



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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DSSIACCCACTIPSLGLHFSCSWCRCTACRCWCAAAR-REF-417



RE: Subject: Immediate Action Required: Solicitation and Protocol Violations by ABI Waiver Behaviorist Nichole Collins.

Dumont, Amy E <Amy.Dumont@ct.gov>

Fri 7/7/2023 5:00 PM

To:

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

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

Cc:

- legal@ctbraininjury.com <legal@ctbraininjury.com>

David- I am acknowledging the receipt of this email. As you know, I was in attendance at the referenced team meeting. We will look into your allegations.

Thank you!!

Amy

Amy Dumont, LCSW
Interim Director/Program Manager
CT Department of Social Services
Community Options Unit
55 Farmington Avenue
Hartford CT 06105-3725
Tel: 860 424-5173
Fax: 860 424:4963
amy.dumont@ct.gov

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

Sent: Thursday, July 6, 2023 2:04 PM

To: DSS, Commis <Commis.DSS@ct.gov>

Cc: Dumont, Amy E <Amy.Dumont@ct.gov>; legal@ctbraininjury.com

Subject: Subject: Immediate Action Required: Solicitation and Protocol Violations by ABI Waiver Behaviorist Nichole Collins.

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Subject: Immediate Action Required: Solicitation and Protocol Violations by ABI Waiver Behaviorist Nichole Collins.

To the attention of: DSS Commissioner and Amy Dumont, DSS / COU.

I trust this message finds you well.

In reference to our recent meeting, we, at ABI Resources, are writing with an escalating concern regarding a repeated breach of protocol by one of the ABI Waiver Behaviorists, Ms. Nichole Collins. Her continued actions are compromising not only the integrity of our client support system but also that of the Medicaid ABI Waiver program. Today's discovery is yet another additional request for DSS intervention.

It has been observed, reported and documented that Ms. Collins, in her role as a behaviorist, has been directing case management activities and implementing care plans without appropriate consultation or consensus, which are strictly against the established procedures of the ABI Waiver program. Her unilateral decisions and actions have violated the program's guidelines and potentially endangered consumer safety.

Additionally, her actions have involved unilaterally referring and transitioning a client to an agency of her choice, an act that unequivocally constitutes solicitation and an explicit violation of the ABI Waiver protocols. This approach not only infringes on the client's rights to explore all appropriate options but also has created unnecessary conflicts of consumer safety. Her repeated advocacy for preferred agencies, which has been shared with the conservator, is beyond the bounds of her role and is, quite frankly, unacceptable.

In line with the regulations specified by Sec. 17b-260a-17, we are formally requesting that the Department of Social Services (DSS) and the Chief Operating Unit (COU) urgently investigate this matter. It is clearly articulated in this section that providers must adhere strictly to the stipulated guidelines, with failure to do so leading to potential repercussions, including the termination of the provider's service contract, removal from the Provider Directory, or disqualification as a provider.

Our primary concern is to ensure the safety, well-being, and best interests of our clients. In pursuit of this, we hereby request the removal of Ms. Nichole Collins from the Waiver program based on the grievances described above and in compliance with Sec. 17b-260a-17.

We trust in your commitment to uphold the integrity of the DSS ABI Waiver program, ensuring its operations remain fair, transparent, and fundamentally client-focused. Should you require any further information or documentation pertaining to this matter, we stand ready to provide the same.

We look forward to your prompt action in this regard.

Thank you for your immediate attention to this matter.

Sincerely,

David Medeiros



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DSSIACCCACTIPSLGLHFSCSWCRCTACRCWCAAAR-REF-417



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



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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

WWW.CTCOMMUNITYCARE.ORG

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Dear Erin,

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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



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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:

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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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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

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

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



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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 below:

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 below:

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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: 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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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-DSSIAACTIPSLGLHFSCSWCRCTCR-REF-417



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

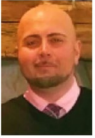
Hello Allied Community Resources,

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



A.B.I. RESOURCES

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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-DSSIAACTIPSLGLHFSCSWCRCTCR-REF-417



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

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

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



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DSSIACCCACTIPSLGLHFSCSWCRCTACRCWCAAAR-REF-417



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 below:

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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DSSIACCCACTIPSLGLHFSCSWCRCTACRCWCAAAR-REF-417



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 below:

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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State of Connecticut domain may be subject to the Freedom of Information statutes and regulations. ABI-639-

DSSIACCCACTIPSLGLHFSCSWCRCTACRCWCAAAR-REF-417



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

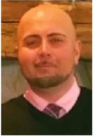
Hello Allied Community Resources,

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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U.S. Department of Health and Human Services

Office of Inspector General

Requesting information about your complaint

Every report we receive is important, however, not every submission results in an investigation.

Once submitted, we will review your complaint for relevance and completeness. If you have identified yourself, a reviewing official may contact you for further information. It is important to note that you might not be contacted by an investigator but that does not mean your complaint is not being investigated. Due to the high volume of complaints we receive, it is not possible to contact every complainant. The Hotline will not be able to confirm receipt of your complaint or respond to any inquiries about action taken on your complaint.

You may request information about your complaint through the OIG Freedom of Information Act officer (<https://oig.hhs.gov/foia>). Remember to phrase your request in terms of a search for records pertinent to your complaint, not status. You should wait at least six months before filing such a request.

Your complaint summary

Before you submit, make sure you check your information and save or print a copy for your records.

Allegation details

HHS employee, contractor, or grantee

No

Allegation type

Other: Kickbacks Medically unnecessary services

Healthcare program

Medicaid

Program type

Home Health

Date of activity

11/21/2023

Is the activity still happening?

Yes

Complaint history

Previously reported

Yes

Previously reported to

Other: CT Department of Social Services

Date previously reported

11/21/2023

Subject information**Subject****Type of subject**

Business

Business/Department name

Connecticut Department of Social Services

Doing Business As (DBA)

-

Employer ID Number (EIN)

-

National Provider ID (NPI)

-

Address

-

Business phone

-

Alternate phone

-

Website

-

Additional identifying information

-

Witness information**Your narrative****Your description of events**

Kickbacks

Medically unnecessary services

Attached files

Comprehensive Grievance Report and Request for Clarity Whistleblower Report Medicaid ABI Waiver Programs.pdf

Evidence description

-

Your information**Your consent to disclose**

No restrictions. Confidentiality and anonymity is not requested. If necessary, you may contact me for additional information and there are no restrictions on the release of my contact information.

Name

David MEDEIROS

Date of birth

11/21/2023

Medicare number

-**Medicaid number**

-**Social Security Number (SSN)**

048707441

Your contact details**Home phone**

8604633638

Cell phone

-**Work phone**

8609420365

Personal email

aabiwr@live.com

Work email

aabiwr@live.com

Your home address

215 Mountain St
Willimantic, CT 06226

Your employment information**HHS employee, contractor, or grantee**

No

Email address

Make sure the email address you enter is the one you wish to receive the complaint submission confirmation. Please update the email address if you wish to receive it at a different address.



U.S. Department of Health and Human Services

Office of Inspector General

Requesting information about your complaint

Every report we receive is important, however, not every submission results in an investigation.

Once submitted, we will review your complaint for relevance and completeness. If you have identified yourself, a reviewing official may contact you for further information. It is important to note that you might not be contacted by an investigator but that does not mean your complaint is not being investigated. Due to the high volume of complaints we receive, it is not possible to contact every complainant. The Hotline will not be able to confirm receipt of your complaint or respond to any inquiries about action taken on your complaint.

You may request information about your complaint through the OIG Freedom of Information Act officer (<https://oig.hhs.gov/foia>). Remember to phrase your request in terms of a search for records pertinent to your complaint, not status. You should wait at least six months before filing such a request.

Your complaint summary

Before you submit, make sure you check your information and save or print a copy for your records.

Retaliation details

What you experienced

Harassment / intimidation, Other: Inequitable Medicaid Referrals: Lack of Engagement and Rectification by Authorities

Reason for retaliation

Reporting fraud, waste, or abuse

What you reported

Abuse, Fraud, Law violation, Mismanagement, Threat to public, Waste

Who you reported to

GAO, Management, Other: Connecticut Department of Social Services

Date of first report

11/21/2023

Your work at the time

Medical Care Provider

Start date of the retaliation

11/21/2023

Is the retaliation still happening?

Yes

Witness information

Your details

Your description of events

David Medeiros and ABI Resources LLC have reported facing discriminatory business practices in the context of the Connecticut Medicaid Acquired Brain Injury (ABI) Waiver Program. Specifically, the grievances include:

Inequitable Medicaid Referrals: ABI Resources LLC has experienced marginalization and an unfair distribution of Medicaid referrals, resulting in a noticeable decrease compared to other providers. This suggests a biased distribution system that disadvantages both the organization and its clients.

Lack of Engagement and Rectification by Authorities: Despite multiple efforts by David Medeiros to engage in constructive dialogue with the Connecticut Department of Social Services regarding these discriminatory practices, there has been a significant lack of engagement and rectification from the department. This lack of response has negatively impacted the operations of ABI Resources and the well-being and quality of service accessible to the disabled individuals they serve.

The report by David Medeiros and ABI Resources LLC indicates a call for action to address these discriminatory practices and implement a fairer and more transparent system for Medicaid referrals within the ABI Waiver Program.

Attached files

Comprehensive Grievance Report and Request for Clarity Whistleblower Report Medicaid ABI Waiver Programs.pdf

Your identity

Your name

David MEDEIROS

Your home phone

8604633638

Your email address

aabiwr@live.com

Your work email

aabiwr@live.com

Your home address

215 Mountain St
Willimantic, CT 06226

Consent to disclose your identity

No restrictions



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

Submission ID: 912516

Success!

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

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

Contact the agency



Hugh Gilmore, FOIA Officer

410-786-5353

hugh.gilmore@cms.hhs.gov



FOIA Requester Service Center 

410-786-5353



Joseph Tripline, FOIA Public Liaison 

410-786-5353

joseph.tripline@cms.hhs.gov



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

7500 Security Boulevard

Baltimore, MD 21244

FOIA_Request@cms.hhs.gov

Request summary

Request submitted on **October 23, 2023**.

The confirmation ID for your request is **912516**.

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

10/23/2023 Subject: Freedom of Information Act Request Regarding CMS Acquired Brain Injury (ABI) Waiver Program and Consumer Compensation. 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 I am writing to you under the provisions of the Freedom of Information Act to request access to and a copy of all records related to the Acquired Brain Injury (ABI) Waiver Program, specifically focusing on the involvement of the Supported Living Group Executive Office of Danielson: 113 School St, Danielson, CT 06239 and any compensation provided to consumers for participating in medicad ABI Waiver services. To assist in locating the information, I am seeking answers to the following questions: Are consumers under the Mediciad ABI Waiver Program paid or compensated in any way for participating in services provided by the Supported Living Group or affiliates? If so, could you provide details on the nature and structure of this compensation, including: a. Amounts of compensation b. Frequency of payments c. Criteria for eligibility for compensation d. Funding sources for the compensation e. Any limitations or conditions attached to the compensation Have there been any complaints, investigations, or audits related to the payment or compensation of consumers participating in the Mediciad ABI Waiver Program through the Supported Living Group? If so, what were the outcomes of these inquiries? Are there any policies, guidelines, or regulations that govern the payment or compensation of consumers within the ABI Waiver Program, specifically in relation to services provided by the Supported Living Group? How is the integrity and proper administration of consumer compensation within the ABI Waiver Program ensured, and what safeguards are in place to prevent misuse or misallocation of funds? I kindly request accommodations due to my disability. To facilitate my accessibility and participation, I would greatly appreciate the use of electronic records. Your support in this matter is highly valued. Thank you for your understanding and assistance. Sincerely, David Medeiros ABI Resources

Fees

Fee waiver

no

Request expedited processing

Expedited processing

no



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CONTACT

Office of Information Policy (OIP)

U.S. Department of Justice

441 G St, NW, 6th Floor

Washington, DC 20530

E-mail: National.FOIAPortal@usdoj.gov

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Submission ID: 881491

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.govFOIA Requester Service Center 

410-786-5353

Joseph Tripline, FOIA Public Liaison 

410-786-5353

joseph.tripline@cms.hhs.gov

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

7500 Security Boulevard

Baltimore, MD 21244

FOIA_Request@cms.hhs.gov

Request summary

Request submitted on **September 29, 2023**.

The confirmation ID for your request is **881491**.

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

Contact information

Name

David Medeiros

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Willimantic, CT 06226
United States

Phone number

8604633638

Company/organization

ABI Resources LLC

Email

aabiwr@live.com

Your request

Freedom of Information Act Request Centers for Medicare & Medicaid Services 7500 Security Boulevard Baltimore, MD 21244 Subject: Freedom of Information Act (FOIA) Request – Connecticut Medicaid ABI Waiver Program Agency Providers Information and Service Spending Financial Breakdown Dear FOIA Officer, I am writing to request information under the Freedom of Information Act (5 U.S.C. § 552). I am seeking records, documents, and other pertinent information related to agency providers, service details, and financial breakdowns for the Connecticut Medicaid Acquired Brain Injury (ABI) Waiver Program, for the time period spanning the last seven years up to the present day. Below are the specific details of the information I am requesting: 1. Agency Providers Information: a. A list of all Connecticut Medicaid ABI Waiver Program agency providers. b. Detailed contact information for each agency provider, including but not limited to names, addresses, email addresses, and telephone numbers. 2. Program Consumer Numbers: a. The exact number of Medicaid program consumers each listed entity serves. 3. Service Details: a. A comprehensive list of all services provided by the Connecticut ABI Waiver Program. b. Specific details of each service, including the nature and scope of the services provided. 4. Financial Breakdown: a. Detailed financial information representing a breakdown of all paid money for each Medicaid provider service. b. Any and all financial records related to the payments made to the agency providers, including invoices, transaction details, and payment summaries. Time Frame: a. This request covers records from the last seven years up to the present day. Format: Please provide the information in electronic format, preferably as email attachments or via a secure online portal. Expedited Processing: I request expedited processing of this request as the information sought is urgently needed to inform the public concerning actual or alleged Federal Government activity. If my request is denied in whole or part, I ask that you justify all deletions by reference to specific exemptions of the act. I will also expect you to release all segregable portions of otherwise exempt material. I reserve the right to appeal your decision to withhold any information. Sincerely, David Medeiros

Fees

Fee waiver

no

Request expedited processing

Expedited processing

yes

Justification for expedited processing

Expedited Processing: I request expedited processing of this request as the information sought is urgently needed to inform the public concerning actual or alleged Federal Government activity.



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