ABI Resources

39 Kings Hwy STE C

Gales Ferry, CT. 06335

Email AabiWR@live.com

ABI Resources, Connecticut Department of Social Services Freedom of Information Act FOIA request.

Would the department please provide the price for the processing of this data in a digital pdf format?

Please provide Medicaid Program specific data for each of the following Medicaid Programs:

- ABI Waiver Program 1
- ABI Waiver Program 2
- MFP Money Follows the Person Program
- PCA Waiver program

For years:

- 2018
- 2019
- 2020
- 2021

For services:

- ILST
- COMPANION
- RA1
- RA2
- PCA

For counties:

- Fairfield
- Hartford
- Litchfield
- Middlesex
- New Haven
- New London
- Tolland
- Windham

County Name	**Per county, What number of people have <u>applied</u> for each Medicaid program per year?**															
	ABI WAIVER 1				ABI WAIVER 2				MFP				PCA WAIVER			
	2018	2019	2020	2021	2018	2019	2020	2021	2018	2019	2020	2021	2018	2019	2020	2021
Fairfield	0	0	0	0												
Hartford	0	0	0	0												
Litchfield	0	0	0	0												
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County Name	**Per county, what number of people have been <u>approved</u> for each Medicaid programs per year?**															
	ABI WAVIER 1				ABI WAVIER 2				MFP				PCA WAIVER			
	2018	2019	2020	2021	2018	2019	2020	2021	2018	2019	2020	2021	2018	2019	2020	2021
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Tolland	0	0	0	0												
Windham	0	0	0	0												

County Name	**Per county, what number of people received services for each Medicaid program per year?**															
	ABI WAVIER 1				ABI WAVIER 2				MFP				PCA WAIVER			
	2018	2019	2020	2021	2018	2019	2020	2021	2018	2019	2020	2021	2018	2019	2020	2021
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What is the average Medicaid program consumer's wait list period to start Medicaid program services for each program?

When approved for the MFP, what is the average time period for home-based services to actively start?

County Name	**Per county, what is the total number of Medicaid program consumers on each Medicaid program?**															
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Since 2018, What number of Medicaid program consumers transitioned from Medicaid Programs ABI Waiver 1 too ABI Waiver 2?

County Name	**What is the total number Medicaid program service <u>hours</u> billed per year, for each Medicaid program, for the following services?**															
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What is the total number of Medicaid approved agency providers?

What are the names of the ten largest Medicaid approved agency providers providing ILST, companion, RA1, RA2 and or PCA services for each of the 4 Medicaid programs?

Ten Largest Approved Agency Provider Names	**What is the total number of Medicaid program consumers served per Agency / Program / Year?**															
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<u>Care management access agencies.</u>

What are the names of the care management access agencies for each of the 4 Medicaid programs?

What care management access agencies make Medicaid program service referrals, for each program?

What are the care management access agencies Medicaid program approved agency provider referral protocols for each program?

What is the title and qualification requirements for care management access agency employees assigned to the Medicaid approved agency provider referral process for each program?

What is the total number of specific Medicaid program referrals made by each care management access agency employee individually?

Example:

- Employee A
- Number of Referrals
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- What Medicaid program approved agency provider received the referral?

Do any care management access agencies use software generated Medicaid program agency provider referral systems? If so, please provide the name of the access agency and the software referral system used.

Does Connecticut permit care management access agency's use of software that generates Medicaid agency provider referrals for Medicaid programs?

How does Connecticut ensure Medicaid program referral protocols are adhered to?

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What care management access agencies were involved in the referral process?

What care management access agency referral protocols were administered?

Did DSS ensure protocols were followed?

Has DSS received complaints or concerns about these referrals? If so would the Department please provide these complaints and concerns?

What Medicaid program agency providers received care management access agency referrals?

What number of Medicaid program consumers went to each agency provider?

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 **060520237010** and PIN **RRY4**

6/7/2023

DAVID MEDEIROS.
39 Kings Highway, STE C.
Gales Ferry, CT 06335

Dear Mr. Medeiros:

The purpose of this letter is to acknowledge receipt of your Freedom of Information Act (FOIA) request (5 U.S.C. § 552) and to provide you with a tracking number for your request. Your FOIA request, dated **6/5/2023** was received on **6/5/2023** by the Centers for Medicare & Medicaid Services (CMS). To check the status of your request as it is being processed, please refer to the CMS FOIA website http://www.cms.gov/apps/FOIA and enter the control number and PIN (listed above) that have 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 amount of records that require extensive search, production and review, we will contact you to discuss options for narrowing the scope of your request in order to process your request as quickly and efficiently as possible.

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The FOIA law 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, for

requests in which the estimated fees exceed $250.00, the law authorizes us to collect the fees *in advance* prior to 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.

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 N2-20-16
Baltimore, Maryland 21244-1850
Telephone: (410) 786-5353 fax (443)-380-7260

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

Sincerely yours,

Hugh Gilmore
Deputy Director/FOIA Officer
Freedom of Information Group

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

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6/7/2023

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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.

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Respectfully,

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

ABI Resources

39 Kings Hwy STE C

Gales Ferry, CT. 06335

Email AabiWR@live.com

12/06/2021

Medicaid Programs / Connecticut Department of Social Services Freedom of Information Act FOIA request.

Would the department please provide the price for the processing of this data in a digital pdf format?

Please provide Medicaid Program specific data for each of the following Medicaid Programs:

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- ABI Waiver Program 2
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For years:

- 2018
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For counties:

- Fairfield
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County Name	**Per county, What number of people have <u>applied</u> for each Medicaid program per year?**															
	ABI WAIVER 1				ABI WAIVER 2				MFP				PCA WAIVER			
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County Name	**Per county, what number of people have been <u>approved</u> for each Medicaid programs per year?**															
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12/06/2021

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County Name	**Per county, what number of people received services for each Medicaid program per year?**															
	ABI WAVIER 1				ABI WAVIER 2				MFP				PCA WAIVER			
	2018	2019	2020	2021	2018	2019	2020	2021	2018	2019	2020	2021	2018	2019	2020	2021
Fairfield																
Hartford																
Litchfield																
Middlesex																
New Haven																
New London																
Tolland																
Windham																

County Name	**Per county, what is the total number of Medicaid program consumers on each Medicaid program?**															
	ABI WAVIER 1				ABI WAVIER 2				MFP				PCA WAIVER			
	2018	2019	2020	2021	2018	2019	2020	2021	2018	2019	2020	2021	2018	2019	2020	2021
Fairfield																
Hartford																
Litchfield																
Middlesex																
New Haven																
New London																
Tolland																
Windham																

Since 2018, What number of Medicaid program consumers transitioned from Medicaid Programs ABI Waiver 1 too ABI Waiver 2?

County Name	**What is the total number Medicaid program service <u>hours</u> billed per year, for each Medicaid program, for the following services?**															
	ABI WAVIER 1				ABI WAVIER 2				MFP				PCA WAIVER			
	2018	2019	2020	2021	2018	2019	2020	2021	2018	2019	2020	2021	2018	2019	2020	2021
ILST																
COMPANION																
RA1																
RA2																
PCA																

What is the total number of Medicaid approved agency providers?

What are the names of the ten largest Medicaid approved agency providers providing ILST, companion, RA1, RA2 and or PCA services for each of the 4 Medicaid programs?

Ten Largest Approved Agency Provider Names	**What is the total number of Medicaid program consumers served per Agency / Program / Year?**															
	ABI WAVIER 1				ABI WAVIER 2				MFP				PCA WAIVER			
	2018	2019	2020	2021	2018	2019	2020	2021	2018	2019	2020	2021	2018	2019	2020	2021
1																
2																
3																
4																
5																
6																
7																
8																
9																
10																

Ten Largest Approved Agency Provider Names	**What is the total number of Medicaid program consumer referrals received per Agency / Program / Year?** **What number of Medicaid program referrals went to each of the ten largest agency providers individually?**															
	ABI WAVIER 1				ABI WAVIER 2				MFP				PCA WAIVER			
	2018	2019	2020	2021	2018	2019	2020	2021	2018	2019	2020	2021	2018	2019	2020	2021
1																
2																
3																
4																
5																
6																
7																
8																
9																
10																

<u>Care management access agencies.</u>

What are the names of the care management access agencies for each of the 4 Medicaid programs?

What care management access agencies make Medicaid program service referrals, for each program?

What are the care management access agencies Medicaid program approved agency provider referral protocols for each program?

What is the title and qualification requirements for care management access agency employees assigned to the Medicaid approved agency provider referral process for each program?

What is the total number of specific Medicaid program referrals made by each care management access agency employee individually?

Example:

- Employee A
- Number of Referrals
- Per Year
- What Medicaid program approved agency provider received the referral?

Do any care management access agencies use software generated Medicaid program agency provider referral systems? If so, please provide the name of the access agency and the software referral system used.

Does Connecticut permit care management access agency's use of software that generates Medicaid agency provider referrals for Medicaid programs?

How does Connecticut ensure Medicaid program referral protocols are adhered to?

Care Management Access Agency Name	**What is Total number of Medicaid program referrals made per Agency / Program / Year?**															
	ABI WAVIER 1				ABI WAVIER 2				MFP				PCA WAIVER			
	2018	2019	2020	2021	2018	2019	2020	2021	2018	2019	2020	2021	2018	2019	2020	2021
1																
2																
3																
4																
5																
6																
7																
8																
9																
10																

When the approved agency provider Goodwill, stopped providing services for the ABI Waiver Program, what number of Medicaid program consumers transitioned to different Medicaid program agency providers?

What care management access agencies were involved in the referral process?

What care management access agency referral protocols were administered?

Did DSS ensure protocols were followed?

Has DSS received complaints or concerns about these referrals? If so would the Department please provide these complaints and concerns?

What Medicaid program agency providers received care management access agency referrals?

What number of Medicaid program consumers went to each approved agency provider?

Submission ID: 912556

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 23, 2023**.

The confirmation ID for your request is **912556**.

The confirmation ID is only for identifying your request on FOIA.gov and acts as a receipt to show that you submitted a request using FOIA.gov. This number does not replace the

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
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Willimantic, CT 06226
United States

Phone number
8604633638

Company/organization
ABI Resources LLC

Email
aabiwr@live.com

Your request

Subject: Freedom of Information Act Request – CMS Medicaid ABI Waiver Program and Connecticut Community Care Referrals Subject: Freedom of Information Act Request Pertaining to Connecticut Mediciad ABI Waiver Program. Dear Freedom of Information Officer, I am writing to submit a Freedom of Information Act (FOIA) request pursuant to the Connecticut Freedom of Information Act, C.G.S. § 1-200 et seq. I am seeking information related to the Acquired Brain Injury (ABI) Waiver Program, specifically concerning Connecticut Community Care's referral practices and any potential financial incentives provided to consumers for participating in services offered by the Supported Living Group. Please provide the following information: All records, communications, and documents pertaining to Connecticut Community Care's referral practices under the Medicaid ABI Waiver Program from January 1, 2019, to the present date. Any contracts, agreements, or MOUs between Connecticut Community Care and the Supported Living Group related to the ABI Waiver Program, including details on financial arrangements and incentives. Documentation of any payments, incentives, or benefits provided to consumers by the Supported Living Group as a result of their participation in services under the ABI Waiver Program. Policies, guidelines, or internal memos detailing the criteria and process for Connecticut Community Care's referrals to the Supported Living Group under the ABI Waiver Program. Records of any complaints, investigations, or audits concerning Connecticut Community Care's referral practices or the Supported Living Group's incentive programs related to the ABI Waiver Program. Correspondence between the State of Connecticut and Connecticut Community Care or the Supported Living Group regarding the ABI Waiver Program, referrals, and consumer incentives. Any evaluations, reports, or studies conducted by or on behalf of the State of Connecticut concerning the effectiveness, integrity, and compliance of the ABI Waiver Program, particularly in relation to referrals and consumer incentives. If my request is denied in whole or in part, I ask that you justify all deletions by reference to specific exemptions of the Act. 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

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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860 463-3638

Would the Department please keep my personal information confidential to your agency only? I will speak with and aid the Department to provide more clarity. I may be a valuable resource as I have had the unique experience of being a provider for Connecticut Medicaid programs since they began in 1998 and as a survivor of TBI. I have significant concerns about whistleblower retaliation against me personally and the agency I am the founder of, ABI Resources LLC.

This information is based on my past and current experiences providing services for the brain-injured population of Connecticut. I am unsure if this is indeed fraudulent activity or if people are using loopholes to achieve personal financial gain; however, it does appear to be wrong for many reasons. The disclosure is based on a reasonable belief that the alleged wrongdoing has occurred.

November 28, 2022.

1. **Who: What may appear to be;**
    a. Medicaid Consumers, possibly hundreds of Medicaid Consumers.
    b. The Connecticut Department of Social Services CT DSS,
    c. Medicaid Care Management Agencies and
    d. The Medicaid agency provider, The Supported Living Group LLC
2. **What: What may appear to be;**
    a. Federal Medicaid Funded Programs. Multiple *Medicaid-Funded home-based community services* and *Medicaid Funded Cognitive Therapy* for each Brain Injury Program.
    b. CT Acquired Brain Injury (ABI) Waiver (0302.R05.00),
    c. CT ABI Waiver II (1085.R01.00) and,
    d. The Money Follows the Person Program, MFP.
    e. Multiple Medicaid-funded home-based and community services.

f. *Medicaid-funded cognitive behavioral therapeutic services*.
g. The total number of agencies on the CT DSS Medicaid Approved Agency Provider List.
h. The total number of these Medicaid Consumers on the above brain injury programs.
i. The total number of these Medicaid Consumers currently with The Supported Living Group LLC.
j. The time period of bulk Medicaid Referrals to The Supported Living Group LLC.
k. CT DSS Care Management has and continues to make an astounding amount of Medicaid Referrals to The Supported Living Group LLC. There are hundreds of CT DSS Medicaid-approved providers.
l. For both The Supported Living Groups' *Medicaid Home-based services*, as well as,
m. The Supported Living Groups *Medicaid Cognitive Behavioral Therapy services*.

3. **How: What may appear to be;**
   a. Corruption of medical decision-making, patient steering, unfair competition, monopolization efforts, kickbacks, or inducements for Medicaid Referrals.
   b. Violation of any law, rule, or regulation;
   c. Gross mismanagement;
   d. Gross waste of funds;
   e. Abuse of authority; or
   f. CT DSS care management appears to be funneling Medicaid Referrals to the Supported Living Group LLC exclusively and not using the CT DSS Medicaid approved agency provider list. Excluding hundreds of approved Medicaid Agencies, the Consumer's right to choose and use what may appear to be a referral kickback process.
   g. Undocumented verbal authorizations, Using the Medicaid Consumer's disabilities to manipulate and mislead.
   h. The Medicaid Consumers' urgent need for financial support to recover at home, the family's need to return to work, and the Medicaid Consumer's economic desperation.
   i. CT DSS care management is making medical therapeutic Medicaid Referrals to The Supported Living Group LLC for Medicaid *home-based* services as well as *Cognitive Behavioral Therapy services.* The Supported Living Group LLC therapist dictates the amount of Medicaid funding services each Consumer requires then the Supported Living Group LLC provides these Medicaid-funded *home-based* services.

j. The Supported Living Group LLC LLC's Medicaid *home-based* service providers then provide the need for more Medicaid Therapeutic services in what appears to be a conflict of interests and kickback system.

k. **CT DSS** Medicaid approved provider list is intentionally biased, discriminatory, and corrupt. This corruption has been repeatedly reported to CT DSS for many years. CT DSS and the access agency that manages the Approved Provider Lists have a mutually beneficial relationship.

4. **Why: What may appear to be;**

a. Consumers have the right to choose their Medicaid providers. Consumers can select multiple Medicaid providers for their *home-based* and community services. CT DSS care management is steering Medicaid-Funded program services and Medicaid Consumers to the Supported Living Group to reduce the CT DSS care management workload, violating the Medicaid Consumers' right to choose. These actions also place the individual into a significantly disadvantaged situation forcing the level of CT DSS care management to be reduced. Additionally, the relationship between CT DSS care management and the Supported Living Group is a significant conflict of interest for the Medicaid Consumer, and each agency works together for their agenda, not the Individuals' needs to support the kickback system.

b. CT DSS care management agencies benefit financially by reducing the number of Care Managers needed and reducing the operating costs of their time and effort. CT DSS's benefits include one place to contact and one location to have multiple required meetings on the same day. CT DSS care managers want to refrain from speaking with various agency providers.

c. The Supported Living Group LLC appears to receive payment from Medicaid Consumers for housing, Medicaid Funded *home-based* services, and Medicaid-funded Therapeutic services. This arrangement traps the Medicaid consumer into services and contractual relationships.

d. Some Medicaid Consumers may appear to be paid stipends from The Supported Living Group LLC to trap the Medicaid consumer into services and contractual relationships.

e. Monetary gain.

f. Time and ease of care management operations.

g. Reduced care management operating costs.

The Connecticut Department of Social Services may appear to be manipulating Medicaid Consumers recovering from brain injuries for financial gain. CT DSS may be using the Medicaid Consumer's disabilities against them. CT DSS may appear to be using a complete lack of knowledge, a crafted complex information system, desperation, time constraints, compromised communication skills, memory challenges, and cognition disabilities. CT DSS care management may appear to be fostering and praying on disabled Medicaid Consumers' lack of informed knowledge and awareness of the rights and policies of their personal Medicaid service programs. CT DSS care management has and continues to arrange and assign Medicaid Referrals to The Supported Living Group LLC to Medicaid Consumers forcing, misleading, and tricking the unaware into using the Medicaid services of the Supported Living Group LLC exclusively.

CT DSS care management first provides the Medicaid program Consumers Medicaid referral to the Supported Living Group LLC with the Medicaid Consumer's information. Secondly, CT DSS care management informs Medicaid Consumers when home Medicaid services will begin through The Supported Living Group LLC. The Medicaid referral process may appear to be completed verbally, mostly over phone calls, leaving the Medicaid Consumer at the will of CT DSS care management directives and conversation time constraints. During this process, the Medicaid Consumer may appear not to be made aware of the DSS-approved Medicaid agency provider list and that there are numerous Medicaid-approved agencies to select. In most cases, CT DSS care management specifies and dictates the Medicaid referral to The Supported living Group LLC to the Medicaid Consumer. Suppose by chance, during the Medicaid referral process; the Medicaid Consumer independently discovers they have more Medicaid agency options. In that case, CT DSS care management verbally explains that the DSS-approved Medicaid provider list may appear outdated.

The Connecticut Department of Social Services may appear to be violating the policies of the Medicaid MFP Money Follows the Person Program and the Medicaid ABI Waiver Programs l and ll. Medicaid Consumers are told the Supported living Group LLC is the agency provider of *Medicaid home-based services* and *Medicaid Cognitive Behavioral Therapeutic services*.

a) CT DSS fosters a complex online self-discovery method to confuse and frustrate Medicaid Consumers to follow their instructions.