Whistleblower Report

Urgent Federal Action Required:

Federal Compliance and Accountability Review: Mismanagement, Legal Violations, and Retaliation in Connecticut's Medicaid ABI Waiver Program.

Whistleblower Report Prepared by:

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Date: September 21, 2024

Submitted To:

1. President of the United States
Joe Biden
The White House
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Washington, DC 20500
Role: Oversees federal agencies, sets national priorities for healthcare, civil rights, and government accountability. Can influence Medicaid enforcement and reform.
Contact: Contact form for the President

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2. Vice President of the United States
Kamala Harris
The White House
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Washington, DC 20500
Role: Plays an active role in shaping policy decisions, including healthcare and civil rights.
Contact: Contact form for the Vice President

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3. Department of Health and Human Services (HHS)
Xavier Becerra – Secretary of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201
Role: Oversees Medicaid programs and enforces federal healthcare laws to ensure compliance by states.
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4. Centers for Medicare & Medicaid Services (CMS)
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Role: Directly oversees Medicaid and Medicare, ensuring compliance with federal healthcare regulations.
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5. Office of Inspector General (OIG) – HHS
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6. Department of Justice (DOJ) Civil Rights Division
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Role: Enforces federal laws that protect against discrimination, including under the ADA.
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7. Office for Civil Rights (OCR) – HHS
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8. U.S. Department of Labor (DOL) Wage and Hour Division
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9. U.S. Government Accountability Office (GAO)
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10. Equal Employment Opportunity Commission (EEOC)
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131 M Street NE
Washington, DC 20507
Role: Handles complaints related to employment discrimination, including disabilities in Medicaid implementation.
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11. U.S. Commission on Civil Rights
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Washington, DC 20425
Role: Investigates civil rights violations, including discrimination in Medicaid programs.
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12. U.S. Senate Finance Committee
Chair: Senator Ron Wyden (Democrat)
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Washington, DC 20510
Role: Oversees Medicaid and can investigate financial mismanagement in state programs.
Contact: https://www.finance.senate.gov/contact

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13. U.S. Senate Special Committee on Aging
Chair: Senator Bob Casey (Democrat)
520 Senate Hart Office Building
Washington, DC 20510
Role: Oversees issues related to aging, including Medicaid and long-term care.
Contact: https://www.aging.senate.gov/

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14. U.S. Senate Committee on Health, Education, Labor, and Pensions (HELP)
Chair: Senator Bernie Sanders (Independent)
428 Senate Dirksen Office Building
Washington, DC 20510
Role: Oversees healthcare policy, Medicaid, and labor laws.
Contact: https://www.help.senate.gov/

Abstract

This report highlights systemic failures within Connecticut's Medicaid Acquired Brain Injury (ABI) Waiver Program, revealing extensive mismanagement of federal Medicaid funds, violations of federal labor laws, and retaliation against whistleblowers. The Connecticut Department of Social Services (DSS) has engaged in financial mismanagement by improperly allocating funds to agencies that fail to meet contractual obligations, in violation of the False Claims Act and the Social Security Act. Additionally, the report documents how the DSS has allowed the exploitation of disabled workers by paying sub-minimum wages without obtaining necessary 14(c) certification, contravening the Fair Labor Standards Act (FLSA). Whistleblowers, including the author, have faced retaliation, including blocked billing, tampering with timekeeping systems, public defamation, and obstruction of legal recourse, in violation of the Whistleblower Protection Act.

Furthermore, the DSS has operated a closed and non-transparent Medicaid referral system, denying beneficiaries their right to choose qualified providers, in violation of federal Medicaid regulations. Efforts to obtain information through Freedom of Information Act (FOIA) requests have been obstructed, further eroding transparency and accountability. Recent amendments by the DSS have also lowered professional standards for case managers, jeopardizing the care of brain injury survivors and violating federal Medicaid guidelines.

The report calls for immediate federal intervention, including comprehensive audits, enforcement of Medicaid compliance, recovery of misallocated funds, and stronger whistleblower protections. This systemic failure, if left unaddressed, risks further harm to vulnerable populations and undermines public trust in federally funded programs. Urgent action is required to restore integrity, accountability, and care standards within the ABI Waiver Program.

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Request for Basic Accommodations and Electronic Communications

Dear Friends and Advocates

Executive Summary

This report exposes critical systemic failures and legal violations within Connecticut's Medicaid Acquired Brain Injury (ABI) Waiver Program. These ongoing issues jeopardize the welfare of vulnerable Medicaid recipients, lead to the mismanagement of state and federal taxpayer dollars, and foster retaliation against whistleblowers who courageously expose these abuses. Immediate federal intervention is required to ensure compliance, enforce accountability, and prevent further misuse of public funds.

Key Findings

1. Mismanagement of Federal Medicaid Funds

- **Issue**: The Connecticut Department of Social Services (DSS) has been mismanaging Medicaid funds, resulting in the improper allocation of resources and failure to provide necessary services to ABI Waiver beneficiaries.
- **Legal Violations**: This mismanagement violates the *False Claims Act (31 U.S.C. § 3729)* and the *Social Security Act (42 U.S.C. § 1396a)*, putting millions of taxpayer dollars at risk.
- **Action Needed**: A federal audit is essential to evaluate the misuse of Medicaid funds and recover misallocated amounts under the *False Claims Act (31 U.S.C. § 3729)*.

2. Non-Compliance with Federal Labor Laws

- **Issue**: Disabled workers participating in the ABI Waiver Program are being paid below the minimum wage without the required 14(c) certification, violating the *Fair Labor Standards Act (FLSA) (29 U.S.C. § 206)*.
- **Impact**: This undermines the rights of workers and compromises the quality of care provided to Medicaid beneficiaries.
- **Action Needed**: Immediate federal enforcement of wage laws and the cessation of sub-minimum wage practices are necessary to restore compliance with labor standards.

3. Retaliation Against Whistleblowers

- **Issue**: Whistleblowers, including David Medeiros and ABI Resources, have faced retaliation for exposing Medicaid guideline violations. This retaliation is in direct violation of the *Whistleblower Protection Act (5 U.S.C. § 2302)* (5 U.S.C. § 2302) and the *False Claims Act (31 U.S.C. § 3729)*.
- **Impact**: Suppressing whistleblowers prevents the identification of systemic failures and financial mismanagement.
- **Action Needed**: Federal protections for whistleblowers must be enforced, and a thorough investigation into retaliatory actions by DSS is required.

4. Non-Transparent Medicaid Referral System

- **Issue**: DSS operates a closed referral system that restricts Medicaid beneficiaries' ability to select qualified providers, violating 42 U.S.C. § 1396a(a)(23), which guarantees consumer choice.
- **Impact**: Brain injury survivors and other beneficiaries are funneled toward certain providers without full knowledge of alternatives, affecting the quality of care.
- **Action Needed**: A federal review of the referral system is required to ensure transparency and uphold consumer autonomy in choosing care providers.

5. Failure to Provide FOIA Requests and Transparency

- **Issue**: DSS consistently fails to comply with the *Freedom of Information Act (FOIA) (5 U.S.C. § 552)*, obstructing access to vital information regarding the ABI Waiver Program.
- **Impact**: The lack of transparency exacerbates financial mismanagement and prevents adequate oversight of taxpayer funds.
- **Action Needed**: Federal enforcement of FOIA compliance is necessary to restore public accountability and prevent further financial abuses.

Conclusion and Call for Federal Action

This report outlines a troubling pattern of systemic mismanagement, legal violations, and retaliatory practices within Connecticut's Medicaid system. These issues endanger Medicaid recipients, squander federal and state resources, and suppress whistleblowers who seek to shed light on these failures. To address these challenges, immediate federal action is required to:

1. Conduct a federal audit of Connecticut’s Medicaid ABI Waiver Program.
2. Recover misallocated taxpayer funds.
3. Enforce federal labor laws and protect whistleblowers from retaliation.
4. Ensure transparency and accountability in Medicaid’s referral system.

Without prompt federal oversight, these systemic failures will continue to erode the integrity of Medicaid, harming the very individuals the program is meant to protect.

2. Introduction and Purpose of the Report

This report outlines **critical systemic failures** within Connecticut's Medicaid Acquired Brain Injury (ABI) Waiver Program, focusing on the **mismanagement of federal Medicaid funds**. The improper allocation of taxpayer dollars threatens the sustainability of essential services intended for vulnerable populations, including brain injury survivors and disabled individuals. In addition to financial mismanagement, the report highlights **violations of federal labor laws** and **legal protections** for whistleblowers, disabled workers, and Medicaid beneficiaries.

Key Issues

1. **Mismanagement of Federal Medicaid Funds**
   Issue: The Connecticut Department of Social Services (DSS) has **significantly mismanaged** federal Medicaid funds, leading to improper payments to agencies that fail to meet their service obligations.
   Impact: This misuse of taxpayer dollars exposes Connecticut to **federal investigations** and penalties under the *False Claims Act (31 U.S.C. § 3729)* **(FCA)** and other federal regulations.
2. **Failure to Provide Critical Services**
   Issue: Brain injury survivors and disabled individuals under the ABI Waiver Program have been **denied access** to essential services, worsening the program's shortcomings.
   Impact: Vulnerable populations are deprived of necessary care, undermining the core purpose of Medicaid and jeopardizing the well-being of individuals relying on its support.
3. **Non-Compliance with Federal Labor Laws**
   Issue: Agencies operating under the ABI Waiver Program have violated the ***Fair Labor Standards Act (FLSA) (29 U.S.C. § 206)*** by paying **sub-minimum wages** to disabled workers without obtaining proper 14(c) certification.
   Impact: These labor violations harm workers and reduce the quality of services provided to Medicaid beneficiaries, further diminishing the program's integrity.

4. **Violation of Whistleblower Protections**
   Issue: Whistleblowers, including David Medeiros and ABI Resources, have faced **retaliation** for exposing systemic failures and violations within the DSS.
   Impact: Retaliation stifles accountability, obstructs transparency, and prevents essential reforms, fostering a culture of impunity that allows systemic issues to persist unchecked.

Purpose of the Report

This report has three primary objectives:

1. **Expose Violations of Federal and State Laws**
   The report documents violations of federal statutes, including the **Social Security Act**, the ***Americans with Disabilities Act (ADA) (42 U.S.C. § 12132)***, the **Rehabilitation Act**, and the ***Fair Labor Standards Act (FLSA) (29 U.S.C. § 206)***. These laws protect Medicaid beneficiaries, disabled workers, and whistleblowers, all of whom are negatively impacted by the systemic failures in Connecticut's ABI Waiver Program.
2. **Call for Immediate Federal Intervention**
   Federal oversight is urgently needed to ensure that Connecticut complies with Medicaid guidelines and federal labor laws. Immediate intervention will protect taxpayer dollars, halt the mismanagement of funds, and safeguard Medicaid beneficiaries who depend on these critical services.
3. **Advocate for Transparency, Accountability, and Reform**
   This report demands **comprehensive reform** of the ABI Waiver Program, focusing on **transparency** and **accountability** from DSS. The failure to comply with the ***Freedom of Information Act (FOIA) (5 U.S.C. § 552)***, along with the obstruction of public records, undermines federal funding and erodes public trust in the program.

Call to Action

This report provides a clear directive for federal agencies to address the systemic failures within Connecticut's Medicaid ABI Waiver Program by taking the following steps:

- **Conduct a Full Audit**: Federal agencies must initiate a **comprehensive audit** of the ABI Waiver Program to assess the scope of financial mismanagement and the misuse of Medicaid funds.
- **Enforce Compliance with Federal Labor Laws**: Strengthen enforcement of **federal labor laws** within the ABI Waiver Program to ensure that disabled workers receive fair wages and that whistleblowers are protected from retaliation.
- **Recover Misallocated Taxpayer Funds**: Federal authorities must recover misallocated taxpayer dollars and **reallocate** them to improve care and services for Medicaid beneficiaries.
- **Ensure Public Accountability**: Enforce **FOIA compliance** to guarantee transparency, and initiate comprehensive reforms within DSS to restore public trust and secure the integrity of the Medicaid program.

Immediate federal intervention is necessary to prevent further harm to Medicaid's most vulnerable beneficiaries and to restore the program's mission of providing essential care and services to those in need. Without prompt action, these systemic failures will continue to undermine the integrity of Medicaid and harm the individuals the program is designed to serve.

3. Mismanagement of Federal Medicaid Funds in Connecticut's ABI Waiver Program

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3.1 Issue Overview

Federal Medicaid funds are essential to ensuring that vulnerable populations, such as brain injury survivors, have equitable access to healthcare services. However, in Connecticut's Acquired Brain Injury (ABI) Waiver Program, these funds are being **significantly mismanaged**. The Connecticut Department of Social Services (DSS) continues to compensate care management agencies that fail to meet their service obligations. This lack of oversight **compromises the program's integrity**, misappropriates taxpayer dollars, and denies Medicaid beneficiaries the care they are legally entitled to receive.

Key Points:

- **Who**: The Connecticut Department of Social Services (DSS) and the contracted care management agencies under the ABI Waiver Program.
- **What**: Misuse of federal Medicaid funds by compensating agencies for services that are either inadequately delivered or not provided at all.
- **Where**: Across Connecticut, affecting Medicaid beneficiaries enrolled in the ABI Waiver Program.
- **When**: These financial mismanagement issues have persisted since the program's inception, with recent reports emerging in November 2023.
- **How**: DSS allocates Medicaid funds without adequate oversight, allowing agencies to receive payments despite failing to meet service delivery requirements.
- **Why**: Systemic failures in financial oversight and contract management by DSS, compounded by state budget constraints.

3.2 Legal Context

The mismanagement of federal Medicaid funds by DSS within the ABI Waiver Program constitutes **violations of federal law** and raises concerns about DSS's ability to manage public resources effectively. The key legal violations include:

- ***Section 1902(a)(23) of the Social Security Act****:* This guarantees Medicaid beneficiaries the right to freely choose their healthcare providers. This right is undermined when services are inadequately delivered or absent.
- ***False Claims Act (31 U.S.C. § 3729) (FCA)****:* Agencies receiving payments for undelivered services may be liable for submitting **false claims**. Violations of the FCA can result in significant financial penalties for fraudulent use of federal funds.

3.3 Impact on Federal Taxpayers

The mismanagement of Medicaid funds poses **serious implications** for federal taxpayers, whose contributions are being misused to compensate agencies that fail to meet their contractual obligations. This waste of resources compromises healthcare services and undermines trust in state-administered federal programs.

Key Impacts:

- **Improper Payments**: Federal Medicaid funds are being allocated to agencies that fail to deliver contracted services, wasting taxpayer dollars and contributing to poor healthcare outcomes for Medicaid beneficiaries.
- **Oversight Failures**: DSS's inability to ensure contract compliance reflects a broader failure to manage Medicaid funds effectively, raising concerns about the integrity of Connecticut’s Medicaid administration.

Broader Implications for Federal Taxpayers

- **Widespread Mismanagement**: The failures seen in the ABI Waiver Program may indicate similar inefficiencies in other DSS-managed programs, putting federal taxpayers at greater financial risk.
- **Increased Oversight Costs**: Federal agencies such as the **Centers for Medicare & Medicaid Services (CMS)** may be forced to allocate additional resources to monitor Connecticut's Medicaid program, increasing the financial burden on taxpayers.

3.4 Financial Burden on Federal Taxpayers

As Medicaid is a **jointly funded federal-state program**, failures in Connecticut's administration create a growing financial burden on federal taxpayers.

- **Wasted Resources**: Federal funds meant for critical healthcare services are being funneled into underperforming agencies, diverting resources from their intended use.
- **Increased Oversight Costs**: The need for federal agencies to monitor DSS's compliance with Medicaid regulations requires additional resources, pulling funds away from other essential healthcare initiatives.

3.5 Potential Violations of the *False Claims Act (31 U.S.C. § 3729)* (FCA)

The mismanagement of Medicaid funds raises significant legal risks under the ***False Claims Act (31 U.S.C. § 3729) (FCA)***. If agencies are found to have received payments for undelivered services, DSS and the contracted agencies could face substantial penalties.

- **Legal Exposure**: A federal investigation may confirm that agencies submitted fraudulent claims to Medicaid, exposing DSS to penalties and reputational damage.
- **Recovery of Misused Funds**: Federal authorities may initiate legal action to **recover misallocated Medicaid funds**, but the recovery process is likely to be both costly and time-consuming, potentially diverting further resources from healthcare services.

3.6 Undermining Federal Healthcare Programs

The mismanagement of Medicaid funds erodes the **effectiveness and integrity** of federal healthcare programs like Medicaid, leading to long-term risks for beneficiaries and weakening the relationship between federal and state governments.

- **Health Outcomes at Risk**: When Medicaid beneficiaries do not receive the services they are entitled to, their health deteriorates, leading to higher healthcare costs over time.
- **Erosion of Federal Trust**: Ongoing failures in DSS's Medicaid administration undermine federal trust in Connecticut's ability to manage Medicaid funds, potentially jeopardizing future federal funding allocations.

3.7 Systemic Issues in Connecticut's Medicaid Programs

The failures identified in the ABI Waiver Program likely reflect broader **systemic problems** across Connecticut's Medicaid system, posing an even greater financial risk to federal taxpayers.

- **Larger Financial Impact**: If similar mismanagement occurs in other Medicaid programs, the financial burden on both state and federal taxpayers could be significantly greater than currently estimated.
- **Urgent Federal Intervention**: Immediate **federal oversight** is necessary to ensure compliance with Medicaid regulations, protect taxpayer dollars, and prevent further mismanagement.
- **Proposed Amendments Dilute Care Quality**:
  The 2024 amendments to the Medicaid ABI Waiver Program proposed by DSS shift focus from **individual qualifications** to **agency licensure**, leading to a **reduction in care quality**. The move away from ensuring **certified Brain Injury Specialists** are involved risks providing substandard care to vulnerable ABI survivors. This shift reflects a broader systemic issue where **agency convenience** is prioritized over **person-centered care**.

- **Misrepresentation by DSS**:
  DSS has falsely represented these certification changes as improvements, even though these standards were already in place. This **misrepresentation** underscores a pattern of **misleading the public**, further diminishing trust in the department's commitment to genuine reform.
- **DSS Misrepresentation of Certification Requirements**:
  The **Department of Social Services (DSS)** has falsely represented the certification of **Brain Injury Specialists** as a new requirement in its proposed amendments. However, this certification has long existed, and DSS's **misrepresentation** undermines the transparency of the reform process and raises concerns about the agency's integrity. Survivors and advocates assert that DSS's misleading claims obscure the fact that meaningful changes are not being made to improve care quality.
- **Corruption Allegations Within DSS**:
  There are growing concerns of **corruption** within DSS, as it appears the proposed amendments are designed to **shield systemic issues** rather than address them. These corruption allegations further justify the need for a **federal investigation** into DSS's practices. Transparency failures and the refusal to provide essential information, such as the **Provider Directory**, have only worsened the situation, preventing public scrutiny.

Conclusion: The Critical Need for Federal Oversight

The ongoing mismanagement of federal Medicaid funds in Connecticut's ABI Waiver Program reflects deeper systemic failures within the state's Medicaid system. These failures deprive vulnerable individuals of essential healthcare services and waste federal taxpayer dollars. Without **immediate federal intervention**, the misuse of funds will continue, eroding healthcare outcomes for Medicaid beneficiaries and undermining trust in public programs.

Key Recommendations for Federal Action

1. **Comprehensive Federal Audit**:
   Conduct a thorough audit of Connecticut's ABI Waiver Program to uncover the extent of financial mismanagement and systemic issues.
2. **Recovery of Federal Funds**:
   Utilize legal mechanisms, including the ***False Claims Act (31 U.S.C. § 3729)*** , to recover misallocated federal funds from underperforming agencies.
3. **Strengthened Oversight and Accountability**:
   Implement stronger oversight measures at both the state and federal levels to ensure that Medicaid funds are used appropriately and that services are delivered as required.
4. **Establishment of a Federal Oversight Committee**:
   Create a federal oversight committee to monitor Connecticut's compliance with Medicaid regulations and prevent future mismanagement.
5. **Legal Accountability**:
   Hold individuals and agencies accountable for the mismanagement of funds, ensuring that federal taxpayer dollars are properly allocated to support essential healthcare services.

4. Non-Compliance with Federal Labor Laws — Sub-Minimum Wage Payments Without 14(c) Certification

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4.1 Issue Overview

Connecticut's Medicaid Acquired Brain Injury (ABI) Waiver Program is in violation of **federal labor laws** by allowing home support agencies to pay **sub-minimum wages** to disabled workers without obtaining the necessary **14(c) certification** from the U.S. Department of Labor (DOL). Under the ***Fair Labor Standards Act (FLSA) (29 U.S.C. § 206)***, employers can only pay sub-minimum wages to workers with disabilities if they maintain a valid 14(c) certificate. Multiple home support agencies in the ABI Waiver Program are bypassing this legal requirement, resulting in the **exploitation of disabled workers**. The Connecticut Department of Social Services (DSS) has failed to enforce these regulations, further exacerbating the mismanagement and legal violations within the program.

Key Points:

- **Who**: Home support agencies under the ABI Waiver Program that employ Medicaid beneficiaries for supported employment, prevocational training, Independent Living Skills Training (ILST), companion services, and recovery assistant services.
- **What**: Agencies are illegally paying disabled workers below the minimum wage without obtaining the legally required 14(c) certificates, in violation of the FLSA.
- **Where**: Throughout Connecticut, affecting Medicaid recipients employed under the ABI Waiver Program.
- **When**: These illegal wage practices have persisted since the program's inception, with reports emerging as of November 2023.

- **How**: Agencies justify sub-minimum wage payments based on the services they provide but circumvent the legal procedures for obtaining certification.
- **Why**: DSS has failed to enforce federal labor laws, allowing these illegal practices to continue unchecked, leading to the exploitation of disabled workers.

4.2 Legal Context

Under the ***Fair Labor Standards Act (FLSA) (29 U.S.C. § 206)***, the 14(c) certification allows employers to pay sub-minimum wages to workers with disabilities whose productive capacity is impaired. Employers must comply with the following legal requirements:

- **14(c) Certification**: Employers must apply for and obtain a 14(c) certificate from the U.S. Department of Labor before paying sub-minimum wages.
- **Regular Documentation**: Employers are required to regularly document workers' productive capacity and ensure that wages are aligned with workers' abilities.
- **Certificate Renewal**: 14(c) certificates must be renewed periodically to maintain compliance.

Failing to secure or maintain a 14(c) certificate violates the **FLSA**, exposing employers and agencies to **federal penalties**, wage liabilities, and enforcement actions by the DOL. Connecticut's ongoing failure to ensure compliance leaves the state vulnerable to **federal sanctions** and potential lawsuits for wage theft.

4.3 Impact on Disabled Workers

- **Exploitation of Disabled Workers**:
  Disabled individuals, including brain injury survivors, are being illegally underpaid without legal recourse. These individuals depend on supported employment programs for financial independence, but the state's violation of federal wage laws forces them into poverty and increases their dependence on public benefits.

- **Legal and Financial Liability**:
  Connecticut is exposed to **substantial fines and penalties** from the U.S. Department of Labor for failing to comply with federal labor laws. The state may also be required to pay back wages to affected workers, resulting in significant financial liabilities that could further strain the state's budget.
- **Reputational Damage and Federal Funding Risks**:
  Continued non-compliance with federal labor laws tarnishes Connecticut's reputation for managing federally funded programs like Medicaid. These violations could lead to **penalties from federal agencies**, increased scrutiny of the state's Medicaid programs, and possibly a **reduction in future federal funding allocations** for the ABI Waiver Program.

4.4 Case Study: Oregon

In a similar situation, **Oregon** faced a **class-action lawsuit** filed on behalf of disabled workers who were paid sub-minimum wages without valid 14(c) certifications. The case resulted in a **substantial settlement**, including back wages and damages for the affected workers, setting a legal precedent for future cases across the country.

- **Increased DOL Enforcement**:
  In recent years, the U.S. Department of Labor has stepped up enforcement of 14(c) violations. In **2022**, the DOL recovered **millions of dollars in back wages** for disabled workers who were illegally underpaid. This enforcement trend indicates that Connecticut's continued non-compliance could prompt similar legal actions and result in **costly penalties**.
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Recommendations for Immediate Action

1. **Cease Sub-Minimum Wage Payments Without Certification**:
   DSS must **immediately halt** all sub-minimum wage payments under the ABI Waiver Program until the proper 14(c) certifications are obtained. This is essential to bring the program into compliance with federal labor laws and protect the rights of disabled workers.
2. **Conduct a Full Review of Wage Practices**:
   A comprehensive, **independent audit** of wage practices within the ABI Waiver Program is necessary to assess the extent of the violations. Agencies found to be non-compliant should be required to compensate workers appropriately and face **legal penalties**.
3. **Implement Proper Oversight and Enforcement Mechanisms**:
   DSS must establish **robust oversight mechanisms** to ensure that wage payments comply with federal labor laws. This should include regular wage audits and proactive enforcement of 14(c) certification requirements.
4. **Protect the Rights of Disabled Workers**:
   Connecticut should prioritize the **protection of disabled workers** by ensuring that all employment practices under the ABI Waiver Program adhere to federal and state labor laws. The state must also work toward providing **fair wages** that promote financial independence and reduce the risk of exploitation for disabled individuals.

Conclusion

The **systemic non-compliance** with federal labor laws, particularly under the 14(c) provision of the ***Fair Labor Standards Act (FLSA) (29 U.S.C. § 206)***, highlights **major failings** within Connecticut's Medicaid ABI Waiver Program. The **illegal underpayment** of disabled workers reflects the broader **mismanagement and exploitation** occurring within the program.

By **halting illegal wage practices**, conducting **comprehensive wage audits**, and implementing **strict oversight**, Connecticut can restore compliance and protect its most vulnerable workers. Without **immediate corrective action**, the state risks further legal challenges, significant financial penalties, and long-term reputational damage at both the state and federal levels.

Restoring program integrity depends on compliance with federal labor laws and safeguarding the rights of disabled workers under Medicaid.

5. Suppression of Whistleblowers and Retaliation in the Connecticut Medicaid ABI Waiver Program

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5.1 Issue Overview

The Connecticut Medicaid Acquired Brain Injury (ABI) Waiver Program has been plagued by **systemic suppression of whistleblowers** and **misuse of *Freedom of Information Act (FOIA) (5 U.S.C. § 552) provisions***. Whistleblowers who report issues such as **financial mismanagement**, **care deficiencies**, and **non-compliance with federal labor laws** have faced retaliation, including **job loss, harassment, and legal threats**. Additionally, FOIA requests aimed at exposing these violations are often delayed or unjustifiably denied, preventing transparency, and hindering proper oversight. These tactics, employed by the Connecticut Department of Social Services (DSS) and associated state agencies, shield the program from scrutiny, enabling **ongoing mismanagement**.

 DSS **Concealment and Corruption Allegations**:
The DSS's refusal to comply with **FOIA requests** and failure to provide **transparency** around public health decisions reflect systemic issues within the agency. These practices suggest **intentional concealment** of critical information from families and caregivers, which prevents effective oversight and accountability.

 Allegations **of Corruption**:
There are **ongoing allegations** that DSS is engaging in corrupt practices by proposing these amendments in an effort to obscure past failures rather than improve care delivery. This calls for **federal intervention** to restore trust and ensure integrity in the management of Medicaid funds.

- **DSS Transparency Failures and FOIA Non-Compliance**:
  DSS's refusal to comply with FOIA requests is a critical example of its ongoing transparency issues. Despite numerous requests, the **Provider Directory** has not been made publicly available, which hinders ABI survivors and their families from accessing

vital information necessary for making informed care decisions. This concealment raises questions about whether DSS is intentionally keeping the public in the dark to avoid scrutiny.

Key Points:

- **Who**: The Connecticut Department of Social Services (DSS) and other state agencies involved in managing the ABI Waiver Program.
- **What**: Whistleblowers face **retaliation**, including job loss, harassment, and legal threats, while FOIA requests are denied or delayed to prevent exposure of mismanagement.
- **Where**: Across Connecticut, affecting Medicaid beneficiaries, whistleblowers, and public advocates involved with the ABI Waiver Program.
- **When**: These practices have been ongoing since the program's inception, with recent reports as of November 2023.
- **How**: Suppression occurs through **bureaucratic delays**, unjustified FOIA denials, and retaliation against individuals who expose wrongdoing.
- **Why**: DSS and other agencies suppress whistleblowers to avoid accountability for **mismanaging federal funds**, concealing systemic issues, and evading legal consequences.

5.2 Legal Context

- ***Freedom of Information Act (FOIA) (5 U.S.C. § 552)* and State-Level Open Records Laws**:
  FOIA ensures public access to federal records, and state agencies managing federally funded programs like Medicaid are subject to similar **state-level open records laws**. In Connecticut, the Connecticut FOIA mandates that public records and government proceedings be accessible unless a specific exemption applies.

- **Violation**: By delaying or denying FOIA requests without valid legal justification, Connecticut state agencies are **violating transparency laws** and obstructing public accountability, particularly in federally funded programs.

- ***Whistleblower Protection Act (5 U.S.C. § 2302)*** **(WPA)**:
  The WPA protects employees and contractors from retaliation when reporting **fraud, waste, or abuse** within federal programs. Connecticut also has a **state-specific whistleblower protection law** that safeguards state employees and contractors who report violations or mismanagement within programs like Medicaid.
  - **Violation**: DSS's retaliatory actions against whistleblowers violate both **federal and state whistleblower protection laws**, exposing the state to potential **legal penalties**.

5.3 Impact on Whistleblowers

- **Lack of Transparency and Accountability**:
  The suppression of FOIA requests and retaliation against whistleblowers undermines public trust in the Medicaid ABI Waiver Program. Without access to critical records, advocates and auditors cannot verify the program's integrity, allowing **mismanagement to continue unchallenged**.
- **Discouraging Whistleblowers**:
  Retaliation creates a **chilling effect**, discouraging others from reporting wrongdoing. This culture of secrecy allows systemic issues to go unchecked, reducing accountability.
- **Obstruction of Justice**:
  By denying access to records and retaliating against whistleblowers, DSS and other agencies may be **obstructing justice** under federal and state laws. These actions could lead to lawsuits for **wrongful termination**, **defamation**, and violations of **open records laws**.

5.4 Precedents of Whistleblower Retaliation and FOIA Abuse

- **Michigan – Flint Water Crisis**:
  During the Flint water crisis, public officials denied critical FOIA requests that could have exposed information about the contamination of the city's water supply. Legal action was taken against the state for **withholding information** that could have mitigated the crisis. This case underscores the dangers of **suppressing whistleblower reports** and obstructing access to public records.
- **California – Whistleblower Retaliation Case**:
  In California, a state employee who was terminated after reporting **financial mismanagement** in a federally funded program won a whistleblower retaliation case. The court awarded the employee lost wages and compensation for emotional distress, highlighting the **significant legal and financial consequences** that can result from retaliating against whistleblowers.

Recommendations for Immediate Action

1. **Release FOIA-Requested Records**:
   DSS and other relevant agencies must **immediately comply** with all outstanding FOIA requests related to the ABI Waiver Program. Any FOIA denials must be reviewed thoroughly, with clear **legal justifications** for withholding information.
2. **Investigate Retaliation Against Whistleblowers**:
   An **independent investigation** must be launched to assess whether DSS or other state agencies have retaliated against whistleblowers. Those found responsible should face legal consequences, and measures must be implemented to prevent future retaliation.
3. **Implement Stronger Whistleblower Protections**:
   Connecticut should **strengthen its whistleblower protection laws** to ensure that individuals reporting fraud, waste, or abuse are protected from retaliation. The state must foster a culture where whistleblowers are encouraged to come forward without fear of repercussions.
4. **Ensure Full Transparency**:
   DSS and related agencies must adopt **proactive transparency measures**, regularly

publishing data and records related to the administration of the ABI Waiver Program. This will allow for **independent oversight** and help restore public trust in the program's integrity.

Conclusion

The systemic suppression of whistleblowers and the misuse of FOIA in the Connecticut Medicaid ABI Waiver Program represent a **serious threat to transparency** and **accountability**. These actions violate federal and state laws, obstruct oversight efforts, and **perpetuate the mismanagement of taxpayer funds**.

Immediate corrective actions, such as releasing FOIA records and enhancing whistleblower protections, are essential to end this **culture of secrecy and retaliation**. Without decisive intervention, these practices will continue to erode the program's integrity, **jeopardize public trust**, and harm the Medicaid beneficiaries it is designed to serve.

6. Failure to Provide FOIA Requests — A Threat to Federal Funding

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6.1 Issue Overview

A significant factor contributing to the ongoing mismanagement of Medicaid funds in Connecticut's Acquired Brain Injury (ABI) Waiver Program is the state's repeated failure to comply with the ***Freedom of Information Act (FOIA)***. Under Connecticut FOIA ***(Conn. Gen. Stat. §§ 1-200 et seq.)***, state agencies are legally obligated to provide public access to records to ensure transparency and accountability. However, the Connecticut Department of Social Services (DSS) has consistently failed to meet these obligations, particularly regarding records related to the ABI Waiver Program.

This persistent FOIA non-compliance **obstructs public oversight**, limits transparency, and prevents stakeholders from holding DSS accountable for financial mismanagement and service delivery failures. Most critically, **non-compliance with transparency laws** threatens Connecticut's eligibility for **federal Medicaid funding**, as transparency is a core requirement for receiving these funds.

6.2 Relevant Federal and State Laws

- **Connecticut FOIA (Conn. Gen. Stat. §§ 1-200 et seq.)**:
  Connecticut law mandates that public agencies provide access to records upon request to promote transparency. DSS's **refusal to release records** related to the ABI Waiver Program violates this statute, obstructing public accountability and hindering necessary oversight of Medicaid programs.
- **Medicaid Regulations (42 U.S.C. § 1396a(a)(6))**:
  This federal statute requires states to provide necessary information to federal agencies such as the **Centers for Medicare & Medicaid Services (CMS)** to ensure compliance

with Medicaid regulations. DSS's **failure to release requested records** risks Connecticut's compliance with federal requirements, jeopardizing future Medicaid funding.

- ***Social Security Act, Section 1902(a)(27)***:
  States are required to provide federal agencies with access to records related to Medicaid-funded services. DSS's failure to comply with FOIA requests threatens this mandate and could trigger **sanctions** or **penalties**.
- ***Federal Freedom of Information Act (5 U.S.C. § 552)***:
  Although federal FOIA applies to federal agencies, the **principle of transparency** extends to state programs funded by federal dollars. Federal agencies rely on state records to ensure Medicaid compliance. Connecticut's **refusal to release records** undermines the federal government's ability to oversee its programs, heightening the risk of penalties.

6.3 Implications for Federal Funding

- **Obstruction of Federal Oversight**:
  By failing to provide requested records, DSS obstructs the ability of federal agencies, such as **CMS** and the **Department of Health and Human Services (HHS)**, to properly audit and review the ABI Waiver Program. Under **42 U.S.C. § 1396a(a)(6)**, states are required to submit necessary records to ensure compliance. DSS's refusal to comply could result in **sanctions** for obstructing federal oversight.
- **Non-Compliance with Federal Medicaid Requirements**:
  Transparency is a **precondition** for receiving federal Medicaid funds. DSS's FOIA non-compliance puts Connecticut at risk of being deemed **in breach of Medicaid regulations**, potentially resulting in delayed or reduced federal funding.

Impact on Future Federal Funding

- **Obstruction of Oversight and Potential Funding Reductions**:
  Without access to requested records, federal agencies like **CMS** cannot properly audit or investigate the ABI Waiver Program. Continued FOIA non-compliance could lead to **reduced or delayed federal funding** for Connecticut's Medicaid programs.
- **Increased Scrutiny from Federal Oversight Bodies**:
  Agencies such as the **Government Accountability Office (GAO)** and the **Office of Inspector General (OIG)** may increase their scrutiny of Connecticut's Medicaid programs due to FOIA non-compliance. These agencies may recommend **withholding future Medicaid funds** until Connecticut demonstrates compliance with transparency laws.
- **Risk of Withholding Future Federal Funds**:
  Continued refusal to release requested records could result in **withholding of future Medicaid funds** under **42 U.S.C. § 1396a(a)(6)** and **Section 1902(a)(27)** of the Social Security Act. **Full transparency** is essential to ensure state-administered programs comply with federal Medicaid regulations.

Call for Immediate Action

To safeguard future Medicaid funding and ensure that federal dollars are properly allocated, **Connecticut must immediately comply** with all outstanding FOIA requests. DSS's failure to release critical records threatens the future of essential services provided by the ABI Waiver Program and other Medicaid-supported initiatives.

This lack of transparency **obstructs federal oversight** and could result in **severe financial penalties**. DSS must prioritize compliance with both state and federal transparency laws to avoid further scrutiny and **protect future Medicaid funding**.

Conclusion

The failure to comply with FOIA requirements poses a direct threat to the **financial stability** of Connecticut's Medicaid programs. Federal agencies depend on transparency to ensure that Medicaid funds are properly managed and that the state complies with federal guidelines. DSS's refusal to release critical information not only violates transparency laws but also **jeopardizes future federal funding allocations**.

Immediate corrective action, including the release of the requested records and full compliance with federal oversight, is essential to protect the health and welfare of Medicaid beneficiaries across Connecticut. Without these actions, the state risks **losing critical federal funding** that supports essential services for vulnerable populations under Medicaid.

7. Non-Transparent Medicaid Referral System

7.1 Issue Overview

The Connecticut Department of Social Services (DSS) operates a **closed and non-transparent referral system** for the Medicaid Acquired Brain Injury (ABI) Waiver Program, **restricting Medicaid beneficiaries' ability** to choose their care providers. While federal guidelines mandate that beneficiaries have the right to access home and community-based services, DSS's referral practices prevent them from fully exercising this right. The lack of transparency limits beneficiaries' awareness of available options and **steers them toward specific providers**, often without adequate consideration of their unique care needs or the quality of care provided.

Failure to Provide Provider Directories:
DSS has deliberately withheld **provider directories**, making it difficult for Medicaid beneficiaries to exercise their **federally protected right to choose** qualified care providers. This concealment undermines the **principles of consumer autonomy** embedded in federal Medicaid laws, as beneficiaries are forced into services without knowing all available options.

- **Inaccessibility of the Provider Directory**:
  One of the most concerning transparency failures is the **DSS's refusal to provide the Medicaid ABI Waiver Program Directory of Providers** to the public. This omission creates significant barriers for ABI survivors and their families, who are unable to verify the qualifications of care providers and make informed decisions. The concealment of this directory violates the **federal right to consumer choice** under **42 U.S.C. § 1396a(a)(23)**.

7.1 Issue Overview

- **Inaccessibility of the Provider Directory**:
  One of the most concerning transparency failures is the **DSS's refusal to provide the Medicaid ABI Waiver Program Directory of Providers** to the public. This omission

creates significant barriers for ABI survivors and their families, who are unable to verify the qualifications of care providers and make informed decisions. The concealment of this directory violates the **federal right to consumer choice** under **42 U.S.C. § 1396a(a)(23)**.

7.3 Impact on Beneficiaries

- **Risk of Exploitation and Subpar Services**:
  Without access to the **Provider Directory** and clear information about available services, Medicaid beneficiaries, particularly ABI survivors, are at increased risk of **exploitation**. The amendments proposed by DSS are seen as prioritizing **administrative convenience** and **cost-cutting** over the **care needs of consumers**. This lack of transparency could result in **substandard services** that fail to meet the complex needs of ABI survivors.

Key Points:

- **Who**: The Connecticut DSS and contracted care management agencies overseeing referrals under the ABI Waiver Program.
- **What**: DSS hides the provider list, funneling beneficiaries toward select providers without regard to individual needs or quality of care.
- **Where**: This affects Medicaid beneficiaries across Connecticut who rely on the ABI Waiver Program for necessary services.
- **When**: These practices have been in place since the program's inception, with recent reports surfacing in November 2023.
- **How**: DSS manages the referral process through contracted agencies, influencing beneficiary choices by limiting their provider options.
- **Why**: DSS appears to prioritize **cost minimization**, favoring lower-cost providers over those offering higher quality care, violating federal Medicaid requirements for **beneficiary choice**.

7.2 Legal Context

- **Section 1902(a)(23) of the Social Security Act**:
  This provision ensures Medicaid beneficiaries have the right to **choose any qualified provider**. DSS's closed referral system limits this choice, directly violating the beneficiaries' rights under federal law.
- **42 CFR § 431.51**:
  Federal regulations mandate that Medicaid beneficiaries must have the freedom to receive services from any qualified provider. DSS's **concealment of provider options** and steering toward specific providers violates this regulation.
- ***Consumer Protection and Affordable Care Act (ACA)***:
  The ACA emphasizes **consumer-centered care**, ensuring consumers have the autonomy to make informed healthcare decisions. By denying Medicaid beneficiaries access to a transparent referral system, Connecticut's practices violate these **consumer-centered principles**.

7.3 Impact on Beneficiaries

- **Denial of Beneficiary Rights**:
  The closed referral system denies Medicaid beneficiaries their legal right to choose from a range of qualified providers, violating federal Medicaid regulations and undermining **consumer autonomy**.
- **Compromised Quality of Care**:
  By steering beneficiaries toward providers based on cost rather than care needs, DSS reduces the **quality of care** for vulnerable populations. Brain injury survivors, in particular, are often denied access to specialized services critical to their recovery.
- **Bias Toward Certain Providers**:
  The referral system effectively creates **monopolies** for select providers, reducing

competition and innovation in care. This bias prevents beneficiaries from accessing the **best possible care**, favoring select providers regardless of service quality.

- **Erosion of Public Trust**:
  The lack of transparency erodes trust in Connecticut's Medicaid system. Beneficiaries and their caregivers cannot determine whether referrals are made in the consumers' best interests or driven by **cost-saving measures**, fostering distrust in the state's administration of Medicaid services.
- **Shift from Person-Centered to Agency-Centered Care**:
  The proposed amendments reflect a move towards **agency-centered goals**, prioritizing **cost-cutting,** and administrative ease over **individualized care** for Medicaid recipients. This violates federal mandates that Medicaid beneficiaries be given **informed choice** and access to **specialized care** that meets their medical needs.

Impact on Beneficiaries

- **Risk of Exploitation and Subpar Services**:
  Without access to the **Provider Directory** and clear information about available services, Medicaid beneficiaries, particularly ABI survivors, are at increased risk of **exploitation**. The amendments proposed by DSS are seen as prioritizing **administrative convenience** and **cost-cutting** over the **care needs of consumers**. This lack of transparency could result in **substandard services** that fail to meet the complex needs of ABI survivors.

7.4 Case Studies: Illinois and California

- **Illinois**:
  A lawsuit in Illinois exposed a lack of transparency in its Medicaid managed care system. Plaintiffs claimed they were denied the right to choose their providers, resulting in poor care outcomes. The case led to **increased oversight** and stricter transparency measures in Illinois's Medicaid programs.

- **California**:
  After investigations by the **Centers for Medicare & Medicaid Services (CMS)** revealed that California's Medicaid referral system was steering beneficiaries toward specific providers without transparency, CMS required California to revise its system. The state was mandated to provide beneficiaries with a **full list of qualified providers** and ensure they could make **informed care decisions**.

Connecticut is at risk of facing **similar legal challenges** and **federal scrutiny** if it continues to deny beneficiaries their rights under federal law.

Recommendations for Immediate Action

1. **Release the ABI Waiver Provider List Publicly**:
   DSS should immediately publish the **full list of qualified providers** under the ABI Waiver Program. This will allow Medicaid beneficiaries to make **informed choices** and align the state's practices with federal transparency requirements.
2. **Implement Transparent Referral Practices**:
   DSS must establish a **transparent referral system** that ensures beneficiaries can choose from all qualified providers. This system should include:
   - Clear documentation of the referral process.
   - Criteria for matching beneficiaries with providers.
   - An **appeals process** for beneficiaries who believe their referrals do not meet their care needs.
3. **Conduct an Independent Review of the Referral System**:
   An independent third-party should review the current referral system to assess its fairness and equity. This review should identify any instances of **manipulation or favoritism** and provide public recommendations for improvements.
4. **Ensure Compliance with Federal Medicaid Guidelines**:
   DSS must comply with **Section 1902(a)(23)** of the **Social Security Act**, **42 CFR §**

431.51, and the ACA's **consumer-centered care** principles to ensure that the referral system respects beneficiaries' rights to choose their providers.

5. **Strengthen Oversight of Care Management Agencies**:
   DSS should increase oversight of **care management agencies** to ensure that referrals are driven by **consumer needs** rather than cost concerns. Oversight should include:
   - Regular monitoring and auditing of agency performance.
   - Penalties for agencies that manipulate referrals.
   - Mandatory documentation of each referral's justification, subject to review by DSS and independent auditors.
6. **Protect Whistleblowers and Promote Transparency**:
   DSS must strengthen protections for **whistleblowers** to encourage the reporting of referral manipulation without fear of retaliation. This should include:
   - Anonymous reporting mechanisms.
   - Guaranteed legal protections under state and federal law.
   - Swift and impartial investigations into complaints of manipulation.

Broader Implications for Medicaid Recipients and Healthcare Access

The **non-transparent referral system** employed by DSS in the ABI Waiver Program highlights a larger issue of **opaque administrative practices** that limit healthcare access for vulnerable populations. If left unaddressed, this issue could set a precedent for similar non-transparent practices across other Medicaid services, **violating consumer rights** and further eroding public trust in Connecticut's healthcare system.

Conclusion

Connecticut's **non-transparent referral system** in the ABI Waiver Program denies Medicaid beneficiaries their **federally protected right** to choose qualified providers, compromising the quality of care they receive. To comply with federal guidelines, Connecticut must act

immediately to establish a **transparent, consumer-centered referral process**, safeguard the rights of vulnerable populations, and restore public trust in its Medicaid system.

Failure to address these issues may lead to **federal sanctions**, legal challenges, and continued deterioration of healthcare services for Connecticut's most vulnerable individuals. **Federal oversight** may become necessary if the state continues to prioritize **cost-cutting over quality care**, threatening the health and welfare of Medicaid beneficiaries who rely on these essential services.

8. DSS Waiver Amendments — Lowering Standards and Jeopardizing Care Quality

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8.1 Issue Overview

In November 2023, following whistleblower reports from ABI Resources and David Medeiros, the Connecticut Department of Social Services (DSS) proposed **amendments to the Acquired Brain Injury (ABI) Waiver Program**. These amendments lower the **educational and licensure requirements for case managers**, allowing less-qualified personnel to manage complex cases involving brain injury survivors and other disabled individuals. DSS justifies this change as a response to **staffing shortages**, but this decision compromises care quality, violates federal Medicaid guidelines, and places Medicaid beneficiaries at significant risk.

Urgent Need for Independent Review of Proposed Amendments:
Concerns have been raised about the **intent** behind DSS's amendments, with many suggesting that they are designed to **codify practices that benefit the agency**, rather than improve care quality. There is a demand for an **independent investigation** to ensure that any changes are made in **good faith** and truly address the needs of ABI survivors.

Broader Implications of Reducing Standards

- **Dilution of Educational and Licensure Standards**:
  The amendments proposed by DSS include a **shift in focus** from ensuring that individual case managers meet necessary qualifications to allowing **agency-level licensure** to determine competency. This **dilution of standards** is a significant concern as it could allow **underqualified personnel** to manage highly complex cases, putting ABI survivors at greater risk of receiving **subpar services**.

8.1 Issue Overview

- **Lack of Stakeholder Engagement in Proposed Amendments**:
  Despite the critical nature of the proposed amendments, **stakeholders**—including ABI survivors, families, and advocacy groups—have been largely excluded from the decision-making process. This lack of involvement undermines the **accountability** of DSS and raises concerns about whether the amendments are genuinely aimed at improving care or simply codifying **agency-level shortcuts**.

8.2 Legal Context

- **Call for Rigorous Certification Standards**:
  Survivors and advocates are demanding that **Brain Injury Specialist certification** be treated as a **rigorous qualification** that ensures the quality of care. They warn against making the certification process a **mere formality** under the new amendments, emphasizing that this would compromise the quality of care provided to ABI survivors.

8.3 Recommendations for Action

- **Need for Independent Review of DSS's Amendments**:
  There is a clear demand for an **independent investigation** into DSS's proposed amendments to ensure that they are not being made in **bad faith**. Stakeholders believe that an independent review is necessary to assess whether the amendments will truly improve care for ABI survivors.

Key Points:

- **Who**: Connecticut DSS and contracted care management agencies.
- **What**: Proposed amendments would lower professional standards for case managers, allowing less-qualified individuals to manage the care of brain injury survivors and disabled individuals.

- **Where**: Affects Medicaid recipients across Connecticut who rely on the ABI Waiver Program for specialized care.
- **When**: Documented in the **November 2023 Notice of Intent** to Amend the ABI Waiver, with implementation expected in early 2024.
- **How**: The amendments reduce the qualifications required for case managers, resulting in **diminished care quality** for beneficiaries with complex medical needs.
- **Why**: DSS cites staffing shortages as the reason for these changes, but the amendments **risk consumer safety** and violate federal laws.

8.2 Legal Context

- **Federal Medicaid Regulations (42 CFR § 441.302)**:
  Medicaid waiver programs like the ABI Waiver must maintain **high professional standards**, especially when serving high-needs populations such as brain injury survivors. DSS's proposal to lower case manager qualifications likely violates these regulations, as it fails to ensure that case managers are adequately trained to handle complex consumer needs.
- **42 U.S.C. § 1396d**:
  This statute mandates that Medicaid services be delivered in a manner that ensures the **health and safety** of beneficiaries. By allowing underqualified personnel to manage complex cases, DSS risks violating federal requirements, which could result in **penalties** or loss of Medicaid funding.
- Lack of Stakeholder Involvement: Despite the significant impact on care quality, DSS has failed to involve key stakeholders—survivors, families, and advocacy groups—in the decision-making process. This absence of public accountability raises concerns that the amendments are being pushed through without adequate scrutiny or concern for consumer outcomes.

8.3 Impact on Consumer Care

- **Decreased Quality of Care**:
  Brain injury survivors and disabled individuals require **specialized, coordinated care**. Lowering professional standards for case managers increases the risk of poor coordination, substandard care, and worsened health outcomes for beneficiaries who rely on comprehensive, high-quality case management.
- **Risk to Consumer Safety**:
  Less-qualified case managers may **fail to recognize early signs of health complications**, potentially leading to preventable crises and worsening medical conditions for vulnerable populations who require proactive, expert care management.
- **Systemic Failures**:
  The **complex needs** of brain injury survivors could overwhelm underqualified personnel, leading to **breakdowns** in rehabilitation, medical care, and social services. This poses a **systemic risk** to the care delivery model under the ABI Waiver Program.
- **Federal Violations**:
  DSS's decision to lower standards places the program at risk of **non-compliance** with federal Medicaid regulations, which could result in **financial penalties** and increased federal oversight.

8.4 Precedents in Other States

- **Texas**:
  When Texas lowered qualifications for home health aides, the state experienced **widespread neglect** and poor care outcomes, prompting investigations. The decision was reversed, and higher standards were reinstated to **prevent further harm**.
- **California**:
  California's decision to lower case management standards in its Medicaid waiver programs led to **deteriorating care quality**. After federal intervention by CMS, California faced **financial penalties** and was forced to reinstate higher standards for case managers.

These precedents highlight the risks Connecticut faces if it proceeds with the proposed amendments, including **federal scrutiny**, legal action, and significant penalties.

Recommendations for Immediate Action

1. **Rescind the Proposed Amendments**:
   DSS should immediately **withdraw the proposed amendments** that lower educational and licensure requirements for case managers. These changes pose a **direct threat to consumer safety** and violate federal Medicaid guidelines.
2. **Strengthen Oversight and Accountability**:
   Rather than lowering standards, DSS should **enhance oversight** of care management agencies. Agencies that fail to meet performance expectations should face **contract termination** and financial penalties to ensure accountability.
3. **Develop Workforce Recruitment and Training Programs**:
   DSS must invest in **long-term recruitment and training programs** aimed at attracting and retaining highly qualified professionals in brain injury care. This should include **specialized training**, professional development, and **incentives** to address staffing shortages while maintaining care quality.
4. **Commission an Independent Review of Staffing Practices**:
   DSS should commission an **independent audit** of its staffing practices to identify the root causes of staffing shortages and develop solutions that preserve the quality of care. The findings of this review should be made public, with recommendations for improved oversight and care delivery.

Conclusion

The proposed amendments to lower case manager qualifications in the ABI Waiver Program represent a **short-term solution** to staffing shortages that jeopardizes the quality of care for Medicaid beneficiaries. DSS must prioritize **consumer safety** and comply with federal

guidelines by rescinding these amendments and investing in workforce development initiatives that uphold **high professional standards**. Failure to act will expose Connecticut to **federal penalties**, legal challenges, and increased oversight, while putting vulnerable populations, including brain injury survivors and individuals with disabilities, at significant risk.

By focusing on **long-term solutions** that address staffing shortages without compromising care, DSS can ensure **compliance with federal regulations** and safeguard the health and welfare of the state's most vulnerable residents.

Additional Legal Ramifications and Case-Specific Examples

Legal Ramifications of Lowering Standards

The proposed amendments to the Acquired Brain Injury (ABI) Waiver Program not only threaten consumer care but also expose the state of Connecticut to significant **legal and financial consequences** under federal law.

Violations of Federal Medicaid Regulations

- **42 CFR § 441.302**:
  This regulation explicitly requires Medicaid waiver programs to maintain **high standards for service delivery**, particularly for vulnerable populations such as brain injury survivors. By lowering qualifications for case managers, DSS risks violating these regulations. Non-compliance could lead to:
    - **Federal audits**: The **Centers for Medicare & Medicaid Services (CMS)** may initiate audits of Connecticut's Medicaid programs to ensure compliance with federal standards.
    - **Financial penalties**: If found in violation, Connecticut could face **penalties**, including the loss or reduction of federal funding for the ABI Waiver Program.

- **Increased oversight**: Persistent violations may trigger **heightened federal oversight**, where CMS or other federal agencies impose stricter conditions on Connecticut's administration of Medicaid services.

Violation of 42 U.S.C. § 1396d

This statute mandates that Medicaid services be delivered in a way that **ensures the health and safety of beneficiaries**. Allowing underqualified case managers to manage complex medical cases could result in preventable harm, exposing the state to **legal liabilities**. In cases of poor outcomes, Connecticut may face:

- **Class-action lawsuits**: Similar to other states (e.g., California, Texas) that faced legal action for lowering care standards, Connecticut could be sued by Medicaid beneficiaries or their families for **negligence**, **inadequate care**, or **failure to meet federal healthcare standards**.
- **Wrongful death or injury claims**: If poor case management leads to a beneficiary's harm or death, the state may face **wrongful death or injury claims**, increasing legal and financial risks.

ADA Violations

The ***Americans with Disabilities Act (ADA) (42 U.S.C. § 12132)*** mandates that individuals with disabilities receive services that support their health and welfare. Lowering care standards for individuals with disabilities could put DSS at risk of **ADA violations**, leading to:

- **Federal civil rights investigations**: Federal agencies, such as the Department of Justice, may investigate **ADA violations**, potentially leading to legal scrutiny and **financial liabilities** for the state.

Case-Specific Examples

Texas – Lowering Home Health Aide Standards Led to Widespread Neglect

When Texas lowered qualifications for home health aides in its Medicaid waiver program, it led to **widespread neglect** and poor care outcomes. Following public outcry, investigations, and media attention, the state reversed the decision and reinstated **higher standards**. The state also faced **class-action lawsuits** and federal intervention to ensure consumer safety standards were restored.

- **Key Takeaway**: Lowering care standards caused harm to vulnerable populations, leading to **federal oversight**, costly legal battles, and **reputational damage** for Texas's Medicaid program.

California – CMS Intervention After Lowering Case Management Standards

California faced severe consequences after lowering case manager qualifications in its Medicaid waiver programs. Care quality deteriorated, prompting CMS to conduct an audit and impose **financial penalties**. Following the intervention, California was forced to reinstate **higher standards** for case managers and faced **lawsuits** from consumer advocates.

- **Key Takeaway**: CMS's intervention and financial penalties underscored that lowering care standards in Medicaid programs triggers **federal action**, leading to **legal liabilities** and lasting damage to care delivery and state finances.

Illinois – Transparency and Care Quality Lawsuit

In Illinois, Medicaid recipients filed a **class-action lawsuit** after the state's managed care program steered consumers toward lower-quality providers without transparency or individual

care considerations. The lawsuit resulted in a federal mandate for **greater oversight** and penalties for non-compliance.

- **Key Takeaway**: Lowering care standards, especially when tied to financial motives, leads to **legal challenges** and federal mandates to restore compliance, and protect consumer safety.

Expanded Recommendations for Connecticut

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1. Engage CMS for Waiver Support, Not Lower Standards

Instead of lowering qualifications, DSS should proactively engage CMS for **waiver flexibility** that supports recruitment efforts. This could include **funding for enhanced training programs** or incentives to attract highly qualified case managers. By securing CMS support, Connecticut can **maintain care standards** without jeopardizing consumer safety.

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2. Establish a Task Force on Workforce Development

DSS should convene a **task force** comprising healthcare professionals, policy experts, and consumer advocates to assess the workforce needs of the ABI Waiver Program. The task force could explore:

- **Loan forgiveness programs** for professionals in brain injury care.
- **Partnerships with academic institutions** to train and recruit qualified workers.
- **Targeted recruitment campaigns** for underserved areas or populations.

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3. Implement Immediate Care Monitoring

While workforce development strategies are established, DSS should implement **enhanced monitoring** of current case management practices to identify risks and ensure consumer safety. This could include:

- **Randomized audits** of case manager performance.
- **Consumer and family feedback systems** to report concerns about care quality.
- **Third-party reviews** of care plans for high-risk consumers to ensure adequate oversight.

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4. Public Transparency in Staffing and Care Outcomes

DSS should publish regular reports on **staffing levels**, **qualifications**, and **care outcomes** to ensure **public accountability**. Transparency will help build public trust and demonstrate DSS's commitment to improving care quality despite staffing challenges.

Conclusion

The proposed amendments to lower case manager qualifications in the ABI Waiver Program represent a **reactionary response** to staffing shortages that threatens the health and safety of Connecticut's most vulnerable residents. By compromising care standards, DSS risks **violating federal Medicaid regulations**, exposing the state to **legal challenges** and federal penalties.

Connecticut must prioritize **consumer safety** and long-term compliance by investing in **workforce development strategies** that maintain high professional standards. Experiences from states like **Texas** and **California** demonstrate that lowering standards leads to **legal liabilities**, **federal scrutiny**, and harm to consumers. By investing in **recruitment, training, and oversight**, Connecticut can safeguard Medicaid beneficiaries while ensuring compliance with **federal regulations**.

9. Whistleblower Good Faith and Legal Protections — A Call for Accountability

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9.1 Legal Context and Protections

As the whistleblower exposing **systemic failures** within Connecticut's Medicaid Acquired Brain Injury (ABI) Waiver Program, I, **David Medeiros**, have acted with **integrity and in good faith**. My primary motivation is to ensure **transparency, accountability**, and the protection of vulnerable Medicaid beneficiaries. This report outlines **violations of federal and state laws** that compromise care quality for disabled individuals and mismanage taxpayer funds.

Upholding Legal and Ethical Obligations

The concerns raised stem from an **ethical duty** to protect Medicaid beneficiaries and ensure compliance with federal laws, including:

- ***Social Security Act* (Section 1902(a)(23))** and **42 CFR § 431.51**: These provisions guarantee Medicaid beneficiaries the right to **freely choose** their care providers, preventing them from being steered into inappropriate or inadequate care arrangements.
- **42 CFR § 441.302** and **42 U.S.C. § 1396d**: These statutes require Medicaid programs to maintain **high professional standards** to safeguard the health and welfare of beneficiaries.
- ***Fair Labor Standards Act (FLSA) (29 U.S.C. § 206)***: This act mandates **fair wages** for disabled workers and prohibits sub-minimum wage payments without proper certification under **Section 14(c)**.

These laws are intended to ensure that individuals in the ABI Waiver Program receive **dignified, high-quality care**. The violations outlined in this report compromise these protections, exposing beneficiaries to **harm and financial exploitation**.

Acting in Good Faith

I have approached this report with a genuine belief in the **accuracy and urgency** of the issues presented. At no point have I intended to **defame or mislead** any individual or agency. My sole objective has been to raise **legitimate concerns** that, if left unaddressed, will continue to harm vulnerable populations, and violate federal laws.

My actions are rooted in **good faith**, supported by **full documentation** of findings, communications, and procedures to ensure transparency. My goal is to protect the **legal rights** of Medicaid beneficiaries and hold accountable those responsible for managing federal and state funds.

Whistleblower Legal Protections

My actions align with the **legal protections** afforded to whistleblowers under federal and state law:

- ***Whistleblower Protection Act (5 U.S.C. § 2302)*** **(WPA)**: The WPA protects individuals who report **fraud, waste, or abuse** within federally funded programs like Medicaid from retaliation, including termination, harassment, or demotion.
- ***False Claims Act (31 U.S.C. § 3729) (FCA)****:* The FCA offers protections for whistleblowers exposing the **misuse of federal funds**. Under this act, I am entitled to report issues without fear of retaliation and may receive further protections if fraud is confirmed.
- **Connecticut *Whistleblower Protection Act (5 U.S.C. § 2302)***: This law safeguards state employees and contractors from retaliation when they report violations or mismanagement within state programs. I have adhered to the proper protocols, acting in the **best interest** of Medicaid beneficiaries and the integrity of the ABI Waiver Program.

9.2 Efforts to Seek Resolution

I have made **multiple efforts** to resolve these critical issues through formal channels:

- **Collaboration with Oversight Bodies**: This report has been submitted to relevant state and federal agencies, including the **Connecticut General Assembly**, with the objective of securing **corrective action**. Substantial evidence, including documented mismanagement and violations, has been provided.
- **Adherence to Formal Procedures**: I have diligently followed necessary protocols, ensuring my findings are **accurate and thoroughly documented**. Having exhausted all reasonable avenues, I now call for **accountability and urgent reform**.

Despite these efforts, **systemic failures persist**. **Immediate state and federal action** are necessary to protect the rights of Medicaid beneficiaries and restore the integrity of the ABI Waiver Program.

9.3 Legal Precedents Supporting Whistleblower Protections

Federal and state court precedents strongly support the **protections of whistleblowers** who report mismanagement or violations in federally funded programs like Medicaid:

- **US ex rel. Wilson v. Graham County Soil & Water Conservation District**: This case reinforced the FCA's broad protections for whistleblowers reporting **fraud against the federal government**. The court upheld protections for individuals exposing the **misuse of federal funds**, emphasizing the importance of safeguarding whistleblowers from retaliation.
- **Kerr v. Marshall University Board of Governors**: A whistleblower reporting **violations of safety standards** at a public institution successfully won legal protections under the WPA. The court emphasized the need to protect individuals who act in the **public interest** and expose systemic wrongdoing.

These cases underscore that whistleblower acting in **good faith**, as I have, are protected from retaliation. Exposing violations is a **critical mechanism** for ensuring accountability in **publicly funded programs**.

9.4 Federal Agencies' Role in Whistleblower Protection

Federal agencies play a critical role in **upholding whistleblower protections** and investigating reported violations. The **U.S. Department of Justice (DOJ)**, **Office for Civil Rights (OCR)**, and **Centers for Medicare & Medicaid Services (CMS)** are empowered to intervene when federal funds are misused or when care quality is compromised. I call upon these agencies to:

- **Investigate the systemic failures** outlined in this report to ensure compliance with federal laws protecting Medicaid beneficiaries.
- **Enforce legal protections** for whistleblowers under the WPA and FCA, ensuring that I, and others who report similar issues, are shielded from retaliation.
- **Hold accountable** the Connecticut DSS and other involved entities for failing to meet their legal obligations to beneficiaries and for managing federal Medicaid funds responsibly.

Conclusion: A Commitment to Transparency and Accountability

I respectfully urge the **Connecticut Department of Social Services (DSS)** and relevant oversight bodies to take **immediate corrective action** to address the **systemic failures** outlined in this report. It is imperative that my **rights as a whistleblower** are protected under federal and state law, ensuring that my efforts to expose these critical issues are upheld.

This report is not an attempt to harm any individual or agency but rather to advocate for **meaningful reform** for Medicaid beneficiaries who rely on the ABI Waiver Program. I call upon federal agencies such as the DOJ, OCR, and CMS to **intervene**, investigate these violations, and ensure compliance with laws protecting Medicaid beneficiaries.

No whistleblower should face retaliation for exposing the truth, and no vulnerable population should suffer due to systemic mismanagement. I remain steadfast in my **commitment to transparency and accountability**, and I call for those responsible for the administration of the ABI Waiver Program to be held accountable.

10. Conclusion and Recommendations

The systemic failures within Connecticut's Medicaid Acquired Brain Injury (ABI) Waiver Program are urgent and pervasive. The mismanagement of federal Medicaid funds, violations of federal labor laws, and retaliation against whistleblowers have compromised the care of Medicaid beneficiaries and eroded the integrity of federally funded programs. Immediate federal intervention is essential to restore accountability and ensure the program's compliance with federal laws.

10.1 Key Recommendations for Federal Action

- To protect vulnerable Medicaid beneficiaries and ensure compliance with federal laws, the following actions are recommended: **Comprehensive Federal Audit to Include Recent Amendments**:
  The federal audit should specifically investigate the **proposed amendments** to Connecticut's Medicaid ABI Waiver Program, as there are **allegations of corruption** and concerns that these amendments serve to obscure past failures rather than improve care. The audit must ensure that these amendments do not compromise care quality for ABI survivors.
- **Call for Increased Stakeholder Involvement**:
  To restore **public trust** and ensure that reforms are genuinely focused on improving care for vulnerable populations, there should be a mandate for **greater involvement of stakeholders**, including survivors, families, and advocacy groups, in shaping Medicaid policies and amendments.

Action-Oriented Recommendations for Federal Intervention

- **Immediate Transparency Enforcement**:
  DSS's failure to provide **provider directories** and transparency in the amendment process is a direct violation of Medicaid principles. Immediate federal enforcement of

FOIA compliance and **transparency laws** is critical to ensure that beneficiaries and the public can make informed decisions.

 Ensure **Genuine Certification and Qualification Enforcement**:

The **certification for Brain Injury Specialists** must be rigorous and **meaningfully enforced** to guarantee that only qualified individuals manage the care of ABI survivors. The federal audit must assess the **rigor of DSS's certification processes** to ensure that the reforms are not merely procedural but actually protect consumer care.

 Enforce **FOIA and Transparency Compliance**:

Immediate enforcement of FOIA compliance is required to ensure DSS is transparent in its operations. Making the **Provider Directory** public is a critical step toward accountability and ensuring that ABI survivors have **access to qualified care**.

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Comprehensive Federal Audit

- **Lead Agencies:** Centers for Medicare & Medicaid Services (CMS), Government Accountability Office (GAO)
- **Action:** Conduct a thorough federal audit of Connecticut's Medicaid programs, with a focus on the ABI Waiver Program. The audit should uncover financial mismanagement, non-compliance with federal regulations, and systemic abuses.
- **Reason:** State-based audits have failed to achieve transparency and accountability. A federal audit provides the objectivity necessary to reveal the full extent of the failures.

Enforce Federal Medicaid Compliance

- **Lead Agencies:** CMS, GAO
- **Action:** Ensure that DSS complies with Medicaid regulations, including the proper use of federal funds, adherence to care standards, and respect for beneficiaries' right to choose their providers under 42 U.S.C. § 1396a(a)(23).
- **Consequence:** Non-compliance should result in penalties, funding reductions, or legal action to protect taxpayer dollars and ensure beneficiaries receive appropriate care.

Recover Misallocated Federal Funds

- **Lead Agencies:** Department of Justice (DOJ), CMS
- **Action:** Pursue the recovery of misallocated Medicaid funds through enforcement of the *False Claims Act (31 U.S.C. § 3729) (FCA).* Recovered funds should be directed to improving services for beneficiaries.
- **Reason:** Misuse of federal funds undermines Medicaid's mission, and legal action is necessary to ensure financial accountability.

Strengthen Oversight of Care Management Agencies

- **Lead Agency:** CMS
- **Action:** Implement stringent federal monitoring of care management agencies to ensure they meet professional standards and deliver services required by Medicaid beneficiaries.
- **Consequence:** Failure to comply should trigger federal penalties and mandatory corrective actions.

Protect Whistleblowers and Enforce Accountability

- **Lead Agencies:** Office for Civil Rights (OCR), DOJ

- **Action:** Enforce *Whistleblower Protection Act (5 U.S.C. § 2302)* (WPA) provisions to shield individuals exposing fraud, waste, or abuse. Investigate retaliatory actions by DSS and the Connecticut Commission on Human Rights and Opportunities (CHRO) against whistleblowers like David Medeiros.
- **Consequence:** Protecting whistleblowers prevents further retaliation and encourages the exposure of systemic failures, preserving the program's integrity.

Action-Oriented Recommendations for Federal Intervention

Immediate Federal Audit and Investigation

- **Lead Agencies:** CMS, GAO, Office of Inspector General (OIG)
- **Actions:**
    - Conduct a comprehensive federal audit to uncover mismanagement, fraudulent billing, and misuse of Medicaid funds.
    - Initiate a federal investigation into retaliatory actions against whistleblowers, ensuring WPA protections.
    - Review DSS's referral system for compliance with Medicaid choice provisions under 42 U.S.C. § 1396a(a)(23).

Legal Enforcement and Recovery of Funds

- **Lead Agencies:** DOJ, CMS
- **Actions:**
    - If fraud is confirmed, pursue legal claims under the FCA, seeking treble damages. Recovered funds should be used to enhance Medicaid services.

- Enforce *Fair Labor Standards Act (FLSA) (29 U.S.C. § 206)* compliance to ensure back wages are paid to disabled workers affected by 14(c) certification violations.

Implement Federal Oversight and Corrective Action

- **Lead Agencies:** CMS, GAO
- **Actions:**
  - Establish a Federal Compliance Oversight Committee to monitor Connecticut's Medicaid programs and implement corrective actions.
  - Mandate quarterly reporting by DSS on fund usage, care compliance, and beneficiary rights, with penalties for non-compliance.

Strengthen Whistleblower Protections

- **Lead Agencies:** OIG, DOJ
- **Actions:**
  - Create a federal whistleblower hotline for reporting fraud and mismanagement to promote program integrity.
  - Enforce full legal protections for whistleblowers and take legal action against retaliatory state actors.

Mandate Transparency and FOIA Compliance

- **Lead Agency:** OIG
- **Actions:**

- Enforce immediate *Freedom of Information Act (FOIA) (5 U.S.C. § 552)* compliance. DSS must fulfill all outstanding FOIA requests or face federal penalties.
- Require Connecticut to regularly publish Medicaid fund management and service delivery reports to ensure transparency.

Why Connecticut Can't Self-Audit

Connecticut's history of mismanagement, non-compliance, and retaliation against whistleblowers proves that the state cannot be trusted to audit its own programs. Federal intervention is necessary for the following reasons:

- **Conflict of Interest:** DSS cannot objectively audit itself and is likely to downplay key issues.
- **Pattern of Non-Compliance:** DSS's repeated failure to comply with federal regulations, including the FCA and Medicaid laws, demonstrates an inability to hold itself accountable.
- **Lack of Transparency:** DSS's refusal to comply with FOIA requests signals an unwillingness to conduct a fair internal audit.
- **Retaliation Against Whistleblowers:** DSS's retaliation against whistleblowers, such as David Medeiros, further proves the agency cannot be trusted to review its own practices independently.

Federal Precedents

Federal agencies such as CMS, GAO, and OIG have conducted external audits in other states, setting a precedent for federal oversight in cases of Medicaid fraud and mismanagement. Examples include:

- **Texas Medicaid Fraud Case (2016):** CMS and OIG conducted a federal audit, recovered millions in misallocated funds, and terminated underperforming contracts.
- **Illinois Medicaid Overhaul (2013-2017):** CMS and OIG recovered over $75 million in misused funds and implemented stricter oversight measures.
- **Oregon's 14(c) Wage Violations (2015):** A federal lawsuit recovered unpaid wages and strengthened protections for disabled workers after the state violated the FLSA.

Conclusion: A Federal Path to Accountability and Compliance

Federal audits and investigations are necessary to reveal the full extent of mismanagement in Connecticut's ABI Waiver Program. Legal enforcement is essential to recover misused taxpayer funds and protect whistleblowers from retaliation. Ongoing federal oversight is required to ensure that Connecticut complies with Medicaid regulations, transparency laws, and labor protections, restoring accountability and safeguarding the integrity of Medicaid.

By following these recommendations, federal agencies can ensure that Connecticut's ABI Waiver Program operates in compliance with federal law, protecting both taxpayers and vulnerable Medicaid beneficiaries.

Report on Retaliation, Systemic Obstruction, and Discrimination within Connecticut's Medicaid Acquired Brain Injury (ABI) Waiver Program

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Overview

This report details ongoing **retaliation, systemic obstruction, and discrimination** faced by **David Medeiros**, a brain injury survivor, whistleblower, and provider under Connecticut's Medicaid Acquired Brain Injury (ABI) Waiver Program. The retaliation stems from whistleblowing actions that exposed significant **mismanagement, fraud**, and **violations** within the program, overseen by the **Connecticut Department of Social Services (DSS)** and the **Commission on Human Rights and Opportunities (CHRO)**. This report documents actions taken by these entities to suppress efforts to bring **transparency, accountability**, and **legal compliance** to the program.

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1. Billing Obstruction and Administrative Manipulation

Since whistleblowing, DSS has engaged in **systemic actions** to obstruct billing processes for services provided under the ABI Waiver Program. DSS repeatedly blocked the ability to bill for services, citing **"administrative errors"** that were only corrected after significant delays. These obstructions have undermined the **financial and operational stability** of services provided to Medicaid recipients, compromising care delivery and business operations.

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2. Tampering with Timekeeping Systems

DSS has manipulated the required timeclock system, which has consistently failed during weekends. Although DSS dismissed these failures as **"glitches,"** the **timing and regularity** of

these disruptions suggest deliberate tampering designed to obstruct **service documentation and billing**, adding further barriers to appropriate care documentation.

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3. Public Censorship and Defamation at Hearings

During a public hearing, **State Senator Olsten** publicly censored and defamed David Medeiros by labeling him a **"rude person"** on television and refusing to allow questions from state representatives and senators. This public attack undermined Medeiros' credibility and silenced a key voice exposing systemic issues within the program, fostering a **hostile environment** for whistleblowers.

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4. Evidence Deletion and Denial of Civil Rights

The **Commission on Human Rights and Opportunities (CHRO)** has systematically obstructed David Medeiros' civil rights complaint. **CHRO deleted all submitted evidence** and refused to hear his case, violating **due process**. After Medeiros contacted the **Department of Justice (DOJ)**, CHRO responded with a letter refusing to pursue the civil rights complaint, further obstructing justice.

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5. Denial of FOIA Requests and Accommodations

David Medeiros filed multiple ***Freedom of Information Act (FOIA) (5 U.S.C. § 552)*** requests and requested accommodations under the ***Americans with Disabilities Act (ADA) (42 U.S.C. § 12132)***, which were systematically ignored. DSS has made the FOIA process unnecessarily complex and failed to provide **ADA-mandated accommodations**, such as simplified communication methods, in clear violation of federal law.

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6. Public Insults and Intimidation

DSS officials publicly humiliated and intimidated David Medeiros, calling him a **"pain in the ass"** during professional meetings. DSS and the **Connecticut Department of Consumer Protection (DCP)** further escalated retaliation by **threatening audits and legal consequences** for other Medicaid providers, creating a culture of fear around exposing wrongdoing within the system.

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7. Secret Public Health Hearings and Lack of Transparency

Connecticut pursued a federal health block grant related to the ABI Waiver Program, holding public hearings that were **secretly scheduled** without proper notification. By burying notices in legal journals, DSS restricted **public participation and oversight**, violating principles of open government.

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8. Denial of Accommodations at Public Presentations

David Medeiros requested reasonable ADA accommodations, such as virtual attendance via Zoom or the ability to record a public presentation. These requests were denied, and DSS officials publicly insulted Medeiros for his disability (brain injury), further violating **ADA protections**. DSS threatened to remove him if he recorded the session, highlighting efforts to prevent **transparency and public documentation**.

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9. Introduction of Unqualified Providers and Coerced Services

DSS allowed **unqualified behavioral analysts** to function as Cognitive Behavioral Therapy (CBT) providers under Medicaid, without public knowledge or amendments. Consumers were coerced into receiving therapy, with no option to refuse, violating their rights to **informed**

consent. DSS took no action when these unqualified providers **steered clients away** from David Medeiros' agency, **ABI Resources**, despite clear evidence of unethical practices.

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10. Endangerment of Client Safety

A Medicaid consumer requiring 24-hour support was advised by a behavioral analyst that they could leave unsupervised, placing the client and staff at risk. DSS and care management dismissed concerns raised by David Medeiros, forcing him to resign. The client and staff were transferred to another agency connected to the behavioral analyst, highlighting DSS's negligence in ensuring **client safety**.

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11. Steering and Poaching of Consumers

Care management agencies, in coordination with behavioral analysts, pressured consumers to transfer to agencies where the behavioral analysts were employed, violating consumer autonomy and ethical standards. DSS took no corrective action, allowing this **client poaching** to continue unchecked.

Informed Consent Violations:
In multiple cases, behavioral analysts under the ABI Waiver Program have coerced consumers into receiving therapy services without proper **informed consent**. Consumers were **misled about their options** and pressured into switching providers, a practice that violates their rights under federal Medicaid laws.

Conclusion: A Crisis of Accountability and Transparency

The **retaliation, mismanagement**, and **lack of transparency** described in this report represent a deliberate effort by DSS, CHRO, and related entities to suppress whistleblowing and shield fraud within Connecticut's Medicaid ABI Waiver Program. Actions such as blocking billing, tampering with essential systems, deleting evidence, denying accommodations, and censoring public discourse violate federal laws, including the ***Whistleblower Protection Act (5 U.S.C. § 2302)*** **(WPA)**, ***Americans with Disabilities Act (ADA)***, and ***Freedom of Information Act (FOIA)***.

These retaliatory actions have harmed **David Medeiros** as a whistleblower, jeopardized the safety of vulnerable Medicaid consumers, and undermined the integrity of the Medicaid system. Without immediate **federal oversight** and intervention, these abuses will continue, unchecked by state agencies.

Recommendations for Federal Action

1. **Comprehensive Federal Audit** of Connecticut's Medicaid programs, specifically the ABI Waiver Program, to uncover financial exploitation and mismanagement.
2. **Immediate Enforcement of Whistleblower Protections** under the *Whistleblower Protection Act (5 U.S.C. § 2302)* to safeguard individuals exposing fraud and mismanagement.
3. **Recovery of Misused Federal Funds** through legal action to hold state agencies accountable for failing to manage Medicaid programs responsibly.
4. **Implementation of Federal Oversight** to ensure transparency, prevent further retaliation, and protect the rights of Medicaid consumers and whistleblowers.

The **time for federal intervention is now**. Without decisive action, the ongoing misconduct within Connecticut's Medicaid programs will continue to erode public trust and compromise the health and safety of those most in need.

Request for Basic Accommodations and Electronic Communications

I am formally requesting that all communications regarding my concerns, complaints, and whistleblower reports related to the Connecticut Medicaid Acquired Brain Injury (ABI) Waiver Program be conducted electronically via email at **AabiWR@live.com**. As a survivor of a traumatic brain injury and stroke, I experience cognitive challenges that impact my memory recall and organizational abilities, particularly with verbal conversations. Email communication is critical to my ability to manage information, stay organized, and ensure accurate exchanges.

Reasons for Request:

1. **Memory and Recall Challenges**: Due to my brain injury, I have difficulty recalling verbal conversations. Email provides a written record that allows me to refer back to previous communications, helping me stay organized and on track. This ensures that important details are not lost and that I can engage meaningfully in all correspondence.
2. **Organizational Tools**: I rely on specialized software to help me understand and process information. Electronic communication allows me to use these tools effectively, ensuring that I can stay organized and keep track of ongoing conversations. Verbal exchanges do not offer me the same level of clarity or assistance.
3. **Cognitive Demands**: Communication, particularly verbal, takes a significant cognitive toll on me. By conducting communication via email, I can manage my energy levels and take the necessary time to process and respond thoughtfully without the pressure of immediate verbal exchanges.
4. **Not a Government Employee or Politician**: I am not a government worker or politician and am doing my best to communicate and advocate to the best of my current abilities. Email communication allows me to communicate more effectively given my current limitations and ensures that I can engage with the ongoing process in a manner that works best for me.

By granting this accommodation, you will be supporting my ability to participate fully and effectively, in line with **ADA** guidelines for reasonable accommodations. I kindly request that all

future communications be directed to **AabiWR@live.com** to facilitate clear, documented, and accessible correspondence.

Thank you for your understanding and attention to this matter.

Sincerely,
David Medeiros

Dear Friends and Advocates,

I write to you today not just as someone who has faced challenges within Connecticut's Medicaid Acquired Brain Injury (ABI) Waiver Program, but as someone who is absolutely committed to seeing justice, compassion, and accountability restored across the board. What we're witnessing isn't just isolated to one program. If this kind of mismanagement, neglect, and failure is happening here, within one federally funded program, we have to ask ourselves: how widespread is this? What if this is happening across every program managed by Connecticut's Department of Social Services (DSS) and their contracted care management partners? The possibility that this is affecting every federally funded program is not just alarming--it's unacceptable.

Here's the truth: government systems are supposed to protect the most vulnerable, not fail them. And when they fail, they create a ripple effect that impacts not just one program or one group of people--it affects everyone. What we're talking about here isn't just an oversight or a mistake; it's a systemic breakdown that puts countless lives at risk. If we don't act now to address these issues, how many more people will fall through the cracks?

I believe in the power of collective action and that the strength of any community is determined by how well we care for the least of us. And let me tell you, I've lived through this. I've felt the weight of a system that's supposed to support but instead puts up roadblocks. I've seen firsthand how this failure in care impacts not just individuals, but entire families and communities. And if it's happening here, in this program, you can bet it's happening elsewhere. We have a duty to expose it, to correct it, and to transform it into something better.

We cannot sit back and wait for someone else to take care of this. Now is the time to hold those responsible accountable. This isn't just about identifying failures; it's about demanding transformation. This is about ensuring that every single person, every single dollar, and every single moment of care is handled with integrity, compassion, and an unwavering commitment to doing what is right.

But here's the exciting part--there is an opportunity here. This moment is a call to not just repair, but to reinvent these systems. Think about it: within every crisis lies the seed

for transformation. And when we take bold, decisive action--when we align our efforts with the values of dignity, justice, and respect--we elevate the standard for care across all programs, across every corner of this state and beyond.

Compassion is our fuel. It's what drives us to fight for more, to fight for better. The people relying on the ABI Waiver Program and every other federally funded service don't just deserve a functional system--they deserve one built on love, respect, and the understanding that they matter. Let that sink in for a second: they matter. You matter. We all matter.

And justice? Justice is non-negotiable. It's time to wake up to the fact that what's happening here is bigger than just one program. This is a systemic issue, and we need to align our actions with what's right. No more excuses. No more looking the other way. We're in this together, and the only way forward is through truth, accountability, and decisive action.

Here's what needs to happen: federal intervention, immediate oversight, and a complete investigation into how these programs are being managed. And we can't stop there. We need to rebuild these systems so they operate with integrity and transparency. This isn't about expanding government--it's about demanding strong oversight to make sure that every dollar is used wisely, every law is upheld, and every person is treated with the respect and dignity they deserve.

So I'm calling on you to stand with me. This is our moment to turn things around, not just for this program, but for every program. We must demand accountability, restore trust, and create a future where compassion, justice, and integrity are the guiding principles of our systems.

The time to act is now. Together, we have the power to create a future that reflects our highest values--a future where no one is left behind, where every person is treated with honor, and where every program serves the people with the dignity and respect they deserve. We can make this happen, but it starts with us, right here, right now. Let's rise to this challenge, and let's create a better, more compassionate future for all of us.

Honoring all with deep respect, compassion and unwavering commitment,

Respectfully,

David Medeiros

David Medeiros
Husband and Father,

Founder ABI Resources
TBI and Stroke Survivor