RE: Urgent: Investigation Request Regarding Ethical Concerns with Connecticut Community Care's Practices

DSS, Commis <Commis.DSS@ct.gov>
Wed 9/13/2023 9:57 AM
To:ABI RESOURCES 860 942-0365 <aabiwr@live.com>

Please resend unecrypted.

Thank you,

Debby

Deborah Alexson
Deborah.Alexson@ct.gov

DSS
55 Farmington Ave.
Hartford, CT 06105
860-424-5044 Direct

www.ct.gov/dss

From: ABI RESOURCES 860 942-0365 <aabiwr@live.com>
Sent: Wednesday, September 13, 2023 6:54 AM
To: DSS, Commis <Commis.DSS@ct.gov>; Dumont, Amy E <Amy.Dumont@ct.gov>
Subject: Re: Urgent: Investigation Request Regarding Ethical Concerns with Connecticut Community Care's Practices

RE: Verification Request | Fw: Request for Documentation to Update and Confirm Information on Provider Registries unsecure

DSS, FOIA <FOIA.DSS@ct.gov>

Mon 3/20/2023 3:56 PM

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

Good Afternoon,

Your request for information has been received.

The Department will respond in accordance with the requirements of the CT FOIA.

If there are any costs associated with complying with your request, an estimate will be provided to you before the records are compiled and provided to you.

Thank you.

FOIA Officer
Department of Social Services
55 Farmington Avenue
Hartford, Connecticut 06105

From: ABI RESOURCES 860 942-0365 <aabiwr@live.com>
Sent: Monday, March 20, 2023 7:12 AM
To: Cavallaro, Jennifer <Jennifer.Cavallaro@ct.gov>; Chase, Paul <Paul.Chase@ct.gov>; Slitt, Michael <Michael.Slitt@ct.gov>; DSS, FOIA <FOIA.DSS@ct.gov>; Dumont, Amy E <Amy.Dumont@ct.gov>; Orejuela, Elizabeth <Elizabeth.Orejuela@ct.gov>
Cc: ABI Resources HIPAA Secure Correspondence www.CTBRAININJURY.com <abi@ctbraininjury.com>
Subject: Re: Verification Request | Fw: Request for Documentation to Update and Confirm Information on Provider Registries unsecure

Dear COU/CT DSS Recipients,

I hope this email finds you well. I am writing to inquire about a discrepancy in the correspondence I have been receiving from the COU/CT DSS.

On 3/10/2023, I received an email from ACR containing certain information that is crucial for ABI Resources to provide effective services to our clients and ensure the community has complete access to our services. However, I have not been receiving any correspondence from the COU/CT DSS regarding this matter. This has raised concerns about the accuracy and reliability of the information provided.

In light of this, I would like to kindly request your assistance in verifying the accuracy of the information provided by ACR in the email below:

[Again, Included within this email thread is the ACR email in reference]

Please confirm the accuracy of this information. If you find any inaccuracies or outdated information, kindly inform us and provide the correct details.

Additionally, I would appreciate it if you could look into the issue of why I have not been receiving correspondence from the COU/CT DSS on this subject, and advise on any necessary steps to rectify the situation.

Your assistance in ensuring that our organization has access to accurate and up-to-date information is greatly appreciated. Please let us know if there are any further steps we need to take in order to obtain this verification.

Thank you for your time and attention to this matter. I look forward to your prompt response.

All the best,
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

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

From: ABI RESOURCES 860 942-0365 <aabiwr@live.com>
Sent: Tuesday, March 14, 2023 8:47 AM
To: Jennifer.cavallaro@ct.gov <Jennifer.Cavallaro@ct.gov>; Paul <paul.chase@ct.gov>; Slitt, Michael <Michael.Slitt@ct.gov>; foia.dss@ct.gov <FOIA.DSS@ct.gov>; Amy Dumont <amy.dumont@ct.gov>; elizabeth orejuela <Elizabeth.Orejuela@ct.gov>
Cc: ABI Resources HIPAA Secure Correspondence www.CTBRAININJURY.com <abi@ctbraininjury.com>
Subject: Fw: Verification Request | Fw: Request for Documentation to Update and Confirm Information on Provider Registries unsecure

Hello COU / CT DSS,

I am reaching out on behalf of ABI Resources to request verification of the accuracy of the information provided by ACR within this email below.

As you know, it is crucial that our organization has access to accurate and up-to-date information in order to effectively provide services to our clients as well as ensure the community has complete access to our services. Therefore, we would like to request that DSS verify the accuracy of the following information provided by ACR bellow:

We kindly request that you confirm the accuracy of this information as soon as possible. If any of the information is found to be inaccurate or out of date, would you please let us know and provide us with the correct information?

We greatly appreciate your help in ensuring that our organization has access to accurate information. Please let us know if there are any additional steps we need to take in order to obtain this verification.

Thank you for your time and attention to this matter. We look forward to hearing back from you soon.

All the best,
David Medeiros

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From: ABI RESOURCES 860 942-0365 <AABIWR@LIVE.COM>
Sent: Monday, March 13, 2023 9:49 AM
To: Amy Dumont <amy.dumont@ct.gov>
Cc: ABI Resources HIPAA Secure Correspondence www.CTBRAININJURY.com <abi@ctbraininjury.com>
Subject: Verification Request | Fw: Request for Documentation to Update and Confirm Information on Provider Registries unsecure

Hello Amy,

I am reaching out on behalf of ABI Resources to request verification of the accuracy of the information provided by ACR.

As you know, it is crucial that our organization has access to accurate and up-to-date information in order to effectively provide services to our clients as well as ensure the community has complete access to our services. Therefore, we would like to request that DSS verify the accuracy of the following information provided by ACR bellow:

We kindly request that you confirm the accuracy of this information as soon as possible. If any of the information is found to be inaccurate or out of date, would you please let us know and provide us with the correct information?

We greatly appreciate your help in ensuring that our organization has access to accurate information. Please let us know if there are any additional steps we need to take in order to obtain this verification.

Thank you for your time and attention to this matter. We look forward to hearing back from you soon.

All the best,
David Medeiros

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

From: Marihonor Flagg <mflagg@alliedgroup.org>
Sent: Monday, March 13, 2023 8:25 AM
To: ABI RESOURCES L.L.C. 860 942-0365 <AABIWR@LIVE.COM>
Cc: Valerie Giannelli <vgiannelli@alliedgroup.org>; Nicole Simmons <nsimmons@alliedgroup.org>
Subject: FW: Request for Documentation to Update and Confirm Information on Provider Registries unsecure

Greetings – the answers are in red. Also, the acr@alliedgroup.org is for general document submission only. You do not need to CC that email address on correspondences.

Marihonor Flagg
Outreach & Training Coordinator
Allied Community Resources
Fax: (860) 627-0230

From: ABI RESOURCES 860 942-0365 <AABIWR@LIVE.COM>
Sent: Saturday, March 11, 2023 6:59 AM
To: Marihonor Flagg <mflagg@alliedgroup.org>; ACR@alliedgroup.org
Cc: ABI Resources HIPAA Secure Correspondence www.CTBRAININJURY.com <abi@ctbraininjury.com>
Subject: Re: Request for Documentation to Update and Confirm Information on Provider Registries unsecure

Thank you Marihonor,

I hope this email finds you well. I am reaching out to inquire about the ACR Provider List and our listing on it. I noticed that several agencies are listed 3 to 4 times with the same information, and I was wondering if ABI Resources may do the same? Would ACR please list ABI Resources on the ACR Provider List in the same manner as other agencies listed 3 to 4 times with the same information? The directory is produced by program. ABI Resources participates in the ABI Program and appears on that directory only.

What is the process for being listed at the top of the ACR Provider List and how may ABI Resources ensure that we are consistently listed at the top of the list? The directory is sorted by alphabetical order.

As a reputable agency, we would like to ensure that our services are easily accessible to those seeking care, and being listed at the top of the provider list would help us achieve this goal. Therefore, I would appreciate any information you can provide on how this process works and what we can do to be listed at the top consistently. The directory is sorted by alphabetical order

Additionally, the ACR PIU document provided does not show areas and locations, which raises the concern that ABI Resources may not be listed for all areas. Therefore, I would like to ensure that we are listed for all areas to better serve our clients. ABI Resources is listed for statewide services as indicated on the directory page I sent you on Friday.

Furthermore, the ACR PIU document provided does not show service types, including PCA services. As ABI Resources offers a wide range of services, I would like to ensure that we are listed for all services, including PCA services, to make it easier for our clients to find us and access the care they need. We have you in our system for the ABI Program only. If you wish to add the PCA Program, please send in current copies of your insurance certificates (liability, WC, theft) and your DCP. We will process your request and send you the letter you will need to enroll for PCA Waiver billing.

Lastly, we would like to inquire about the accessibility of the ACR Provider List to the public and what steps consumers need to take to access the list? Per DSS directive, the directory is not for public view. It is for program participants/reps and DSS care managers

As a provider of services, we would like to ensure that our clients and potential clients can easily access the list to find the services they need. Therefore, I would appreciate it if you could provide information on the accessibility of the list and any steps that consumers need to take to access it. It is not for public view

Would it be possible for you to provide us with the link to the public ACR Provider List, so we may share it with our clients and make it easier for them to access? There is no link to the Provider Directory that Allied produces and maintains

Please let me know if there are any steps we need to take to update our listing or if you require any additional information from us.

Thank you for your time and consideration.

All the best,
David Medeiros

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From: Marihonor Flagg <mflagg@alliedgroup.org>
Sent: Friday, March 10, 2023 2:59 PM
To: ABI RESOURCES 860 942-0365 <aabiwr@live.com>
Cc: ABI Resources HIPAA Secure Correspondence www.CTBRAININJURY.com <abi@ctbraininjury.com>
Subject: RE: Request for Documentation to Update and Confirm Information on Provider Registries unsecure

Hi David – attached please find the directory listing for your agency. I have attached an Update form to make any changes in the contact information if need be.
Thank you.

Marihonor Flagg
Outreach & Training Coordinator
Allied Community Resources
Fax: (860) 627-0230

From: ABI RESOURCES 860 942-0365 <aabiwr@live.com>
Sent: Friday, March 10, 2023 2:33 PM
To: ACR@alliedgroup.org; Marihonor Flagg <mflagg@alliedgroup.org>
Cc: ABI Resources HIPAA Secure Correspondence www.CTBRAININJURY.com <abi@ctbraininjury.com>
Subject: Request for Documentation to Update and Confirm Information on Provider Registries

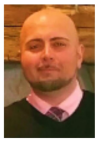
Hello Allied Community Resources,

I am writing on behalf of ABI Resources to request an update and confirmation of our information on your provider registries. We value our partnership with your organization and want to ensure that our information is accurate and up-to-date.

Could you kindly provide us with the documentation necessary to update and confirm our information on your provider registries? We are committed to providing quality services to our clients and believe that accurate information is essential to maintaining our reputation and credibility as a provider.

Thank you for your assistance in this matter. We appreciate your efforts to help us maintain the highest standards of professionalism and quality in our services.

All the best,
David Medeiros



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Re: 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 1:58 PM

To:Erin Kane <Erin.Kane@ctcommunitycare.org>
Cc:Julia Evans Starr <julia.evans.starr@ctcommunitycare.org>

Dear Erin,

It is important for me to apologize and ask for your forgiveness, I am sorry. I would like to express my gratitude for your previous response on March 13th. Your assistance and guidance have been valuable to me, and I truly appreciate your willingness to help.

As a TBI (Traumatic Brain Injury) survivor of 45 years and a recent stroke survivor, I sometimes have a hard time reading between the lines, making assumptions, and clearly communicating requests. I understand the importance of providing the best possible care and support for our clients and staff. In order to further enhance my understanding of the CCC process, I requested more clarity on certain aspects of the program. My goal is to utilize this information to better serve the individuals under our care and to contribute effectively to the growth of our community.

I understand that you have mentioned directing further programmatic questions to the Department of Social Services. However, I was hoping you could provide some initial guidance or point me in the right direction before I approach the department. DSS has established your agency team as our first point of contact. Your insights, based on your experience and expertise, would be invaluable in helping me navigate this process more efficiently.

My aim is to gather as much knowledge as possible to ensure that our practices are aligned with the broader goals and initiatives of the greatest good. As we both share a deep commitment to supporting TBI survivors, I believe that working together and exchanging information can be a crucial factor in achieving the best outcomes for our clients and staff.

Thank you in advance for your time and consideration. I look forward to hearing from you soon and hope to establish a productive and collaborative relationship in our efforts to support TBI survivors. I only wish to help the greatest good and provide real support for those in need, this is why I have asked you these questions. Would you please help me understand your team processes better?

Wishing you a great day!

David Medeiros

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

From: Erin Kane <Erin.Kane@ctcommunitycare.org>
Sent: Monday, March 27, 2023 10:44 AM
To: ABI RESOURCES 860 942-0365 <aabiwr@live.com>
Cc: Julia Evans Starr <Julia.Evans.Starr@ctcommunitycare.org>
Subject: FW: Subject: Request for Attention to Unacknowledged Inquiries and Concerns Related to Medicaid Waivers.

Hi David,
The below was brought to my attention by Julia Evans Starr. I responded to your initial inquiry on March 13th and felt I was forthcoming in my response. As I mentioned then, additional programmatic questions should be directed to the Department of Social Services. The nature of these questions are much more global than CCC internal practices/processes.
Have a nice day,
Erin

Erin Kane
Head of Quality and Performance Improvement
43 Enterprise Dr, Bristol, CT 06010-7472
860-314-2227
WWW.CTCOMMUNITYCARE.ORG
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From: ABI RESOURCES 860 942-0365 <aabiwr@live.com>
Sent: Monday, March 27, 2023 9:45 AM
To: Julia Evans Starr <Julia.Evans.Starr@ctcommunitycare.org>
Subject: Subject: Request for Attention to Unacknowledged Inquiries and Concerns Related to Medicaid Waivers.
Importance: High

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

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

Request for Contact Information of the Current Commissioner of the Department of Social Services

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

Mon 9/25/2023 12:48 PM

To:Deborah.Alexson@ct.gov <Deborah.Alexson@ct.gov>;Commis DSS <commis.dss@ct.gov>

Request for Contact Information of the Current Commissioner of the Department of Social Services.

Dear Ms. Alexson / CT DSS,

I hope this message finds you well. My name is David Medeiros and I am reaching out to inquire about obtaining contact information for the current commissioner of the Department of Social Services. Regrettably, I have been unable to find any pertinent details on the CT.gov website.

I am a brain injury and stroke survivor, and this has rendered the task of locating such information quite challenging for me. Your assistance in this regard would be greatly appreciated, as it will aid me in addressing some crucial matters related to the services provided by the department.

If you could please assist me in finding the relevant contact information or guide me to the appropriate department or individual who could assist with this, I would be most grateful. I understand that everyone has their commitments, and your time and assistance in this matter are very much appreciated.

Thank you very much for considering my request.

Warm Regards,
David Medeiros
ABI Resources

Request for Investigation: ABI Waiver Program Consumer Employment Concerns at Supported Living Group (SLG)

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

Wed 9/20/2023 7:59 AM

To:Commis DSS <commis.dss@ct.gov>;Amy Dumont <amy.dumont@ct.gov>

To: The United States Department of Labor (DOL), Connecticut Department of Labor, and Connecticut Department of Social Services.

Subject: Request for Investigation: Employment Concerns at Supported Living Group (SLG)

Dear Sir/Madam,

The information presented in this letter is based on joint communications and inputs received both from the said consumer and their conservator. It is intended to ensure that relevant authorities are made aware of potential concerns for their due consideration and investigation. Neither David Medeiros, ABI Resources, nor any affiliated entities or individuals claim full accuracy of the details however believe that they warrant the attention of the mentioned authorities. The representation of facts is made in good faith, and it is hoped that any action taken in response is with the objective of ensuring fair and just employment practices for all individuals involved.

I am writing to formally express concerns and request an investigation into the employment practices at the Supported Living Group (SLG) located in the Executive Office of Bethany, 23 Amity Rd, Bethany, CT 06524. The details provided below pertain to a brain-injured adult man from Madison, CT who may appear to be both a consumer and employee of SLG's Medicaid federally funded ABI Waiver day program.

Employment Details:

Wage and Hour Standards: The consumer works approximately 21 hours a week but may appear to be compensated at a rate of just $10 a day. This does not meet the federal minimum wage standards. The format of this payment (cash or check) may appear to be unclear, which can raise concerns about wage documentation and tax implications.

Workplace Safety and Health: The consumer's duties involve several physically demanding tasks. The consumer aids with PCA services, which include assisting other consumers to the restroom, setting up commodes, and transferring them to and from these commodes. The consumer also aids attendees prone to falling and even assists in lifting these individuals from the floor. Given his own health challenges due to a spinal cord injury, these tasks pose significant risks. the consumer may appear to be advised against heavy lifting and has balance and impulsivity issues, which compound the health and safety risks. It's imperative to assess if this environment may appear to be compliant with Occupational Safety and Health (OSHA) regulations.

Employment and Training: The consumer was handed supervisory duties with minimal instructions, potentially jeopardizing the welfare of both himself and those the consumer oversees.

Workplace Discrimination: The potential exploitation due to his disability, given the disparity between his responsibilities and his compensation, may appear to be concerning.

Employee Benefits Security: The ambiguity about his employment status raises questions on whether the consumer receives any employee benefits.

Unemployment Insurance and Workers' Compensation: With unclear employment details and payment methods, there's uncertainty about his coverage under unemployment insurance or workers' compensation in case of a workplace incident.

Motivation and Future Prospects:

The consumer’s commitment to his role, despite the challenges, seems largely influenced by the $10 daily pay and the potential promises of full-time employment after a year with SLG.

Communication and Conflict of Interest:

It seems there may have been some level of coercion or undue influence in the consumer's appointment to this role.

A significant conflict of interest exists, as the consumer’s ABI Waiver cognitive behaviorist provider may appear to be also an SLG employee, which can hinder transparent communication about workplace grievances or concerns.

Attendees' Profile:

The attendees, supervised by the consumer, are brain injury survivors with behavioral challenges, making the consumer's responsibilities even more demanding given his own health issues.

Conclusion:

The concerns outlined underscore potential breaches in labor standards and regulations for Connecticut's Medicaid ABI Waiver day programs. The potential exploitation, safety hazards, and conflicts of interest necessitate a comprehensive investigation into SLG's employment practices to ensure the rights and welfare of all its workers, including this specific consumer, are upheld.

Sincerely,

David Medeiros

ABI Resources
860 942-0365
AabiWR@live.com

Freedom of Information Act Request: Communications Pertaining to Federal Medicaid ABI Waiver Program & Money Follows the Person Program

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

Tue 9/26/2023 7:10 AM

To:foia.dss@ct.gov <FOIA.DSS@ct.gov>;Commis DSS <commis.dss@ct.gov>

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

Re: To the attention of David Medeiros CBIS

ABI RESOURCES 860 942-0365 <AABIWR@LIVE.COM>

Wed 3/22/2023 5:02 PM

To:Erin Kane <Erin.Kane@ctcommunitycare.org>

Dear Erin,

I am writing to you on behalf of ABI Resources to formally inquire about the status of our previous correspondence concerning your Care Manager, Doreen Andrews. As a reputable provider of services to individuals receiving Medicaid waiver program services, we are deeply committed to ensuring that the care and treatment provided to our clients and care teams are of the highest standard.

Regrettably, we have yet to receive any follow-up regarding the information we requested in August of 2022, which has given rise to growing concerns on our part regarding the lack of communication and progress on this matter. We are gravely concerned that the lack of resolution to this matter may have a detrimental impact on the community of individuals we mutually serve. As such, we deem it necessary that this matter receives your urgent attention.

The handling of this challenge has resulted in significant expenses and financial challenges for ABI Resources. Therefore, we are requesting an immediate update on the status of our inquiry and investigation into this matter. Additionally, we would appreciate clarification as to why we have not received a follow-up regarding our initial inquiry.

Please be advised that we take matters such as these very seriously, and we expect a prompt response to these concerns. ABI Resources is committed to establishing a positive and professional relationship with your organization, and we strongly believe that clear communication is vital to resolving challenges like these.

We appreciate your attention to this matter and look forward to hearing from you soon.

Sincerely,

David Medeiros

A.B.I. RESOURCES

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

From: Erin Kane <Erin.Kane@ctcommunitycare.org>
Sent: Thursday, September 1, 2022 12:15 PM
To: aabiwr@live.com <aabiwr@live.com>
Subject: To the attention of David Medeiros CBIS

Hello:
Please see attached in reference to the formal inquiry/request for investigation letter submitted to Connecticut Community Care on August 1, 2022.

Thank you & please let me know if you have any questions.

Erin
Erin Kane
Head of Quality and Performance Improvement
43 Enterprise Dr, Bristol, CT 06010-7472
860-314-2227
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Urgent: Investigation Request Regarding Ethical Concerns with Connecticut Community Care's Practices

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

Mon 9/11/2023 2:59 PM

To:Commis DSS <commis.dss@ct.gov>;Amy Dumont <amy.dumont@ct.gov>

09/11/2023

Dear DSS Commissioner and Amy Dumont, DSS COU.

I hope this email finds you well. I am writing to you on behalf of ABI Resources to address a matter in light of the serious and pressing concerns raised by our clients regarding the practices of Connecticut Community Care (CCC) consultation services to the ABI Waiver program and potential unethical conduct. Specifically, a recurring pattern has been identified where consultation services seem to unduly direct consumers DS and AP toward the agency provider, New Day, facilitated by Ms. Luisa DiNino-Jones. Such actions compromise the core values of person-centered care services as well as efforts to jeopardize ABI Resources' services and reputation as a respected provider.

There have been instances indicating possible consumer discriminatory communications, whether over the phone or via email. This further complicates matters, hindering the ability of ABI Waiver program consumers to make informed decisions. Such conduct not only jeopardizes the integrity of ABI Resources care system but might also verge on discriminatory actions against these consumers.

Consumer DS has made numerous attempts to schedule a Team Meeting to address these concerns, yet no such meeting has been organized by care management. DS shares that care management has repeatedly dictated her choice of providers, steering and excluding the consumer from the decision-making process. Disturbingly, DS has also mentioned receiving derogatory remarks from the care manager, sharing that the consumer is insulted by continuously referencing her as grossly morbidly obese in a derogatory manner.

Consumer AP shares that the care manager often misrepresents their role, posing as the consumer's medical therapeutic provider. The consumer shares that there continue to be instances of wrongful diagnosis, with claims from the care manager of the consumer having manic episodes as well as inaccurate information being reported to the consumer's family via email. The consumer shares that this seems to be an attempt to establish some sort of historical form of legal conservatorship over AP. Consumer AP share that care management has made statements about the consumer's religious beliefs. Lastly, the consumer shares that care management inappropriately comments on the consumer's past relationships in a negative way to others.

Given the severity of these concerns, we at ABI Resources formally request that the Department of Social Services (DSS) initiate a comprehensive investigation into these allegations. It is imperative to uphold the integrity and fairness of services offered to ABI Waiver program consumers.

To address these issues and protect the interests of consumers, we suggest the following measures:

Immediate Investigation: Initiate a neutral investigation into the practices of Connecticut Community Care consultation services, with a focus on referrals to New Day through Ms. Luisa DiNino-Jones.

Immediate Investigation: Initiate a neutral investigation into the practices of Connecticut Community Care consultation services, with a focus on the number of probate conservator referrals involving Ms. Luisa DiNino-Jones.

Strengthen Oversight: Augment oversight mechanisms to ensure consultation services adhere to person-centered care principles.

Enhance Communication Transparency: Establish guidelines mandating consultation services to present transparent, unbiased information to and with consumers, guaranteeing they are included and informed with documentation for consumers to reference.

Training and Awareness: Organize regular training for consultation service providers emphasizing ethical conduct, transparency and person-centered care.

Open Reporting Channels: Develop an efficient, anonymous system for whistleblowers and other consumers to report potential wrongdoing.

Regular Audits: Implement periodic audits to assess the compliance of consultation services with DSS standards and values.

Sanctions and Penalties: Enforce stricter repercussions for services that contravene DSS standards and guidelines.

Contact CMS: Initiate a thorough investigation into the consumer's ABI Waiver Program service plan and to ascertain if other consumers are experiencing similar.

Ensuring the concerns detailed herein are swiftly addressed is critical to preserving safety as well as the integrity and purpose of the ABI Waiver Program.

We urge Connecticut DSS to prioritize this matter and ensure proper measures are taken to rectify the situation. Lastly, ABI Resources requests follow-up information as to how the Department of Social Services has addressed this.

Thank you,

David Mederios

ABI Resources

Urgent Request for Resolution: Persistent Issues within Medicaid ABI Waiver and MFP Programs

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

Wed 9/27/2023 2:41 PM

To:Commis DSS <commis.dss@ct.gov>;Amy Dumont <amy.dumont@ct.gov>
Cc:Joel.Norwood@ct.gov <Joel.Norwood@ct.gov>;dca.dss@ct.gov <dca.dss@ct.gov>;dcp.dss@ct.gov <dcp.dss@ct.gov>;olcrah.dss@ct.gov <olcrah.dss@ct.gov>;quality.dss@ct.gov <quality.dss@ct.gov>;providerfraud.dss@ct.gov <providerfraud.dss@ct.gov>

Urgent Request for Resolution: Persistent Issues within Medicaid ABI Waiver and MFP Programs

Dear Officials of the Connecticut Department of Social Services,

I hope this correspondence finds you in good health and spirits. I am David Medeiros, a representative of ABI Resources, an approved agency provider within the Medicaid ABI Waiver Program. In addition to my professional role, I have personal experience as a survivor of brain injury and stroke. This dual perspective motivates me to urgently bring forth significant concerns and challenges that seem to have been systematically overlooked or potentially disregarded by the Department of Social Services (DSS). I have witnessed the evolution of the Medicaid ABI Waiver Program from its inception, experiencing firsthand its developments and, regrettably, its ongoing challenges. The program has long operated without the necessary structured policies and procedures, leading to minimal management of standards of care and considerable distress for consumers.

I, together with ABI Resources, have unfortunately faced multiple instances requiring us to notify DSS and COU about grave safety issues, mismanagement of consumer programs, considerable challenges, and ensuing concerns. It is distressing to acknowledge that our earnest appeals for resolution and proper treatment of our consumers, especially those within the federally funded Medicaid ABI Waiver and the Money Follows the Person (MFP) programs, seem to be either inadequately addressed or outright ignored.

The origin of these issues remains ambiguous--whether they are a result of miscommunication, preplanned or intentional withholding of information, or whether they are indicative of broader structural issues within DSS contributing to the recurring complications. Hence, we formally urge Connecticut DSS to facilitate transparent communication among its various departments, associated governmental authorities, and resources. Establishing such open dialogues is imperative for ensuring justice and essential support to the disabled population dependent on Medicaid ABI Waiver Program services. It is critical that the concerns of consumers and ABI Resources are properly recognized, resolved, and preventive measures are instituted to avert future occurrences.

Our attempts at communication, notably with Commissioner and COU's Ms. Amy Dumont, have regrettably been unsuccessful, potentially owing to the severity and complexity of the highlighted issues requiring substantial resources to address. ABI Resources and I extend our unwavering cooperation and support to DSS, committed to addressing these significant challenges and ensuring that resolutions are not merely identified but are effectively enacted to prevent the repetition of historical, consistent challenges.

We earnestly request the department to allocate the necessary resources to ensure the welfare and protection of the consumers of the ABI Waiver program. A comprehensive review of our previous communications to Commissioner and COU Ms. Amy Dumont is crucial, and we anticipate a cooperative initiative to develop enduring solutions to these critical concerns.

ABI Resources and I stand ready to meet at your earliest convenience to deliberate on these matters in detail and expedite the resolution process, safeguarding the well-being of those we serve. Please inform us of a convenient time for you or the suitable representative, and we will make the necessary arrangements.

We sincerely hope for your understanding, immediate attention, and decisive action on this crucial matter to uphold the rights, dignity, and safety of the consumers under our purview.

We thank you for your time, consideration, and anticipated cooperation.

Yours sincerely,

David Medeiros

ABI Resources

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
Refer to: Control Number 060120237056 and PIN TBH7

10/16/2023

David Medeiros
39 Kings Highway, STE C
STE C
Gales Ferry, CT 06335

Dear Mr. Medeiros,

This letter is in response to your Freedom of Information Act (5 U.S.C. §552) request of 6/1/2023, which you sent to the Centers for Medicare & Medicaid Services (CMS). Within your correspondence, you requested records relating to Connecticut Community Care (CCC) and the Connecticut Department of Social Services (DSS), as well as the Community Options Unit (COU), pertaining to ABI Resources LLC.

After a careful search of the Centers for Medicare & Medicaid Services (CMS) files, i.e., a search reasonably calculated to locate records responsive to your request and employing reasonable standards, we were unable to locate any records responsive to your request.

If you believe that the information withheld should not be exempt from disclosure, or this response constitutes an adverse determination, you may appeal. By filing an appeal, you preserve your rights under FOIA and give the agency a chance to review and reconsider your request and the agency's decision.

Your appeal must be mailed within 90 days from the date of this letter, to:

Principal Deputy Administrator
Centers for Medicare and Medicaid Services
Room C5-16-03
7500 Security Blvd.
Baltimore, Maryland 21244-1850

Please clearly mark both the envelope and your letter "Freedom of Information Act Appeal."

If you would like to discuss our response before filing an appeal to attempt to resolve your dispute without going through the appeals process, you may contact the CMS FOIA Public Liaison for assistance at:

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)-380-7260

If you are unable to resolve your FOIA dispute through our FOIA Public Liaison, the Office of Government Information Services (OGIS), the Federal FOIA Ombudsman's office, offers mediation services to help resolve disputes between FOIA requesters and Federal agencies. The contact information for OGIS is:

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

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

Respectfully,

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

COMPLAINANT CONSENT FORM

The Department of Health and Human Services' (HHS) Office for Civil Rights (OCR) has the authority to collect and receive material and information about you, including personnel and medical records, which are relevant to its investigation of your complaint.

To investigate your complaint, OCR may need to reveal your identity or identifying information about you to persons at the entity or agency under investigation or to other persons, agencies, or entities.

The Privacy Act of 1974 protects certain federal records that contain personally identifiable information about you and, with your consent, allows OCR to use your name or other personal information, if necessary, to investigate your complaint.

Consent is voluntary, and it is not always needed in order to investigate your complaint; however, failure to give consent is likely to impede the investigation of your complaint and may result in the closure of your case.

Additionally, OCR may disclose information, including medical records and other personal information, which it has gathered during the course of its investigation in order to comply with a request under the Freedom of Information Act (FOIA) and may refer your complaint to another appropriate agency.

Under FOIA, OCR may be required to release information regarding the investigation of your complaint; however, we will make every effort, as permitted by law, to protect information that identifies individuals or that, if released, could constitute a clearly unwarranted invasion of personal privacy.

Please read and review the documents entitled, *Protecting Personal Information in Complaint Investigations* and *Notice to Complainants and Other Individuals Asked to Supply Information to the Office for Civil Rights* for further information regarding how OCR may obtain, use, and disclose your information while investigating your complaint.

In order to expedite the investigation of your complaint if it is accepted by OCR, please read, sign, and return one copy of this consent form to OCR with your complaint. Please make one copy for your records.

- As a complainant, I understand that in the course of the investigation of my complaint it may become necessary for OCR to reveal my identity or identifying information about me to persons at the entity or agency under investigation or to other persons, agencies, or entities.

- I am also aware of the obligations of OCR to honor requests under the Freedom of Information Act (FOIA). I understand that it may be necessary for OCR to disclose information, including personally identifying information, which it has gathered as part of its investigation of my complaint.

- In addition, I understand that as a complainant I am covered by the Department of Health and Human Services' (HHS) regulations which protect any individual from being intimidated, threatened, coerced, retaliated against, or discriminated against because he/she has made a complaint, testified, assisted, or participated in any manner in any mediation, investigation, hearing, proceeding, or other part of HHS' investigation, conciliation, or enforcement process.

After reading the above information, please check ONLY ONE of the following boxes:

☐ **CONSENT**: I have read, understand, and agree to the above and give permission to OCR to reveal my identity or identifying information about me in my case file to persons at the entity or agency under investigation or to other relevant persons, agencies, or entities during any part of HHS' investigation, conciliation, or enforcement process.

☐ **CONSENT DENIED**: I have read and I understand the above and do not give permission to OCR to reveal my identity or identifying information about me. I understand that this denial of consent is likely to impede the investigation of my complaint and may result in closure of the investigation.

Signature: _____ Date: _____

**Please sign and date this complaint. You do not need to sign if submitting this form by email because submission by email represents your signature.*

Name (Please type or print): _____

Address: _____

Telephone Number: _____

NOTICE TO COMPLAINANTS AND OTHER INDIVIDUALS ASKED TO SUPPLY INFORMATION TO THE OFFICE FOR CIVIL RIGHTS

Privacy Act

The Privacy Act of 1974 (5 U.S.C. §552a) requires OCR to notify individuals whom it asks to supply information that:

— OCR is authorized to solicit information under:
(i) Federal laws barring discrimination by recipients of Federal financial assistance on grounds of race, color, national origin, disability, age, sex, religion under programs and activities receiving Federal financial assistance from the U.S. Department of Health and Human Services (HHS), including, but not limited to, Title VI of the Civil Rights Act of 1964 (42 U.S.C. §2000d et seq.), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. §794), the Age Discrimination Act of 1975 (42 U.S.C. §6101 et seq.), Title IX of the Education Amendments of 1972 (20 U.S.C. §1681 et seq.), and Sections 794 and 855 of the Public Health Service Act (42 U.S.C. §§295m and 296g);
(ii) Titles VI and XVI of the Public Health Service Act (42 U.S.C. §§291 et seq. and 300s et seq.) and 42 C.F.R. Part 124, Subpart G (Community Service obligations of Hill-Burton facilities);
(iii) 45 C.F.R. Part 85, as it implements Section 504 of the Rehabilitation Act in programs conducted by HHS; and
(iv) Title II of the Americans with Disabilities Act (42 U.S.C. §12131 et seq.) and Department of Justice regulations at 28 C.F.R. Part 35, which give HHS "designated agency" authority to investigate and resolve disability discrimination complaints against certain public entities, defined as health and service agencies of state and local governments, regardless of whether they receive federal financial assistance.
(v) The Standards for the Privacy of Individually Identifiable Health Information (The Privacy Rule) at 45 C.F.R. Part 160 and Subparts A and E of Part 164, which enforce the Health Insurance Portability and Accountability Act of 1996 (HIPAA) (42 U.S.C. §1320d-2).

OCR will request information for the purpose of determining and securing compliance with the Federal laws listed above. Disclosure of this requested information to OCR by individuals who are not recipients of federal financial assistance is voluntary; however, even individuals who voluntarily disclose information are subject to prosecution and penalties under 18 U.S.C. § 1001 for making false statements.

Additionally, although disclosure is voluntary for individuals who are not recipients of federal financial assistance, failure to provide OCR with requested information may preclude OCR from making a compliance determination or enforcing the laws above.

OCR has the authority to disclose personal information collected during an investigation without the individual's consent for the following routine uses:

(i) to make disclosures to OCR contractors who are required to maintain Privacy Act safeguards with respect to such records;
(ii) for disclosure to a congressional office from the record of an individual in response to an inquiry made at the request of the individual;
(iii) to make disclosures to the Department of Justice to permit effective defense of litigation; and
(iv) to make disclosures to the appropriate agency in the event that records maintained by OCR to carry out its functions indicate a violation or potential violation of law.

Under 5 U.S.C. §552a(k)(2) and the HHS Privacy Act regulations at 45 C.F.R. §5b.11 OCR complaint records have been exempted as investigatory material compiled for law enforcement purposes from certain Privacy Act access, amendment, correction and notification requirements.

Freedom of Information Act

A complainant, the recipient or any member of the public may request release of OCR records under the Freedom of Information Act (5 U.S.C. §552) (FOIA) and HHS regulations at 45 C.F.R. Part 5.

Fraud and False Statements

Federal law, at 18 U.S.C. §1001, authorizes prosecution and penalties of fine or imprisonment for conviction of "whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statements or representations or makes or uses any false writing or document knowing the same to contain any false, fictitious, or fraudulent statement or entry".

PROTECTING PERSONAL INFORMATION IN COMPLAINT INVESTIGATIONS

To investigate your complaint, the Department of Health and Human Services' (HHS) Office for Civil Rights (OCR) will collect information from different sources. Depending on the type of complaint, we may need to get copies of your medical records, or other information that is personal to you. This Fact Sheet explains how OCR protects your personal information that is part of your case file.

HOW DOES OCR PROTECT MY PERSONAL INFORMATION?

OCR is required by law to protect your personal information. The Privacy Act of 1974 protects Federal records about an individual containing personally identifiable information, including, but not limited to, the individual's medical history, education, financial transactions, and criminal or employment history that contains an individual's name or other identifying information.

Because of the Privacy Act, OCR will use your name or other personal information with a signed consent and only when it is necessary to complete the investigation of your complaint or to enforce civil rights laws or when it is otherwise permitted by law.

Consent is voluntary, and it is not always needed in order to investigate your complaint; however, failure to give consent is likely to impede the investigation of your complaint and may result in the closure of your case.

CAN I SEE MY OCR FILE?

Under the Freedom of Information Act (FOIA), you can request a copy of your case file once your case has been closed; however, OCR can withhold information from you in order to protect the identities of witnesses and other sources of information.

CAN OCR GIVE MY FILE TO ANY ONE ELSE?

If a complaint indicates a violation or a potential violation of law, OCR can refer the complaint to another appropriate agency without your permission.

If you file a complaint with OCR, and we decide we cannot help you, we may refer your complaint to another agency such as the Department of Justice.

CAN ANYONE ELSE SEE THE INFORMATION IN MY FILE?

Access to OCR's files and records is controlled by the Freedom of Information Act (FOIA). Under FOIA, OCR may be required to release information about this case upon public request. In the event that OCR receives such a request, we will make every effort,

as permitted by law, to protect information that identifies individuals, or that, if released, could constitute a clearly unwarranted invasion of personal privacy.

If OCR receives protected health information about you in connection with a HIPAA Privacy Rule investigation or compliance review, we will only share this information with individuals outside of HHS if necessary for our compliance efforts or if we are required to do so by another law.

DOES IT COST ANYTHING FOR ME (OR SOMEONE ELSE) TO OBTAIN A COPY OF MY FILE?

In most cases, the first two hours spent searching for document(s) you request under the Freedom of Information Act and the first 100 pages are free. Additional search time or copying time may result in a cost for which you will be responsible. If you wish to limit the search time and number of pages to a maximum of two hours and 100 pages; please specify this in your request. You may also set a specific cost limit, for example, cost not to exceed $100.00.

If you have any questions about this fact sheet, please contact OCR
http://www.hhs.gov/ocr/contact.html

OR

Contact your OCR Regional Office
(see Regional Office contact information on page 2 of the Complaint Form)

Participant/Employer Workers' Compensation Information

Information provided to the Participant / Employer by the Fiscal Agent

ALLIED COMMUNITY Resources

As the Fiscal Agent assigned by the State of Connecticut, Allied's role is to assist you, the Employer, with understanding your responsibilities in employing household service providers, also known as your employees. The information presented in this informational booklet is a summary of some of the key points surrounding Workers' Compensation coverage. As the Employer, you are responsible for obtaining, applying, and understanding information pertaining to Workers' Compensation Insurance coverage and law within the State of Connecticut.

Workers' Compensation Insurance Coverage

The purpose of this booklet is to assist Participant / Employers and their representatives in obtaining and maintaining Workers' Compensation Coverage for compliance with the rules and regulations established by the State of Connecticut Workers' Compensation Commission and the State of Connecticut Department of Labor.

Obtaining and maintaining coverage is important as it protects the Participant / Employer from liability should an employee become injured while providing services under the Waiver Program. State of Connecticut Labor laws require that any employer who employs any employee working more than 25.75 per week purchase and maintain Workers' Compensation Insurance Coverage.

Workers' Compensation Act

All Employees, whether Part-Time or Full-Time, are covered under the Workers' Compensation Act from the first day of their employment.

What is Workers' Compensation?

The basic purpose of the Workers' Compensation Act is to provide wage replacement benefits and medical treatment for employees who have been injured or become ill due to a work-related injury or illness. It is the EXCLUSIVE REMEDY, which means that the employee may NOT sue their employer for any other benefits. Workers' Compensation is a NO-FAULT system of insurance with the benefits paid by the employer's workers' compensation insurance coverage.[1]

The Workers' Compensation Commission

The State of Connecticut Workers' Compensation Commission is the administrative agency created by the Workers' Compensation Act to administer the law. The Workers' Compensation Commission performs Administrative Hearings, with commissioners in eight (8) districts hearing disputed workers' compensation claims. [2]

[1] State of Connecticut Workers' Compensation Commission
[2] State of Connecticut Workers' Compensation Commission

Workers' Compensation Benefits

- Medical Treatment
- Temporary Total Disability
- Temporary Partial Disability
- Permanent Partial Disability
- Relapse or Recurrence
- Discretionary Benefits
- Job Retraining

Specific information pertaining to the benefits provided under the Workers' Compensation Act may be found at the commission's website at http://wcc.state.ct.us.

Who is responsible for injuries sustained by my Employees on the job?

It is important to be aware that as a Participant / Employer you are responsible for injuries sustained by your employees in the course of performing their assigned job duties as well as any work hours missed due to the injury. Please note that once you formally hire an individual as an employee, and taxes are withheld from their earnings, they are no longer considered "casual" employees and homeowner's insurance will not cover injuries sustained while in your home.

If you are interested in having your Household Employees work more than 25.75 hours per week and your plan is approved to accommodate this interest, Connecticut State Labor Law requires that you as the Employer must obtain Workers' Compensation Insurance. Even with Workers' Compensation Insurance Coverage, no single employee may work more than 40 hours in a single week; overtime hours are not allowed under the State programs.

Workers' Compensation coverage costs are not necessarily covered by the State program through which you receive funding. If the program you participate in does not provide funding for the coverage, your first step is for you, the Employer to contact a local independent insurance agent of your choice. If funding is included in your approved plan/budget, Allied will complete the application process on your behalf.

Allied has no preference as to who the Participant / Employer decides to use as the agent, however, it is extremely important that the insurance agent know the kind / type of work that will be performed while working for you. The best way to do this is by requesting a Workers' Compensation information packet from Allied to bring to the insurance agent.

Physical Assistance vs. Non-Physical Assistance

"**Physical Assistance**" is defined as any physical contact assisting with personal care or hand over hand assistance with personal care/chores. Below is a list of typical job duties that are considered to be "Physical Assistance".

1. Walking or using prescribed equipment
2. Taking medications prescribed by a physician that otherwise would be self-administered
3. Bathing, personal hygiene, dressing, or grooming
4. Meal Prep, eating (including tube feeding and special nutritional/dietary needs) and cleanup
5. Transferring in and out of bed
6. Performing range-of-motion exercises
7. Health related needs
8. All employees with professional designations such as RN, CNA, etc.

"**Non- Physical Assistance**" is defined as no physical contact assisting with personal care or hand over hand assistance with chores/personal care. Below is a list of typical job duties that fall under the "No Physical Assistance" class code.

1. General or Light Housekeeping
2. Washing and Drying Laundry
3. Meal Prep with NO feeding allowed
4. Shopping
5. Accompanying the individual while traveling to community activities, the library, fitness center, self-advocacy meetings, and community events
6. Companionship and social interactions

How should the policy be written?

In order to comply with Audit requests and other notifications pertaining to the Workers' Compensation coverage, it is extremely important that Allied Community Resources', including address information, be listed on the policy as the "first to be notified". Listing Allied on the policy will allow Allied to be notified immediately should a lapse in coverage occur. It will also allow for any audit requests to be sent directly to Allied so that we may process these requests on your behalf in a timely manner.

Allied should be listed on the policy as follows:

Participant Employer's Full Name
c/o Allied Community Resources, Fiscal Agent
PO Box 479
East Windsor, CT 06088-0479

As Fiscal Agent, it is Allied's responsibility to ensure that coverage is maintained by the Employer in order to allow payment in excess of 25.75 hours, (with a maximum of up to 40 hours) per week to Employees. If your policy coverage lapses or there is a cancellation in coverage, wages for employees who have worked more than 25.75 hours per week will be your responsibility as the Employer. Program funds cannot be used to process payment for hours in excess of 25.75 (for plans approved) when Workers' Compensation Insurance Coverage is not actively in place.

If you choose not to list Allied as the first notified on your policy, please note that you, the Employer will be responsible for completing all audit and documentation requests made by the requesting insurance company. A written request for information must be made by you, the Employer in writing to Allied. We will furnish you with the necessary payroll reports so that you may complete your audit request independently.

Do all of the Employees that work for me need to be covered?

Your Workers' Compensation Insurance coverage must be for all household employees who work for you regardless if they work more than or under 25.75 hours per week. Injuries on the job are not selective; they can happen to any employee, whether they work 2 hours or 15 hours per week. The best protection for you is to have all of the employees covered.

Workers' Compensation policies cover all of your employees regardless of how many hours they work. It is important that you provide the agent with information concerning all of the employees. Employees who serve as backup must also be included. Remember, at the end of your policy period, the insurance company will ask for an audit to be completed. Failure to report all employees could result in additional premiums due on the expired policy as well as the current policy.

Who pays for the Workers' Compensation Coverage?

Workers' Compensation Insurance coverage can range in cost to the Participant / Employer with a minimum cost of $1000 and in some scenarios $6000 or more per year. The premium is most often payable in a one-time annual payment.

The cost of Workers' Compensation Insurance coverage is not necessarily covered under the Participant / Employer's approved Plan of Care and therefore may need to be purchased by the Employer using their personal funds. The cost of this valuable coverage is the sole responsibility of the Employer and **must not** be shared with, required of, or distributed / collected amongst the employees for whom the coverage is being purchased.

If the cost of Workers' Compensation is included in your plan / budget, Allied will process payments for the coverage on the Participant / Employer's behalf. If the cost is not included in your plan / budget, payment is made directly to the insurance company by the Employer.

What happens if I choose not to purchase Workman's Compensation Insurance Coverage and one of my employees is hurt while working for me?

In the event of a work related injury, when Workers' Compensation coverage is not in place, you as the Employer may be financially responsible for any and all expenses and lost wages incurred by the employee. In this situation, it is important that you keep the lines of clear, documented communication open with your employee.

Additional information pertaining to this subject may be found by contacting the State of Connecticut Workers' Compensation Commission at one of the following District Locations:

First District
Commissioner
999 Asylum Avenue
Hartford, CT 06105
860-566-4154

Second District
Commissioner
55 Main Street
Norwich, CT 06360
860-823-3900

Third District
Commissioner
700 State Street
New Haven, CT 06511
203-789-7512

Fourth District
Commissioner
350 Fairfield Avenue
Bridgeport, CT 06604
203-382-5600

Fifth District
Commissioner
55 West Main Street
Waterbury, CT 06702
203-596-4207

Sixth District
Commissioner
233 Main Street
New Britain, CT 06051
860-827-7180

Seventh District
Commissioner
111 High Ridge Road
Stamford, CT 06905
203-325-3881

Eighth District
Commissioner
90 Court Street
Middletown, CT 06457
860-344-7453

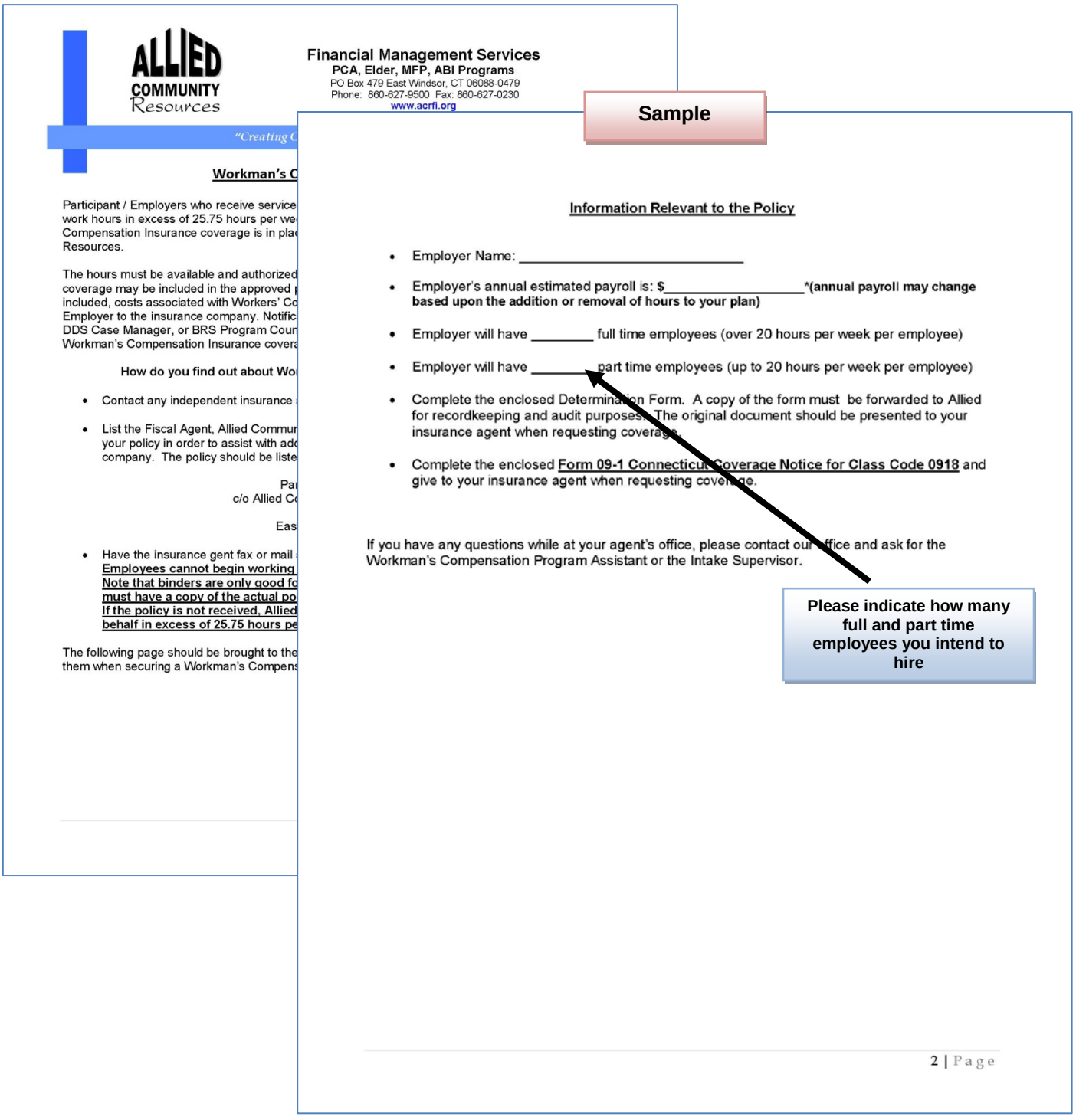
What steps do I have to take to get Workers' Compensation Insurance?

At the Employer Enrollment visit, Allied will provide you with a Workers' Compensation Information packet. This packet contains the necessary documentation for inquiring and securing Workers' Compensation Insurance Coverage. Simply bring this packet with you when meeting with your selected insurance agent.

Information pertaining to the Workers' Compensation Information packet may be found on the following pages.

A. Information Sheet

- Page 2 of the document will be pre-filled by Allied with the Employer Name and the Employer's annual estimated payroll. The Employer must enter the total number of part-time and full-time employees they intend to hire in the indicated areas of the form. Please see the sample pages below.



ALLIED COMMUNITY Resources

Financial Management Services
PCA, Elder, MFP, ABI Programs
PO Box 479 East Windsor, CT 06088-0479
Phone: 860-627-9500 Fax: 860-627-0230
www.acrfi.org

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Workman's C

Participant / Employers who receive service
work hours in excess of 25.75 hours per we
Compensation Insurance coverage is in pla
Resources.

The hours must be available and authorized
coverage may be included in the approved p
included, costs associated with Workers' Co
Employer to the insurance company. Notific
DDS Case Manager, or BRS Program Coun
Workman's Compensation Insurance covera

How do you find out about Wo

- Contact any independent insurance
- List the Fiscal Agent, Allied Commun
your policy in order to assist with ad
company. The policy should be liste

Pa
c/o Allied C

Eas

- Have the insurance gent fax or mail
Employees cannot begin working
Note that binders are only good fo
must have a copy of the actual po
If the policy is not received, Allied
behalf in excess of 25.75 hours pe

The following page should be brought to the
them when securing a Workman's Compens

Sample

Information Relevant to the Policy

- Employer Name: _____
- Employer's annual estimated payroll is: $_____*(annual payroll may change based upon the addition or removal of hours to your plan)
- Employer will have _____ full time employees (over 20 hours per week per employee)
- Employer will have _____ part time employees (up to 20 hours per week per employee)
- Complete the enclosed Determination Form. A copy of the form must be forwarded to Allied for recordkeeping and audit purposes. The original document should be presented to your insurance agent when requesting coverage.
- Complete the enclosed Form 09-1 Connecticut Coverage Notice for Class Code 0918 and give to your insurance agent when requesting coverage.

If you have any questions while at your agent's office, please contact our office and ask for the Workman's Compensation Program Assistant or the Intake Supervisor.

Please indicate how many full and part time employees you intend to hire

2 | Page

B. Worker's Compensation Determination Form

- This form is used as a tool for clarifying the duties your employees will perform and will assist the agent in ensuring your policy is placed into the correct class code. Simply check off those duties which your employees will perform. Please see the sample below.

Sample

ALLIED COMMUNITY Resources

Financial Management Services
PCA, Elder, MFP, ABI Programs: PO Box 479 East Windsor, CT 06088-0479
Phone: 860-627-9500 Toll Free: 877-722-8833
Fax: 860-627-0230
DDS Programs: PO Box 509 East Windsor, CT 06088-0509
Phone: 860-627-9500 Toll Free: 866-275-1358
Fax: 860-627-0330 Toll Free Fax: 866-598-2227
www.acrfi.org

" Creating Opportunities for People"

Workman's Compensation Determination

Date: _____

Employer Name: _____

Please check all duties below that your employees perform while working for you. This form will help the insurance company in determining that your policy is placed under the correct classification code. This information is used for securing your initial policy and for any future audit requests. Please sign and date the form at the bottom.

Assisting a household member (with no physical assistance) with the following:

- ☐ General or light housekeeping
- ☐ Washing and drying laundry
- ☐ Meal preparation with no feeding allowed
- ☐ Shopping
- ☐ Accompanying the individual while traveling to community activities, the library, fitness center, self- advocacy meetings, and community events
- ☐ Companionship & social interactions
- ☐ No professional designations such as RN, CNA, etc.
- ☐ Other; please describe: _____

Physically assisting a household member with the following:

- ☐ Walking or using prescribed equipment
- ☐ Taking medications prescribed by a physician that otherwise woul
- ☐ Bathing, personal hygiene, dressing, or grooming
- ☐ Meal preparation, eating (including tube feeding and special nutritio
- ☐ Transferring in and out of bed
- ☐ Performing range-of-motion exercises
- ☐ Health-related needs
- ☐ All employees with professional designations such as RN, CNA, etc.
- ☐ No professional designations such as RN, CNA, etc.
- ☐ Other; please describe:_____

*****Please be as clear as possible when listing duties that employees will be performing. If there is Physical Assistance and it is not indicated to the agent, there may be a lack of coverage if an employee injures themselves while performing Physical Assistance tasks.**

_____ _____ _____
Signature of Employer Printed Name Date Signed

If you have any questions, please feel free to contact the Workman's Compensation Program Assistant at extension 132 for assistance.

For Office Use Only:
Program: ___ABI ___CHCPE ___PCA ___MFP

F49-V 07/14/11

C. Home Care Worker Form 0918

- This form is needed in order for the insurance agent to secure a policy in the correct class. A class code has been created by the Insurance Commission specifically for individuals under programs funded by the State of Connecticut. This class code provides for a significant reduction in the cost of coverage when the policy is classified under the "Physical Assistance" class code. Allied Community Resources pre-fills this document for you in advance.

Sample

Form 09-1—CONNECTICUT COVERAGE NOTICE FOR CLASS CODE 0918
ASSIGNMENT OF CLASS CODE 0918 HOME CARE WORKER

Insured _____

Name (if different than insured) of client. _____

_____

Name(s) of home care worker(s) _____

_____

_____

_____

Fiscal Intermediary for the CT Department of Developmental Services and the CT Department of Social Services.

Name and address of Fiscal Intermediary:

Allied Community Resources-Fiscal Agent

PO Box 479

East Windsor, CT 06088-0479

Signature of Fiscal Intermediary _____

Print name of signature _____

0918 **DOMESTIC SERVICE WORKERS--INSIDE--PHYSICAL ASSISTANCE CONSUMER--DIRECTED PROGRAMS**
Code 0918 applies to domestics who provides physical assistance, personal assistance, and companionship, in the activities of daily living to physically or mentally disabled persons. This code is restricted to publicly-funded, consumer-directed services where the caregiver is selected by and employed by the program participant or their representative, as applicable, who is a household employer. Refer to Code 8835 for traditional agency employers and their workers who provide physical assistance services to the general public. Code 0918 cannot be assigned with any other classification. To be eligible for assignment to Code 0918, the insured program participant must provide the workers compensation certification form, signed by the fiscal intermediary, to the insurance carrier.

NOTES
A. Class 0918 is only for home care workers that provide home care services to clients of the CT Department of Developmental Services and the CT Department of Social Services.
B. In order for assignment of this class the client's fiscal intermediary for the Department of Developmental Services or the CT Department of Social Services must sign this form indicating that the worker is providing home care services to a client.
C. This form is to be sent to the insurance company with the application for Workers' Compensation coverage.
D. Class 0918 can only appear on the policy if the insurance company has received a completed form.

For Office Use Only:
Program: __ABI ___PCA ___Elder ___MFP ___DDS

F54-V 02/03/11

Remember: Bring the stapled, pre-filled packet located in your Employer information binder to the insurance agent when discussing or purchasing Workers' Compensation Insurance Coverage. Using the prepared packet will assist the insurance agent in understanding Allied's involvement with your policy, how the policy should be written, and the specific coverage that you need to secure.

What is an Audit and why is it important to me?

A Workers' Compensation Audit is an examination of records to ensure that you have adequate coverage relevant to the payroll dollars paid to your employees. When a Workers' Compensation policy expires or is cancelled, the insurance company who held the policy requires an audit to be completed. The policy amount is initially determined based upon the "estimated cost and estimated number of full-time and part-time employees". At the end of the policy period, or at a time of cancellation or non-renewal, the insurance company re-evaluates the policy based upon the "actual" information with regard to payroll dollars paid out and the number of full-time and part-time employees.

Two things can happen when there is a Workers' Compensation audit:

- **An additional premium can be due:** This additional premium due can be the result of a significant amount of payroll over what was estimated or a significant difference in the number of full-time or part-time employees than what the policy originally listed. Additional premiums must be paid before any new policy will be issued.

- **A refund will be issued:** Refunds are most often attributed to a significantly lesser amount of payroll being paid out or fewer employees covered under the policy than what was originally listed on the application. Refund checks are not usually significant in the amount being refunded to the insured party.

Who do I report employee injuries to?

As the Employer, you are responsible for reporting any and all injuries sustained by your employees to the Workers' Compensation Insurance Agency that you have coverage through. As the Fiscal Agent, Allied Community Resources has no involvement with reporting injuries or processing claim documents submitted by the Employer or Employee as the result of a workplace injury. Contact information for your insurance agency is located within your policy documents and should be kept in a safe, secure location where they are accessible by you.

Resources for Additional Information

The following websites have proven to be helpful in providing additional information to Employers concerning Workers' Compensation Insurance in the State of Connecticut.

- State of Connecticut Workers' Compensation Commission:

  http://wcc.state.ct.us/wcc/dist-ct.htm

- Connecticut Judicial Branch Law Libraries

  http://www.jud.ct.gov/lawlib/Law/workerscomp.htm

As always if you would like to speak with someone in our office, contact the Workers' Compensation Program Assistant or Intake Supervisor at 860-627-9500 or toll-free 1-877-722-8833.

Frequently Asked Questions

- Who is responsible if I do not have Workers' Compensation Insurance and one of my employees is injured while working for me?
    - The Employer is responsible for any injuries sustained while an employee is working for them.

- How many hours can my employees work if I DO NOT have Workers' Compensation Insurance?
    - State law dictates that any employer who employs employees who work more than 25.75 hours per week must have an active Workers' Compensation policy in place. Please note that even if your employee(s) work less than 25.75 hours per week, you are still liable for any injuries sustained by employees while they are on the clock.

- If I have Workers' Compensation insurance coverage, can my employee(s) work more than 40 hours in a week?
    - Under the waiver programs, no employee is allowed to work more than 40 hours per week. Overtime is not authorized under the programs.

- How much will my Workers' Compensation coverage policy cost?
    - Workers' Compensation coverage can vary in cost with a minimum policy cost of $1000. The cost of the policy is determined by the annual estimated payroll, the number of full-time and part-time employees, as well as the tasks (physical assistance or non-physical assistance) that the employees will be performing.

- Who pays for my Workers' Compensation Insurance policy?
    - When the cost of coverage is not included in the approved plan / budget from the State of Connecticut, the Employer is responsible for the cost of coverage.

- Can I ask my employee(s) to contribute to the cost of purchasing the Workers' Compensation Insurance policy?

    - The cost of coverage is the responsibility of the Employer. Employees must not be requested or expected to contribute to the cost of coverage.

- Do I have to include all of my employees on the policy?

    - Yes! All employees must be included on the policy and are to be covered, whether they are a full-time employee or a part-time employee. Failure to list all employees when the policy is initially written may result in an additional premium due on the policy once the audit is completed and reported.

- Who do I purchase my policy from?

    - Workers' Compensation coverage may be obtained through any licensed insurance agent. Remember to bring the Workers' Compensation Insurance packet provided to you when speaking with an agent.

- If my employee is injured, what do I do and who do I call?

    - If your employee becomes injured on the job, offer them the opportunity to obtain immediate medical attention. Secondly, contact your insurance carrier (the contact information is listed in your policy) to report the injury. The carrier will provide you with additional instructions concerning your employee.

Dear Erin,

I hope this email finds you well. As a provider of quality care for the brain-injured population, ABI Resources is dedicated to maintaining the highest standards of person-centered care and upholding client rights. In the pursuit of this commitment, we sent the email below with a detailed inquiry regarding the process for clients who wish to change their agency service provider or care management provider. Unfortunately, we have not yet received a response from you and are now increasingly concerned about the implications.

Given the importance of this issue and its potential impact on the community we serve, we would like to express our concern about the lack of acknowledgment and answers to our questions. We understand that everyone has a busy schedule, however, we believe that addressing these concerns is crucial for ensuring that our clients receive the best possible care and have their rights respected.

To recap, our previous email contained a series of questions aimed at understanding the process involved in changing an agency service provider or care management provider, as well as how the principles of person-centered care and client rights apply in such situations. We kindly request your assistance in providing us with information on the following topics:

The process for clients who wish to change agency service providers, care managers, or care management agency providers.

The required documentation and steps for clients to successfully submit and process their requests.

The procedures for handling cases in which clients are uncomfortable making these requests directly to their current providers.

We cannot emphasize enough the importance of addressing these concerns for the well-being of our clients and the community we serve. We understand that collaboration and open communication are essential for providing quality care, and we hope that you share our commitment to these principles.

We must reiterate the importance of addressing these concerns for the well-being of our clients, our staff, and our business. We kindly request your prompt attention to this matter.

Thank you again for your time and consideration. We look forward to resolving this issue together, ensuring the best possible care for our clients and a strong, collaborative relationship between our organizations.

We eagerly await your response.

Warm regards,

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

From: ABI RESOURCES 860 942-0365 <aabiwr@live.com>
Sent: Friday, March 17, 2023 7:30 AM
To: erin.kane@ctcommunitycare.org <erin.kane@ctcommunitycare.org>
Subject: Inquiry Regarding Client's Option to Change Agency Service or Care Management Provider. MFP, ABI and PCA Waivers.

Hello Erin,

Thank you for taking the time to read this email. As a provider of quality care for the brain-injured population, ABI Resources is deeply committed to upholding the highest standards of person-centered care and client rights. In line with this commitment, we are writing to inquire about the process involved in the event a client wishes to change an agency service provider or care management provider.

We understand that clients may sometimes feel uncomfortable with their current care manager or agency service provider, or may wish to have a different care management agency provider for any reason. We would like to know if clients have the option to request and receive a different agency service provider, care manager, or care management agency provider. If so, we would like to understand the process and how the rules of person-centered care and client rights are applied in such situations.

Furthermore, we would like to understand how this request is officially implemented.

a. If a client wishes to document their request, what specific form or documentation must a client complete?
b. What steps must they take to ensure that their request is successfully processed?
c. Does the client sign an official request to change agency service providers, a care manager, or care management agency?
d. Is this signed document provided to the current provider?
e. Where can clients locate these documents?
f. Is this document provided to the client by care management? and how does care management provide request forms such as these?
g. What periods for notices are implemented?
h. In the event that a client is uncomfortable with making this request directly to their care manager, agency service provider, or care management provider, how may the client do so?

As a valued partner in providing quality care to the brain-injured population, we understand that some clients may request the option to change care managers, agency service providers, or care management providers. It is essential for ABI Resources to better understand this process to ensure that our clients receive the best possible person-centered care and rights of the person served. We appreciate any information you can provide us on this matter to help us better serve our mutual clients.

Thank you again for your time and consideration, and we look forward to hearing from you soon.

All the best,
David Medeiros

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

Dear Erin,

I am writing to express our deepening concerns over the lack of response to ABI Resources' inquiry regarding Connecticut Community Care's referral process. As a provider of services to the brain injury population, we are committed to ensuring that individuals with disabilities have full access and receive the care and services they need to thrive.

We recognize that you and your team may be facing many challenges, and we urge you to prioritize ABI Resources' inquiry. The lack of communication is raising serious doubts about the reliability of information and responsiveness of your organization, and this is creating significant new concerns.

We cannot overemphasize the importance of ensuring that Medicaid consumers of the above programs have full and complete access to ABI Resources services.

We are committed to working together with you and your organization to improve the lives of individuals with disabilities. We urge you to respond to our inquiries and to work with ABI Resources to address any concerns or issues that may arise.

Thank you for your attention to this matter, and we look forward to hearing from you soon.

Sincerely,

David Medeiros

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From: ABI RESOURCES 860 942-0365 <aabiwr@live.com>
Sent: Friday, March 17, 2023 5:43 AM
To: erin.kane@ctcommunitycare.org <erin.kane@ctcommunitycare.org>
Subject: Subject: Comprehensive Inquiry: Referral Process, Provider List, and Care Manager's Role

Dear Erin,

Thank you for your prompt and informative response to my inquiry about Connecticut Community Care's referral process. I appreciate the detailed explanation you provided and the clarification on the provider selection criteria.

I understand that Amy Dumont from DSS will be able to address my questions regarding documentation and eligibility. I look forward to her input on these matters.

In the meantime, I have some additional questions for you. Can you please elaborate on the electronic randomization process used for provider selection when a client does not indicate a preference? I am curious to learn more about how the system works to ensure a fair distribution of referrals. I have a few additional questions to help me better understand the referral system:

Provider List:
a. Approximately how many agency providers are currently in the Connecticut Community Care referral system? Understanding the number of providers in the system will give me a better idea of the diversity and range of options available to clients.
b. Who provides Connecticut Community Care with the list of agency providers included in the referral system? Is there a specific department or organization responsible for maintaining and updating the list of providers?
c. How often is the list of agency providers updated? Is there a regular schedule or is it updated on an as-needed basis?
d. How may we ensure that ABI Resources is listed within the system for all areas and services? May I see how ABI Resources is listed within your system?

Electronic System:
a. What is the name of the electronic system used for randomizing provider selection when a client does not indicate a preference?
b. Can you please elaborate on the electronic randomization process used for provider selection to ensure a fair distribution of referrals?
c. Who is responsible for managing the referral system and ensuring its smooth operation? Is there a specific department or organization responsible for maintaining and updating the list of providers?
d. Could you please elaborate on how the selected provider is presented to the care manager? Additionally, how is this selection subsequently presented to the client? Are there specific steps or protocols followed to ensure clients are fully informed and understand their options?

Regarding the role of care managers in the process:
a. What is the care manager's role in presenting agency providers, such as ABI Resources, to clients during the referral process?
b. How do they ensure that clients are well-informed and make the best choice based on their needs and preferences?
c. Do all care managers have access to the electronic system used for provider selection? If so, are they able to operate the system independently, or is there a specific protocol they must follow? Could you please elaborate on the level of involvement and autonomy care managers have when utilizing the electronic system during the referral process?

I want to take a moment to emphasize how much we value the information you have provided and will continue to provide about Connecticut Community Care's referral process. This knowledge not only helps ABI Resources better navigate and understand the system, but it also enables us to more effectively serve the brain injury population.

By comprehending the intricacies of the referral process, we can work closely with care managers, adapt our services to meet clients' specific needs, and ensure that clients are presented with the most accurate and relevant information about ABI Resources. This collaborative approach is essential in empowering clients to make informed decisions about their care, which ultimately contributes to better outcomes for those affected by brain injuries.

Once again, thank you for your ongoing assistance and dedication to helping us serve the brain injury community more effectively.
Understanding the involvement of care managers in the process will help us better collaborate with them and support clients effectively. Your insights are greatly appreciated, I look forward to your response and any additional insights you can provide on this topic.

All the best,
David Medeiros

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Thank you for your attention to this matter, and we look forward to hearing from you soon.

Sincerely,

David Medeiros

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