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Contact information

Name

DAVID MEDEIROS

Mailing address

39 Kings Highway, STE C
Gales Ferry, CT 06335
United States

Phone number

8604633638

Company/organization

ABI RESOURCES LLC

Email

aabiwr@live.com

Your request

Subject: Freedom of Information Act Request: Communications Pertaining to Federal Medicaid ABI Waiver Program & Money Follows the Person Program Department of Health and Human Services Center for Medicare and Medicaid Services / Connecticut Department of Social Services / and the Community Options Unit, I hope this message finds you well. I am writing on behalf of ABI Resources LLC to make a request under the Freedom of Information Act (5 U.S.C. § 552) and Connecticut's Freedom of Information Act (Conn. Gen. Stat. § 1-200 et seq.). Request Details: We formally request access to, and copies of, all email communications, including attachments, sent to and from the Connecticut Department of Social Services, the Connecticut Community Options Unit, the Connecticut DSS Commissioners as well as emails to and from Ms. Amy Dumont COU DSS representative, related to the federal Medicaid Acquired Brain Injury (ABI) Waiver Program and the Money Follows the Person Program. Specific Email Addresses: AABIWR@live.com ABI@ctbraininjury.com David.M@ctbraininjury.com Timeframe: From January 1, 2013, to the present date. Objective: Our objective is to obtain a comprehensive understanding of all communications, dialogues, discussions, and information exchanged relating to the aforementioned programs. Format: We prefer to receive the requested documents in electronic format to facilitate access and review. Please send the documents via email to the following addresses: Aabiwr@live.com Conclusion: We understand the obligations and constraints of your office and appreciate your attention to this request. We look forward to your prompt response, and, as stipulated by statute, we hope to receive the requested records within the legal time frame. Thank you very much for your time and cooperation. We anticipate your expedient disclosure of the requested documents. Sincerely, David Medeiros ABI Resources LLC

Fees

Fee waiver

no

Request expedited processing

Expedited processing

no



FOIA.gov

CONTACT

Office of Information Policy (OIP)

U.S. Department of Justice

441 G St, NW, 6th Floor

Washington, DC 20530

E-mail: National.FOIAPortal@usdoj.gov

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DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C5-11-06
Baltimore, Maryland 21244-1850



Office of Strategic Operations and Regulatory Affairs / Freedom of Information Group

Request has been assigned: Control Number **092020237008** and PIN **ELJG**

10/3/2023

David Medeiros.

39 Kings Highway, STE C
Gales Ferry, CT 06335

Dear Mr. Medeiros:

This letter is to acknowledge receipt of your Freedom of Information Act (FOIA) (5 U.S.C. § 552) request and to provide you with a tracking number. The Centers for Medicare & Medicaid Services (CMS) received your FOIA request on **September 21, 2023**, pertaining to **“The Supported Living Group”**.

To check the status of your request as it is being processed, please refer to the CMS FOIA website at <https://foia-request.cms.gov/check-status> and enter the control number and PIN (listed at the top of the page) that has been assigned to your request.

Once we complete our initial analysis of your request, we will initiate a search for responsive records. If, however, we determine that your request needs clarification, we will contact you. Additionally, if our searching units advise us that you have requested a voluminous number of records that requires extensive search, production, and review, we will contact you to discuss options for narrowing the scope to process your request as quickly and efficiently as possible.

Please note that CMS receives a very high volume of FOIA requests. The following unusual circumstances, as defined by 5 USC § 552(a)(6), may affect our ability to fulfill a FOIA request within 20 business days. These include circumstances such as (1) the request requires us to search for and collect records from multiple components and/or field offices; (2) the request involves a voluminous number of records that must be located, compiled, transferred to this office, and reviewed. In addition, given our high volume of requests, and in accordance with federal regulations, our processing policy includes factors such as the date and complexity of the request.

The FOIA assumes that requesters are willing to pay fees up to \$25.00. If estimated fees to process your request exceed \$25.00, we will notify you and may suspend processing until we receive written confirmation that you are willing to pay the estimated fees. Additionally, if the estimated fees exceed \$250.00, the law authorizes us to collect the fees *in advance* of processing the request.

If your request sought a fee waiver or expedited processing, we will send additional communication to provide you with our determination decision(s).

If you are not satisfied with any aspect of the processing and handling of this request, please contact Angelica Holland at .

You also have the right to seek dispute resolution services from:

Joseph Tripline
CMS FOIA Public Liaison
Centers for Medicare & Medicaid Services
7500 Security Blvd., MS C5-11-06
Baltimore, Maryland 21244-1850
Telephone: (410) 786-5353 fax (443)-380-8871

and/or:

Office of Government Information Services
National Archives and Administration
8601 Adelphi Road – OGIS
College Park, MD 20740-6001

Telephone: 202-741-5770
Toll-Free: 1-877-684-6448
E-mail: ogis@nara.gov
Fax: 202-741-5769

Respectfully,

A handwritten signature in black ink, appearing to read "Emmett Nicholson". The signature is fluid and cursive, with the first name "Emmett" written in a stylized, somewhat abbreviated manner, and the last name "Nicholson" written more fully.

Emmett Nicholson.
Director, Division of FOIA Analysis – C
Freedom of Information Group



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Submission ID: 899561

Success!

Your FOIA request has been created and is being sent to the Center for Medicare and Medicaid Services.

You'll hear back from the agency confirming receipt in the coming weeks using the contact information you provided. If you have questions about your request, feel free to reach out to the agency FOIA personnel using the information provided below.

Contact the agency

 Hugh Gilmore, FOIA Officer
410-786-5353
hugh.gilmore@cms.hhs.gov

 FOIA Requester Service Center 
410-786-5353

 Joseph Tripline, FOIA Public Liaison 
410-786-5353
joseph.tripline@cms.hhs.gov

 Hugh Gilmore, FOIA Officer, North Building, Room C5-11-06
7500 Security Boulevard
Baltimore, MD 21244
FOIA_Request@cms.hhs.gov

Request summary

Request submitted on **October 17, 2023**.

The confirmation ID for your request is **899561**.

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information you'll receive from the agency to track your request. In case there is an issue submitting your request to the agency you selected, you can use this number to help.

Contact information

Name

David MEDEIROS

Mailing address

215 Mountain St
Willimantic, CT 06226
United States

Phone number

8604633638

Company/organization

ABI Resources LLC

Email

aabiwr@live.com

Your request

10.17.2023 RE: Freedom of Information Act Request FOIA To Whom It May Concern: I am writing to request information under the provisions of the Freedom of Information Act, 5 U.S.C. § 552, regarding the total payments made to Goodwill through the Medicaid Connecticut ABI Waiver programs from 2013 to the present day. Specifically, I am interested in obtaining financial data detailing the annual disbursements to Goodwill for each of the following years: 2013 2014 2015 2016 2017 2018 2019 2020 2021 2022 2023 Goodwill is a Medicaid provider operating within the state of Connecticut, and I am seeking information to better understand the financial relationships between this organization and the Medicaid Connecticut ABI Waiver programs. Please provide any documents, records, reports, or other relevant information that pertains to the payments made to Goodwill for the specified years. This information could include, but is not limited to, financial statements, invoices, payment logs, contracts, and any other documents that outline the financial transactions between Goodwill and Medicaid Connecticut ABI Waiver programs. If any part of my request is denied, please provide a written explanation of the specific exemptions under which the information is withheld. I kindly request accommodations due to my disability. To facilitate my accessibility and participation, I would greatly appreciate the use of electronic records. Your support in this matter is highly valued. Thank you for your understanding and assistance. Sincerely, David Medeiros ABI Resources

Fees

Fee waiver

no

Request expedited processing

Expedited processing

no



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CONTACT

Office of Information Policy (OIP)
U.S. Department of Justice
441 G St, NW, 6th Floor
Washington, DC 20530
E-mail: National.FOIAPortal@usdoj.gov

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Submission ID: 899551

Success!

Your FOIA request has been created and is being sent to the Center for Medicare and Medicaid Services.

You'll hear back from the agency confirming receipt in the coming weeks using the contact information you provided. If you have questions about your request, feel free to reach out to the agency FOIA personnel using the information provided below.

Contact the agency

 Hugh Gilmore, FOIA Officer
410-786-5353
hugh.gilmore@cms.hhs.gov

 FOIA Requester Service Center 
410-786-5353

 Joseph Tripline, FOIA Public Liaison 
410-786-5353
joseph.tripline@cms.hhs.gov

 Hugh Gilmore, FOIA Officer, North Building, Room C5-11-06
7500 Security Boulevard
Baltimore, MD 21244
FOIA_Request@cms.hhs.gov

Request summary

Request submitted on **October 17, 2023**.

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information you'll receive from the agency to track your request. In case there is an issue submitting your request to the agency you selected, you can use this number to help.

Contact information

Name

David MEDEIROS

Mailing address

215 Mountain St
Willimantic, CT 06226
United States

Phone number

8604633638

Email

davidmedeiros@live.com

Your request

10/17/2023 Connecticut Department of Social Services DSS and Community Options Unit COU Office of the Commissioner 55 Farmington Avenue Hartford, CT 06105 RE: Freedom of Information Act Request FOIA To Whom It May Concern: I am writing to request information under the provisions of the Freedom of Information Act, 5 U.S.C. § 552, regarding the total payments made to Goodwill through the Medicaid Connecticut ABI Waiver programs from 2013 to the present day. Specifically, I am interested in obtaining financial data detailing the annual disbursements to The Supported Living Group for each of the following years: 2013 2014 2015 2016 2017 2018 2019 2020 2021 2022 2023 Goodwill is a Medicaid provider operating within the state of Connecticut, and I am seeking information to better understand the financial relationships between this organization and the Medicaid Connecticut ABI Waiver programs. Please provide any documents, records, reports, or other relevant information that pertains to the payments made to Goodwill for the specified years. This information could include, but is not limited to, financial statements, invoices, payment logs, contracts, and any other documents that outline the financial transactions between Goodwill and Medicaid Connecticut ABI Waiver programs. If any part of my request is denied, please provide a written explanation of the specific exemptions under which the information is withheld. I kindly request accommodations due to my disability. To facilitate my accessibility and participation, I would greatly appreciate the use of electronic records. Your support in this matter is highly valued. Thank you for your understanding and assistance. Sincerely, David Medeiros ABI Resources

Fees

Fee waiver

no

Request expedited processing

Expedited processing

no

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U.S. Department of Justice
441 G St, NW, 6th Floor
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Submission ID: 899566

Success!

Your FOIA request has been created and is being sent to the Center for Medicare and Medicaid Services.

You'll hear back from the agency confirming receipt in the coming weeks using the contact information you provided. If you have questions about your request, feel free to reach out to the agency FOIA personnel using the information provided below.

Contact the agency

 Hugh Gilmore, FOIA Officer
410-786-5353
hugh.gilmore@cms.hhs.gov

 FOIA Requester Service Center 
410-786-5353

 Joseph Tripline, FOIA Public Liaison 
410-786-5353
joseph.tripline@cms.hhs.gov

 Hugh Gilmore, FOIA Officer, North Building, Room C5-11-06
7500 Security Boulevard
Baltimore, MD 21244
FOIA_Request@cms.hhs.gov

Request summary

Request submitted on **October 17, 2023**.

The confirmation ID for your request is **899566**.

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information you'll receive from the agency to track your request. In case there is an issue submitting your request to the agency you selected, you can use this number to help.

Contact information

Name

David MEDEIROS

Mailing address

215 Mountain St
Willimantic, CT 06226
United States

Phone number

8604633638

Company/organization

ABI Resources LLC

Email

aabiwr@live.com

Your request

10.17.2023 RE: Freedom of Information Act Request FOIA To Whom It May Concern: I am writing to request information under the provisions of the Freedom of Information Act, 5 U.S.C. § 552, regarding the total payments made to Project Genesis through the Medicaid Connecticut ABI Waiver programs from 2013 to the present day. Specifically, I am interested in obtaining financial data detailing the annual disbursements to Project Genesis for each of the following years: 2013 2014 2015 2016 2017 2018 2019 2020 2021 2022 2023 Project Genesis is a Medicaid provider operating within the state of Connecticut, and I am seeking information to better understand the financial relationships between this organization and the Medicaid Connecticut ABI Waiver programs. Please provide any documents, records, reports, or other relevant information that pertains to the payments made to Goodwill for the specified years. This information could include, but is not limited to, financial statements, invoices, payment logs, contracts, and any other documents that outline the financial transactions between Goodwill and Medicaid Connecticut ABI Waiver programs. If any part of my request is denied, please provide a written explanation of the specific exemptions under which the information is withheld. I kindly request accommodations due to my disability. To facilitate my accessibility and participation, I would greatly appreciate the use of electronic records. Your support in this matter is highly valued. Thank you for your understanding and assistance. Sincerely, David Medeiros ABI Resources

Fees

Fee waiver

no

Request expedited processing

Expedited processing

no



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Office of Information Policy (OIP)
U.S. Department of Justice
441 G St, NW, 6th Floor
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E-mail: National.FOIAPortal@usdoj.gov

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Submission ID: 899546

Success!

Your FOIA request has been created and is being sent to the Center for Medicare and Medicaid Services.

You'll hear back from the agency confirming receipt in the coming weeks using the contact information you provided. If you have questions about your request, feel free to reach out to the agency FOIA personnel using the information provided below.

Contact the agency

 Hugh Gilmore, FOIA Officer
410-786-5353
hugh.gilmore@cms.hhs.gov

 FOIA Requester Service Center 
410-786-5353

 Joseph Tripline, FOIA Public Liaison 
410-786-5353
joseph.tripline@cms.hhs.gov

 Hugh Gilmore, FOIA Officer, North Building, Room C5-11-06
7500 Security Boulevard
Baltimore, MD 21244
FOIA_Request@cms.hhs.gov

Request summary

Request submitted on **October 17, 2023**.

The confirmation ID for your request is **899546**.

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information you'll receive from the agency to track your request. In case there is an issue submitting your request to the agency you selected, you can use this number to help.

Contact information

Name

David MEDEIROS

Mailing address

215 Mountain St
Willimantic, CT 06226
United States

Phone number

8604633638

Email

aabiwr@live.com

Your request

I am writing to request information under the provisions of the Freedom of Information Act, 5 U.S.C. § 552, regarding the total payments made to The Supported Living Group through the Medicaid Connecticut ABI Waiver programs from 2013 to the present day. Specifically, I am interested in obtaining financial data detailing the annual disbursements to The Supported Living Group for each of the following years: 2013 2014 2015 2016 2017 2018 2019 2020 2021 2022 2023 The Supported Living Group is a Medicaid provider operating within the state of Connecticut, and I am seeking information to better understand the financial relationships between this organization and the Medicaid Connecticut ABI Waiver programs. Please provide any documents, records, reports, or other relevant information that pertains to the payments made to The Supported Living Group for the specified years. This information could include, but is not limited to, financial statements, invoices, payment logs, contracts, and any other documents that outline the financial transactions between The Supported Living Group and Medicaid Connecticut ABI Waiver programs. If any part of my request is denied, please provide a written explanation of the specific exemptions under which the information is withheld. I kindly request accommodations due to my disability. To facilitate my accessibility and participation, I would greatly appreciate the use of electronic records. Your support in this matter is highly valued. Thank you for your understanding and assistance. Sincerely, David Medeiros ABI Resources

Fees

What type of requester are you?

other

Fee waiver

no

Request expedited processing

Expedited processing

no



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Office of Information Policy (OIP)
U.S. Department of Justice
441 G St, NW, 6th Floor
Washington, DC 20530
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A.B.I. Resources LLC

39 Kings Highway, Suite C

Gales Ferry CT, 06335

Phone: (860) 942-0365

Fax: (860) 465-9591

<https://www.CTbrainINJURY.com>

To.

Connecticut Department of Social Services, DSS Legal. Formal FOIA request.

In reference to what may appear to be ABI Waiver program discriminatory and biased practices, challenges, and concerns. Additionally, these concerns also relate to the MFP program.

Appendix D: Participant-Centered Planning and Service Delivery**D-1: Service Plan Development (6 of 8)**

f. Informed Choice of Providers. Describe how participants are assisted in obtaining information about and selecting from among qualified providers of the waiver services in the service plan.

Case managers share with waiver consumers the provider listing, which is developed by a DSS contracted fiduciary. This listing identifies providers by service type and geographic coverage area who meet the qualifications as set forth by DSS to service waiver participants. The case managers facilitate opportunities for participants to speak with and/or interview prospective providers prior to selection. Program participants are able to contact the fiscal intermediary to get an updated and customized listing of the provider directory. For household employees, a background check is conducted by the fiscal intermediary and the results are shared with the consumer to aid in their selection.

The DSS contracted fiduciary listing may appear to be discriminatory to the disabled ABI Waiver population it serves and Medicaid providers:

- The listing is not accessible or viewable to the public.
- Locked and only accessible via an email address verification process, username, and created a password for consumers of the ABI Waiver Program.
- Many of the disabled ABI Waiver Program population cannot afford the internet and the equipment needed to access the internet to navigate their listing.
- Many disabled ABI populations cannot navigate and understand internet-based communication processes.
- Many disabled ABI Waiver populations live with communication and memory challenges. Calling the DSS contracted fiduciary, waiting on hold, leaving voicemail requests for callbacks, or requesting the listing mailed to their home address is a highly complex process for most.
- Case Managers are providing verbal recommendations to ABI Waiver and MFP consumers of providers that they believe would be a good fit for the consumer without giving the complete DSS



contracted fiduciary listing. This action is not ethical and maybe biased as disabled ABI waiver consumers are not afforded their complete full and unbiased selection of providers that may provide a more beneficial Case Management relationship. ABI Waiver and MFP consumers may appear not completely informed or misled during decision-making and may be left entirely out of the selection process. This may appear to be discriminating and misleading to consumers with disabilities and not providing them the same civil rights in their person-centered program decision process. An example of this would be a verbal phone conversation promoting a specific provider, leading or steering a client to meet with or arranging a referral before a consumer is wholly informed or provided their complete options by a Case Management selected provider.

- DSS, Case Management providers, and the contracted, the fiduciary listing provider may be aware of these discriminatory processes and practices.
- How does DSS ensure the disabled population is not discriminated against and provide the procedural validation system to ensure civil rights are completely adhered to?
- Additionally, it may appear that the DSS contracted fiduciary listing is discriminatory and biased to confuse the disabled ABI Waiver consumer in this way. Below are the first two webpages of many that DSS'S contracted fiduciary is listing; note that agency providers are listed biasedly and misleadingly, listing the same providers in duplicate, triplicate, and more.

Juniper Homecare LLC	●	(860) 523-1418		West Hartford
Juniper Homecare LLC	●	(860) 523-1418		West Hartford
Absolute Independence LLC		(860) 347-3082	melhornahkj288@gmail.com	Middletown
The Supported Living Group LLC	●	(860) 774-3400	kbrisson@slg-ct.com	Danielson
The Supported Living Group LLC	●	(860) 774-3400	kbrisson@slg-ct.com	Danielson
The Supported Living Group LLC	●	(860) 774-3400	kbrisson@slg-ct.com	Danielson
Handz-On Inc.	●	(860) 560-7700	myra@handzon.org	Hartford
Handz-On Inc.	●	(860) 560-7700	myra@handzon.org	Hartford
Handz-On Inc.	●	(860) 560-7700	myra@handzon.org	Hartford
Change A Life Time Companies Inc	●	203-526-2496	changealifetime@yahoo.com	Stratford
Change A Life Time Companies Inc	●	203-526-2496	changealifetime@yahoo.com	Stratford
Change A Life Time Companies Inc	●	203-526-2496	changealifetime@yahoo.com	Stratford
Lifeline Nursing LLC	●	(203) 891-8243	info@lifelinenursing.net	Orange
Lifeline Nursing LLC	●	(203) 891-8243	info@lifelinenursing.net	Orange
Change Inc	●	(860) 346-0771	dgibbs@changeinonline.org	Middletown
Change Inc	●	(860) 346-0771	dgibbs@changeinonline.org	Middletown
Change Inc	●	(860) 346-0771	dgibbs@changeinonline.org	Middletown
Home Healthcare Companions LLC		(860) 908-7870	annjea.cormier@gmail.com	Waterford
Simple Home Care Solutions LLC	●	(860) 944-2770	nancyhackbarth@att.net	Bristol
Simple Home Care Solutions LLC	●	(860) 944-2770	nancyhackbarth@att.net	Bristol
A & B Homecare Solutions LLC dba Northwest Home Care LLC	●	(203) 495-1900	joronz0@carefinders.org	New Haven
A & B Homecare Solutions LLC dba Northwest Home Care LLC	●	(203) 495-1900	joronz0@carefinders.org	New Haven
A & B Homecare Solutions LLC dba Northwest Home Care LLC	●	(203) 495-1900	joronz0@carefinders.org	New Haven
A & B Homecare Solutions LLC dba Northwest Home Care LLC	●	(203) 495-1900	joronz0@carefinders.org	New Haven

- Note that ABI Resources is listed once.

Positive Outlooks	●		sherrylmccowan@positiveoutlookslc.com	Waterbury
Positive Outlooks	●		sherrylmccowan@positiveoutlookslc.com	Waterbury
ABI Resources LLC	●	(860) 942-0365	ABI@CTBRAININJURY.COM	Gales Ferry
24/7 Harmony Home Care Services LLC	●	(860) 646-4193	asumaduj@247hhcare.com	Manchester
24/7 Harmony Home Care Services LLC	●	(860) 646-4193	asumaduj@247hhcare.com	Manchester
Helping Others to Succeed Inc	●	(877) 885-8516	afreeman@hotsabi.com	Newington
Helping Others to Succeed Inc	●	(877) 885-8516	afreeman@hotsabi.com	Newington
Helping Others to Succeed Inc	●	(877) 885-8516	afreeman@hotsabi.com	Newington
Prestige Companion & Homemakers LLC	●	(203) 262-0046	Prestigehcare@gmail.com	Southbury
Prestige Companion & Homemakers LLC	●	(203) 262-0046	Prestigehcare@gmail.com	Southbury
CareGivers Connecticut LLC	●	(860) 436-2779	rmancell@caregivershpc.com	Manchester
CareGivers Connecticut LLC	●	(860) 436-2779	rmancell@caregivershpc.com	Manchester
CareGivers Connecticut LLC	●	(860) 436-2779	rmancell@caregivershpc.com	Manchester
Second Chance Home Care LLC		860-263-8259	info@secondchancehomecare.com	East Hartford
Advanced Cognitive Development LLC		(860) 478-1910	crystalj_acdabi@outlook.com	Mansfield Center
Angel Touch Care LLC	●	(860) 461-7123	odski@sbcglobal.net	West Hartford
Angel Touch Care LLC	●	(860) 461-7123	odski@sbcglobal.net	West Hartford
Angel Touch Care LLC	●	(860) 461-7123	odski@sbcglobal.net	West Hartford
Liberty HomeCare Options LLC	●	(860) 357-4112	sylvia@libertyhcoct.com	New Britain
Liberty HomeCare Options LLC	●	(860) 357-4112	sylvia@libertyhcoct.com	New Britain
Liberty HomeCare Options LLC	●	(860) 357-4112	sylvia@libertyhcoct.com	New Britain
A&D Home Health Solutions Inc		(860) 667-2275	dfisher@adhomehealthsolutions.com	Newington
A.L.L. Homemakers and Companions	●	(860) 507-6796	all216@att.net	Farmington
A.L.L. Homemakers and Companions	●	(860) 507-6796	all216@att.net	Farmington

- Note that disabled ABI Waiver consumers may have significant challenges understanding the list of provider types.

"Creating Opportunities for People"

Portal > Directory

Directory Report Criteria

Welcome to the Online Provider Directory. Here you can search for providers based on provider type, services provided, towns serviced, and languages spoken. By selecting the **Directory** button, you will be provided with detailed information for the providers that match your search criteria. By selecting the **List** button, you will be provided with a call list for providers that match your search criteria.

Program: ABI

Provider Types:

Click to Select Provider Types

- Agency
- Private-Household
- Private-SE & H
- Private-Self-Empl.
- Click to Select Towns

Regions:

Click to Select Regions

Services:

Select All Clear

Click to Select Services

☐ All ☒ Any [Need Help?](#)

Additional Languages:

Click to Select Additional Languages

Directory List

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- Note that the services do not list the services that the disabled ABI Waiver consumers understand and are familiar with, such as Companion, ILST, homemaker RA and more. This may appear to be misleading and confusing.

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Directory Report Criteria

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Program:

Provider Types:

Regions:

Services:

Towns:

Additional Languages:

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Best regards,
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 Brain Injury Survivor and
 Founder of
 ABI Resources, LLC



A.B.I. Resources LLC

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Gales Ferry CT, 06335

Phone: (860) 942-0365

Fax: (860) 465-9591

<https://www.CTbrainINJURY.com>

To.

Connecticut Department of Social Services, DSS Legal. Formal FOIA request.

In reference to what may appear to be ABI Waiver program discriminatory and biased practices, challenges, and concerns. Additionally, these concerns also relate to the MFP program.

Appendix D: Participant-Centered Planning and Service Delivery**D-1: Service Plan Development (6 of 8)**

f. Informed Choice of Providers. Describe how participants are assisted in obtaining information about and selecting from among qualified providers of the waiver services in the service plan.

Case managers share with waiver consumers the provider listing, which is developed by a DSS contracted fiduciary. This listing identifies providers by service type and geographic coverage area who meet the qualifications as set forth by DSS to service waiver participants. The case managers facilitate opportunities for participants to speak with and/or interview prospective providers prior to selection. Program participants are able to contact the fiscal intermediary to get an updated and customized listing of the provider directory. For household employees, a background check is conducted by the fiscal intermediary and the results are shared with the consumer to aid in their selection.

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- The listing is not accessible or viewable to the public.
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- Much of the disabled ABI Waiver Program population cannot afford internet and the equipment needed to access the internet to navigate their listing.
- Much of the disabled ABI population are unable navigate and understand internet-based communication processes.
- The majority of the disabled ABI Waiver population live with communication, and memory challenges. Calling the DSS contracted fiduciary, waiting on hold, leaving voicemail requests for call backs or to request the listing be mailed to their home address is a very complicated process for most.
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- It may appear that DSS, Case Management providers and the contracted fiduciary listing provider are aware of these discriminatory processes and practices.
- How does DSS ensure the disabled population is not being discriminated against and provide the procedural validation system used to ensure civil rights are completely adhered to?
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Program: ABI

Provider Types:

Click to Select Provider Types

- Agency
- Private-Household
- Private-SE & H
- Private-Self-Empl.
- Click to Select Towns

Regions:

Click to Select Regions

Services:

Select All Clear

Click to Select Services

☐ All ☒ Any [Need Help?](#)

Additional Languages:

Click to Select Additional Languages

Directory List

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Program: ABI

Provider Types:

Regions:

Services:

 Assistive Technology
 Environmental Accessibility Adapt.

Towns:

Additional Languages:

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- Private-SE & H
- Private-Self-Empl.
- Click to Select Towns

Regions:

Click to Select Regions

Services:

Select All Clear

Click to Select Services

☐ All ☒ Any [Need Help?](#)

Additional Languages:

Click to Select Additional Languages

Directory List

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Program:

Provider Types:

Regions:

Services: Select All Clear

☒ Assistive Technology

☐ Environmental Accessibility Adapt.

Towns: Clear

Additional Languages:

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Simple Home Care Solutions LLC	●	(860) 944-2770	nancyhackbarth@att.net	Bristol
A & B Homecare Solutions LLC dba Northwest Home Care LLC	●	(203) 495-1900	joronz0@carefinders.org	New Haven
A & B Homecare Solutions LLC dba Northwest Home Care LLC	●	(203) 495-1900	joronz0@carefinders.org	New Haven
A & B Homecare Solutions LLC dba Northwest Home Care LLC	●	(203) 495-1900	joronz0@carefinders.org	New Haven
A & B Homecare Solutions LLC dba Northwest Home Care LLC	●	(203) 495-1900	joronz0@carefinders.org	New Haven

- Note that ABI Resources is listed once.

Positive Outlooks	●		sherrylmccowan@positiveoutlookslc.com	Waterbury
Positive Outlooks	●		sherrylmccowan@positiveoutlookslc.com	Waterbury
ABI Resources LLC	●	(860) 942-0365	ABI@CTBRAININJURY.COM	Gales Ferry
24/7 Harmony Home Care Services LLC	●	(860) 646-4193	asumaduj@247hhcare.com	Manchester
24/7 Harmony Home Care Services LLC	●	(860) 646-4193	asumaduj@247hhcare.com	Manchester
Helping Others to Succeed Inc	●	(877) 885-8516	afreeman@hotsabi.com	Newington
Helping Others to Succeed Inc	●	(877) 885-8516	afreeman@hotsabi.com	Newington
Helping Others to Succeed Inc	●	(877) 885-8516	afreeman@hotsabi.com	Newington
Prestige Companion & Homemakers LLC	●	(203) 262-0046	Prestigehcare@gmail.com	Southbury
Prestige Companion & Homemakers LLC	●	(203) 262-0046	Prestigehcare@gmail.com	Southbury
CareGivers Connecticut LLC	●	(860) 436-2779	rmancell@caregivershpc.com	Manchester
CareGivers Connecticut LLC	●	(860) 436-2779	rmancell@caregivershpc.com	Manchester
CareGivers Connecticut LLC	●	(860) 436-2779	rmancell@caregivershpc.com	Manchester
Second Chance Home Care LLC		860-263-8259	info@secondchancehomecare.com	East Hartford
Advanced Cognitive Development LLC		(860) 478-1910	crystalj_acdabi@outlook.com	Mansfield Center
Angel Touch Care LLC	●	(860) 461-7123	odski@sbcglobal.net	West Hartford
Angel Touch Care LLC	●	(860) 461-7123	odski@sbcglobal.net	West Hartford
Angel Touch Care LLC	●	(860) 461-7123	odski@sbcglobal.net	West Hartford
Liberty HomeCare Options LLC	●	(860) 357-4112	sylvia@libertyhcoct.com	New Britain
Liberty HomeCare Options LLC	●	(860) 357-4112	sylvia@libertyhcoct.com	New Britain
Liberty HomeCare Options LLC	●	(860) 357-4112	sylvia@libertyhcoct.com	New Britain
A&D Home Health Solutions Inc		(860) 667-2275	dfisher@adhomehealthsolutions.com	Newington
A.L.L. Homemakers and Companions	●	(860) 507-6796	all216@att.net	Farmington
A.L.L. Homemakers and Companions	●	(860) 507-6796	all216@att.net	Farmington

- Note that disabled ABI Waiver consumers may have significant challenges understanding the list of provider types.

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Directory Report Criteria

Welcome to the Online Provider Directory. Here you can search for providers based on provider type, services provided, towns serviced, and languages spoken. By selecting the **Directory** button, you will be provided with detailed information for the providers that match your search criteria. By selecting the **List** button, you will be provided with a call list for providers that match your search criteria.

Program: ABI

Provider Types:

Click to Select Provider Types

- Agency
- Private-Household
- Private-SE & H
- Private-Self-Empl.
- Click to Select Towns

Regions:

Click to Select Regions

Services:

Select All Clear

Click to Select Services

☐ All ☒ Any [Need Help?](#)

Additional Languages:

Click to Select Additional Languages

Directory List

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- Note that the services do not list the services that the disabled ABI Waiver consumers understand and are familiar with, such as Companion, ILST, homemaker RA and more. This may appear to be misleading and confusing.

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Directory Report Criteria

Welcome to the Online Provider Directory. Here you can search for providers based on provider type, services provided, towns serviced, and languages spoken. By selecting the **Directory** button, you will be provided with detailed information for the providers that match your search criteria. By selecting the **List** button, you will be provided with a [call list](#) for providers that match your search criteria.

Program:

Provider Types:

Regions:

Services: Select All Clear

☒ Assistive Technology

☐ Environmental Accessibility Adapt.

Towns: Clear

Additional Languages:

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- CBT and Behaviorist services are not listed on the DSS contracted fiduciary listing. This may create questionable and concerning challenges that may promote a discriminatory or biased decision-making process. Case Managers are not providing the disabled ABI Waiver program listing to choose from and maybe selecting, making initiative-taking referrals, and promoting behaviorists that benefit Case management relationships more than the Disabled ABI Waiver consumer. This may appear to be a discriminatory and biased practice.

ABI Resources formally requests a Department of Social Services internal investigation of these practices and concerns and a FOIA request for the policies and procedures for protecting the civil rights of the disabled under the ABI Waiver program guidelines.

Best regards,
David Medeiros
 David Medeiros CBIS
 Brain Injury Survivor and
 Founder of
 ABI Resources, LLC



A.B.I. Resources LLC

39 Kings Highway, Suite C

Gales Ferry CT, 06335

Phone: (860) 942-0365

Fax: (860) 465-9591

<https://www.CTbrainINJURY.com>

To.

Connecticut Department of Social Services, DSS Legal. Formal FOIA request.

In reference to what may appear to be ABI Waiver program discriminatory and biased practices, challenges, and concerns. Additionally, these concerns also relate to the MFP program.

Appendix D: Participant-Centered Planning and Service Delivery**D-1: Service Plan Development (6 of 8)**

f. Informed Choice of Providers. Describe how participants are assisted in obtaining information about and selecting from among qualified providers of the waiver services in the service plan.

Case managers share with waiver consumers the provider listing, which is developed by a DSS contracted fiduciary. This listing identifies providers by service type and geographic coverage area who meet the qualifications as set forth by DSS to service waiver participants. The case managers facilitate opportunities for participants to speak with and/or interview prospective providers prior to selection. Program participants are able to contact the fiscal intermediary to get an updated and customized listing of the provider directory. For household employees, a background check is conducted by the fiscal intermediary and the results are shared with the consumer to aid in their selection.

The DSS contracted fiduciary listing may appear to be discriminatory to the disabled ABI Waiver population it serves and Medicaid providers:

- The listing is not accessible or viewable to the public.
- Locked and only accessible via an email address verification process, username, and created a password for consumers of the ABI Waiver Program.
- Many of the disabled ABI Waiver Program population cannot afford the internet and the equipment needed to access the internet to navigate their listing.
- Many disabled ABI populations cannot navigate and understand internet-based communication processes.
- Many disabled ABI Waiver populations live with communication and memory challenges. Calling the DSS contracted fiduciary, waiting on hold, leaving voicemail requests for callbacks, or requesting the listing mailed to their home address is a highly complex process for most.
- Case Managers are providing verbal recommendations to ABI Waiver and MFP consumers of providers that they believe would be a good fit for the consumer without giving the complete DSS



ABI RESOURCES LLC
39 KINGS HIGHWAY SUITE C
GALES FERRY, CT 06335
(860) 942-0365
WWW.CTBRRAININJURY.COM

contracted fiduciary listing. This action is not ethical and maybe biased as disabled ABI waiver consumers are not afforded their complete full and unbiased selection of providers that may provide a more beneficial Case Management relationship. ABI Waiver and MFP consumers may appear not completely informed or misled during decision-making and may be left entirely out of the selection process. This may appear to be discriminating and misleading to consumers with disabilities and not providing them the same civil rights in their person-centered program decision process. An example of this would be a verbal phone conversation promoting a specific provider, leading or steering a client to meet with or arranging a referral before a consumer is wholly informed or provided their complete options by a Case Management selected provider.

- DSS, Case Management providers, and the contracted, the fiduciary listing provider may be aware of these discriminatory processes and practices.
- How does DSS ensure the disabled population is not discriminated against and provide the procedural validation system to ensure civil rights are completely adhered to?
- Additionally, it may appear that the DSS contracted fiduciary listing is discriminatory and biased to confuse the disabled ABI Waiver consumer in this way. Below are the first two webpages of many that DSS'S contracted fiduciary is listing; note that agency providers are listed biasedly and misleadingly, listing the same providers in duplicate, triplicate, and more.

Juniper Homecare LLC	●	(860) 523-1418		West Hartford
Juniper Homecare LLC	●	(860) 523-1418		West Hartford
Absolute Independence LLC		(860) 347-3082	melhornahkj288@gmail.com	Middletown
The Supported Living Group LLC	●	(860) 774-3400	kbrisson@slg-ct.com	Danielson
The Supported Living Group LLC	●	(860) 774-3400	kbrisson@slg-ct.com	Danielson
The Supported Living Group LLC	●	(860) 774-3400	kbrisson@slg-ct.com	Danielson
Handz-On Inc.	●	(860) 560-7700	myra@handzon.org	Hartford
Handz-On Inc.	●	(860) 560-7700	myra@handzon.org	Hartford
Handz-On Inc.	●	(860) 560-7700	myra@handzon.org	Hartford
Change A Life Time Companies Inc	●	203-526-2496	changealifetime@yahoo.com	Stratford
Change A Life Time Companies Inc	●	203-526-2496	changealifetime@yahoo.com	Stratford
Change A Life Time Companies Inc	●	203-526-2496	changealifetime@yahoo.com	Stratford
Lifeline Nursing LLC	●	(203) 891-8243	info@lifelinenursing.net	Orange
Lifeline Nursing LLC	●	(203) 891-8243	info@lifelinenursing.net	Orange
Change Inc	●	(860) 346-0771	dgibbs@changeinonline.org	Middletown
Change Inc	●	(860) 346-0771	dgibbs@changeinonline.org	Middletown
Change Inc	●	(860) 346-0771	dgibbs@changeinonline.org	Middletown
Home Healthcare Companions LLC		(860) 908-7870	annjea.cormier@gmail.com	Waterford
Simple Home Care Solutions LLC	●	(860) 944-2770	nancyhackbarth@att.net	Bristol
Simple Home Care Solutions LLC	●	(860) 944-2770	nancyhackbarth@att.net	Bristol
A & B Homecare Solutions LLC dba Northwest Home Care LLC	●	(203) 495-1900	joronz0@carefinders.org	New Haven
A & B Homecare Solutions LLC dba Northwest Home Care LLC	●	(203) 495-1900	joronz0@carefinders.org	New Haven
A & B Homecare Solutions LLC dba Northwest Home Care LLC	●	(203) 495-1900	joronz0@carefinders.org	New Haven
A & B Homecare Solutions LLC dba Northwest Home Care LLC	●	(203) 495-1900	joronz0@carefinders.org	New Haven

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Positive Outlooks	●		sherrylmccowan@positiveoutlookslc.com	Waterbury
ABI Resources LLC	●	(860) 942-0365	ABI@CTBRAININJURY.COM	Gales Ferry
24/7 Harmony Home Care Services LLC	●	(860) 646-4193	asumaduj@247hhcare.com	Manchester
24/7 Harmony Home Care Services LLC	●	(860) 646-4193	asumaduj@247hhcare.com	Manchester
Helping Others to Succeed Inc	●	(877) 885-8516	afreeman@hotsabi.com	Newington
Helping Others to Succeed Inc	●	(877) 885-8516	afreeman@hotsabi.com	Newington
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Prestige Companion & Homemakers LLC	●	(203) 262-0046	Prestigehcare@gmail.com	Southbury
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CareGivers Connecticut LLC	●	(860) 436-2779	rmancell@caregivershpc.com	Manchester
Second Chance Home Care LLC		860-263-8259	info@secondchancehomecare.com	East Hartford
Advanced Cognitive Development LLC		(860) 478-1910	crystalj_acdabi@outlook.com	Mansfield Center
Angel Touch Care LLC	●	(860) 461-7123	odski@sbcglobal.net	West Hartford
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Liberty HomeCare Options LLC	●	(860) 357-4112	sylvia@libertyhcoct.com	New Britain
A&D Home Health Solutions Inc		(860) 667-2275	dfisher@adhomehealthsolutions.com	Newington
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Program: ABI

Provider Types:

Click to Select Provider Types

- Agency
- Private-Household
- Private-SE & H
- Private-Self-Empl.
- Click to Select Towns

Regions:

Click to Select Regions

Services:

Select All Clear

Click to Select Services

☐ All ☒ Any [Need Help?](#)

Additional Languages:

Click to Select Additional Languages

Directory List

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- Note that the services do not list the services that the disabled ABI Waiver consumers understand and are familiar with, such as Companion, ILST, homemaker RA and more. This may appear to be misleading and confusing.

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Program: ABI

Provider Types:

Regions:

Services:

 Assistive Technology
 Environmental Accessibility Adapt.

Towns:

Additional Languages:

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ABI Resources formally requests a Department of Social Services internal investigation of these practices and concerns and a FOIA request for the policies and procedures for protecting the civil rights of the disabled under the ABI Waiver program guidelines.

Best regards,
David Medeiros
 David Medeiros CBIS
 Brain Injury Survivor and
 Founder of
 ABI Resources, LLC





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Submission ID: 924101

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You'll hear back from the agency confirming receipt in the coming weeks using the contact information you provided. If you have questions about your request, feel free to reach out to the agency FOIA personnel using the information provided below.

Contact the agency



Hugh Gilmore, FOIA Officer

410-786-5353

hugh.gilmore@cms.hhs.gov



FOIA Requester Service Center 

410-786-5353



Joseph Tripline, FOIA Public Liaison 

410-786-5353

joseph.tripline@cms.hhs.gov



Hugh Gilmore, FOIA Officer, North Building, Room C5-11-06

7500 Security Boulevard

Baltimore, MD 21244

FOIA_Request@cms.hhs.gov

Request summary

Request submitted on **October 30, 2023**.

The confirmation ID for your request is **924101**.

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information you'll receive from the agency to track your request. In case there is an issue submitting your request to the agency you selected, you can use this number to help.

Contact information

Name

David MEDEIROS

Mailing address

215 Mountain St
Willimantic, CT 06226
United States

Phone number

8604633638

Company/organization

ABI Resources LLC

Email

aabiwr@live.com

Your request

10/30/2023 Subject: Formal Request under the Freedom of Information Act FOIA – CMS Records Medicaid ABI Waiver Programs and Related Referral Processes Dear FOIA officers, I am writing to submit a formal request under the provisions of the Freedom of Information Act, with the intention of obtaining comprehensive CMS records and documents pertaining to the Medicaid Acquired Brain Injury (ABI) Waiver Programs, and the associated referral processes conducted by Connecticut Community Care, located at 43 Enterprise Drive, Bristol, Connecticut, 06010. This request covers the period from January 1, 2015, to the present date. The nature of the records requested is detailed as follows: Referral Records: Complete documentation of all referrals facilitated by Connecticut Community Care for Medicaid ABI Waiver 1, ABI Waiver 2. Funding Documentation: Records specifying the sources of funding for the Medicaid ABI Waiver Program referrals, elucidated under the aforementioned programs. Referral Limitations and Conditions: Detailed information on any limitations, restrictions, or conditions attached to the aforementioned referrals. Quality and Compliance Records: Comprehensive data including but not limited to complaints, grievances, investigations, audit reports, outcomes, and subsequent corrective actions related to the referral processes. Electronic System Accountability: Documents related to complaints, grievances, investigations, audit reports, outcomes, and corrective actions pertinent to the use of electronic referral systems employed in delivering Medicaid program services. Guidance and Regulation: All prevailing policies, guidelines, regulations, and communications that govern the referral practices within the Medicaid ABI Waiver Programs. Communication Records: Any and all communication records involving FOIA officers and CT DSS representatives related to the subject matter herein. Kindly furnish records including the name, title, and contact information of the FOIA officer handling this request. Records in instances where any part of this request is denied, I respectfully request a detailed justification for non-disclosure, citing the specific statutory exemptions that underpin the decision. Given the nature of my work and due to a disability, I kindly request that all responsive documents be provided in an accessible, electronic format. Your timely attention to this matter is highly appreciated, and I

anticipate the reception of the requested records within the statutory timeframe. Should you require any further clarification or additional information to expedite this request, please feel free to reach out to me directly. Thank you for your cooperation and dedication to transparency. Sincerely, David Medeiros ABI Resources

Fees

Fee waiver

no

Request expedited processing

Expedited processing

yes



FOIA.gov

CONTACT

Office of Information Policy (OIP)
U.S. Department of Justice
441 G St, NW, 6th Floor
Washington, DC 20530
E-mail: National.FOIAPortal@usdoj.gov

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Submission ID: 954806

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You'll hear back from the agency confirming receipt in the coming weeks using the contact information you provided. If you have questions about your request, feel free to reach out to the agency FOIA personnel using the information provided below.

Contact the agency

 Hugh Gilmore, FOIA Officer

410-786-5353

hugh.gilmore@cms.hhs.gov

 FOIA Requester Service Center 

410-786-5353

 Joseph Tripline, FOIA Public Liaison 

410-786-5353

joseph.tripline@cms.hhs.gov

 Hugh Gilmore, FOIA Officer, North Building, Room C5-11-06

7500 Security Boulevard

Baltimore, MD 21244

FOIA_Request@cms.hhs.gov

Request summary

Request submitted on **November 19, 2023**.

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Contact information

Name

David MEDEIROS

Mailing address

215 Mountain St
Willimantic, CT 06226
United States

Phone number

8604633638

Company/organization

ABI Resources LLC

Email

aabiwr@live.com

Your request

**** 11.19.2023 Freedom of Information Act Request GOV FOIA To Whom It May Concern at the Department of Justice (DOJ), Health and Human Services (HHS), Centers for Medicare & Medicaid Services (CMS), and Relevant Connecticut State Departments: I am writing to request records under the Freedom of Information Act (5 U.S.C. 552). This request is focused on documents and information related to the Medicaid Acquired Brain Injury (ABI) Waiver Programs 1 and 2, specifically targeting grievances, complaints, and associated government responses or investigations. Specifically, I am requesting from each agency: All Documents and Correspondence: Any and all documents, emails, memos, and correspondences related to grievances and complaints concerning the Medicaid ABI Waiver Programs 1 and 2. Financial Audits and Reviews: Complete financial audits, reviews, and any related documents concerning these programs, with an emphasis on financial integrity and potential kickback schemes. Policies and Procedures: Copies of all current and past policies, procedures, and guidelines governing the operation of Medicaid ABI Waiver Programs 1 and 2, particularly in relation to care management and provider selection. Provider Directories and Information: The most recent and any past versions of provider directories for these programs, including any information previously not disclosed publicly. Service and Intervention Plans: All service and intervention plans related to Medicaid ABI Waiver Programs 1 and 2. Investigation Reports and Findings: Any reports, findings, or documents resulting from investigations conducted in relation to these programs. Communication Records: Records of all communications regarding Medicaid ABI Waiver Programs 1 and 2, specifically relating to the filed grievances and complaints. Reference to Attached Documents: Please refer to the attached documents for specific instances and details relevant to this request. Rationale for Request: This information is requested in the public interest to understand the operation, management, and legality of services provided under Medicaid ABI Waiver Programs 1 and 2, and to ensure compliance with legal and ethical standards. Disability Accommodation Request: Due to a disability, I request that the information be provided in an electronic format to facilitate

accessibility. Contact Information for FOIA Officer: For effective communication, please provide the name and contact information of the FOIA officer handling this request at each agency. Anticipated Exemptions: Should any part of the requested documents be exempt from disclosure, I seek a comprehensive written explanation for each exemption, citing the relevant statutory exemption. I request that only the exempted portions be redacted, maintaining the integrity of the remaining document. Thank you for your attention to this matter. Sincerely, David Medeiros ABI Resources

Additional information

 Binder1 Medicaid ABI Waiver Program Complaints Requests 11.19.2023 36 pages .pdf

Fees

Fee waiver

no

Request expedited processing

Expedited processing

no



FOIA.gov

CONTACT

Office of Information Policy (OIP)
U.S. Department of Justice
441 G St, NW, 6th Floor
Washington, DC 20530
E-mail: National.FOIAPortal@usdoj.gov

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Submission ID: 954761

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You'll hear back from the agency confirming receipt in the coming weeks using the contact information you provided. If you have questions about your request, feel free to reach out to the agency FOIA personnel using the information provided below.

Contact the agency

 Hugh Gilmore, FOIA Officer

410-786-5353

hugh.gilmore@cms.hhs.gov

 FOIA Requester Service Center 

410-786-5353

 Joseph Tripline, FOIA Public Liaison 

410-786-5353

joseph.tripline@cms.hhs.gov

 Hugh Gilmore, FOIA Officer, North Building, Room C5-11-06

7500 Security Boulevard

Baltimore, MD 21244

FOIA_Request@cms.hhs.gov

Request summary

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Contact information

Name

David MEDEIROS

Mailing address

215 Mountain St
Willimantic, CT 06226
United States

Phone number

8604633638

Company/organization

ABI Resources LLC

Email

aabiwr@live.com

Your request

11/19/2023 Please find below a Freedom of Information Act (FOIA) request. This request is formulated to obtain specific information from various government agencies, including the Department of Justice (DOJ), Health and Human Services (HHS), Centers for Medicare & Medicaid Services (CMS), and relevant state departments in Connecticut. Subject: Freedom of Information Act Request – Housing and Rental Agreements in Medicaid ABI Waiver Programs 1 and 2 Dear FOIA Officer, I am submitting a request under the Freedom of Information Act (5 U.S.C. § 552) for information related to housing and rental agreements within the Medicaid Acquired Brain Injury (ABI) Waiver Programs 1 and 2. Specific Records Requested: Legality and Authorization Records (Waiver 1 and 2): Documents confirming the legality and authorization for ABI Waiver Program agency providers to rent or provide housing for consumers in both Waiver Programs 1 and 2. State or federal approvals, if any, specifically allowing such housing provisions under these programs. Operational and Implementation Records (Waiver 1 and 2): Detailed descriptions or guidelines on how housing services are to be implemented within these programs. Records or agreements that outline the roles and responsibilities of agency providers in the context of providing housing or rental services to program participants. Financial Records (Waiver 1 and 2): Financial statements or invoices related to payments for housing or rental services within both Waiver Programs 1 and 2. Documentation of funding allocations for housing services under these programs. Provider and Consumer Responsibilities (Waiver 1 and 2): Documents detailing the responsibilities of both the providers and the consumers regarding housing services under these waiver programs. Service Plan Inclusions (Waiver 1 and 2): Examples of service plans that include housing or rental services, illustrating how these services are integrated into the overall care plans for individuals in these programs. This request encompasses all relevant records from the inception of housing services provisions within these waiver programs to the present date. I assert that the requested information is not exempt from disclosure under the Connecticut FOIA, as it is vital for public understanding of the operation and legality of housing services within these programs. Should any part of the requested

documents be exempt from disclosure, please provide a comprehensive written justification for each exemption, citing the relevant statutory exemption. I request that only the exempted portions be redacted, keeping the rest of the document intact. In case of a partial or complete denial of my request, I seek a written explanation, specifying the exact statutory exemptions that justify the denial. Due to a disability, I request the provision of electronic records to facilitate my accessibility and participation. Request for FOIA Officer's Contact Information: For effective communication, I respectfully request the name and title of the specific FOIA officer handling this request. This will assist in any necessary follow-up communication regarding this FOIA request. Thank you for your attention to this matter. Sincerely, David Medeiros ABI Resources

Fees

Fee waiver

no

Request expedited processing

Expedited processing

no



FOIA.gov

CONTACT

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U.S. Department of Justice
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Washington, DC 20530
E-mail: National.FOIAPortal@usdoj.gov

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CT DSS FOIA request 11/07/2022.

Medicaid Programs.

To the Connecticut Department of Social Services, DSS Legal, and FOIA request departments. In reference to Medicaid funding of ABI Waiver programs I and II, and MFP, Money Follows the Person program.

Medicaid FOIA request: Current Medicaid funding service information pertaining to November 7, 2022.

1. What is the total number of Medicaid ABI Waiver programs I and II, and MFP Money follows the Person program consumers mutually served by The Supported Living Group Inc and Connecticut Community Care Inc?
2. What is the total number of Medicaid ABI Waiver programs I and II, and MFP Money follows the Person program consumers mutually served by The Supported Living Group Inc and SWCAA Southwestern Connecticut Area on Ageing?
3. What is the total number of Medicaid ABI Waiver programs I and II, and MFP Money follows the Person program consumers mutually served by The Supported Living Group Inc and WCAA Western Connecticut Area on Aging?
4. What is the total number of Medicaid ABI Waiver programs I and II, and MFP Money follows the Person program consumers mutually served by The Supported Living Group Inc and Area on Aging South Central Connecticut?

Best regards,

David Medeiros

David Medeiros CBIS
Brain Injury Survivor and
Founder of
ABI Resources, LLC



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Connecticut Community Care ...
March 28 · 🌐

Sherry Ostrout receiving artwork from the Supported Living Group.

👍❤️👏 7

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Connecticut Community Care ...
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Painting by a Supported Living Group artist.

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Painting by a Supported Living Group artist.

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Connecticut Community Care ...
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Hanging Supported Living Group artwork in our office spaces.

👍👍👍 4

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Connecticut Community Care
March 28 · 🌐

From left: Michelle Moquin, Debbie Farslow, and Julia Evans Starr.

👍❤️👏 6

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Connecticut Community Care
March 28 · 🌐

Amanda Gaipa (left) and Ron Sturm with Supported Living Group artwork.

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