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																
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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																
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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																
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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 Medicaid program agency providers received care management referrals?

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

ABI Resources Freedom of Information Act Connecticut Department of social services 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, the number of people that <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												
Middlesex	0	0	0	0												
New Haven	0	0	0	0												
New London	0	0	0	0												
Tolland	0	0	0	0												
Windham	0	0	0	0												

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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New Haven	0	0	0	0												
New London	0	0	0	0												
Tolland	0	0	0	0												
Windham	0	0	0	0												

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 homes services to begin?

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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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			
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What Medicaid program agency providers received care management referrals?

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

Care Management Agency Name	Number of active Care Managers

Number of active MFP Care Managers

Number of active ABI Care Managers

Number PCA waiver I consumers

Number of MFP consumers activily receiving services

Submission ID: 666641

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
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joseph.tripline@cms.hhs.gov

Hugh Gilmore, FOIA Officer, North Building, Room N2-20-06
7500 Security Boulevard
Baltimore, MD 21244
FOIA_Request@cms.hhs.gov

Request summary

Request submitted on**April 4, 2023**.

The confirmation ID for your request is **666641**.

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Contact information

Name
DAVID MEDEIROS

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

Phone number
8604633638

Company/organization
ABI RESOURCES LLC

Email
aabiwr@live.com

Your request

Dear Office of Information Policy (OIP) team, I would like to receive information regarding Connecticut's federally funded programs, specifically the Money Follows the Person (MFP) and the Acquired Brain Injury (ABI) Waiver programs. I am seeking clarity on the role of the Connecticut Community Options Units (COUs) in managing these programs. In particular, I would like to know if COU is responsible for managing these federally funded programs or if it is the Connecticut Department of Social Services (DSS) that manages them. I am also interested in finding out if COU receives federal funds to manage these programs. I would greatly appreciate any relevant information you can provide regarding these inquiries. Thank you for your attention to this matter. Sincerely, David Medeiros

Fees

What type of requester are you?
media

Fee waiver
no

Request expedited processing

Expedited processing
no

Justification for expedited processing

Dear Office of Information Policy (OIP) team, I am writing to request expedited processing of my FOIA request for information regarding Connecticut's federal funded programs, Money Follows the Person and the ABI Waiver program. I believe that my request meets the criteria for expedited processing under 5 U.S.C. § 552(a)(6)(E)(v)(II). The information I am seeking is urgently needed to protect the health and safety of vulnerable individuals enrolled in these programs.

Submission ID: 666641

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Fees

What type of requester are you?
media

Fee waiver
no

Request expedited processing

Expedited processing
no

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Submission ID: 707511

Success!

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

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Hugh Gilmore, FOIA Officer, North Building, Room N2-20-06
7500 Security Boulevard
Baltimore, MD 21244
FOIA_Request@cms.hhs.gov

Request summary

Request submitted on**May 3, 2023**.

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

Phone number
8604633638

Fax number
860 465-9591

Company/organization
ABI RESOURCES LLC

Email
aabiwr@live.com

Your request

Subject: Freedom of Information Act Request Dear FOIA Agency Head, Under the Freedom of Information Act (FOIA), 5 U.S.C. § 552, I am requesting information related to the Connecticut Acquired Brain Injury (ABI) Waiver 1 program and the involvement of Connecticut Community Care Inc. (CCC) Care Managers. Specifically, I am seeking answers to the following questions: What Medicaid service is being billed for ABI Waiver 1 consumers who receive services from CCC Care Managers? Is the billing code 1549P (Consultation Services for ABI Waiver 2) being used for ABI Waiver 1 programs? How many ABI Waiver 1 consumers are currently receiving services from Connecticut Community Care Inc? What is the total amount billed and paid to CCC for Care Management Services under ABI Waiver 1? Where does the funding for Care Management services for ABI Waiver 1 consumers come from? Are ABI Waiver 1 consumers receiving free Care Management services from CCC? Is the use of Care Management services in the ABI Waiver 1 program in violation of any protocols or regulations? I would appreciate receiving the requested information in electronic format. Thank you for your attention to this matter. Sincerely, David Medeiros ABI Resources

Fees

What type of requester are you?
media

Fee waiver

no

Request expedited processing

Expedited processing
yes

Justification for expedited processing
Due to the urgency of this matter, I am formally requesting expedited processing of my FOIA request. I believe that this request meets the criteria for expedited processing as defined by 5 U.S.C. § 552(a)(6)(E) because it involves a compelling need for the information that could affect the well-being of a significant number of ABI Waiver 1 consumers. The requested information is essential to understanding the funding and billing practices related to Care Management services for ABI Waiver 1 consumers, and potential violations of the waiver protocols may have immediate consequences for the individuals involved.

Submission ID: 707511

Success!

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Fees

What type of requester are you?
media

Fee waiver

no

Request expedited processing

Expedited processing
yes

Justification for expedited processing
Due to the urgency of this matter, I am formally requesting expedited processing of my FOIA request. I believe that this request meets the criteria for expedited processing as defined by 5 U.S.C. § 552(a)(6)(E) because it involves a compelling need for the information that could affect the well-being of a significant number of ABI Waiver 1 consumers. The requested information is essential to understanding the funding and billing practices related to Care Management services for ABI Waiver 1 consumers, and potential violations of the waiver protocols may have immediate consequences for the individuals involved.

Submission ID: 718616

Success!

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

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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**May 15, 2023**.

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Your request

Subject: Freedom of Information Act Request Dear FOIA Officer, Pursuant to the Freedom of Information Act (FOIA), I am requesting access to or copies of records pertaining to the Connecticut Money Follows the Person (MFP) program, Acquired Brain Injury (ABI) Waiver programs 1 and 2, and specifically the Connecticut ABI 1549P Consultation Services Funding. Please consider the following specific inquiries: How does the Department of Social Services (DSS) facilitate the distribution of Connecticut ABI 1549P Consultation Services Funding? Does the DSS provide Medicaid consumer referrals to Connecticut Community Care Inc., or to any other providers under the ABI 1549P Consultation Services? What is the Department of Social Services' role in providing Medicaid consumer information to 1549P consulting services agency providers? How does Connecticut Community Care Inc. receive referrals for ABI 1549P consultation services? Can you provide a detailed breakdown of the funds allocated for the Connecticut ABI 1549P Consultation Services program for the past 5 years? What are the eligibility criteria for Medicaid consumers to be referred for ABI 1549P consultation services? How many Medicaid consumers have been referred to Connecticut Community Care Inc. for ABI 1549P consultation services in the past five years? What monitoring mechanisms are in place to ensure the appropriate usage of the ABI 1549P Consultation Services Funding? How are the providers for ABI 1549P consultation services selected or approved by the DSS? How is the effectiveness of the ABI 1549P Consultation Services measured and evaluated? What accountability measures are in place to ensure the appropriate distribution and usage of the ABI 1549P Consultation Services Funding? How does the DSS ensure the adequate distribution of funds between the MFP program, ABI Waiver programs 1 and 2, and the ABI 1549P Consultation Services? What process does Connecticut Community Care Inc. follow to request and receive ABI 1549P consultation service referrals from the DSS? What criteria are used by the DSS to determine the allocation of the ABI 1549P Consultation Services Funding to different providers? How are Medicaid consumers informed about the availability of the ABI

1549P consultation services? Thank you for considering my request. Sincerely, David
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Fees

What type of requester are you?
media

Fee waiver
no

Request expedited processing

Expedited processing
yes

Justification for expedited processing
Dear FOIA Officer, I am writing to request expedited processing of my recent FOIA request pertaining to the Money Follows the Person (MFP) program, Acquired Brain Injury (ABI) Waiver programs 1 and 2, and specifically the Connecticut ABI 1549P Consultation Services Funding. Given the time-sensitive nature of this request and its relevance to ongoing public debates about the administration of these programs, I believe that delay in access to these records could lead to substantial harm to the public's understanding of the issues at hand.

Submission ID: 718616

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Medeiros ABI Resources

Fees

What type of requester are you?
media

Fee waiver
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Request expedited processing

Expedited processing
yes

Justification for expedited processing
Dear FOIA Officer, I am writing to request expedited processing of my recent FOIA request pertaining to the Money Follows the Person (MFP) program, Acquired Brain Injury (ABI) Waiver programs 1 and 2, and specifically the Connecticut ABI 1549P Consultation Services Funding. Given the time-sensitive nature of this request and its relevance to ongoing public debates about the administration of these programs, I believe that delay in access to these records could lead to substantial harm to the public's understanding of the issues at hand.

Submission ID: 666601

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 N2-20-06
7500 Security Boulevard
Baltimore, MD 21244
FOIA_Request@cms.hhs.gov

Request summary

Request submitted on**April 4, 2023**.

The confirmation ID for your request is **666601**.

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

Phone number
8604633638

Company/organization
ABI RESOURCES LLC

Email
AABIWR@LIVE.COM

Your request

The requester is seeking information about the Connecticut Community Care (CCC) referral system used to select agency providers for clients enrolled in federally funded programs; Money Follows the Person, and the ABI Waiver program. The requester is seeking information on the following topics: Approved Medicaid Provider Directory List: The approximate number of agency providers currently in the CCC referral system, who is responsible for maintaining and updating the list of agency providers, how often the list of agency providers is updated, and how ABI Resources is currently listed within the CCC referral system. Electronic Referral System: The name of the electronic referral system used by CCC for provider selection, who is responsible for managing the referral system and ensuring its smooth operation, and how the selected provider is presented to the care manager and subsequently to the client. Regarding the Role of Care Managers in the Process: The care manager's role in presenting agency providers to clients during the referral process, how care managers ensure that clients are well-informed and make the best choice based on their needs and preferences, and the level of involvement and autonomy care managers have when utilizing the CCC electronic referral system for federally funded programs. The process involved in the event a client wishes to change an agency service provider or care management provider: If clients have the option to request and receive a different agency service provider, care manager, or care management agency provider, what specific form or documentation must a client complete to document their request, the steps they must take to ensure that their request is successfully processed if the client signs an official request to change agency service providers, a care manager, or care management agency if this signed document is provided to the current provider, where clients can locate these documents if this document is provided to the client by care management, what periods for notices are implemented, and how the client may make this request if they are

uncomfortable doing so directly to their care manager, agency service provider, or care management provider.

Fees

What type of requester are you?
media

Fee waiver
no

Request expedited processing

Expedited processing
yes

Justification for expedited processing
Dear Office of Information Policy (OIP) team, I am writing to request expedited processing of my FOIA request for information regarding Connecticut's federal funded programs, Money Follows the Person and the ABI Waiver program. Specifically, I am seeking information about the Connecticut Community Care (CCC) referral system used to select agency providers for clients enrolled in these programs. I believe that my request meets the criteria for expedited processing under 5 U.S.C. § 552(a)(6)(E)(v)(II). The information I am seeking is urgently needed to protect the health and safety of vulnerable individuals enrolled in these programs.

Submission ID: 666601

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.

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Hugh Gilmore, FOIA Officer, North Building, Room N2-20-06
7500 Security Boulevard
Baltimore, MD 21244
FOIA_Request@cms.hhs.gov

Request summary

Request submitted on**April 4, 2023**.

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Contact information

Name
DAVID MEDEIROS

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

Phone number
8604633638

Company/organization
ABI RESOURCES LLC

Email
AABIWR@LIVE.COM

Your request

The requester is seeking information about the Connecticut Community Care (CCC) referral system used to select agency providers for clients enrolled in federally funded programs; Money Follows the Person, and the ABI Waiver program. The requester is seeking information on the following topics: Approved Medicaid Provider Directory List: The approximate number of agency providers currently in the CCC referral system, who is responsible for maintaining and updating the list of agency providers, how often the list of agency providers is updated, and how ABI Resources is currently listed within the CCC referral system. Electronic Referral System: The name of the electronic referral system used by CCC for provider selection, who is responsible for managing the referral system and ensuring its smooth operation, and how the selected provider is presented to the care manager and subsequently to the client. Regarding the Role of Care Managers in the Process: The care manager's role in presenting agency providers to clients during the referral process, how care managers ensure that clients are well-informed and make the best choice based on their needs and preferences, and the level of involvement and autonomy care managers have when utilizing the CCC electronic referral system for federally funded programs. The process involved in the event a client wishes to change an agency service provider or care management provider: If clients have the option to request and receive a different agency service provider, care manager, or care management agency provider, what specific form or documentation must a client complete to document their request, the steps they must take to ensure that their request is successfully processed if the client signs an official request to change agency service providers, a care manager, or care management agency if this signed document is provided to the current provider, where clients can locate these documents if this document is provided to the client by care management, what periods for notices are implemented, and how the client may make this request if they are

uncomfortable doing so directly to their care manager, agency service provider, or care management provider.

Fees

What type of requester are you?
media

Fee waiver
no

Request expedited processing

Expedited processing
yes

Justification for expedited processing
Dear Office of Information Policy (OIP) team, I am writing to request expedited processing of my FOIA request for information regarding Connecticut's federal funded programs, Money Follows the Person and the ABI Waiver program. Specifically, I am seeking information about the Connecticut Community Care (CCC) referral system used to select agency providers for clients enrolled in these programs. I believe that my request meets the criteria for expedited processing under 5 U.S.C. § 552(a)(6)(E)(v)(II). The information I am seeking is urgently needed to protect the health and safety of vulnerable individuals enrolled in these programs.

FOIA.gov

Thank you for visiting FOIA.gov, the government's central website for FOIA. We'll continue to make improvements to the site and look forward to your input. Please submit feedback to National.FOIAPortal@usdoj.gov.

Submission ID: 654991

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 N2-20-06
7500 Security Boulevard
Baltimore, MD 21244
FOIA_Request@cms.hhs.gov

Request summary

Request submitted on**March 28, 2023**.

The confirmation ID for your request is **654991**.

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
215 Mountain St
Willimantic, CT 06226
United States

Phone number
18604633638

Company/organization
ABI Resources

Email
aABIwr@live.com

Your request

Dear Sir/Madam, I am writing to request information pertaining to Connecticut's Medicaid ABI Waiver and Money Following the Person Program. I am requesting this information for research, public awareness and advocacy purposes. Specifically, I am requesting the following information: 1. The total number of program-approved agency providers. 2. The entity that is funded to manage and update the approved provider list. 3. Information about public access to this list. 4. The party responsible for the accuracy of the list. 5. Any protocols for community accessibility. 6. Lastly, a copy of the approved provider list. Please provide this information in accordance with the Freedom of Information Act (FOIA). If any fees are associated with this request, please inform me of the total charges in advance of fulfilling my request. Thank you for your prompt attention to this matter. Sincerely, David Medeiros ABI Resources

Fees

What type of requester are you?
media

Fee waiver
no

Request expedited processing

Expedited processing
yes

Justification for expedited processing

I am writing to request expedited processing of my FOIA request related to Connecticut's Medicaid ABI Waiver and Money Following the Person Program, which I submitted on 03/28/2023. I am making this request due to the urgency of the information I am seeking, as it is critical for my research and advocacy work. The information is directly related to the health and well-being of individuals who rely on these programs, and a delay in obtaining the information could have serious consequences. I understand that FOIA guidelines allow for expedited processing in cases where there is a "compelling need," and I believe that my request meets this criterion. Therefore, I respectfully request that my FOIA request be expedited and given priority processing, and that you provide me with a response as soon as possible. Thank you for your attention to this matter. Sincerely, David Medeiros

Submission ID: 490386

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 N2-20-06
7500 Security Boulevard
Baltimore, MD 21244
FOIA_Request@cms.hhs.gov

Request summary

Request submitted on**November 15, 2022**.

The confirmation ID for your request is **490386**.

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
215 Mountain St
Willimantic, CT 06226
United States

Phone number
8604633638

Company/organization
ABI Resources LLC

Email
aabiwr@live.com

Your request

Medicaid FOIA request: Would the Connecticut Department of Social Services, DSS, please provide information in reference to Medicaid programs ABI Waiver programs I and II, and the MFP, Money Follows the Person program? 1) What is the total number of Connecticut Medicaid consumers receiving brain injury MFP Money Follows The Person Services? How many of those Medicaid Consumers are receiving services from the Medicaid agency provider, The Supported Living Group LLC.? 2) What is the total number of Connecticut Medicaid consumers receiving brain injury ABI Waiver Program I and II Services? How many of those Medicaid Consumers are receiving services from the Medicaid agency provider, The Supported Living Group LLC.?

Fees

Fee waiver
no

Request expedited processing

Expedited processing
yes

Justification for expedited processing
This information directly affects the rights of the disabled population.

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

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.

Please note that CMS receives a very high volume of FOIA requests. The following unusual circumstances, as defined by Federal FOIA Regulations, may impact 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 amount 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 of the request as well as the complexity of the request.

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