts under the *False Claims Act* (31 U.S.C. § 3729).

2. Non-Compliance with Federal Labor Laws

- **Issue:** Disabled workers participating in the ABI Waiver Program are being paid below the minimum wage without the required 14(c) certification, violating the *Fair Labor Standards Act (FLSA)* (29 U.S.C. § 206).
- **Impact:** This undermines the rights of workers and compromises the quality of care provided to Medicaid beneficiaries.
- **Action Needed:** Immediate federal enforcement of wage laws and the cessation of sub-minimum wage practices are necessary to restore compliance with labor standards.



3. Retaliation Against Whistleblowers

- **Issue:** Whistleblowers, including David Medeiros and ABI Resources, have faced retaliation for exposing Medicaid guideline violations. This retaliation is in direct violation of the *Whistleblower Protection Act* (5 U.S.C. § 2302) (5 U.S.C. § 2302) and the *False Claims Act* (31 U.S.C. § 3729).
- **Impact:** Suppressing whistleblowers prevents the identification of systemic failures and financial mismanagement.
- **Action Needed:** Federal protections for whistleblowers must be enforced, and a thorough investigation into retaliatory actions by DSS is required.

4. Non-Transparent Medicaid Referral System

- **Issue:** DSS operates a closed referral system that restricts Medicaid beneficiaries' ability to select qualified providers, violating 42 U.S.C. § 1396a(a)(23), which guarantees consumer choice.
- **Impact:** Brain injury survivors and other beneficiaries are funneled toward certain providers without full knowledge of alternatives, affecting the quality of care.
- **Action Needed:** A federal review of the referral system is required to ensure transparency and uphold consumer autonomy in choosing care providers.

5. Failure to Provide FOIA Requests and Transparency

- **Issue:** DSS consistently fails to comply with the *Freedom of Information Act (FOIA)* (5 U.S.C. § 552), obstructing access to vital information regarding the ABI Waiver Program.
- **Impact:** The lack of transparency exacerbates financial mismanagement and prevents adequate oversight of taxpayer funds.
- **Action Needed:** Federal enforcement of FOIA compliance is necessary to restore public accountability and prevent further financial abuses.

Conclusion and Call for Federal Action



This report outlines a troubling pattern of systemic mismanagement, legal violations, and retaliatory practices within Connecticut's Medicaid system. These issues endanger Medicaid recipients, squander federal and state resources, and suppress whistleblowers who seek to shed light on these failures. To address these challenges, immediate federal action is required to:

1. Conduct a federal audit of Connecticut's Medicaid ABI Waiver Program.
2. Recover misallocated taxpayer funds.
3. Enforce federal labor laws and protect whistleblowers from retaliation.
4. Ensure transparency and accountability in Medicaid's referral system.

Without prompt federal oversight, these systemic failures will continue to erode the integrity of Medicaid, harming the very individuals the program is meant to protect.



2. Introduction and Purpose of the Report

This report outlines **critical systemic failures** within Connecticut's Medicaid Acquired Brain Injury (ABI) Waiver Program, focusing on the **mismanagement of federal Medicaid funds**. The improper allocation of taxpayer dollars threatens the sustainability of essential services intended for vulnerable populations, including brain injury survivors and disabled individuals. In addition to financial mismanagement, the report highlights **violations of federal labor laws** and **legal protections** for whistleblowers, disabled workers, and Medicaid beneficiaries.

Key Issues

1. Mismanagement of Federal Medicaid Funds

Issue: The Connecticut Department of Social Services (DSS) has **significantly mismanaged** federal Medicaid funds, leading to improper payments to agencies that fail to meet their service obligations.

Impact: This misuse of taxpayer dollars exposes Connecticut to **federal investigations** and penalties under the *False Claims Act (31 U.S.C. § 3729)* (**FCA**) and other federal regulations.

2. Failure to Provide Critical Services

Issue: Brain injury survivors and disabled individuals under the ABI Waiver Program have been **denied access** to essential services, worsening the program's shortcomings.

Impact: Vulnerable populations are deprived of necessary care, undermining the core purpose of Medicaid and jeopardizing the well-being of individuals relying on its support.

3. Non-Compliance with Federal Labor Laws

Issue: Agencies operating under the ABI Waiver Program have violated the *Fair Labor Standards Act (FLSA) (29 U.S.C. § 206)* by paying **sub-minimum wages** to disabled workers without obtaining proper 14(c) certification.

Impact: These labor violations harm workers and reduce the quality of services provided to Medicaid beneficiaries, further diminishing the program's integrity.



4. Violation of Whistleblower Protections

Issue: Whistleblowers, including David Medeiros and ABI Resources, have faced **retaliation** for exposing systemic failures and violations within the DSS.

Impact: Retaliation stifles accountability, obstructs transparency, and prevents essential reforms, fostering a culture of impunity that allows systemic issues to persist unchecked.

Purpose of the Report

This report has three primary objectives:

1. Expose Violations of Federal and State Laws

The report documents violations of federal statutes, including the **Social Security Act**, the *Americans with Disabilities Act (ADA)* (42 U.S.C. § 12132), the **Rehabilitation Act**, and the *Fair Labor Standards Act (FLSA)* (29 U.S.C. § 206). These laws protect Medicaid beneficiaries, disabled workers, and whistleblowers, all of whom are negatively impacted by the systemic failures in Connecticut's ABI Waiver Program.

2. Call for Immediate Federal Intervention

Federal oversight is urgently needed to ensure that Connecticut complies with Medicaid guidelines and federal labor laws. Immediate intervention will protect taxpayer dollars, halt the mismanagement of funds, and safeguard Medicaid beneficiaries who depend on these critical services.

3. Advocate for Transparency, Accountability, and Reform

This report demands **comprehensive reform** of the ABI Waiver Program, focusing on **transparency** and **accountability** from DSS. The failure to comply with the *Freedom of Information Act (FOIA)* (5 U.S.C. § 552), along with the obstruction of public records, undermines federal funding and erodes public trust in the program.

Call to Action



This report provides a clear directive for federal agencies to address the systemic failures within Connecticut's Medicaid ABI Waiver Program by taking the following steps:

- **Conduct a Full Audit:** Federal agencies must initiate a **comprehensive audit** of the ABI Waiver Program to assess the scope of financial mismanagement and the misuse of Medicaid funds.
- **Enforce Compliance with Federal Labor Laws:** Strengthen enforcement of **federal labor laws** within the ABI Waiver Program to ensure that disabled workers receive fair wages and that whistleblowers are protected from retaliation.
- **Recover Misallocated Taxpayer Funds:** Federal authorities must recover misallocated taxpayer dollars and **reallocate** them to improve care and services for Medicaid beneficiaries.
- **Ensure Public Accountability:** Enforce **FOIA compliance** to guarantee transparency, and initiate comprehensive reforms within DSS to restore public trust and secure the integrity of the Medicaid program.

Immediate federal intervention is necessary to prevent further harm to Medicaid's most vulnerable beneficiaries and to restore the program's mission of providing essential care and services to those in need. Without prompt action, these systemic failures will continue to undermine the integrity of Medicaid and harm the individuals the program is designed to serve.



3. Mismanagement of Federal Medicaid Funds in Connecticut's ABI Waiver Program

3.1 Issue Overview

Federal Medicaid funds are essential to ensuring that vulnerable populations, such as brain injury survivors, have equitable access to healthcare services. However, in Connecticut's Acquired Brain Injury (ABI) Waiver Program, these funds are being **significantly mismanaged**. The Connecticut Department of Social Services (DSS) continues to compensate care management agencies that fail to meet their service obligations. This lack of oversight **compromises the program's integrity**, misappropriates taxpayer dollars, and denies Medicaid beneficiaries the care they are legally entitled to receive.

Key Points:

- **Who:** The Connecticut Department of Social Services (DSS) and the contracted care management agencies under the ABI Waiver Program.
 - **What:** Misuse of federal Medicaid funds by compensating agencies for services that are either inadequately delivered or not provided at all.
 - **Where:** Across Connecticut, affecting Medicaid beneficiaries enrolled in the ABI Waiver Program.
 - **When:** These financial mismanagement issues have persisted since the program's inception, with recent reports emerging in November 2023.
 - **How:** DSS allocates Medicaid funds without adequate oversight, allowing agencies to receive payments despite failing to meet service delivery requirements.
 - **Why:** Systemic failures in financial oversight and contract management by DSS, compounded by state budget constraints.
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3.2 Legal Context

The mismanagement of federal Medicaid funds by DSS within the ABI Waiver Program constitutes **violations of federal law** and raises concerns about DSS's ability to manage public resources effectively. The key legal violations include:

- ***Section 1902(a)(23) of the Social Security Act***: This guarantees Medicaid beneficiaries the right to freely choose their healthcare providers. This right is undermined when services are inadequately delivered or absent.
 - ***False Claims Act (31 U.S.C. § 3729) (FCA)***: Agencies receiving payments for undelivered services may be liable for submitting **false claims**. Violations of the FCA can result in significant financial penalties for fraudulent use of federal funds.
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3.3 Impact on Federal Taxpayers

The mismanagement of Medicaid funds poses **serious implications** for federal taxpayers, whose contributions are being misused to compensate agencies that fail to meet their contractual obligations. This waste of resources compromises healthcare services and undermines trust in state-administered federal programs.

Key Impacts:

- **Improper Payments**: Federal Medicaid funds are being allocated to agencies that fail to deliver contracted services, wasting taxpayer dollars and contributing to poor healthcare outcomes for Medicaid beneficiaries.
 - **Oversight Failures**: DSS's inability to ensure contract compliance reflects a broader failure to manage Medicaid funds effectively, raising concerns about the integrity of Connecticut's Medicaid administration.
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Broader Implications for Federal Taxpayers



- **Widespread Mismanagement:** The failures seen in the ABI Waiver Program may indicate similar inefficiencies in other DSS-managed programs, putting federal taxpayers at greater financial risk.
 - **Increased Oversight Costs:** Federal agencies such as the **Centers for Medicare & Medicaid Services (CMS)** may be forced to allocate additional resources to monitor Connecticut's Medicaid program, increasing the financial burden on taxpayers.
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3.4 Financial Burden on Federal Taxpayers

As Medicaid is a **jointly funded federal-state program**, failures in Connecticut's administration create a growing financial burden on federal taxpayers.

- **Wasted Resources:** Federal funds meant for critical healthcare services are being funneled into underperforming agencies, diverting resources from their intended use.
 - **Increased Oversight Costs:** The need for federal agencies to monitor DSS's compliance with Medicaid regulations requires additional resources, pulling funds away from other essential healthcare initiatives.
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3.5 Potential Violations of the *False Claims Act (31 U.S.C. § 3729) (FCA)*

The mismanagement of Medicaid funds raises significant legal risks under the *False Claims Act (31 U.S.C. § 3729) (FCA)*. If agencies are found to have received payments for undelivered services, DSS and the contracted agencies could face substantial penalties.

- **Legal Exposure:** A federal investigation may confirm that agencies submitted fraudulent claims to Medicaid, exposing DSS to penalties and reputational damage.
- **Recovery of Misused Funds:** Federal authorities may initiate legal action to **recover misallocated Medicaid funds**, but the recovery process is likely to be both costly and time-consuming, potentially diverting further resources from healthcare services.



3.6 Undermining Federal Healthcare Programs

The mismanagement of Medicaid funds erodes the **effectiveness and integrity** of federal healthcare programs like Medicaid, leading to long-term risks for beneficiaries and weakening the relationship between federal and state governments.

- **Health Outcomes at Risk:** When Medicaid beneficiaries do not receive the services they are entitled to, their health deteriorates, leading to higher healthcare costs over time.
 - **Erosion of Federal Trust:** Ongoing failures in DSS's Medicaid administration undermine federal trust in Connecticut's ability to manage Medicaid funds, potentially jeopardizing future federal funding allocations.
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3.7 Systemic Issues in Connecticut's Medicaid Programs

The failures identified in the ABI Waiver Program likely reflect broader **systemic problems** across Connecticut's Medicaid system, posing an even greater financial risk to federal taxpayers.

- **Larger Financial Impact:** If similar mismanagement occurs in other Medicaid programs, the financial burden on both state and federal taxpayers could be significantly greater than currently estimated.
- **Urgent Federal Intervention:** Immediate **federal oversight** is necessary to ensure compliance with Medicaid regulations, protect taxpayer dollars, and prevent further mismanagement.
- **Proposed Amendments Dilute Care Quality:**
The 2024 amendments to the Medicaid ABI Waiver Program proposed by DSS shift focus from **individual qualifications** to **agency licensure**, leading to a **reduction in care quality**. The move away from ensuring **certified Brain Injury Specialists** are involved risks providing substandard care to vulnerable ABI survivors. This shift reflects a broader systemic issue where **agency convenience** is prioritized over **person-centered care**.



- **Misrepresentation by DSS:**

DSS has falsely represented these certification changes as improvements, even though these standards were already in place. This **misrepresentation** underscores a pattern of **misleading the public**, further diminishing trust in the department's commitment to genuine reform.

- **DSS Misrepresentation of Certification Requirements:**

The **Department of Social Services (DSS)** has falsely represented the certification of **Brain Injury Specialists** as a new requirement in its proposed amendments. However, this certification has long existed, and DSS's **misrepresentation** undermines the transparency of the reform process and raises concerns about the agency's integrity. Survivors and advocates assert that DSS's misleading claims obscure the fact that meaningful changes are not being made to improve care quality.

- **Corruption Allegations Within DSS:**

There are growing concerns of **corruption** within DSS, as it appears the proposed amendments are designed to **shield systemic issues** rather than address them. These corruption allegations further justify the need for a **federal investigation** into DSS's practices. Transparency failures and the refusal to provide essential information, such as the **Provider Directory**, have only worsened the situation, preventing public scrutiny.

Conclusion: The Critical Need for Federal Oversight

The ongoing mismanagement of federal Medicaid funds in Connecticut's ABI Waiver Program reflects deeper systemic failures within the state's Medicaid system. These failures deprive vulnerable individuals of essential healthcare services and waste federal taxpayer dollars. Without **immediate federal intervention**, the misuse of funds will continue, eroding healthcare outcomes for Medicaid beneficiaries and undermining trust in public programs.



Key Recommendations for Federal Action

1. **Comprehensive Federal Audit:**

Conduct a thorough audit of Connecticut's ABI Waiver Program to uncover the extent of financial mismanagement and systemic issues.

2. **Recovery of Federal Funds:**

Utilize legal mechanisms, including the *False Claims Act (31 U.S.C. § 3729)*, to recover misallocated federal funds from underperforming agencies.

3. **Strengthened Oversight and Accountability:**

Implement stronger oversight measures at both the state and federal levels to ensure that Medicaid funds are used appropriately and that services are delivered as required.

4. **Establishment of a Federal Oversight Committee:**

Create a federal oversight committee to monitor Connecticut's compliance with Medicaid regulations and prevent future mismanagement.

5. **Legal Accountability:**

Hold individuals and agencies accountable for the mismanagement of funds, ensuring that federal taxpayer dollars are properly allocated to support essential healthcare services.



4. Non-Compliance with Federal Labor Laws — Sub-Minimum Wage Payments Without 14(c) Certification

4.1 Issue Overview

Connecticut's Medicaid Acquired Brain Injury (ABI) Waiver Program is in violation of **federal labor laws** by allowing home support agencies to pay **sub-minimum wages** to disabled workers without obtaining the necessary **14(c) certification** from the U.S. Department of Labor (DOL). Under the *Fair Labor Standards Act (FLSA) (29 U.S.C. § 206)*, employers can only pay sub-minimum wages to workers with disabilities if they maintain a valid 14(c) certificate. Multiple home support agencies in the ABI Waiver Program are bypassing this legal requirement, resulting in the **exploitation of disabled workers**. The Connecticut Department of Social Services (DSS) has failed to enforce these regulations, further exacerbating the mismanagement and legal violations within the program.

Key Points:

- **Who:** Home support agencies under the ABI Waiver Program that employ Medicaid beneficiaries for supported employment, prevocational training, Independent Living Skills Training (ILST), companion services, and recovery assistant services.
- **What:** Agencies are illegally paying disabled workers below the minimum wage without obtaining the legally required 14(c) certificates, in violation of the FLSA.
- **Where:** Throughout Connecticut, affecting Medicaid recipients employed under the ABI Waiver Program.
- **When:** These illegal wage practices have persisted since the program's inception, with reports emerging as of November 2023.



- **How:** Agencies justify sub-minimum wage payments based on the services they provide but circumvent the legal procedures for obtaining certification.
 - **Why:** DSS has failed to enforce federal labor laws, allowing these illegal practices to continue unchecked, leading to the exploitation of disabled workers.
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4.2 Legal Context

Under the *Fair Labor Standards Act (FLSA)* (29 U.S.C. § 206), the 14(c) certification allows employers to pay sub-minimum wages to workers with disabilities whose productive capacity is impaired. Employers must comply with the following legal requirements:

- **14(c) Certification:** Employers must apply for and obtain a 14(c) certificate from the U.S. Department of Labor before paying sub-minimum wages.
- **Regular Documentation:** Employers are required to regularly document workers' productive capacity and ensure that wages are aligned with workers' abilities.
- **Certificate Renewal:** 14(c) certificates must be renewed periodically to maintain compliance.

Failing to secure or maintain a 14(c) certificate violates the **FLSA**, exposing employers and agencies to **federal penalties**, wage liabilities, and enforcement actions by the DOL.

Connecticut's ongoing failure to ensure compliance leaves the state vulnerable to **federal sanctions** and potential lawsuits for wage theft.

4.3 Impact on Disabled Workers

- **Exploitation of Disabled Workers:**

Disabled individuals, including brain injury survivors, are being illegally underpaid without legal recourse. These individuals depend on supported employment programs for financial independence, but the state's violation of federal wage laws forces them into poverty and increases their dependence on public benefits.



- **Legal and Financial Liability:**

Connecticut is exposed to **substantial fines and penalties** from the U.S. Department of Labor for failing to comply with federal labor laws. The state may also be required to pay back wages to affected workers, resulting in significant financial liabilities that could further strain the state's budget.

- **Reputational Damage and Federal Funding Risks:**

Continued non-compliance with federal labor laws tarnishes Connecticut's reputation for managing federally funded programs like Medicaid. These violations could lead to **penalties from federal agencies**, increased scrutiny of the state's Medicaid programs, and possibly a **reduction in future federal funding allocations** for the ABI Waiver Program.

4.4 Case Study: Oregon

In a similar situation, **Oregon** faced a **class-action lawsuit** filed on behalf of disabled workers who were paid sub-minimum wages without valid 14(c) certifications. The case resulted in a **substantial settlement**, including back wages and damages for the affected workers, setting a legal precedent for future cases across the country.

- **Increased DOL Enforcement:**

In recent years, the U.S. Department of Labor has stepped up enforcement of 14(c) violations. In **2022**, the DOL recovered **millions of dollars in back wages** for disabled workers who were illegally underpaid. This enforcement trend indicates that Connecticut's continued non-compliance could prompt similar legal actions and result in **costly penalties**.

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Recommendations for Immediate Action



1. **Cease Sub-Minimum Wage Payments Without Certification:**

DSS must **immediately halt** all sub-minimum wage payments under the ABI Waiver Program until the proper 14(c) certifications are obtained. This is essential to bring the program into compliance with federal labor laws and protect the rights of disabled workers.

2. **Conduct a Full Review of Wage Practices:**

A comprehensive, **independent audit** of wage practices within the ABI Waiver Program is necessary to assess the extent of the violations. Agencies found to be non-compliant should be required to compensate workers appropriately and face **legal penalties**.

3. **Implement Proper Oversight and Enforcement Mechanisms:**

DSS must establish **robust oversight mechanisms** to ensure that wage payments comply with federal labor laws. This should include regular wage audits and proactive enforcement of 14(c) certification requirements.

4. **Protect the Rights of Disabled Workers:**

Connecticut should prioritize the **protection of disabled workers** by ensuring that all employment practices under the ABI Waiver Program adhere to federal and state labor laws. The state must also work toward providing **fair wages** that promote financial independence and reduce the risk of exploitation for disabled individuals.

Conclusion

The **systemic non-compliance** with federal labor laws, particularly under the 14(c) provision of the *Fair Labor Standards Act (FLSA)* (29 U.S.C. § 206), highlights **major failings** within Connecticut's Medicaid ABI Waiver Program. The **illegal underpayment** of disabled workers reflects the broader **mismanagement and exploitation** occurring within the program.

By **halting illegal wage practices**, conducting **comprehensive wage audits**, and implementing **strict oversight**, Connecticut can restore compliance and protect its most vulnerable workers. Without **immediate corrective action**, the state risks further legal challenges, significant financial penalties, and long-term reputational damage at both the state and federal levels.



Restoring program integrity depends on compliance with federal labor laws and safeguarding the rights of disabled workers under Medicaid.



5. Suppression of Whistleblowers and Retaliation in the Connecticut Medicaid ABI Waiver Program

5.1 Issue Overview

The Connecticut Medicaid Acquired Brain Injury (ABI) Waiver Program has been plagued by **systemic suppression of whistleblowers** and **misuse of *Freedom of Information Act (FOIA)* (5 U.S.C. § 552) provisions**. Whistleblowers who report issues such as **financial mismanagement**, **care deficiencies**, and **non-compliance with federal labor laws** have faced retaliation, including **job loss, harassment, and legal threats**. Additionally, FOIA requests aimed at exposing these violations are often delayed or unjustifiably denied, preventing transparency, and hindering proper oversight. These tactics, employed by the Connecticut Department of Social Services (DSS) and associated state agencies, shield the program from scrutiny, enabling **ongoing mismanagement**.

□ DSS Concealment and Corruption Allegations:

The DSS's refusal to comply with **FOIA requests** and failure to provide **transparency** around public health decisions reflect systemic issues within the agency. These practices suggest **intentional concealment** of critical information from families and caregivers, which prevents effective oversight and accountability.

□ Allegations of Corruption:

There are **ongoing allegations** that DSS is engaging in corrupt practices by proposing these amendments in an effort to obscure past failures rather than improve care delivery. This calls for **federal intervention** to restore trust and ensure integrity in the management of Medicaid funds.

- **DSS Transparency Failures and FOIA Non-Compliance:**

DSS's refusal to comply with FOIA requests is a critical example of its ongoing transparency issues. Despite numerous requests, the **Provider Directory** has not been made publicly available, which hinders ABI survivors and their families from accessing



vital information necessary for making informed care decisions. This concealment raises questions about whether DSS is intentionally keeping the public in the dark to avoid scrutiny.

Key Points:

- **Who:** The Connecticut Department of Social Services (DSS) and other state agencies involved in managing the ABI Waiver Program.
 - **What:** Whistleblowers face **retaliation**, including job loss, harassment, and legal threats, while FOIA requests are denied or delayed to prevent exposure of mismanagement.
 - **Where:** Across Connecticut, affecting Medicaid beneficiaries, whistleblowers, and public advocates involved with the ABI Waiver Program.
 - **When:** These practices have been ongoing since the program's inception, with recent reports as of November 2023.
 - **How:** Suppression occurs through **bureaucratic delays**, unjustified FOIA denials, and retaliation against individuals who expose wrongdoing.
 - **Why:** DSS and other agencies suppress whistleblowers to avoid accountability for **mismanaging federal funds**, concealing systemic issues, and evading legal consequences.
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5.2 Legal Context

- ***Freedom of Information Act (FOIA) (5 U.S.C. § 552) and State-Level Open Records Laws:***

FOIA ensures public access to federal records, and state agencies managing federally funded programs like Medicaid are subject to similar **state-level open records laws**. In Connecticut, the Connecticut FOIA mandates that public records and government proceedings be accessible unless a specific exemption applies.



- **Violation:** By delaying or denying FOIA requests without valid legal justification, Connecticut state agencies are **violating transparency laws** and obstructing public accountability, particularly in federally funded programs.
 - ***Whistleblower Protection Act (5 U.S.C. § 2302) (WPA):***

The WPA protects employees and contractors from retaliation when reporting **fraud, waste, or abuse** within federal programs. Connecticut also has a **state-specific whistleblower protection law** that safeguards state employees and contractors who report violations or mismanagement within programs like Medicaid.

 - **Violation:** DSS's retaliatory actions against whistleblowers violate both **federal and state whistleblower protection laws**, exposing the state to potential **legal penalties**.
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5.3 Impact on Whistleblowers

- **Lack of Transparency and Accountability:**

The suppression of FOIA requests and retaliation against whistleblowers undermines public trust in the Medicaid ABI Waiver Program. Without access to critical records, advocates and auditors cannot verify the program's integrity, allowing **mismanagement to continue unchallenged**.
 - **Discouraging Whistleblowers:**

Retaliation creates a **chilling effect**, discouraging others from reporting wrongdoing. This culture of secrecy allows systemic issues to go unchecked, reducing accountability.
 - **Obstruction of Justice:**

By denying access to records and retaliating against whistleblowers, DSS and other agencies may be **obstructing justice** under federal and state laws. These actions could lead to lawsuits for **wrongful termination, defamation**, and violations of **open records laws**.
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5.4 Precedents of Whistleblower Retaliation and FOIA Abuse



- **Michigan – Flint Water Crisis:**

During the Flint water crisis, public officials denied critical FOIA requests that could have exposed information about the contamination of the city’s water supply. Legal action was taken against the state for **withholding information** that could have mitigated the crisis. This case underscores the dangers of **suppressing whistleblower reports** and obstructing access to public records.

- **California – Whistleblower Retaliation Case:**

In California, a state employee who was terminated after reporting **financial mismanagement** in a federally funded program won a whistleblower retaliation case. The court awarded the employee lost wages and compensation for emotional distress, highlighting the **significant legal and financial consequences** that can result from retaliating against whistleblowers.

Recommendations for Immediate Action

1. **Release FOIA-Requested Records:**

DSS and other relevant agencies must **immediately comply** with all outstanding FOIA requests related to the ABI Waiver Program. Any FOIA denials must be reviewed thoroughly, with clear **legal justifications** for withholding information.

2. **Investigate Retaliation Against Whistleblowers:**

An **independent investigation** must be launched to assess whether DSS or other state agencies have retaliated against whistleblowers. Those found responsible should face legal consequences, and measures must be implemented to prevent future retaliation.

3. **Implement Stronger Whistleblower Protections:**

Connecticut should **strengthen its whistleblower protection laws** to ensure that individuals reporting fraud, waste, or abuse are protected from retaliation. The state must foster a culture where whistleblowers are encouraged to come forward without fear of repercussions.

4. **Ensure Full Transparency:**

DSS and related agencies must adopt **proactive transparency measures**, regularly



publishing data and records related to the administration of the ABI Waiver Program. This will allow for **independent oversight** and help restore public trust in the program's integrity.

Conclusion

The systemic suppression of whistleblowers and the misuse of FOIA in the Connecticut Medicaid ABI Waiver Program represent a **serious threat to transparency and accountability**. These actions violate federal and state laws, obstruct oversight efforts, and **perpetuate the mismanagement of taxpayer funds**.

Immediate corrective actions, such as releasing FOIA records and enhancing whistleblower protections, are essential to end this **culture of secrecy and retaliation**. Without decisive intervention, these practices will continue to erode the program's integrity, **jeopardize public trust**, and harm the Medicaid beneficiaries it is designed to serve.



6. Failure to Provide FOIA Requests — A Threat to Federal Funding

6.1 Issue Overview

A significant factor contributing to the ongoing mismanagement of Medicaid funds in Connecticut's Acquired Brain Injury (ABI) Waiver Program is the state's repeated failure to comply with the *Freedom of Information Act (FOIA)*. Under Connecticut FOIA (*Conn. Gen. Stat. §§ 1-200 et seq.*), state agencies are legally obligated to provide public access to records to ensure transparency and accountability. However, the Connecticut Department of Social Services (DSS) has consistently failed to meet these obligations, particularly regarding records related to the ABI Waiver Program.

This persistent FOIA non-compliance **obstructs public oversight**, limits transparency, and prevents stakeholders from holding DSS accountable for financial mismanagement and service delivery failures. Most critically, **non-compliance with transparency laws** threatens Connecticut's eligibility for **federal Medicaid funding**, as transparency is a core requirement for receiving these funds.

6.2 Relevant Federal and State Laws

- **Connecticut FOIA (Conn. Gen. Stat. §§ 1-200 et seq.):**

Connecticut law mandates that public agencies provide access to records upon request to promote transparency. DSS's **refusal to release records** related to the ABI Waiver Program violates this statute, obstructing public accountability and hindering necessary oversight of Medicaid programs.

- **Medicaid Regulations (42 U.S.C. § 1396a(a)(6)):**

This federal statute requires states to provide necessary information to federal agencies such as the **Centers for Medicare & Medicaid Services (CMS)** to ensure compliance



with Medicaid regulations. DSS's **failure to release requested records** risks Connecticut's compliance with federal requirements, jeopardizing future Medicaid funding.

- ***Social Security Act, Section 1902(a)(27):***

States are required to provide federal agencies with access to records related to Medicaid-funded services. DSS's failure to comply with FOIA requests threatens this mandate and could trigger **sanctions** or **penalties**.

- ***Federal Freedom of Information Act (5 U.S.C. § 552):***

Although federal FOIA applies to federal agencies, the **principle of transparency** extends to state programs funded by federal dollars. Federal agencies rely on state records to ensure Medicaid compliance. Connecticut's **refusal to release records** undermines the federal government's ability to oversee its programs, heightening the risk of penalties.

6.3 Implications for Federal Funding

- **Obstruction of Federal Oversight:**

By failing to provide requested records, DSS obstructs the ability of federal agencies, such as CMS and the **Department of Health and Human Services (HHS)**, to properly audit and review the ABI Waiver Program. Under **42 U.S.C. § 1396a(a)(6)**, states are required to submit necessary records to ensure compliance. DSS's refusal to comply could result in **sanctions** for obstructing federal oversight.

- **Non-Compliance with Federal Medicaid Requirements:**

Transparency is a **precondition** for receiving federal Medicaid funds. DSS's FOIA non-compliance puts Connecticut at risk of being deemed **in breach of Medicaid regulations**, potentially resulting in delayed or reduced federal funding.

Impact on Future Federal Funding



- **Obstruction of Oversight and Potential Funding Reductions:**

Without access to requested records, federal agencies like **CMS** cannot properly audit or investigate the ABI Waiver Program. Continued FOIA non-compliance could lead to **reduced or delayed federal funding** for Connecticut's Medicaid programs.

- **Increased Scrutiny from Federal Oversight Bodies:**

Agencies such as the **Government Accountability Office (GAO)** and the **Office of Inspector General (OIG)** may increase their scrutiny of Connecticut's Medicaid programs due to FOIA non-compliance. These agencies may recommend **withholding future Medicaid funds** until Connecticut demonstrates compliance with transparency laws.

- **Risk of Withholding Future Federal Funds:**

Continued refusal to release requested records could result in **withholding of future Medicaid funds** under **42 U.S.C. § 1396a(a)(6)** and **Section 1902(a)(27)** of the Social Security Act. **Full transparency** is essential to ensure state-administered programs comply with federal Medicaid regulations.

Call for Immediate Action

To safeguard future Medicaid funding and ensure that federal dollars are properly allocated, **Connecticut must immediately comply** with all outstanding FOIA requests. DSS's failure to release critical records threatens the future of essential services provided by the ABI Waiver Program and other Medicaid-supported initiatives.

This lack of transparency **obstructs federal oversight** and could result in **severe financial penalties**. DSS must prioritize compliance with both state and federal transparency laws to avoid further scrutiny and **protect future Medicaid funding**.

Conclusion



The failure to comply with FOIA requirements poses a direct threat to the **financial stability** of Connecticut's Medicaid programs. Federal agencies depend on transparency to ensure that Medicaid funds are properly managed and that the state complies with federal guidelines. DSS's refusal to release critical information not only violates transparency laws but also **jeopardizes future federal funding allocations**.

Immediate corrective action, including the release of the requested records and full compliance with federal oversight, is essential to protect the health and welfare of Medicaid beneficiaries across Connecticut. Without these actions, the state risks **losing critical federal funding** that supports essential services for vulnerable populations under Medicaid.



7. Non-Transparent Medicaid Referral System

7.1 Issue Overview

The Connecticut Department of Social Services (DSS) operates a **closed and non-transparent referral system** for the Medicaid Acquired Brain Injury (ABI) Waiver Program, **restricting Medicaid beneficiaries' ability** to choose their care providers. While federal guidelines mandate that beneficiaries have the right to access home and community-based services, DSS's referral practices prevent them from fully exercising this right. The lack of transparency limits beneficiaries' awareness of available options and **steers them toward specific providers**, often without adequate consideration of their unique care needs or the quality of care provided.

Failure to Provide Provider Directories:

DSS has deliberately withheld **provider directories**, making it difficult for Medicaid beneficiaries to exercise their **federally protected right to choose** qualified care providers. This concealment undermines the **principles of consumer autonomy** embedded in federal Medicaid laws, as beneficiaries are forced into services without knowing all available options.

- **Inaccessibility of the Provider Directory:**

One of the most concerning transparency failures is the **DSS's refusal to provide the Medicaid ABI Waiver Program Directory of Providers** to the public. This omission creates significant barriers for ABI survivors and their families, who are unable to verify the qualifications of care providers and make informed decisions. The concealment of this directory violates the **federal right to consumer choice** under **42 U.S.C. § 1396a(a)(23)**.

7.1 Issue Overview

- **Inaccessibility of the Provider Directory:**

One of the most concerning transparency failures is the **DSS's refusal to provide the Medicaid ABI Waiver Program Directory of Providers** to the public. This omission



creates significant barriers for ABI survivors and their families, who are unable to verify the qualifications of care providers and make informed decisions. The concealment of this directory violates the **federal right to consumer choice** under **42 U.S.C. § 1396a(a)(23)**.

7.3 Impact on Beneficiaries

- **Risk of Exploitation and Subpar Services:**

Without access to the **Provider Directory** and clear information about available services, Medicaid beneficiaries, particularly ABI survivors, are at increased risk of **exploitation**. The amendments proposed by DSS are seen as prioritizing **administrative convenience** and **cost-cutting** over the **care needs of consumers**. This lack of transparency could result in **substandard services** that fail to meet the complex needs of ABI survivors.

Key Points:

- **Who:** The Connecticut DSS and contracted care management agencies overseeing referrals under the ABI Waiver Program.
- **What:** DSS hides the provider list, funneling beneficiaries toward select providers without regard to individual needs or quality of care.
- **Where:** This affects Medicaid beneficiaries across Connecticut who rely on the ABI Waiver Program for necessary services.
- **When:** These practices have been in place since the program's inception, with recent reports surfacing in November 2023.
- **How:** DSS manages the referral process through contracted agencies, influencing beneficiary choices by limiting their provider options.
- **Why:** DSS appears to prioritize **cost minimization**, favoring lower-cost providers over those offering higher quality care, violating federal Medicaid requirements for **beneficiary choice**.



7.2 Legal Context

- **Section 1902(a)(23) of the Social Security Act:**

This provision ensures Medicaid beneficiaries have the right to **choose any qualified provider**. DSS's closed referral system limits this choice, directly violating the beneficiaries' rights under federal law.

- **42 CFR § 431.51:**

Federal regulations mandate that Medicaid beneficiaries must have the freedom to receive services from any qualified provider. DSS's **concealment of provider options** and steering toward specific providers violates this regulation.

- ***Consumer Protection and Affordable Care Act (ACA):***

The ACA emphasizes **consumer-centered care**, ensuring consumers have the autonomy to make informed healthcare decisions. By denying Medicaid beneficiaries access to a transparent referral system, Connecticut's practices violate these **consumer-centered principles**.

7.3 Impact on Beneficiaries

- **Denial of Beneficiary Rights:**

The closed referral system denies Medicaid beneficiaries their legal right to choose from a range of qualified providers, violating federal Medicaid regulations and undermining **consumer autonomy**.

- **Compromised Quality of Care:**

By steering beneficiaries toward providers based on cost rather than care needs, DSS reduces the **quality of care** for vulnerable populations. Brain injury survivors, in particular, are often denied access to specialized services critical to their recovery.

- **Bias Toward Certain Providers:**

The referral system effectively creates **monopolies** for select providers, reducing



competition and innovation in care. This bias prevents beneficiaries from accessing the **best possible care**, favoring select providers regardless of service quality.

- **Erosion of Public Trust:**

The lack of transparency erodes trust in Connecticut's Medicaid system. Beneficiaries and their caregivers cannot determine whether referrals are made in the consumers' best interests or driven by **cost-saving measures**, fostering distrust in the state's administration of Medicaid services.

- **Shift from Person-Centered to Agency-Centered Care:**

The proposed amendments reflect a move towards **agency-centered goals**, prioritizing **cost-cutting**, and administrative ease over **individualized care** for Medicaid recipients. This violates federal mandates that Medicaid beneficiaries be given **informed choice** and access to **specialized care** that meets their medical needs.

Impact on Beneficiaries

- **Risk of Exploitation and Subpar Services:**

Without access to the **Provider Directory** and clear information about available services, Medicaid beneficiaries, particularly ABI survivors, are at increased risk of **exploitation**. The amendments proposed by DSS are seen as prioritizing **administrative convenience** and **cost-cutting** over the **care needs of consumers**. This lack of transparency could result in **substandard services** that fail to meet the complex needs of ABI survivors.

7.4 Case Studies: Illinois and California

- **Illinois:**

A lawsuit in Illinois exposed a lack of transparency in its Medicaid managed care system. Plaintiffs claimed they were denied the right to choose their providers, resulting in poor care outcomes. The case led to **increased oversight** and stricter transparency measures in Illinois's Medicaid programs.



- **California:**

After investigations by the **Centers for Medicare & Medicaid Services (CMS)** revealed that California's Medicaid referral system was steering beneficiaries toward specific providers without transparency, CMS required California to revise its system. The state was mandated to provide beneficiaries with a **full list of qualified providers** and ensure they could make **informed care decisions**.

Connecticut is at risk of facing **similar legal challenges** and **federal scrutiny** if it continues to deny beneficiaries their rights under federal law.

Recommendations for Immediate Action

1. **Release the ABI Waiver Provider List Publicly:**

DSS should immediately publish the **full list of qualified providers** under the ABI Waiver Program. This will allow Medicaid beneficiaries to make **informed choices** and align the state's practices with federal transparency requirements.

2. **Implement Transparent Referral Practices:**

DSS must establish a **transparent referral system** that ensures beneficiaries can choose from all qualified providers. This system should include:

- Clear documentation of the referral process.
- Criteria for matching beneficiaries with providers.
- An **appeals process** for beneficiaries who believe their referrals do not meet their care needs.

3. **Conduct an Independent Review of the Referral System:**

An independent third-party should review the current referral system to assess its fairness and equity. This review should identify any instances of **manipulation or favoritism** and provide public recommendations for improvements.

4. **Ensure Compliance with Federal Medicaid Guidelines:**

DSS must comply with **Section 1902(a)(23)** of the **Social Security Act, 42 CFR §**



431.51, and the ACA's **consumer-centered care** principles to ensure that the referral system respects beneficiaries' rights to choose their providers.

5. Strengthen Oversight of Care Management Agencies:

DSS should increase oversight of **care management agencies** to ensure that referrals are driven by **consumer needs** rather than cost concerns. Oversight should include:

- Regular monitoring and auditing of agency performance.
- Penalties for agencies that manipulate referrals.
- Mandatory documentation of each referral's justification, subject to review by DSS and independent auditors.

6. Protect Whistleblowers and Promote Transparency:

DSS must strengthen protections for **whistleblowers** to encourage the reporting of referral manipulation without fear of retaliation. This should include:

- Anonymous reporting mechanisms.
- Guaranteed legal protections under state and federal law.
- Swift and impartial investigations into complaints of manipulation.

Broader Implications for Medicaid Recipients and Healthcare Access

The **non-transparent referral system** employed by DSS in the ABI Waiver Program highlights a larger issue of **opaque administrative practices** that limit healthcare access for vulnerable populations. If left unaddressed, this issue could set a precedent for similar non-transparent practices across other Medicaid services, **violating consumer rights** and further eroding public trust in Connecticut's healthcare system.

Conclusion

Connecticut's **non-transparent referral system** in the ABI Waiver Program denies Medicaid beneficiaries their **federally protected right** to choose qualified providers, compromising the quality of care they receive. To comply with federal guidelines, Connecticut must act



immediately to establish a **transparent, consumer-centered referral process**, safeguard the rights of vulnerable populations, and restore public trust in its Medicaid system.

Failure to address these issues may lead to **federal sanctions**, legal challenges, and continued deterioration of healthcare services for Connecticut's most vulnerable individuals. **Federal oversight** may become necessary if the state continues to prioritize **cost-cutting over quality care**, threatening the health and welfare of Medicaid beneficiaries who rely on these essential services.



8. DSS Waiver Amendments — Lowering Standards and Jeopardizing Care Quality

8.1 Issue Overview

In November 2023, following whistleblower reports from ABI Resources and David Medeiros, the Connecticut Department of Social Services (DSS) proposed **amendments to the Acquired Brain Injury (ABI) Waiver Program**. These amendments lower the **educational and licensure requirements for case managers**, allowing less-qualified personnel to manage complex cases involving brain injury survivors and other disabled individuals. DSS justifies this change as a response to **staffing shortages**, but this decision compromises care quality, violates federal Medicaid guidelines, and places Medicaid beneficiaries at significant risk.

Urgent Need for Independent Review of Proposed Amendments:

Concerns have been raised about the **intent** behind DSS's amendments, with many suggesting that they are designed to **codify practices that benefit the agency**, rather than improve care quality. There is a demand for an **independent investigation** to ensure that any changes are made in **good faith** and truly address the needs of ABI survivors.

Broader Implications of Reducing Standards

- **Dilution of Educational and Licensure Standards:**

The amendments proposed by DSS include a **shift in focus** from ensuring that individual case managers meet necessary qualifications to allowing **agency-level licensure** to determine competency. This **dilution of standards** is a significant concern as it could allow **underqualified personnel** to manage highly complex cases, putting ABI survivors at greater risk of receiving **subpar services**.

8.1 Issue Overview



- **Lack of Stakeholder Engagement in Proposed Amendments:**

Despite the critical nature of the proposed amendments, **stakeholders**—including ABI survivors, families, and advocacy groups—have been largely excluded from the decision-making process. This lack of involvement undermines the **accountability** of DSS and raises concerns about whether the amendments are genuinely aimed at improving care or simply codifying **agency-level shortcuts**.

8.2 Legal Context

- **Call for Rigorous Certification Standards:**

Survivors and advocates are demanding that **Brain Injury Specialist certification** be treated as a **rigorous qualification** that ensures the quality of care. They warn against making the certification process a **mere formality** under the new amendments, emphasizing that this would compromise the quality of care provided to ABI survivors.

8.3 Recommendations for Action

- **Need for Independent Review of DSS's Amendments:**

There is a clear demand for an **independent investigation** into DSS's proposed amendments to ensure that they are not being made in **bad faith**. Stakeholders believe that an independent review is necessary to assess whether the amendments will truly improve care for ABI survivors.

Key Points:

- **Who:** Connecticut DSS and contracted care management agencies.
- **What:** Proposed amendments would lower professional standards for case managers, allowing less-qualified individuals to manage the care of brain injury survivors and disabled individuals.



- **Where:** Affects Medicaid recipients across Connecticut who rely on the ABI Waiver Program for specialized care.
 - **When:** Documented in the **November 2023 Notice of Intent** to Amend the ABI Waiver, with implementation expected in early 2024.
 - **How:** The amendments reduce the qualifications required for case managers, resulting in **diminished care quality** for beneficiaries with complex medical needs.
 - **Why:** DSS cites staffing shortages as the reason for these changes, but the amendments **risk consumer safety** and violate federal laws.
-

8.2 Legal Context

- **Federal Medicaid Regulations (42 CFR § 441.302):**
Medicaid waiver programs like the ABI Waiver must maintain **high professional standards**, especially when serving high-needs populations such as brain injury survivors. DSS's proposal to lower case manager qualifications likely violates these regulations, as it fails to ensure that case managers are adequately trained to handle complex consumer needs.
 - **42 U.S.C. § 1396d:**
This statute mandates that Medicaid services be delivered in a manner that ensures the **health and safety** of beneficiaries. By allowing underqualified personnel to manage complex cases, DSS risks violating federal requirements, which could result in **penalties** or loss of Medicaid funding.
 - **Lack of Stakeholder Involvement:** Despite the significant impact on care quality, DSS has failed to involve key stakeholders—survivors, families, and advocacy groups—in the decision-making process. This absence of public accountability raises concerns that the amendments are being pushed through without adequate scrutiny or concern for consumer outcomes.
-

8.3 Impact on Consumer Care



- **Decreased Quality of Care:**

Brain injury survivors and disabled individuals require **specialized, coordinated care**.

Lowering professional standards for case managers increases the risk of poor coordination, substandard care, and worsened health outcomes for beneficiaries who rely on comprehensive, high-quality case management.

- **Risk to Consumer Safety:**

Less-qualified case managers may **fail to recognize early signs of health complications**, potentially leading to preventable crises and worsening medical conditions for vulnerable populations who require proactive, expert care management.

- **Systemic Failures:**

The **complex needs** of brain injury survivors could overwhelm underqualified personnel, leading to **breakdowns** in rehabilitation, medical care, and social services. This poses a **systemic risk** to the care delivery model under the ABI Waiver Program.

- **Federal Violations:**

DSS's decision to lower standards places the program at risk of **non-compliance** with federal Medicaid regulations, which could result in **financial penalties** and increased federal oversight.

8.4 Precedents in Other States

- **Texas:**

When Texas lowered qualifications for home health aides, the state experienced **widespread neglect** and poor care outcomes, prompting investigations. The decision was reversed, and higher standards were reinstated to **prevent further harm**.

- **California:**

California's decision to lower case management standards in its Medicaid waiver programs led to **deteriorating care quality**. After federal intervention by CMS, California faced **financial penalties** and was forced to reinstate higher standards for case managers.



These precedents highlight the risks Connecticut faces if it proceeds with the proposed amendments, including **federal scrutiny**, legal action, and significant penalties.

Recommendations for Immediate Action

1. **Rescind the Proposed Amendments:**

DSS should immediately **withdraw the proposed amendments** that lower educational and licensure requirements for case managers. These changes pose a **direct threat to consumer safety** and violate federal Medicaid guidelines.

2. **Strengthen Oversight and Accountability:**

Rather than lowering standards, DSS should **enhance oversight** of care management agencies. Agencies that fail to meet performance expectations should face **contract termination** and financial penalties to ensure accountability.

3. **Develop Workforce Recruitment and Training Programs:**

DSS must invest in **long-term recruitment and training programs** aimed at attracting and retaining highly qualified professionals in brain injury care. This should include **specialized training**, professional development, and **incentives** to address staffing shortages while maintaining care quality.

4. **Commission an Independent Review of Staffing Practices:**

DSS should commission an **independent audit** of its staffing practices to identify the root causes of staffing shortages and develop solutions that preserve the quality of care. The findings of this review should be made public, with recommendations for improved oversight and care delivery.

Conclusion

The proposed amendments to lower case manager qualifications in the ABI Waiver Program represent a **short-term solution** to staffing shortages that jeopardizes the quality of care for Medicaid beneficiaries. DSS must prioritize **consumer safety** and comply with federal



guidelines by rescinding these amendments and investing in workforce development initiatives that uphold **high professional standards**. Failure to act will expose Connecticut to **federal penalties**, legal challenges, and increased oversight, while putting vulnerable populations, including brain injury survivors and individuals with disabilities, at significant risk.

By focusing on **long-term solutions** that address staffing shortages without compromising care, DSS can ensure **compliance with federal regulations** and safeguard the health and welfare of the state's most vulnerable residents.

Additional Legal Ramifications and Case-Specific Examples

Legal Ramifications of Lowering Standards

The proposed amendments to the Acquired Brain Injury (ABI) Waiver Program not only threaten consumer care but also expose the state of Connecticut to significant **legal and financial consequences** under federal law.

Violations of Federal Medicaid Regulations

- **42 CFR § 441.302:**

This regulation explicitly requires Medicaid waiver programs to maintain **high standards for service delivery**, particularly for vulnerable populations such as brain injury survivors. By lowering qualifications for case managers, DSS risks violating these regulations. Non-compliance could lead to:

- **Federal audits:** The **Centers for Medicare & Medicaid Services (CMS)** may initiate audits of Connecticut's Medicaid programs to ensure compliance with federal standards.
- **Financial penalties:** If found in violation, Connecticut could face **penalties**, including the loss or reduction of federal funding for the ABI Waiver Program.



- **Increased oversight:** Persistent violations may trigger **heightened federal oversight**, where CMS or other federal agencies impose stricter conditions on Connecticut's administration of Medicaid services.
-

Violation of 42 U.S.C. § 1396d

This statute mandates that Medicaid services be delivered in a way that **ensures the health and safety of beneficiaries**. Allowing underqualified case managers to manage complex medical cases could result in preventable harm, exposing the state to **legal liabilities**. In cases of poor outcomes, Connecticut may face:

- **Class-action lawsuits:** Similar to other states (e.g., California, Texas) that faced legal action for lowering care standards, Connecticut could be sued by Medicaid beneficiaries or their families for **negligence, inadequate care, or failure to meet federal healthcare standards**.
 - **Wrongful death or injury claims:** If poor case management leads to a beneficiary's harm or death, the state may face **wrongful death or injury claims**, increasing legal and financial risks.
-

ADA Violations

The *Americans with Disabilities Act (ADA)* (42 U.S.C. § 12132) mandates that individuals with disabilities receive services that support their health and welfare. Lowering care standards for individuals with disabilities could put DSS at risk of **ADA violations**, leading to:

- **Federal civil rights investigations:** Federal agencies, such as the Department of Justice, may investigate **ADA violations**, potentially leading to legal scrutiny and **financial liabilities** for the state.
-



Case-Specific Examples

Texas – Lowering Home Health Aide Standards Led to Widespread Neglect

When Texas lowered qualifications for home health aides in its Medicaid waiver program, it led to **widespread neglect** and poor care outcomes. Following public outcry, investigations, and media attention, the state reversed the decision and reinstated **higher standards**. The state also faced **class-action lawsuits** and federal intervention to ensure consumer safety standards were restored.

- **Key Takeaway:** Lowering care standards caused harm to vulnerable populations, leading to **federal oversight**, costly legal battles, and **reputational damage** for Texas's Medicaid program.
-

California – CMS Intervention After Lowering Case Management Standards

California faced severe consequences after lowering case manager qualifications in its Medicaid waiver programs. Care quality deteriorated, prompting CMS to conduct an audit and impose **financial penalties**. Following the intervention, California was forced to reinstate **higher standards** for case managers and faced **lawsuits** from consumer advocates.

- **Key Takeaway:** CMS's intervention and financial penalties underscored that lowering care standards in Medicaid programs triggers **federal action**, leading to **legal liabilities** and lasting damage to care delivery and state finances.
-

Illinois – Transparency and Care Quality Lawsuit

In Illinois, Medicaid recipients filed a **class-action lawsuit** after the state's managed care program steered consumers toward lower-quality providers without transparency or individual



care considerations. The lawsuit resulted in a federal mandate for **greater oversight** and penalties for non-compliance.

- **Key Takeaway:** Lowering care standards, especially when tied to financial motives, leads to **legal challenges** and federal mandates to restore compliance, and protect consumer safety.
-

Expanded Recommendations for Connecticut

1. Engage CMS for Waiver Support, Not Lower Standards

Instead of lowering qualifications, DSS should proactively engage CMS for **waiver flexibility** that supports recruitment efforts. This could include **funding for enhanced training programs** or incentives to attract highly qualified case managers. By securing CMS support, Connecticut can **maintain care standards** without jeopardizing consumer safety.

2. Establish a Task Force on Workforce Development

DSS should convene a **task force** comprising healthcare professionals, policy experts, and consumer advocates to assess the workforce needs of the ABI Waiver Program. The task force could explore:

- **Loan forgiveness programs** for professionals in brain injury care.
 - **Partnerships with academic institutions** to train and recruit qualified workers.
 - **Targeted recruitment campaigns** for underserved areas or populations.
-

3. Implement Immediate Care Monitoring



While workforce development strategies are established, DSS should implement **enhanced monitoring** of current case management practices to identify risks and ensure consumer safety. This could include:

- **Randomized audits** of case manager performance.
 - **Consumer and family feedback systems** to report concerns about care quality.
 - **Third-party reviews** of care plans for high-risk consumers to ensure adequate oversight.
-

4. Public Transparency in Staffing and Care Outcomes

DSS should publish regular reports on **staffing levels, qualifications, and care outcomes** to ensure **public accountability**. Transparency will help build public trust and demonstrate DSS's commitment to improving care quality despite staffing challenges.

Conclusion

The proposed amendments to lower case manager qualifications in the ABI Waiver Program represent a **reactionary response** to staffing shortages that threatens the health and safety of Connecticut's most vulnerable residents. By compromising care standards, DSS risks **violating federal Medicaid regulations**, exposing the state to **legal challenges** and federal penalties.

Connecticut must prioritize **consumer safety** and long-term compliance by investing in **workforce development strategies** that maintain high professional standards. Experiences from states like **Texas** and **California** demonstrate that lowering standards leads to **legal liabilities, federal scrutiny**, and harm to consumers. By investing in **recruitment, training, and oversight**, Connecticut can safeguard Medicaid beneficiaries while ensuring compliance with **federal regulations**.



9. Whistleblower Good Faith and Legal Protections — A Call for Accountability

9.1 Legal Context and Protections

As the whistleblower exposing **systemic failures** within Connecticut's Medicaid Acquired Brain Injury (ABI) Waiver Program, I, **David Medeiros**, have acted with **integrity and in good faith**. My primary motivation is to ensure **transparency, accountability**, and the protection of vulnerable Medicaid beneficiaries. This report outlines **violations of federal and state laws** that compromise care quality for disabled individuals and mismanage taxpayer funds.

Upholding Legal and Ethical Obligations

The concerns raised stem from an **ethical duty** to protect Medicaid beneficiaries and ensure compliance with federal laws, including:

- ***Social Security Act (Section 1902(a)(23))*** and **42 CFR § 431.51**: These provisions guarantee Medicaid beneficiaries the right to **freely choose** their care providers, preventing them from being steered into inappropriate or inadequate care arrangements.
- **42 CFR § 441.302** and **42 U.S.C. § 1396d**: These statutes require Medicaid programs to maintain **high professional standards** to safeguard the health and welfare of beneficiaries.
- ***Fair Labor Standards Act (FLSA) (29 U.S.C. § 206)***: This act mandates **fair wages** for disabled workers and prohibits sub-minimum wage payments without proper certification under **Section 14(c)**.

These laws are intended to ensure that individuals in the ABI Waiver Program receive **dignified, high-quality care**. The violations outlined in this report compromise these protections, exposing beneficiaries to **harm and financial exploitation**.



Acting in Good Faith

I have approached this report with a genuine belief in the **accuracy and urgency** of the issues presented. At no point have I intended to **defame or mislead** any individual or agency. My sole objective has been to raise **legitimate concerns** that, if left unaddressed, will continue to harm vulnerable populations, and violate federal laws.

My actions are rooted in **good faith**, supported by **full documentation** of findings, communications, and procedures to ensure transparency. My goal is to protect the **legal rights** of Medicaid beneficiaries and hold accountable those responsible for managing federal and state funds.

Whistleblower Legal Protections

My actions align with the **legal protections** afforded to whistleblowers under federal and state law:

- **Whistleblower Protection Act (5 U.S.C. § 2302) (WPA)**: The WPA protects individuals who report **fraud, waste, or abuse** within federally funded programs like Medicaid from retaliation, including termination, harassment, or demotion.
- **False Claims Act (31 U.S.C. § 3729) (FCA)**: The FCA offers protections for whistleblowers exposing the **misuse of federal funds**. Under this act, I am entitled to report issues without fear of retaliation and may receive further protections if fraud is confirmed.
- **Connecticut Whistleblower Protection Act (5 U.S.C. § 2302)**: This law safeguards state employees and contractors from retaliation when they report violations or mismanagement within state programs. I have adhered to the proper protocols, acting in the **best interest** of Medicaid beneficiaries and the integrity of the ABI Waiver Program.



9.2 Efforts to Seek Resolution

I have made **multiple efforts** to resolve these critical issues through formal channels:

- **Collaboration with Oversight Bodies:** This report has been submitted to relevant state and federal agencies, including the **Connecticut General Assembly**, with the objective of securing **corrective action**. Substantial evidence, including documented mismanagement and violations, has been provided.
- **Adherence to Formal Procedures:** I have diligently followed necessary protocols, ensuring my findings are **accurate and thoroughly documented**. Having exhausted all reasonable avenues, I now call for **accountability and urgent reform**.

Despite these efforts, **systemic failures persist**. **Immediate state and federal action** are necessary to protect the rights of Medicaid beneficiaries and restore the integrity of the ABI Waiver Program.

9.3 Legal Precedents Supporting Whistleblower Protections

Federal and state court precedents strongly support the **protections of whistleblowers** who report mismanagement or violations in federally funded programs like Medicaid:

- **US ex rel. Wilson v. Graham County Soil & Water Conservation District:** This case reinforced the FCA's broad protections for whistleblowers reporting **fraud against the federal government**. The court upheld protections for individuals exposing the **misuse of federal funds**, emphasizing the importance of safeguarding whistleblowers from retaliation.
- **Kerr v. Marshall University Board of Governors:** A whistleblower reporting **violations of safety standards** at a public institution successfully won legal protections under the WPA. The court emphasized the need to protect individuals who act in the **public interest** and expose systemic wrongdoing.



These cases underscore that whistleblower acting in **good faith**, as I have, are protected from retaliation. Exposing violations is a **critical mechanism** for ensuring accountability in **publicly funded programs**.

9.4 Federal Agencies' Role in Whistleblower Protection

Federal agencies play a critical role in **upholding whistleblower protections** and investigating reported violations. The **U.S. Department of Justice (DOJ)**, **Office for Civil Rights (OCR)**, and **Centers for Medicare & Medicaid Services (CMS)** are empowered to intervene when federal funds are misused or when care quality is compromised. I call upon these agencies to:

- **Investigate the systemic failures** outlined in this report to ensure compliance with federal laws protecting Medicaid beneficiaries.
 - **Enforce legal protections** for whistleblowers under the WPA and FCA, ensuring that I, and others who report similar issues, are shielded from retaliation.
 - **Hold accountable** the Connecticut DSS and other involved entities for failing to meet their legal obligations to beneficiaries and for managing federal Medicaid funds responsibly.
-

Conclusion: A Commitment to Transparency and Accountability

I respectfully urge the **Connecticut Department of Social Services (DSS)** and relevant oversight bodies to take **immediate corrective action** to address the **systemic failures** outlined in this report. It is imperative that my **rights as a whistleblower** are protected under federal and state law, ensuring that my efforts to expose these critical issues are upheld.

This report is not an attempt to harm any individual or agency but rather to advocate for **meaningful reform** for Medicaid beneficiaries who rely on the ABI Waiver Program. I call upon federal agencies such as the DOJ, OCR, and CMS to **intervene**, investigate these violations, and ensure compliance with laws protecting Medicaid beneficiaries.



No whistleblower should face retaliation for exposing the truth, and no vulnerable population should suffer due to systemic mismanagement. I remain steadfast in my **commitment to transparency and accountability**, and I call for those responsible for the administration of the ABI Waiver Program to be held accountable.



10. Conclusion and Recommendations

The systemic failures within Connecticut's Medicaid Acquired Brain Injury (ABI) Waiver Program are urgent and pervasive. The mismanagement of federal Medicaid funds, violations of federal labor laws, and retaliation against whistleblowers have compromised the care of Medicaid beneficiaries and eroded the integrity of federally funded programs. Immediate federal intervention is essential to restore accountability and ensure the program's compliance with federal laws.

10.1 Key Recommendations for Federal Action

- To protect vulnerable Medicaid beneficiaries and ensure compliance with federal laws, the following actions are recommended: **Comprehensive Federal Audit to Include Recent Amendments:**
The federal audit should specifically investigate the **proposed amendments** to Connecticut's Medicaid ABI Waiver Program, as there are **allegations of corruption** and concerns that these amendments serve to obscure past failures rather than improve care. The audit must ensure that these amendments do not compromise care quality for ABI survivors.
- **Call for Increased Stakeholder Involvement:**
To restore **public trust** and ensure that reforms are genuinely focused on improving care for vulnerable populations, there should be a mandate for **greater involvement of stakeholders**, including survivors, families, and advocacy groups, in shaping Medicaid policies and amendments.

Action-Oriented Recommendations for Federal Intervention

- **Immediate Transparency Enforcement:**
DSS's failure to provide **provider directories** and transparency in the amendment process is a direct violation of Medicaid principles. Immediate federal enforcement of



FOIA compliance and transparency laws is critical to ensure that beneficiaries and the public can make informed decisions.

☐ **Ensure Genuine Certification and Qualification Enforcement:**

The **certification for Brain Injury Specialists** must be rigorous and **meaningfully enforced** to guarantee that only qualified individuals manage the care of ABI survivors. The federal audit must assess the **rigor of DSS's certification processes** to ensure that the reforms are not merely procedural but actually protect consumer care.

☐ **Enforce FOIA and Transparency Compliance:**

Immediate enforcement of FOIA compliance is required to ensure DSS is transparent in its operations. Making the **Provider Directory** public is a critical step toward accountability and ensuring that ABI survivors have **access to qualified care**.

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Comprehensive Federal Audit

- **Lead Agencies:** Centers for Medicare & Medicaid Services (CMS), Government Accountability Office (GAO)
- **Action:** Conduct a thorough federal audit of Connecticut's Medicaid programs, with a focus on the ABI Waiver Program. The audit should uncover financial mismanagement, non-compliance with federal regulations, and systemic abuses.
- **Reason:** State-based audits have failed to achieve transparency and accountability. A federal audit provides the objectivity necessary to reveal the full extent of the failures.

Enforce Federal Medicaid Compliance



- **Lead Agencies:** CMS, GAO
 - **Action:** Ensure that DSS complies with Medicaid regulations, including the proper use of federal funds, adherence to care standards, and respect for beneficiaries' right to choose their providers under 42 U.S.C. § 1396a(a)(23).
 - **Consequence:** Non-compliance should result in penalties, funding reductions, or legal action to protect taxpayer dollars and ensure beneficiaries receive appropriate care.
-

Recover Misallocated Federal Funds

- **Lead Agencies:** Department of Justice (DOJ), CMS
 - **Action:** Pursue the recovery of misallocated Medicaid funds through enforcement of the *False Claims Act* (31 U.S.C. § 3729) (FCA). Recovered funds should be directed to improving services for beneficiaries.
 - **Reason:** Misuse of federal funds undermines Medicaid's mission, and legal action is necessary to ensure financial accountability.
-

Strengthen Oversight of Care Management Agencies

- **Lead Agency:** CMS
 - **Action:** Implement stringent federal monitoring of care management agencies to ensure they meet professional standards and deliver services required by Medicaid beneficiaries.
 - **Consequence:** Failure to comply should trigger federal penalties and mandatory corrective actions.
-

Protect Whistleblowers and Enforce Accountability

- **Lead Agencies:** Office for Civil Rights (OCR), DOJ



- **Action:** Enforce *Whistleblower Protection Act (5 U.S.C. § 2302)* (WPA) provisions to shield individuals exposing fraud, waste, or abuse. Investigate retaliatory actions by DSS and the Connecticut Commission on Human Rights and Opportunities (CHRO) against whistleblowers like David Medeiros.
 - **Consequence:** Protecting whistleblowers prevents further retaliation and encourages the exposure of systemic failures, preserving the program's integrity.
-

Action-Oriented Recommendations for Federal Intervention

Immediate Federal Audit and Investigation

- **Lead Agencies:** CMS, GAO, Office of Inspector General (OIG)
 - **Actions:**
 - Conduct a comprehensive federal audit to uncover mismanagement, fraudulent billing, and misuse of Medicaid funds.
 - Initiate a federal investigation into retaliatory actions against whistleblowers, ensuring WPA protections.
 - Review DSS's referral system for compliance with Medicaid choice provisions under 42 U.S.C. § 1396a(a)(23).
-

Legal Enforcement and Recovery of Funds

- **Lead Agencies:** DOJ, CMS
- **Actions:**
 - If fraud is confirmed, pursue legal claims under the FCA, seeking treble damages. Recovered funds should be used to enhance Medicaid services.



- Enforce *Fair Labor Standards Act (FLSA)* (29 U.S.C. § 206) compliance to ensure back wages are paid to disabled workers affected by 14(c) certification violations.

Implement Federal Oversight and Corrective Action

- **Lead Agencies:** CMS, GAO
- **Actions:**
 - Establish a Federal Compliance Oversight Committee to monitor Connecticut's Medicaid programs and implement corrective actions.
 - Mandate quarterly reporting by DSS on fund usage, care compliance, and beneficiary rights, with penalties for non-compliance.

Strengthen Whistleblower Protections

- **Lead Agencies:** OIG, DOJ
- **Actions:**
 - Create a federal whistleblower hotline for reporting fraud and mismanagement to promote program integrity.
 - Enforce full legal protections for whistleblowers and take legal action against retaliatory state actors.

Mandate Transparency and FOIA Compliance

- **Lead Agency:** OIG
- **Actions:**



- Enforce immediate *Freedom of Information Act (FOIA)* (5 U.S.C. § 552) compliance. DSS must fulfill all outstanding FOIA requests or face federal penalties.
 - Require Connecticut to regularly publish Medicaid fund management and service delivery reports to ensure transparency.
-

Why Connecticut Can't Self-Audit

Connecticut's history of mismanagement, non-compliance, and retaliation against whistleblowers proves that the state cannot be trusted to audit its own programs. Federal intervention is necessary for the following reasons:

- **Conflict of Interest:** DSS cannot objectively audit itself and is likely to downplay key issues.
 - **Pattern of Non-Compliance:** DSS's repeated failure to comply with federal regulations, including the FCA and Medicaid laws, demonstrates an inability to hold itself accountable.
 - **Lack of Transparency:** DSS's refusal to comply with FOIA requests signals an unwillingness to conduct a fair internal audit.
 - **Retaliation Against Whistleblowers:** DSS's retaliation against whistleblowers, such as David Medeiros, further proves the agency cannot be trusted to review its own practices independently.
-

Federal Precedents

Federal agencies such as CMS, GAO, and OIG have conducted external audits in other states, setting a precedent for federal oversight in cases of Medicaid fraud and mismanagement. Examples include:



- **Texas Medicaid Fraud Case (2016):** CMS and OIG conducted a federal audit, recovered millions in misallocated funds, and terminated underperforming contracts.
 - **Illinois Medicaid Overhaul (2013-2017):** CMS and OIG recovered over \$75 million in misused funds and implemented stricter oversight measures.
 - **Oregon’s 14(c) Wage Violations (2015):** A federal lawsuit recovered unpaid wages and strengthened protections for disabled workers after the state violated the FLSA.
-

Conclusion: A Federal Path to Accountability and Compliance

Federal audits and investigations are necessary to reveal the full extent of mismanagement in Connecticut’s ABI Waiver Program. Legal enforcement is essential to recover misused taxpayer funds and protect whistleblowers from retaliation. Ongoing federal oversight is required to ensure that Connecticut complies with Medicaid regulations, transparency laws, and labor protections, restoring accountability and safeguarding the integrity of Medicaid.

By following these recommendations, federal agencies can ensure that Connecticut’s ABI Waiver Program operates in compliance with federal law, protecting both taxpayers and vulnerable Medicaid beneficiaries.



Report on Retaliation, Systemic Obstruction, and Discrimination within Connecticut's Medicaid Acquired Brain Injury (ABI) Waiver Program

Overview

This report details ongoing **retaliation, systemic obstruction, and discrimination** faced by **David Medeiros**, a brain injury survivor, whistleblower, and provider under Connecticut's Medicaid Acquired Brain Injury (ABI) Waiver Program. The retaliation stems from whistleblowing actions that exposed significant **mismanagement, fraud, and violations** within the program, overseen by the **Connecticut Department of Social Services (DSS)** and the **Commission on Human Rights and Opportunities (CHRO)**. This report documents actions taken by these entities to suppress efforts to bring **transparency, accountability, and legal compliance** to the program.

1. Billing Obstruction and Administrative Manipulation

Since whistleblowing, DSS has engaged in **systemic actions** to obstruct billing processes for services provided under the ABI Waiver Program. DSS repeatedly blocked the ability to bill for services, citing "**administrative errors**" that were only corrected after significant delays. These obstructions have undermined the **financial and operational stability** of services provided to Medicaid recipients, compromising care delivery and business operations.

2. Tampering with Timekeeping Systems

DSS has manipulated the required timeclock system, which has consistently failed during weekends. Although DSS dismissed these failures as "**glitches**," the **timing and regularity** of



these disruptions suggest deliberate tampering designed to obstruct **service documentation and billing**, adding further barriers to appropriate care documentation.

3. Public Censorship and Defamation at Hearings

During a public hearing, **State Senator Olsten** publicly censored and defamed David Medeiros by labeling him a “**rude person**” on television and refusing to allow questions from state representatives and senators. This public attack undermined Medeiros’ credibility and silenced a key voice exposing systemic issues within the program, fostering a **hostile environment** for whistleblowers.

4. Evidence Deletion and Denial of Civil Rights

The **Commission on Human Rights and Opportunities (CHRO)** has systematically obstructed David Medeiros' civil rights complaint. **CHRO deleted all submitted evidence** and refused to hear his case, violating **due process**. After Medeiros contacted the **Department of Justice (DOJ)**, CHRO responded with a letter refusing to pursue the civil rights complaint, further obstructing justice.

5. Denial of FOIA Requests and Accommodations

David Medeiros filed multiple ***Freedom of Information Act (FOIA) (5 U.S.C. § 552)*** requests and requested accommodations under the ***Americans with Disabilities Act (ADA) (42 U.S.C. § 12132)***, which were systematically ignored. DSS has made the FOIA process unnecessarily complex and failed to provide **ADA-mandated accommodations**, such as simplified communication methods, in clear violation of federal law.



6. Public Insults and Intimidation

DSS officials publicly humiliated and intimidated David Medeiros, calling him a “**pain in the ass**” during professional meetings. DSS and the **Connecticut Department of Consumer Protection (DCP)** further escalated retaliation by **threatening audits and legal consequences** for other Medicaid providers, creating a culture of fear around exposing wrongdoing within the system.

7. Secret Public Health Hearings and Lack of Transparency

Connecticut pursued a federal health block grant related to the ABI Waiver Program, holding public hearings that were **secretly scheduled** without proper notification. By burying notices in legal journals, DSS restricted **public participation and oversight**, violating principles of open government.

8. Denial of Accommodations at Public Presentations

David Medeiros requested reasonable ADA accommodations, such as virtual attendance via Zoom or the ability to record a public presentation. These requests were denied, and DSS officials publicly insulted Medeiros for his disability (brain injury), further violating **ADA protections**. DSS threatened to remove him if he recorded the session, highlighting efforts to prevent **transparency and public documentation**.

9. Introduction of Unqualified Providers and Coerced Services

DSS allowed **unqualified behavioral analysts** to function as Cognitive Behavioral Therapy (CBT) providers under Medicaid, without public knowledge or amendments. Consumers were coerced into receiving therapy, with no option to refuse, violating their rights to **informed**



consent. DSS took no action when these unqualified providers **steered clients away** from David Medeiros' agency, **ABI Resources**, despite clear evidence of unethical practices.

10. Endangerment of Client Safety

A Medicaid consumer requiring 24-hour support was advised by a behavioral analyst that they could leave unsupervised, placing the client and staff at risk. DSS and care management dismissed concerns raised by David Medeiros, forcing him to resign. The client and staff were transferred to another agency connected to the behavioral analyst, highlighting DSS's negligence in ensuring **client safety**.

11. Steering and Poaching of Consumers

Care management agencies, in coordination with behavioral analysts, pressured consumers to transfer to agencies where the behavioral analysts were employed, violating consumer autonomy and ethical standards. DSS took no corrective action, allowing this **client poaching** to continue unchecked.

Informed Consent Violations:

In multiple cases, behavioral analysts under the ABI Waiver Program have coerced consumers into receiving therapy services without proper **informed consent**. Consumers were **misled about their options** and pressured into switching providers, a practice that violates their rights under federal Medicaid laws.

Conclusion: A Crisis of Accountability and Transparency



The **retaliation, mismanagement, and lack of transparency** described in this report represent a deliberate effort by DSS, CHRO, and related entities to suppress whistleblowing and shield fraud within Connecticut's Medicaid ABI Waiver Program. Actions such as blocking billing, tampering with essential systems, deleting evidence, denying accommodations, and censoring public discourse violate federal laws, including the *Whistleblower Protection Act (5 U.S.C. § 2302) (WPA)*, *Americans with Disabilities Act (ADA)*, and *Freedom of Information Act (FOIA)*.

These retaliatory actions have harmed **David Medeiros** as a whistleblower, jeopardized the safety of vulnerable Medicaid consumers, and undermined the integrity of the Medicaid system. Without immediate **federal oversight** and intervention, these abuses will continue, unchecked by state agencies.

Recommendations for Federal Action

1. **Comprehensive Federal Audit** of Connecticut's Medicaid programs, specifically the ABI Waiver Program, to uncover financial exploitation and mismanagement.
2. **Immediate Enforcement of Whistleblower Protections** under the *Whistleblower Protection Act (5 U.S.C. § 2302)* to safeguard individuals exposing fraud and mismanagement.
3. **Recovery of Misused Federal Funds** through legal action to hold state agencies accountable for failing to manage Medicaid programs responsibly.
4. **Implementation of Federal Oversight** to ensure transparency, prevent further retaliation, and protect the rights of Medicaid consumers and whistleblowers.

The **time for federal intervention is now**. Without decisive action, the ongoing misconduct within Connecticut's Medicaid programs will continue to erode public trust and compromise the health and safety of those most in need.



Request for Basic Accommodations and Electronic Communications

I am formally requesting that all communications regarding my concerns, complaints, and whistleblower reports related to the Connecticut Medicaid Acquired Brain Injury (ABI) Waiver Program be conducted electronically via email at **AabiWR@live.com**. As a survivor of a traumatic brain injury and stroke, I experience cognitive challenges that impact my memory recall and organizational abilities, particularly with verbal conversations. Email communication is critical to my ability to manage information, stay organized, and ensure accurate exchanges.

Reasons for Request:

1. **Memory and Recall Challenges:** Due to my brain injury, I have difficulty recalling verbal conversations. Email provides a written record that allows me to refer back to previous communications, helping me stay organized and on track. This ensures that important details are not lost and that I can engage meaningfully in all correspondence.
2. **Organizational Tools:** I rely on specialized software to help me understand and process information. Electronic communication allows me to use these tools effectively, ensuring that I can stay organized and keep track of ongoing conversations. Verbal exchanges do not offer me the same level of clarity or assistance.
3. **Cognitive Demands:** Communication, particularly verbal, takes a significant cognitive toll on me. By conducting communication via email, I can manage my energy levels and take the necessary time to process and respond thoughtfully without the pressure of immediate verbal exchanges.
4. **Not a Government Employee or Politician:** I am not a government worker or politician and am doing my best to communicate and advocate to the best of my current abilities. Email communication allows me to communicate more effectively given my current limitations and ensures that I can engage with the ongoing process in a manner that works best for me.

By granting this accommodation, you will be supporting my ability to participate fully and effectively, in line with **ADA** guidelines for reasonable accommodations. I kindly request that all



future communications be directed to **AabiWR@live.com** to facilitate clear, documented, and accessible correspondence.

Thank you for your understanding and attention to this matter.

Sincerely,

David Medeiros



Dear Friends and Advocates,

I write to you today not just as someone who has faced challenges within Connecticut's Medicaid Acquired Brain Injury (ABI) Waiver Program, but as someone who is absolutely committed to seeing justice, compassion, and accountability restored across the board. What we're witnessing isn't just isolated to one program. If this kind of mismanagement, neglect, and failure is happening here, within one federally funded program, we have to ask ourselves: how widespread is this? What if this is happening across every program managed by Connecticut's Department of Social Services (DSS) and their contracted care management partners? The possibility that this is affecting every federally funded program is not just alarming--it's unacceptable.

Here's the truth: government systems are supposed to protect the most vulnerable, not fail them. And when they fail, they create a ripple effect that impacts not just one program or one group of people--it affects everyone. What we're talking about here isn't just an oversight or a mistake; it's a systemic breakdown that puts countless lives at risk. If we don't act now to address these issues, how many more people will fall through the cracks?

I believe in the power of collective action and that the strength of any community is determined by how well we care for the least of us. And let me tell you, I've lived through this. I've felt the weight of a system that's supposed to support but instead puts up roadblocks. I've seen firsthand how this failure in care impacts not just individuals, but entire families and communities. And if it's happening here, in this program, you can bet it's happening elsewhere. We have a duty to expose it, to correct it, and to transform it into something better.

We cannot sit back and wait for someone else to take care of this. Now is the time to hold those responsible accountable. This isn't just about identifying failures; it's about demanding transformation. This is about ensuring that every single person, every single dollar, and every single moment of care is handled with integrity, compassion, and an unwavering commitment to doing what is right.

But here's the exciting part--there is an opportunity here. This moment is a call to not just repair, but to reinvent these systems. Think about it: within every crisis lies the seed



for transformation. And when we take bold, decisive action--when we align our efforts with the values of dignity, justice, and respect--we elevate the standard for care across all programs, across every corner of this state and beyond.

Compassion is our fuel. It's what drives us to fight for more, to fight for better. The people relying on the ABI Waiver Program and every other federally funded service don't just deserve a functional system--they deserve one built on love, respect, and the understanding that they matter. Let that sink in for a second: they matter. You matter. We all matter.

And justice? Justice is non-negotiable. It's time to wake up to the fact that what's happening here is bigger than just one program. This is a systemic issue, and we need to align our actions with what's right. No more excuses. No more looking the other way. We're in this together, and the only way forward is through truth, accountability, and decisive action.

Here's what needs to happen: federal intervention, immediate oversight, and a complete investigation into how these programs are being managed. And we can't stop there. We need to rebuild these systems so they operate with integrity and transparency. This isn't about expanding government--it's about demanding strong oversight to make sure that every dollar is used wisely, every law is upheld, and every person is treated with the respect and dignity they deserve.

So I'm calling on you to stand with me. This is our moment to turn things around, not just for this program, but for every program. We must demand accountability, restore trust, and create a future where compassion, justice, and integrity are the guiding principles of our systems.

The time to act is now. Together, we have the power to create a future that reflects our highest values--a future where no one is left behind, where every person is treated with honor, and where every program serves the people with the dignity and respect they deserve. We can make this happen, but it starts with us, right here, right now. Let's rise to this challenge, and let's create a better, more compassionate future for all of us.

Honoring all with deep respect, compassion and unwavering commitment,



Respectfully,

David Medeiros

David Medeiros
Husband and Father,

Founder ABI Resources
TBI and Stroke Survivor



Comprehensive Grievance Report and Request for Clarity.

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



Whistleblower Report Prepared by:

David Medeiros and ABI Resources LLC

Date: November 21, 2023

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

Introduction

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

Date: November 21, 2023

Prepared by: David Medeiros and ABI Resources LLC

Overview of ABI Resources LLC:

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

Purpose of the Document:

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

Summary of Grievances

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

Detailed Grievances and Concerns

Grievance 1: Discriminatory Unfair Business Practices

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

Grievance 2: Service and Intervention Plans

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

Grievance 3: Concealment of Public Information

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

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

Grievance 4: Unauthorized Care Management Services

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

Grievance 5: Unethical Practices and Possible Kickback Schemes

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

Grievance 6: Rental Agreements in Medicaid ABI Waiver Program

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

Call to Action and Recommendations

Immediate Actions Required

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

Long-term Systemic Recommendations

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

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

Conclusion

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

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

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



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10/31/2023

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

To: All pertinent departments within the state of Connecticut,

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

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

Key Concerns and Grievances:

a) **Medicaid Referrals:**

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

a) **Medicaid Referrals:**

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

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

Potential Steps to Address the Issue:

Increase Transparency:

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

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

Conduct an Independent Audit:

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

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

Implement a Fair and Equitable Referral System:

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

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

Engage Stakeholders:

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

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

Provide Training and Education:

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

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

Establish a Complaint and Appeal Process:

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

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

Promote Accountability:

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

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

Regularly Review and Update Policies:

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

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

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

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

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

Ethical Concerns:

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

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

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

Legal Concerns:

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

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

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

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

Adverse Impacts on ABI Resources:

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

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

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

Addressing the Issue:

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

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

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

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

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

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

Call to Action:

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

Connecticut Department of Social Services

Connecticut Attorney General's Office

Connecticut Commission on Human Rights and Opportunities

Connecticut Office of the Healthcare Advocate

Connecticut Office of Policy and Management

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

I place my trust in your unwavering commitment to justice and fairness, confident that you will accord this matter the urgency and gravitas it demands, ensuring a

comprehensive investigation and the implementation of corrective measures. The equitable treatment of all service providers operating under the Connecticut Medicaid ABI Waiver Program is of utmost importance, and I am optimistic that your intervention will usher in a just resolution.

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

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





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11/13/2023

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

To: All pertinent departments within the state of Connecticut,

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

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

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

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

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

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

Key Concerns and Grievances:

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

Concerns: Impact on Daily Support Staff and Program Consumers

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

Impact on Daily Support Staff:

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

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

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

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

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

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

Impact on Consumers of the Program:

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

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

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

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

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

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

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

Adverse Impacts on ABI Resources:

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

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

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

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

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

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

Potential Steps to Address the Issue:

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

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

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

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

Addressing the Issue:

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

Call to Action:

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

Connecticut Department of Social Services

Connecticut Attorney General's Office

Connecticut Commission on Human Rights and Opportunities

Connecticut Office of the Healthcare Advocate

Connecticut Office of Policy and Management

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

I place my trust in your unwavering commitment to justice and fairness, confident that you will accord this matter the urgency and gravitas it demands, ensuring a comprehensive investigation and the implementation of corrective measures. The

equitable treatment of all service providers operating under the Connecticut Medicaid ABI Waiver Program is of utmost importance, and I am optimistic that your intervention will usher in a just resolution.

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

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



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11/15/2023

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

To: All pertinent departments within the state of Connecticut,

I am writing on behalf of ABI Resources to express our formal grievance and file a complaint regarding the handling of the Medicaid Acquired Brain Injury (ABI) Waiver Program by the Connecticut Department of Social Services (DSS). Specifically, our complaint centers on the apparent concealment of the Medicaid ABI Waiver Program Directory of Providers, a critical public resource.

Key Concerns and Grievances:

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



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

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

Proposed Solutions and Steps to Address the Issue:

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

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

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

Addressing the Issue:

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

Potential Steps to Address the Issue:

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

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

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

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

Call to Action:

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

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Connecticut Office of Policy and Management

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

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

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

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

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

Best regards,
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11/16/2023

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

To: All pertinent departments within the state of Connecticut,

Connecticut Department of Social Services and Relevant Oversight Bodies

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

Key concerns and grievances:

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

raising serious concerns about compliance and oversight within the program.

2. Lack of Clarity and Transparency in Program Administration: The sudden and unexplained introduction of these services in Program 1 has created an atmosphere of confusion and uncertainty. We seek immediate and detailed clarification from the Department on whether there have been any recent changes to the scope or administration of ABI Waiver Program 1 that would authorize such services.
3. Improper Recommendations for Program Transitions: Additionally, we have noted instances where care managers are inappropriately advising Program 1 consumers to transition to Program 2. This advice, given without proper authority or assessment, potentially disrupts the tailored care plans crucial for the recovery of individuals with acquired brain injuries.

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

1. Operational and Strategic Challenges: The introduction of potentially unauthorized services has disrupted our strategic planning and operational execution. It has forced us to reevaluate our service delivery models and resource allocation, potentially leading to inefficiencies and diminished care quality.
2. Risk to Consumer Trust and Quality of Care: The ambiguity surrounding these services risks damaging the trust that consumers and their families have in the system. It raises concerns about the appropriateness of care

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

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

Specific Requests for Resolution and Enhanced Transparency:

1. Comprehensive Investigation and Clear Communication: We request an immediate, comprehensive investigation into the provision of care management consultation services in ABI Waiver Program 1, accompanied by clear communication on any policy adjustments.
2. Immediate Enforcement of Compliance: We urge the prompt enforcement of existing program guidelines and the cessation of any unauthorized practices.
3. Proactive Support and Guidance for All Stakeholders: We advocate for the development of support and guidance initiatives for both service providers and consumers to navigate these changes effectively, ensuring everyone is fully informed about their rights and the services available.
4. Corrective Measures for Non-Compliance: Implementation of corrective actions, including disciplinary measures, against entities found in violation of program rules, to maintain the integrity and effectiveness of the program.

Conclusion:

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

Call to Action:

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

Connecticut Department of Social Services
Connecticut Attorney General's Office
Connecticut Commission on Human Rights and Opportunities
Connecticut Office of the Healthcare Advocate
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I have proactively initiated complaints and have directly engaged with the Connecticut Department of Social Services. Rest assured, all communications have been meticulously documented, encompassing dates, times, and the identities of the individuals engaged in these discussions.

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

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

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

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

Best regards,
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11/16/2023

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

To: All pertinent departments within the state of Connecticut,

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

Examination of the ABI Waiver Program's Framework:

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



Conflicts Arising from Service Provision:

Dual Service Conflict:

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

Therapeutic Recommendations Overlapping with Financial Interests:

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

Influence on Consumer Choice:

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

Cycle of Service Provision and Financial Gain:

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

Potential for Overutilization of Services:

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

Ethical Implications:

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

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

Manipulative Consumer Steering and Personnel Poaching:

Directing Consumer Choices:

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

Targeted Referrals:

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

Influence on Consumer Decision-Making:

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

Questionable Ethical Practices:

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

Unfair Competitive Tactics:

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

Staff Poaching:

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

Disruption of Industry Standards:

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

Impact on Service Quality:

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

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

Indicators of Potential Kickback Arrangements:

Referral for Incentives:

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

Questionable Referral Patterns:

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

Financial Incentives for Referrals:

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

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

Cyclical Billing and Service Utilization:

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

Impact on Medicaid Expenditures:

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

Ethical and Legal Implications:

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

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

Impact on ABI Resources:

Revenue Reduction

Consumer Diversion Impact:

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

Financial Viability Threatened:

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

Operational Cost Surge:

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

Legal and Consultation Fees:

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

Consumer Relationship Erosion:

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

Reputation Damage:

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

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

Formal Requests Thorough Examination and Compliance Review:

Comprehensive Investigation:

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

Medicaid Compliance Review:

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

Application of Corrective and Disciplinary Measures:

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

Disciplinary Proceedings:

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

Review and Revision of Policies and Oversight:

Policy Overhaul:

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

Enhanced Oversight Mechanisms:

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

In Closing:

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

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

Call to Action:

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

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Connecticut Attorney General's Office

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Connecticut Office of the Healthcare Advocate

Connecticut Office of Policy and Management

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

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

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

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

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

Best regards,
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11/20/2023

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

To: All pertinent departments within the state of Connecticut,

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

Key Grievance and Request:

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

Concerns:

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



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

Fear of Repercussions:

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

Isolation from Advocacy and Assistance:

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

Monopolistic Practices:

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

Financial Concerns:

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

Request for Action:

Investigation into Legal and Ethical Violations:

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

Transparency and Regulatory Oversight:

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

Guidance and Policy Review:

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

Support for Affected Service Providers:

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

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

Indicators of Potential Kickback Arrangements:

Referral for Incentives:

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

This is characterized by:

Questionable Referral Patterns:

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

Financial Incentives for Referrals:

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

Cyclical Billing and Service Utilization:

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

Impact on Medicaid Expenditures:

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

Ethical and Legal Implications:

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

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

Impact on ABI Resources:

Revenue Reduction

Consumer Diversion Impact:

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

Financial Viability Threatened:

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

Operational Cost Surge:

Increased Marketing Expenditures:

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

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

Legal and Consultation Fees:

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

Consumer Relationship Erosion:

Loss of Trust and Business:

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

Reputation Damage:

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

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

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

Formal Requests Thorough Examination and Compliance Review:

Comprehensive Investigation:

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

Medicaid Compliance Review:

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

Review and Revision of Policies and Oversight:

Policy Overhaul:

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

Enhanced Oversight Mechanisms:

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

In Closing:

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

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

Call to Action:

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

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Connecticut Attorney General's Office

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Connecticut Office of Policy and Management

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

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

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

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

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

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

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

