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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

DISCLOSURE SUBJECTS

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

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

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