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

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

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

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

Comprehensive Grievance Report and Request for Clarity.

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

Whistleblower Report Prepared by:

David Medeiros and ABI Resources LLC

Date: November 21, 2023

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

Introduction

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

Date: November 21, 2023

Prepared by: David Medeiros and ABI Resources LLC

Overview of ABI Resources LLC:

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

Purpose of the Document:

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

Summary of Grievances

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

Detailed Grievances and Concerns

Grievance 1: Discriminatory Unfair Business Practices

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

Grievance 2: Service and Intervention Plans

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

Grievance 3: Concealment of Public Information

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

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

Grievance 4: Unauthorized Care Management Services

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

Grievance 5: Unethical Practices and Possible Kickback Schemes

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

Grievance 6: Rental Agreements in Medicaid ABI Waiver Program

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

Call to Action and Recommendations

Immediate Actions Required

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

Long-term Systemic Recommendations

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

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

Conclusion

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

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

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

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A.B.I. RESOURCES

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:

<u>Increase Transparency:</u>

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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A.B.I. RESOURCES

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
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A.B.I. RESOURCES

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 Commission on Human Rights and Opportunities

Connecticut Office of the Healthcare Advocate

Connecticut Office of Policy and Management

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

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

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

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

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

Best regards,
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A.B.I. RESOURCES

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:

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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

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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
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A.B.I. RESOURCES

11/16/2023

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

To: All pertinent departments within the state of Connecticut,

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

Examination of the ABI Waiver Program's Framework:

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

Conflicts Arising from Service Provision:

Dual Service Conflict:

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

Therapeutic Recommendations Overlapping with Financial Interests:

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

Influence on Consumer Choice:

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

Cycle of Service Provision and Financial Gain:

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

Potential for Overutilization of Services:

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

Ethical Implications:

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

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

Manipulative Consumer Steering and Personnel Poaching:

Directing Consumer Choices:

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

Targeted Referrals:

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

Influence on Consumer Decision-Making:

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

Questionable Ethical Practices:

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

Unfair Competitive Tactics:

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

Staff Poaching:

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

Disruption of Industry Standards:

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

Impact on Service Quality:

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

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

Indicators of Potential Kickback Arrangements:

Referral for Incentives:

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

Questionable Referral Patterns:

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

Financial Incentives for Referrals:

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

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

Cyclical Billing and Service Utilization:

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

Impact on Medicaid Expenditures:

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

Ethical and Legal Implications:

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

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

Impact on ABI Resources:

Revenue Reduction

Consumer Diversion Impact:

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

Financial Viability Threatened:

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

Operational Cost Surge:

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

Legal and Consultation Fees:

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

Consumer Relationship Erosion:

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

Reputation Damage:

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

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

Formal Requests Thorough Examination and Compliance Review:

Comprehensive Investigation:

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

Medicaid Compliance Review:

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

Application of Corrective and Disciplinary Measures:

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

Disciplinary Proceedings:

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

Review and Revision of Policies and Oversight:

Policy Overhaul:

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

Enhanced Oversight Mechanisms:

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

In Closing:

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

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

Call to Action:

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

Connecticut Department of Social Services

Connecticut Attorney General's Office

Connecticut Commission on Human Rights and Opportunities

Connecticut Office of the Healthcare Advocate

Connecticut Office of Policy and Management

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

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

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

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

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

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

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A.B.I. RESOURCES

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.

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

This is characterized by:

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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.

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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.

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