

## 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>

August 1, 2022.

Connecticut Community Care Inc.  
43 Enterprise Drive  
Bristol, Connecticut 06010

Formal inquiry and request for internal investigation.

In reference to consumer services, provided under the guidelines of the ABI Waiver Program and protocols set forth by Medicaid and Connecticut's Department of Social Services. On July 25, 2022, at 8:00 am, Connecticut Community Care manager Doreen Andrews directed the immediate removal of ABI Resources without notice with a Willington Consumer of the Medicaid Abi Waiver Program. An ABI Resources Program Support Manager recieved a text message with the care management immediate directive. ABI Resources is concerned this action may appear to conflict with the regulations of the Medicaid ABI Waiver Program as well as the values and mission of ethical person-centered care provided by Connecticut Community Care as a whole.

ABI Resources is requesting a Connecticut Community Care internal investigation.

Regards,

*David Medeiros CBIS*

Member David Medeiros CBIS  
Founder, CEO, Director, Team Member  
ABI Resources, LLC

A.B.I. RESOURCES



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



## Subject: Request for Attention to Unacknowledged Inquiries and Concerns Related to Medicaid Waivers.

ABI RESOURCES 860 942-0365 <aabiwr@live.com>

Mon 3/27/2023 9:44 AM

To: julia.evans.starr@ctcommunitycare.org <julia.evans.starr@ctcommunitycare.org>

Subject: Request for Attention to Unacknowledged Inquiries and Concerns Related to Medicaid Waivers

Dear

Julia Evans Starr, President,

I hope this email finds you well. I am writing to express our concern regarding a series of unanswered inquiries and concerns that we at ABI Resources have raised with Connecticut Community Care pertaining to Medicaid federally funded waivers. As we both strive to serve the same community, it is vital that our questions be addressed promptly to ensure the best possible support for the individuals who rely on our services.

Below is a list of unacknowledged email inquiries sent to Connecticut Community Care, Head of Quality and Performance Improvement detailing inquiries and concerns which have yet to receive a response:

Subject: Comprehensive Inquiry: Referral Process, Provider List, and Care Manager's Role.

a. Sent: Fri 3/17/2023 5:43 AM

b. Sent: Wed 3/22/2023 5:01 PM

Subject: Inquiry Regarding Client's Option to Change Agency Service or Care Management Provider. MFP, ABI and PCA Waivers.

a. Sent: Fri 3/17/ 2023 7:30 AM

b. Sent: Wed 3/22/2023 5:00 PM

Subject: Care Management Referral Process Inquiry for MFP Program and Waivers.

a. Sent: Sat 3/11/2023 7:17 AM

Subject: To the attention of David Medeiros CBIS.

a. Sent: Wed 3/22/2023 5:02 PM

b. Pertaining to the received communication from  
Thu 9/1/2022 12:16 PM

We kindly request that these concerns be brought to the attention of the Board of Directors at the earliest opportunity, as they directly affect our mutual mission to serve the community. We believe that addressing these questions and concerns will not only strengthen our collaboration but also ensure that the individuals we serve receive the highest quality of care and support.

The lack of response to our inquiries is causing growing concerns for numerous reasons, particularly in relation to the well-being of Medicaid consumers and providers. This situation not only impairs our capacity to offer optimal care to our clients, but it also casts doubt on the effectiveness of communication and collaboration between our organizations, as well as the ability of care managers to effectively provide for the Medicaid waiver brain injured population while ensuring the rights of the person served are adhered to. It is vital to address these concerns swiftly to preserve trust and nurture a positive working relationship moving forward. At ABI Resources, we are committed to partnering with your organization to develop practical solutions to the challenges faced by Medicaid consumers. By working together, we can make a meaningful difference and enhance the quality of care provided to these individuals, ultimately improving their well-being and overall experience.

Please provide a timeline for when we can expect a response to the aforementioned inquiries. We appreciate your attention to this matter and look forward to a productive dialogue.

Thank you for your cooperation.

Sincerely,

David Medeiros



## **A.B.I. RESOURCES**

[WEBSITE](#) | [FACEBOOK](#) | [BLOG](#) | [YOUTUBE](#)

Main Office: 1-860-942-0365 | Ledyard Fax: 1-860-464-4960 | Windham Fax: 1-860-465-9591

An amazing opportunity to be a part of something much greater than ourselves, supporting people become the best version of themselves.

ABI Resources Connecticut home-based supported living and community care services for the MFP, ABI and PCA Waivers.

NOTICE OF HIPAA CONFIDENTIALITY: This e-mail (including attachments) is covered by the Electronic Communications Privacy Act 18 U.S.C. Sec 2510-2521 and is confidential. This confidential transmission may include privileged medical, psychiatric, and/or drug treatment information intended only for the recipient(s) names above. If you are not the intended recipient, reading, disclosure, discussion, dissemination, distribution or copying of this information by anyone other than the intended recipient or their legal agent(s) is strictly prohibited. Nothing in this communication is intended to constitute a waiver of any privilege or the confidentiality of this message. If you have received this in error, please notify ABI Resources by e-mail and/or telephone at 860-942-0365, delete the original message and any copy of it from your system. Also, ABI Resources accepts no responsibility for any loss or damage from the use of this message and/or any attachments, including damage from viruses. Thank you. NOTE: Messages to or from the State of Connecticut domain may be subject to the Freedom of Information statutes and regulations. ABI-639-DSSIACCCACTIPSLGLHFSCSWCRCTACRCWCAAAR-REF-417





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](mailto:National.FOIAPortal@usdoj.gov).

Submission ID: 874481

## 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](mailto: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](mailto: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](mailto:FOIA_Request@cms.hhs.gov)

### Request summary

Request submitted on **September 26, 2023**.

The confirmation ID for your request is **874481**.

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  
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](mailto:National.FOIAPortal@usdoj.gov)

Hero image credit [↗](#) CC3.0

| [FREQUENTLY ASKED QUESTIONS](#)

| [DEVELOPER RESOURCES](#)

| [AGENCY API SPEC](#)

| [FOIA CONTACT DOWNLOAD](#)

| [FOIA DATASET DOWNLOAD](#)

| [ACCESSIBILITY](#)

| [PRIVACY POLICY](#)

| [POLICIES & DISCLAIMERS](#)

| [JUSTICE.GOV](#)

| [USA.GOV](#) [↗](#)



**United States Department of Justice**  
**Civil Rights Division**  
civilrights.justice.gov

Thank you for submitting a report to the Civil Rights Division.

**Report successfully submitted**



Your record number is: **352533-WJH**

## What to expect



### ① We review your report

Our specialists in the Civil Rights Division carefully read every report to identify civil rights violations, spot trends, and determine if we have authority to help with your report.

### ② Our specialists determine the next step

We may decide to:

**Open an investigation** or take some other action within the legal authority of the Justice Department.

**Collect more information** before we can look into your report.

**Recommend another government agency** that can properly look into your report. If so, we'll let you know.

In some cases, we may determine that we don't have legal authority to handle your report and will recommend that you seek help from a private lawyer or local legal aid organization.

### ③ When possible, we will follow up with you

We do our best to let you know about the outcome of our review. However, we may not always be able to provide you with updates because:

We're actively working on an investigation or case related to your report.

We're receiving and actively reviewing many requests at the same time.

If we are able to respond, we will contact you using the contact information you provided in this report. Depending on the type of report, response times can vary. If you need to reach us about your report, please refer to your report number when contacting us. This is how we keep track of your submission.

## What you can do next

### ① Contact local legal aid organizations or a lawyer if you haven't already

Legal aid offices or members of lawyer associations in your state may be able to help you with your issue.

American Bar Association, visit [www.americanbar.org/groups/legal\\_services/flh-home](https://www.americanbar.org/groups/legal_services/flh-home) or call (800) 285-2221

Legal Services Corporation (or Legal Aid Offices), to help you find a legal aid lawyer in your area visit [www.lsc.gov/find-legal-aid](https://www.lsc.gov/find-legal-aid)

### ② Get help immediately if you are in danger

If you reported an incident where you or someone else has experienced or is still experiencing physical harm or violence, or are in immediate danger, please call 911 and contact the police.

## Your submission

### Contact

#### Contact information

**Your name**

DAVID MEDEIROS

**Email address**

davidmedeiros@live.com

**Phone number**

8604633638

**Address**

215 Mountain St

-

Willimantic, Connecticut 06226

**Are you now or have ever been an active duty service member?**

No

**Primary concern****What is your primary reason for contacting the Civil Rights Division?**

Something else happened

**Location****Where did this happen?****Organization name**

Connecticut Department of Social Services

**Address**

55 Farmington Avenue Hartford, CT 06105-3730

-

Hartford, Connecticut

**Personal characteristics****Do you believe any of these personal characteristics influenced why you were treated this way?**

Disability (including temporary or recovered and including HIV and drug addiction)

**Date****When did this happen?**

9/28/2023

**Personal description****In your own words, describe what happened**

Subject: Formal Complaint: Alleged Discrimination and Violation of the Rights of Mr. David Medeiros Under the Americans with Disabilities Act and Section 504 of the Rehabilitation Act by the Connecticut Department of Social Services and COU Community Options Unit

To the Civil Rights Division, Department of Justice,

I, David Medeiros, am a survivor of traumatic brain injury and stroke and the proprietor of ABI Resources LLC, earnestly submit this formal complaint to bring to your esteemed notice the ongoing discriminatory conduct and unprofessional practices purportedly enacted by the Connecticut Department of Social Services and COU Community Options Unit against me. This complaint is lodged in my individual capacity and focuses on the alleged personalized, deliberate, and systemic discrimination and non-compliance with federal laws designed to protect the rights of people with disabilities.

Detailed Account of Alleged Discriminatory Acts:

Systematic Ignorance of Communication:

My communications and inquiries have been systematically ignored or unduly delayed. Such disregard not only reflects professional negligence but also epitomizes personal disdain, causing emotional distress and creating barriers in professional pursuits.

Inhibition of Professional Advancements:

Actions seemingly deliberate have been effectuated to limit my professional and business opportunities, necessitating the diversion of significant personal resources to secure parity in opportunity allocation.

Personal Harassment and Targeting:

I have been subjected to what can be characterized as a calculated endeavor of harassment, marginalization, and disparagement, tantamount to a personal affront and a violation of my dignity and professional standing.

Unresponsiveness to Registered Grievances:

The reported discriminatory practices and violations have met with conspicuous indifference, with minimal to no remedial actions undertaken, aggravating my sense of isolation and impinging on my rights as a disabled individual.

**Discriminatory Allocation of Resources:**

There exists a discernible bias in the allocation of referrals and resources, reflecting an ingrained prejudice and resulting in inequitable competitive circumstances, impinging on my professional integrity and personal well-being.

**Legal Provisions Allegedly Violated:**

**The Americans with Disabilities Act (ADA):**

The aforementioned actions ostensibly violate the provisions of ADA, infringing upon my rights and privileges as an individual with disabilities.

**Section 504 of the Rehabilitation Act:**

The alleged discriminatory conduct appears to be in contravention of Section 504, compromising my entitlement to impartiality and equality.

**Request for Immediate Redressal and Investigation:**

I hereby respectfully request the immediate intervention and comprehensive investigation by the Department of Justice into the outlined allegations of discrimination and violation of my rights under federal law. This is crucial to validate the allegations, cease the ongoing discriminatory practices, and enforce rectification and compliance with federal laws protecting the rights of individuals with disabilities.

**Conclusion:**

The conduct described herein not only constitutes professional malfeasance but also represents a blatant disregard for the rights, dignity, and well-being of an individual with disabilities, necessitating urgent and decisive legal intervention.

I am willing to provide any additional information, documentation, or clarification required to facilitate the investigation and am earnestly looking forward to a resolution that upholds the principles of justice, equality, and respect for the rights of individuals with disabilities.

Sincerely,

David Medeiros





FTC Report Number

164963186

# Consumer Report To The FTC

The FTC cannot resolve individual complaints, but we can provide information about next steps to take. We share your report with local, state, federal, and foreign law enforcement partners. Your report might be used to investigate cases in a legal proceeding. Please read our Privacy Policy to learn how we protect your personal information, and when we share it outside the FTC.

## About you

Name: David Medeiros

Email: davidmedeiros@live.com

Address: 215 Mountain St

Phone: 860-463-3638

City: Willimantic State: Connecticut Zip Code: 06226

Country: USA

## What happened

Subject: Formal Complaint: Alleged Discriminatory Practices and Unfair Business Conduct by the Connecticut Department of Social Services and COU Community Options Unit To the Federal Trade Commission, I, David Medeiros, a survivor of traumatic brain injury and stroke and proprietor of ABI Resources LLC, urgently submit this formal complaint outlining severe discriminatory and anti-competitive practices purportedly enacted by the Connecticut Department of Social Services and COU Community Options Unit against my company. Detailed Account of Alleged Discriminatory and Unfair Business Practices: Systematic Ignorance of Communication: My business communications are systematically ignored or delayed, displaying professional negligence and a discriminatory disdain detrimental to my business operations. Obstruction of Professional Opportunities: Actions seemingly aimed at inhibiting my business advancements necessitate the allocation of significant personal resources to maintain parity in opportunity allocation. Targeted Harassment and Discrimination: My business is subjected to what appears to be orchestrated discrimination, compromising my professional standing. Lack of Responsiveness to Registered Grievances: Reports of discrimination and malpractices are met with a conspicuous lack of action and remediation, amplifying unfair treatment. Inequitable Allocation of Resources and Referrals: A discernible bias in resource and referral allocation has created a hostile competitive environment detrimental to business. Alleged Kickback System and Bias: There appears to be a system wherein one agency is disproportionately favored, allowing clients to be paid while also receiving services, indicative of a potential kickback system of Medicaid referrals, significantly benefiting one entity at the expense of others, including mine. Targeting and Elimination of Small Businesses: Resources are seemingly utilized to target and undermine small businesses, effectively manipulating disabled clients and reducing competition, contravening principles of fair business practices. Channeling of Medicaid Clients: These entities appear to channel Medicaid clients predominantly to one provider in a purported effort to reduce internal resources and expenses, compromising the integrity of service allocation and undermining competitive parity. Inadequate Investigation of Wrongdoing Reports: Reports of wrongdoings and discriminatory actions are seemingly inadequately investigated and resolved, implying a systemic neglect of legitimate grievances and concerns. Legal Provisions Allegedly Violated: Consumer Protection Laws: The actions detailed herein ostensibly violate consumer protection laws, infringing upon my rights and privileges as an individual and a business owner. Principles of Fair Business Practices: The alleged conduct appears to undermine the principles of fairness and equality in business practices, necessitating legal scrutiny and redressal. Request for Immediate Redressal and Investigation: I implore the Federal Trade Commission to promptly intervene and conduct a comprehensive investigation into these severe allegations to affirm adherence to consumer protection laws and the principles of fair business practices. I seek urgent FTC intervention on alleged unfair practices & breaches by CT DSS, COU. Awaiting prompt action to uphold justice & fair competition. -David Medeiros

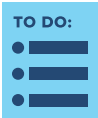
## How it started

| Date fraud began: | Amount I was asked for: | Amount I Paid: |
|-------------------|-------------------------|----------------|
|                   |                         |                |
| Payment Used:     | How I was contacted:    |                |
|                   |                         |                |

## Details about the company, business, or individual

|                                                                    |                 |          |
|--------------------------------------------------------------------|-----------------|----------|
| Company/Person                                                     |                 |          |
| Name:<br>Connecticut Department of Social Services 25 Sigourney St |                 |          |
| Address Line 1:                                                    | Address Line 2: | City:    |
| State:                                                             | Zip Code:       | Country: |
| Email Address:                                                     |                 |          |
| Phone:                                                             |                 |          |
| Website:                                                           |                 |          |
| Name of Person You Dealt With:                                     |                 |          |

## Your Next Steps



### General Advice:

- You can find tips and learn more about bad business practices and scams at [consumer.ftc.gov](https://consumer.ftc.gov).
- If you’re concerned that someone might misuse your information, like your Social Security, credit card, or bank account number, go to [identitytheft.gov](https://identitytheft.gov) for specific steps you can take.

## What Happens Next



- Your report will help us in our efforts to protect **all** consumers. Thank You!
- We can't resolve your individual report, but we use reports to investigate and bring cases against fraud, scams, and bad business practices.
- We share your report with our law enforcement partners who also use reports to investigate and bring cases against fraud, scams, and bad business practices.
- We use reports to spot trends, educate the public, and provide data about what is happening in your

[ftc.gov/exploredata](https://ftc.gov/exploredata)

[ftc.gov/refunds](https://ftc.gov/refunds)



## Federal Agency Comment Form

OMB Control #3245-0313

Small Business Administration – Office of the National Ombudsman

Exp. Date 09/30/2022

Case #: 2309280095

PURPOSE: Small business owners may use this form to submit comments on Federal enforcement/compliance actions that they consider excessive or unfair. The National Ombudsman will use the information when it contacts the applicable Federal agency for a review of the action. Completion of this form is voluntary; however, failure to submit the requested information could impact whether SBA's Office of the National Ombudsman is able to provide you with assistance

### Instructions

1. Complete, sign and date this form. (Signature not required if completed at Office-National-Ombudsman)
2. Provide a brief written statement on the reverse side or a separate sheet of paper regarding the specific enforcement or compliance action taken against your organization by the federal agency
3. Submit copies of substantiating documentation such as correspondence citation or notice (Note: can be submitted separately from this form by fax or mail. Make sure to reference your name or company's name with this information).
4. If your comments concern the IRS, you must also submit a completed IRS Tax Information Authorization Form 8821, available at [IRS.gov/forms](https://www.irs.gov/forms) (Can be sent by fax or mail.)
5. Fax, e-mail or send this form and requested information to: (1) Fax: (202) 481-5719; (2) Email: [Ombudsman@sba.gov](mailto:Ombudsman@sba.gov); (3) Address: SBA, Office of National Ombudsman, 409 Third Street, SW, Washington, DC 20024. Telephone: (202) 205-2417.

### Please Print

Organization/Company Name: ABI RESOURCES LLC

Address: 39 Kings Highway STE C

City: Gales Ferry

State: CT

Zip : 06335-

Phone: 860-942-0365

FAX:

E-Mail: [aabiwr@live.com](mailto:aabiwr@live.com)

Contact Name: Mr. DAVID MEDEIROS

Title: Founder Owner

Please indicate your organization type: Small Business

### List the federal agency with which you are having a problem

Federal Agency Name: Connecticut Department of Social Services and COU Community Options Unit

Agency Contact Person:

Agency Office/Division:

Did the federal agency listed above inform you of your right to contact the SBA Office of the National ombudsman? No

If not how did you learn about this Office 0

### Confidentiality/Disclosure

The National Ombudsman is required to keep confidential the identity of any person or small business providing a comment about an agency's compliance or enforcement action unless that person or small business provides consent, or disclosure is determined to be unavoidable. Confidentiality is governed by the Small Business Regulatory Enforcement Fairness Act 15 U.S.C. 657(b)(2)(B) and the Inspector General's Act, 5 U.S.C. App., § 7(b). You may make a selection below to authorize SBA to share your identity with the federal agency with which you are having a problem so that agency can investigate your specific problem and offer a response tailored to your situation. By requesting confidentiality, the federal agency may not have sufficient information to investigate your specific problem, possibly delaying or preventing any potential resolution of your situation

☒ I request that my identity be shared only with the federal agency(ies) with which I am having a problem.

☐ I request that my identity be kept confidential. (Results may be limited.)

Signature: David Medeiros

Date: 9/28/2023

Your signature authorizes the SBA Ombudsman to proceed on your behalf.

**Pursue all legal options you believe are in your company's best interest.**

**This process is not a substitute for legal action.**

**SBA FORM 1993 (9-19) Previous Editions Obsolete**

**PLEASE NOTE: The estimated burden for completing this form is 45 minutes. You are not required to respond to this information collection if a valid OMB approval number is not displayed. If you have any questions or comments concerning this estimate or other aspects of this information collection, please contact the U. S. Small Business Administration, Director, Records Management Division, 409 Third Street, SW, Washington, D.C ., 20416 and/or Office of Management and Budget, SBA Desk Officer, New Executive Office Building, Rm. 10202, Washington, D.C. 20503. PLEASE DO NOT SEND FORMS TO OMB, as this will delay action on your request for assistance.**

**Type or (print) your comments below:**

Subject: Formal Complaint: Unfair Regulatory Enforcement and Discrimination Against ABI Resources LLC by Connecticut Department of Social Services & COU Community Options Unit

To the Office of the National Ombudsman,  
Small Business Administration

Dear Ombudsman,

I am David Medeiros, owner of ABI Resources LLC, and I am submitting this complaint to bring to your attention the serious and ongoing discriminatory practices and unfair regulatory enforcement exerted by the Connecticut Department of Social Services and COU Community Options Unit on my business.

Discriminatory Practices & Business Obstruction:

My company has experienced systemic neglect, biased communication, and targeted discrimination leading to professional hindrance and obstruction of growth opportunities.

Unfair Referral Allocation & Alleged Kickback System:

There's an evident bias in referral allocation, potentially part of an alleged kickback system favoring one agency, leading to undue competition and resource strain on my business.

Targeted Suppression of Small Businesses:

The aforementioned entities seem to employ resources to suppress and eliminate smaller businesses, manipulating competitive dynamics and violating principles of fair business practices.

Inadequate Grievance Addressal:

My reports of such misconduct are met with inadequate investigation and resolution, signaling systemic neglect of genuine concerns and grievances.

I request immediate intervention and an in-depth investigation into these allegations to ensure fair regulatory practices and eliminate any anti-competitive and discriminatory conduct adversely impacting my business. Such actions, if proven true, violate the principles of business fairness and equity, necessitating prompt redressal to uphold justice and competitive integrity.

Thank you for your attention to this urgent matter. I am willing to provide any additional information, documents, or clarification needed to aid your investigation and eagerly await your response and resolution to reinstate fair business practices and justice.

Sincerely,

David Medeiros

Owner, ABI Resources LLC



## Federal Agency Comment Form

OMB Control #3245-0313

Small Business Administration – Office of the National Ombudsman

Exp. Date 09/30/2022

Case #: 2309280095

PURPOSE: Small business owners may use this form to submit comments on Federal enforcement/compliance actions that they consider excessive or unfair. The National Ombudsman will use the information when it contacts the applicable Federal agency for a review of the action. Completion of this form is voluntary; however, failure to submit the requested information could impact whether SBA's Office of the National Ombudsman is able to provide you with assistance

### Instructions

1. Complete, sign and date this form. (Signature not required if completed at Office-National-Ombudsman)
2. Provide a brief written statement on the reverse side or a separate sheet of paper regarding the specific enforcement or compliance action taken against your organization by the federal agency
3. Submit copies of substantiating documentation such as correspondence citation or notice (Note: can be submitted separately from this form by fax or mail. Make sure to reference your name or company's name with this information).
4. If your comments concern the IRS, you must also submit a completed IRS Tax Information Authorization Form 8821, available at [IRS.gov/forms](https://www.irs.gov/forms) (Can be sent by fax or mail.)
5. Fax, e-mail or send this form and requested information to: (1) Fax: (202) 481-5719; (2) Email: [Ombudsman@sba.gov](mailto:Ombudsman@sba.gov); (3) Address: SBA, Office of National Ombudsman, 409 Third Street, SW, Washington, DC 20024. Telephone: (202) 205-2417.

### Please Print

Organization/Company Name: ABI RESOURCES LLC

Address: 39 Kings Highway STE C

City: Gales Ferry

State: CT

Zip : 06335-

Phone: 860-942-0365

FAX:

E-Mail: [aabiwr@live.com](mailto:aabiwr@live.com)

Contact Name: Mr. DAVID MEDEIROS

Title: Founder Owner

Please indicate your organization type: Small Business

### List the federal agency with which you are having a problem

Federal Agency Name: Connecticut Department of Social Services and COU Community Options Unit

Agency Contact Person:

Agency Office/Division:

Did the federal agency listed above inform you of your right to contact the SBA Office of the National ombudsman? No

If not how did you learn about this Office 0

### Confidentiality/Disclosure

The National Ombudsman is required to keep confidential the identity of any person or small business providing a comment about an agency's compliance or enforcement action unless that person or small business provides consent, or disclosure is determined to be unavoidable. Confidentiality is governed by the Small Business Regulatory Enforcement Fairness Act 15 U.S.C. 657(b)(2)(B) and the Inspector General's Act, 5 U.S.C. App., § 7(b). You may make a selection below to authorize SBA to share your identity with the federal agency with which you are having a problem so that agency can investigate your specific problem and offer a response tailored to your situation. By requesting confidentiality, the federal agency may not have sufficient information to investigate your specific problem, possibly delaying or preventing any potential resolution of your situation

☒ I request that my identity be shared only with the federal agency(ies) with which I am having a problem.

☐ I request that my identity be kept confidential. (Results may be limited.)

Signature: David Medeiros

Date: 9/28/2023

Your signature authorizes the SBA Ombudsman to proceed on your behalf.

**Pursue all legal options you believe are in your company's best interest.**

**This process is not a substitute for legal action.**

**SBA FORM 1993 (9-19) Previous Editions Obsolete**

**PLEASE NOTE: The estimated burden for completing this form is 45 minutes. You are not required to respond to this information collection if a valid OMB approval number is not displayed. If you have any questions or comments concerning this estimate or other aspects of this information collection, please contact the U. S. Small Business Administration, Director, Records Management Division, 409 Third Street, SW, Washington, D.C ., 20416 and/or Office of Management and Budget, SBA Desk Officer, New Executive Office Building, Rm. 10202, Washington, D.C. 20503. PLEASE DO NOT SEND FORMS TO OMB, as this will delay action on your request for assistance.**

**Type or (print) your comments below:**

Subject: Formal Complaint: Unfair Regulatory Enforcement and Discrimination Against ABI Resources LLC by Connecticut Department of Social Services & COU Community Options Unit

To the Office of the National Ombudsman,

Small Business Administration

Dear Ombudsman,

I am David Medeiros, owner of ABI Resources LLC, and I am submitting this complaint to bring to your attention the serious and ongoing discriminatory practices and unfair regulatory enforcement exerted by the Connecticut Department of Social Services and COU Community Options Unit on my business.

**Discriminatory Practices & Business Obstruction:**

My company has experienced systemic neglect, biased communication, and targeted discrimination leading to professional hindrance and obstruction of growth opportunities.

**Unfair Referral Allocation & Alleged Kickback System:**

There's an evident bias in referral allocation, potentially part of an alleged kickback system favoring one agency, leading to undue competition and resource strain on my business.

Targeted Suppression of Small Businesses:

The aforementioned entities seem to employ resources to suppress and eliminate smaller businesses, manipulating competitive dynamics and violating principles of fair business practices.

Inadequate Grievance Addressal:

My reports of such misconduct are met with inadequate investigation and resolution, signaling systemic neglect of genuine concerns and grievances.

I request immediate intervention and an in-depth investigation into these allegations to ensure fair regulatory practices and eliminate any anti-competitive and discriminatory conduct adversely impacting my business. Such actions, if proven true, violate the principles of business fairness and equity, necessitating prompt redressal to uphold justice and competitive integrity.

Thank you for your attention to this urgent matter. I am willing to provide any additional information, documents, or clarification needed to aid your investigation and eagerly await your response and resolution to reinstate fair business practices and justice.

Sincerely,

David Medeiros

Owner, ABI Resources LLC

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](mailto: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



**United States Department of Justice**  
**Civil Rights Division**  
civilrights.justice.gov

Thank you for submitting a report to the Civil Rights Division.

**Report successfully submitted**

Please save your record number for tracking.



Your record number is: **354718-LTZ**

---

## What to expect

### ① We review your report

Our specialists in the Civil Rights Division carefully read every report to identify civil rights violations, spot trends, and determine if we have authority to help with your report.

### ② Our specialists determine the next step

We may decide to:

**Open an investigation** or take some other action within the legal authority of the Justice Department.

**Collect more information** before we can look into your report.

**Recommend another government agency** that can properly look into your report. If so, we'll let you know.

In some cases, we may determine that we don't have legal authority to handle your report and will recommend that you seek help from a private lawyer or local legal aid organization.

### ③ When possible, we will follow up with you

We do our best to let you know about the outcome of our review. However, we may not always be able to provide you with updates because:

We're actively working on an investigation or case related to your report.

We're receiving and actively reviewing many requests at the same time.

If we are able to respond, we will contact you using the contact information you provided in this report. Depending on the type of report, response times can vary. If you need to reach us about your report, please refer to your report number when contacting us. This is how we keep track of your submission.

---

## What you can do next

### ① Contact local legal aid organizations or a lawyer if you haven't already

Legal aid offices or members of lawyer associations in your state may be able to help you with your issue.

American Bar Association, visit [www.americanbar.org/groups/legal\\_services/flh-home](https://www.americanbar.org/groups/legal_services/flh-home) or call (800) 285-2221

Legal Services Corporation (or Legal Aid Offices), to help you find a legal aid lawyer in your area visit [www.lsc.gov/find-legal-aid](https://www.lsc.gov/find-legal-aid)

### ② Get help immediately if you are in danger

If you reported an incident where you or someone else has experienced or is still experiencing physical harm or violence, or are in immediate danger, please call 911 and contact the police.

---

## Your submission

---

### Contact

#### Contact information

---

Your name

David Medeiros

Email address

aabiwr@live.com

Phone number

8604633638

Address

215 Mountain St

-

Willimantic, Connecticut 06226

Are you now or have ever been an active duty service member?

No

Primary concern

What is your primary reason for contacting the Civil Rights Division?

Something else happened

Location

Where did this happen?

Organization name

Connecticut Department of Social Services

Address

55 Farmington Avenue Hartford, CT 06105

-

Hartford, Connecticut

Personal characteristics

Do you believe any of these personal characteristics influenced why you were treated this way?

Disability (including temporary or recovered and including HIV and drug addiction)

Other reason

Date

When did this happen?

10/4/2023

Personal description

In your own words, describe what happened

10/04/2023

Subject: Formal Complaint: Alleged Discrimination and Violation of Rights Under the ADA and Section 504 by the Connecticut Department of Social Services and COU Community Options Unit

To the Civil Rights Division, Department of Justice,

I am David Medeiros, a survivor of traumatic brain injury and stroke and the owner of ABI Resources LLC. I write to formally communicate instances of alleged discrimination and violation of rights by the Connecticut Department of Social Services and COU Community Options Unit. This complaint is submitted in my individual capacity and spotlights the purported systematic discrimination and disregard of federal laws that safeguard the rights of disabled individuals.

Detailed Account of Alleged Discriminatory Acts:

Neglect of Communication:

My attempts to communicate and inquire have often been disregarded or unjustifiably delayed, reflecting not only professional negligence but also an indication of personal disregard. This has led to emotional distress and hindrances in my professional endeavors.

Obstruction of Professional Progress:

There have been intentional actions to hinder my professional and business opportunities, compelling me to utilize significant personal resources to ensure fair opportunity.

Personal Harassment:

I feel targeted and subjected to deliberate acts of harassment, marginalization, and disparagement, infringing upon my personal dignity and professional reputation.

**Unaddressed Grievances:**

Despite reporting these discriminatory acts and violations, there's been a notable lack of response or corrective actions, exacerbating my feelings of isolation and infringement of my rights.

**Biased Resource Allocation:**

I've observed a clear prejudice in resource and referral allocation, reflecting inherent bias and resulting in unfair competitive circumstances.

**Legal Provisions Allegedly Breached:**

Americans with Disabilities Act (ADA): The actions mentioned seem to breach the ADA, undermining my rights as a disabled individual.

Section 504 of the Rehabilitation Act: The discrimination appears contrary to Section 504, jeopardizing my right to fairness and equality.

**Call for Action:**

I earnestly request the Department of Justice's prompt intervention and thorough examination of the alleged discrimination and rights violations. It is imperative to verify these claims, halt ongoing discriminatory behaviors, and ensure adherence to federal laws upholding disabled individuals' rights.

**Conclusion:**

The behaviors outlined above not only display professional misconduct but also a blatant disrespect for the rights and dignity of disabled individuals, warranting prompt and assertive legal action.

I stand ready to offer any further details or clarification needed for the investigation. I ardently hope for a resolution that champions justice, equality, and respect for the rights of disabled individuals.

Sincerely,

David Medeiros



**United States Department of Justice**  
**Civil Rights Division**  
civilrights.justice.gov

Thank you for submitting a report to the Civil Rights Division.

**Report successfully submitted**



Your record number is: **355156-LRB**

---

## What to expect

### ① We review your report

Our specialists in the Civil Rights Division carefully read every report to identify civil rights violations, spot trends, and determine if we have authority to help with your report.

### ② Our specialists determine the next step

We may decide to:

**Open an investigation** or take some other action within the legal authority of the Justice Department.

**Collect more information** before we can look into your report.

**Recommend another government agency** that can properly look into your report. If so, we'll let you know.

In some cases, we may determine that we don't have legal authority to handle your report and will recommend that you seek help from a private lawyer or local legal aid organization.

### ③ When possible, we will follow up with you

We do our best to let you know about the outcome of our review. However, we may not always be able to provide you with updates because:

We're actively working on an investigation or case related to your report.

We're receiving and actively reviewing many requests at the same time.

If we are able to respond, we will contact you using the contact information you provided in this report. Depending on the type of report, response times can vary. If you need to reach us about your report, please refer to your report number when contacting us. This is how we keep track of your submission.

---

## What you can do next

### ① Contact local legal aid organizations or a lawyer if you haven't already

Legal aid offices or members of lawyer associations in your state may be able to help you with your issue.

American Bar Association, visit [www.americanbar.org/groups/legal\\_services/flh-home](https://www.americanbar.org/groups/legal_services/flh-home) or call (800) 285-2221

Legal Services Corporation (or Legal Aid Offices), to help you find a legal aid lawyer in your area visit [www.lsc.gov/find-legal-aid](https://www.lsc.gov/find-legal-aid)

### ② Get help immediately if you are in danger

If you reported an incident where you or someone else has experienced or is still experiencing physical harm or violence, or are in immediate danger, please call 911 and contact the police.

---

## Your submission

---

### Contact

#### Contact information

---

**Your name**

David Medeiros

**Email address**

aabiwr@live.com

**Phone number**

8604633638

**Address**

215 Mountain St

-

Willimantic, Connecticut 06226

**Are you now or have ever been an active duty service member?**

No

**Primary concern****What is your primary reason for contacting the Civil Rights Division?**

Discriminated against in a commercial location or public place

**Location****Please choose the type of location that best describes where the incident happened**

Public space

**Where did this happen?****Organization name**

Connecticut Department of Social Services

**Address**

55 Farmington Ave Hartford, CT 06105

-

Hartford, Connecticut

**Personal characteristics****Do you believe any of these personal characteristics influenced why you were treated this way?**

Disability (including temporary or recovered and including HIV and drug addiction)

**Date****When did this happen?**

10/4/2023

**Personal description****In your own words, describe what happened**

UNITED STATES DEPARTMENT OF JUSTICE

CIVIL RIGHTS DIVISION

950 Pennsylvania Avenue, NW

Washington, D.C. 20530

RE: Formal Complaint of Discrimination

I. EXECUTIVE OVERVIEW

To the Honorable Representatives of the Civil Rights Division,

I, David Medeiros, submit this formal complaint to the Department of Justice's Civil Rights Division with profound urgency and gravitas. Grounded in both federal and Connecticut state anti-discrimination laws, this document presents a disconcerting chronicle of alleged discriminatory actions and oversights perpetuated by the Connecticut Department of Social Services and the COU Community Options Unit.

II. IDENTIFICATION OF PARTIES

Complainant: David Medeiros, an emblematic figure in disability rights advocacy, proprietor of ABI Resources LLC, and a tenacious survivor of traumatic brain injury and stroke.

Respondents: Connecticut Department of Social Services and COU Community Options Unit, state entities duly bound by federal and state anti-discrimination mandates.

### III. CHRONOLOGY OF DISCRIMINATORY CONDUCT

With meticulous detail, the following systemic transgressions are chronicled:

Systemic Communication Marginalization: A troubling neglect of my professional communications.

Deliberate Professional Barriers: Constructed obstructions inhibiting my professional ascent.

Sustained Harassment Campaign: Repeated acts undermining my dignity and professional standing.

Disregard for Grievance Mechanisms: An evident abrogation of my due process rights.

Resource Allocation Biases: Apparent disparities underscoring inherent bias against my professional endeavors.

### IV. LEGISLATIVE AND REGULATORY INFRACTIONS

In accordance with the highest standards of legal rigor, I cite infractions of:

Americans with Disabilities Act, 42 U.S.C. § 12101 et seq. (ADA): A fundamental federal mandate that prohibits disability-based discrimination.

Section 504 of the Rehabilitation Act of 1973: An integral federal statute that safeguards against disability-based discrimination within federally funded programs or activities.

28 CFR Part 36: Regulatory provisions that underscore non-discrimination based on disability in public accommodations.

### V. PRAYERS FOR REDRESS

I humbly entreat the Civil Rights Division to:

Initiate a Comprehensive Investigation into the infractions as detailed herein.

Mandate Immediate Remedial Actions by the Respondents to rectify their actions and ensure compliance with federal mandates.

Impose Appropriate Sanctions against the Respondents in accordance with the gravitas of the transgressions.

### VI. CONCLUDING REMARKS

With unwavering faith in the bedrock principles of justice, equity, and civil rights that have defined this great nation, I submit this complaint to the Department of Justice, ardently seeking redress and anticipating a judicious resolution.

Dated:10.05.2023

With Deepest Respect,

David Medeiros



## Consumer Report To The FTC

The FTC cannot resolve individual complaints, but we can provide information about next steps to take. We share your report with local, state, federal, and foreign law enforcement partners. Your report might be used to investigate cases in a legal proceeding. Please read our Privacy Policy to learn how we protect your personal information, and when we share it outside the FTC.

### About you

**Name:** David Medeiros **Email:** aabiwr@live.com  
**Address:** 215 Mountain St **Phone:** 860-463-3638  
**City:** Willimantic **State:** Connecticut **Zip Code:** 06226  
**Country:** USA

### What happened

Federal Trade Commission 600 Pennsylvania Avenue NW Washington, DC 20580 Subject: Unlawful Practices of Connecticut Supported Living Group (SLG) and Its Implications on Federal Trade Laws Dear FTC Commissioners, I hope this letter finds you well. My name is David Medeiros, and I am writing on behalf of ABI Resources, a service provider dedicated to assisting the recovering brain-injured population. I am writing to bring to your attention alarming information we have received concerning potentially illicit and anti-competitive actions by the Connecticut Supported Living Group (SLG) Executive Office of Bethany, located at 23 Amity Rd, Bethany, CT 06524. 1. Payment to Clients for Service Retention: We have been made aware that SLG has adopted a strategy wherein clients receiving federally-funded Medicaid services for brain injury recovery are also being paid an amount of \$30 a week for their continued patronage. Not only does this raise concerns regarding the ethicality of essentially 'paying' clients to receive medical care, but it also casts a shadow over the integrity of the decision-making process these vulnerable clients must navigate. 2. Termination of Services for Seeking Clarity: Further aggravating the matter, when a particular client sought more details regarding this \$30 per week payment, SLG allegedly terminated their federally-funded healthcare support services. Such retaliation for a simple inquiry is not only unacceptable but also could potentially breach the rights of Medicaid beneficiaries. 3. Anti-Competitive Behavior and Its Impacts: The said practice poses significant challenges for other service providers, like ABI Resources. When clients receive financial incentives from SLG, they are naturally less likely to explore or shift to other service providers, regardless of the quality or appropriateness of care. This unfairly impacts our ability and that of other agencies to compete on a level playing field. Violations of FTC Laws: Given the above, we believe SLG's actions potentially violate several key FTC provisions: a. Deceptive Practices (Section 5 of the FTC Act): By paying clients and not being transparent about the nature or reasons for these payments, SLG may be engaging in deceptive practices. b. Unfair Practices (Section 5 of the FTC Act): Terminating services in retaliation for queries regarding the payments can be deemed as an unfair practice, which could lead to substantial harm to consumers who are denied necessary medical services. c. Anti-Competitive Practices (Sherman Act, Section 2): By paying clients to retain their services, SLG is potentially creating a monopoly in the market for services related to brain injury recovery. This could result in lessened competition, which is detrimental to consumers who benefit from a competitive marketplace that fosters innovation and better services. Request for Action: Given the severe implications of these actions for the welfare of the recovering brain-injured community and the competitive landscape of healthcare services in Connecticut, we respectfully request that the FTC promptly investigates this matter and take the necessary measures to halt and rectify any unfair and deceptive practices found. We remain at your disposal for any further information or clarity that you may need to pursue this matter. Thank you for your time and consideration. Sincerely, David Medeiros ABI Resources

### How it started

| Date fraud began: | Amount I was asked for: | Amount I Paid: |
|-------------------|-------------------------|----------------|
| 10/01/2023        |                         |                |
| Payment Used:     | How I was contacted:    |                |
| Other             | Other                   |                |

## Details about the company, business, or individual

|                                                                       |                 |          |
|-----------------------------------------------------------------------|-----------------|----------|
| Company/Person                                                        |                 |          |
| Name:<br>Supported Living Group (SLG) Executive Office of Bethany, Io |                 |          |
| Address Line 1:                                                       | Address Line 2: | City:    |
| State:                                                                | Zip Code:       | Country: |
| Email Address:                                                        |                 |          |
| Phone:                                                                |                 |          |
| Website:                                                              |                 |          |
| Name of Person You Dealt With:                                        |                 |          |

## Your Next Steps



### Scam Advice:

- If you're concerned a scammer has your personal information, like your Social Security, credit card, or bank account number, go to [identitytheft.gov](https://www.identitytheft.gov) for steps you can take.
- Learn more about different scams and how to recover from them at [ftc.gov/scams](https://www.ftc.gov/scams).
- You also can file a report with your [state attorney general](#).

## What Happens Next



- Your report will help us in our efforts to protect **all** consumers. Thank You!
- We can't resolve your individual report, but we use reports to investigate and bring cases against fraud, scams, and bad business practices.
- We share your report with our law enforcement partners who also use reports to investigate and bring cases against fraud, scams, and bad business practices.
- We use reports to spot trends, educate the public, and provide data about what is happening in your community. You can check out what is going on in your state and metro area by visiting [ftc.gov/exploredata](https://www.ftc.gov/exploredata).

[ftc.gov/refunds](https://www.ftc.gov/refunds)



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](mailto:National.FOIAPortal@usdoj.gov).

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](mailto: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](mailto: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](mailto:FOIA_Request@cms.hhs.gov)

### Request summary

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

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

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

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



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](mailto:National.FOIAPortal@usdoj.gov)

[Hero image credit](#)  CC3.0

| [FREQUENTLY ASKED QUESTIONS](#)

| [DEVELOPER RESOURCES](#)

| [AGENCY API SPEC](#)

| [FOIA CONTACT DOWNLOAD](#)

| [FOIA DATASET DOWNLOAD](#)

| [ACCESSIBILITY](#)

| [PRIVACY POLICY](#)

| [POLICIES & DISCLAIMERS](#)

| [JUSTICE.GOV](#)

| [USA.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](mailto:National.FOIAPortal@usdoj.gov).

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](mailto: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](mailto: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](mailto:FOIA_Request@cms.hhs.gov)

### Request summary

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

The confirmation ID for your request is **899551**.

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

**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

**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](mailto:National.FOIAPortal@usdoj.gov)

[Hero image credit](#) [↗](#) CC3.0

| [FREQUENTLY ASKED QUESTIONS](#)

| [DEVELOPER RESOURCES](#)

| [AGENCY API SPEC](#)

| [FOIA CONTACT DOWNLOAD](#)

| [FOIA DATASET DOWNLOAD](#)

| [ACCESSIBILITY](#)

| [PRIVACY POLICY](#)

| [POLICIES & DISCLAIMERS](#)

| [JUSTICE.GOV](#)

| [USA.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](mailto:National.FOIAPortal@usdoj.gov).

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](mailto: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](mailto: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](mailto:FOIA_Request@cms.hhs.gov)

### Request summary

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

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

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

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



# 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](mailto:National.FOIAPortal@usdoj.gov)

[Hero image credit](#)  CC3.0

| [FREQUENTLY ASKED QUESTIONS](#)

| [DEVELOPER RESOURCES](#)

| [AGENCY API SPEC](#)

| [FOIA CONTACT DOWNLOAD](#)

| [FOIA DATASET DOWNLOAD](#)

| [ACCESSIBILITY](#)

| [PRIVACY POLICY](#)

| [POLICIES & DISCLAIMERS](#)

| [JUSTICE.GOV](#)

| [USA.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](mailto:National.FOIAPortal@usdoj.gov).

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](mailto: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](mailto: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](mailto:FOIA_Request@cms.hhs.gov)

### Request summary

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

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

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

**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



# 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](mailto:National.FOIAPortal@usdoj.gov)

[Hero image credit](#) [↗](#) CC3.0

| [FREQUENTLY ASKED QUESTIONS](#)

| [DEVELOPER RESOURCES](#)

| [AGENCY API SPEC](#)

| [FOIA CONTACT DOWNLOAD](#)

| [FOIA DATASET DOWNLOAD](#)

| [ACCESSIBILITY](#)

| [PRIVACY POLICY](#)

| [POLICIES & DISCLAIMERS](#)

| [JUSTICE.GOV](#)

| [USA.GOV](#) [↗](#)

**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 | joronzo@carefinders.org   | New Haven     |
| A & B Homecare Solutions LLC dba Northwest Home Care LLC | ● | (203) 495-1900 | joronzo@carefinders.org   | New Haven     |
| A & B Homecare Solutions LLC dba Northwest Home Care LLC | ● | (203) 495-1900 | joronzo@carefinders.org   | New Haven     |
| A & B Homecare Solutions LLC dba Northwest Home Care LLC | ● | (203) 495-1900 | joronzo@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

HOME ABOUT US PROGRAMS & SERVICES CUSTOMER SERVICE QUALITY SERVICE PROVIDER INFORMATION CONTACT US

Font Size

Copyright © 2022 - All Rights Reserved. [Third Party Notice](#) Version 2022.6.21.0

Portal Log Out

- 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.

"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:**

**Regions:**

**Services:**    
  
 Assistive Technology  
 Environmental Accessibility Adapt.

**Towns:**

**Additional Languages:**

HOME ABOUT US PROGRAMS & SERVICES CUSTOMER SERVICE QUALITY SERVICE PROVIDER INFORMATION CONTACT US  
 - Font Size +  
 Copyright © 2022 - All Rights Reserved. [Third Party Notice](#) Version 2022.6.21.0  
 Portal Log Out

- 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





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](mailto:National.FOIAPortal@usdoj.gov).

Submission ID: 924101

## 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](mailto: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](mailto: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](mailto:FOIA_Request@cms.hhs.gov)

### Request summary

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

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

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

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](mailto:National.FOIAPortal@usdoj.gov)

Hero image credit [CC3.0](#)

| [FREQUENTLY ASKED QUESTIONS](#)

| [DEVELOPER RESOURCES](#)

| [AGENCY API SPEC](#)

| [FOIA CONTACT DOWNLOAD](#)

| [FOIA DATASET DOWNLOAD](#)

| [ACCESSIBILITY](#)

| [PRIVACY POLICY](#)

| [POLICIES & DISCLAIMERS](#)

| [JUSTICE.GOV](#)

| [USA.GOV](#)



## **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>

10/31/2023

Subject: Formal Grievance Concerning Discriminatory Unfair Business Practices within the Connecticut Medicaid ABI Waiver Program

**To: All pertinent departments within the state of Connecticut,**

I trust this correspondence reaches you in excellent health and high spirits. My name is David Medeiros, and I am addressing you in my capacity as a concerned business owner, resident, and individual with a disability residing in the state of Connecticut. I have the honor of leading ABI Resources, a distinguished service provider within the Connecticut Medicaid Acquired Brain Injury (ABI) Waiver Program.

I find myself compelled to highlight and formally complain about a series of blatant and persistent inequities pertaining to discriminatory business practices occurring under the aegis of the aforementioned program. Despite my multiple, concerted efforts to engage in constructive dialogue with the Connecticut Department of Social Services, addressing these grave concerns has been met with a disconcerting lack of engagement and rectification. This situation has had a deleterious impact not only on the operations of ABI Resources but also on the well-being and quality of service accessible to the disabled individuals we are committed to serving.

## Key Concerns and Grievances:

### a) **Medicaid Referrals:**

### b) **Paying Consumers / Financial Incentives Inducements / Medicaid Service Agency**

### a) **Medicaid Referrals:**

There is a prevailing lack of transparency and an apparent bias in the Medicaid referral processes within the ABI Waiver Program. ABI Resources, despite an unwavering commitment to excellence in service delivery, has been unfairly marginalized, resulting in an unequal and unjust distribution of referrals.

Addressing issues of transparency, bias, and unfair marginalization in Medicaid referrals, particularly within the Acquired Brain Injury (ABI) Waiver Program, is crucial to ensuring equitable access to quality healthcare services for all eligible individuals. ABI Resources and similar service providers play a vital role in supporting individuals with acquired brain injuries, and it is essential that they are treated fairly in the referral process to continue their commitment to excellence in service delivery.

## **Potential Steps to Address the Issue:**

### Increase Transparency:

Implement a transparent referral process where criteria for referrals are clearly defined and made publicly available.

Establish a monitoring system to track and publish referral data, including the number of referrals made to each service provider and the reasons for referral decisions.

#### Conduct an Independent Audit:

Hire an independent entity to conduct a thorough review of the Medicaid referral processes within the ABI Waiver Program to identify any biases or unfair practices.

The audit should also evaluate the performance and quality of services provided by ABI Resources and other service providers to ensure that referrals are based on merit and the ability to meet the needs of individuals with acquired brain injuries.

#### Implement a Fair and Equitable Referral System:

Develop a standardized and objective referral system that ensures all service providers are evaluated based on the same criteria.

Consider incorporating a randomized component to the referral process to prevent bias and ensure a fair distribution of referrals.

#### Engage Stakeholders:

Create a platform for open dialogue between Medicaid officials, service providers, individuals with acquired brain injuries, and their families to discuss concerns related to the referral process.

Use feedback from stakeholders to continuously improve the referral system and address any emerging issues.

#### Provide Training and Education:

Offer training to Medicaid officials and other stakeholders involved in the referral process to raise awareness about potential biases and the importance of a fair and equitable system.

Educate service providers about the referral process, criteria for referrals, and steps they can take if they believe they have been treated unfairly.

### Establish a Complaint and Appeal Process:

Create a clear and accessible complaint and appeal process for service providers who believe they have been unfairly marginalized in the referral process.

Ensure that complaints are thoroughly investigated and that corrective action is taken when warranted.

### Promote Accountability:

Hold Medicaid officials and other stakeholders accountable for ensuring a fair and transparent referral process.

Implement consequences for individuals or entities found to be engaging in biased or unfair practices.

### Regularly Review and Update Policies:

Conduct regular reviews of referral policies and procedures to ensure they remain up-to-date, fair, and transparent.

Update policies as needed to address any identified issues and to adapt to changing needs and circumstances.

Addressing the issues of transparency, bias, and unfair marginalization in Medicaid referrals within the ABI Waiver Program is essential to ensuring that all eligible individuals have equal access to high-quality services. It is imperative that service providers like ABI Resources are treated fairly and equitably in the referral process to uphold the integrity of the healthcare system and to foster trust among all stakeholders. Implementing the above steps could contribute significantly to creating a more transparent, fair, and equitable referral system, ultimately benefiting individuals with acquired brain injuries and the service providers dedicated to supporting them.