REPORT GOVERNMENT WRONGDOING (DISCLOSURE)
Do not use this form to submit classified information.
For instructions or questions, call the Case Review Division at (202) 804-7000.
*Denotes required fields.

IMPORTANT INFORMATION ABOUT FILING A DISCLOSURE

OSC WHISTLEBLOWER DISCLOSURE CHANNEL

Under 5 U.S.C. § 1213 and related provisions, the Office of Special Counsel (OSC) serves as a secure channel for federal employees, former federal employees, and applicants for federal employment with reliable knowledge of the wrongdoing to disclose:

- a violation of law, rule or regulation;
- gross mismanagement;
- gross waste of funds;
- an abuse of authority;
- a substantial and specific danger to public health or safety; and/or
- censorship related to scientific research.

OSC JURISDICTION

OSC has no jurisdiction over disclosures filed by:

- employees of the U.S. Postal Service and the Postal Regulatory Commission;
- members of the armed forces of the United States (*i.e.*, non-civilian military employees);
- state employees operating under federal grants;
- employees of federal contractors;
- other employees or federal agencies that are exempt under federal law; and
- Congressional or judicial branch employees.

ANONYMOUS SOURCES

While OSC will protect the identity of persons who make disclosures, it will not consider anonymous disclosures. If a disclosure is filed by an anonymous source, the disclosure will be referred to the Office of Inspector General in the appropriate agency. OSC will take no further action.

RETALIATION

Do you believe you suffered retaliation by your agency for disclosing wrongdoing? If yes, you may file a complaint of retaliation by navigating back to "My Cases" and selecting "New Complaint." Select Option 1 to complete and submit a Complaint of Prohibited Personnel Practice or other Prohibited Activity (PPPs). *If you have already completed the Complaint of Prohibited Personnel Practice or other Prohibited Activity above, please continue with this Disclosure.* PPPs are employment-related activities that are banned in the federal workforce.

PPPs generally involve some type of personnel decision or action and may result in personal relief for people who have been subject to a PPP. For example, if we find that you were removed from federal service in retaliation for whistleblowing, OSC may act to get your job back. PPPs can also include allegations of harassment, failure to issue appraisals, and improper hiring. Do not file a disclosure to report retaliation or other PPPs.

CONTACT INFORMATION

Title:
First Name:* David
Middle Initial:
Last Name:* Medeiros

International Address?: No
Address:*
215 Mountain St
Willimantic, CT 06226

Cell Phone Number:
Home Phone Number:
Office Phone Number:
Ext.
Email Address:* aabiwr@live.com

Preferred means of contact:
Email: Yes
Cell phone: No
Home phone: No
Office phone: No

REPRESENTATIVE INFORMATION

Do you have representation? No

Information about representative, if applicable.
First Name:*
Middle Initial:
Last Name:*

International Address?:
Address: *

Office Phone Number: **Ext.**
Cell Phone Number: **Home Phone Number:**
Email Address:

EMPLOYMENT INFORMATION

Name of Department/Agency about which you are making a disclosure.
Department:* Health and Human Services
Agency:* Centers For Medicare & Medicaid Services
Agency subcomponent: Medicaid Oversight for the Connecticut Acquired Brain Injury (ABI) Waiver
Street Address: 7500 Security Boulevard City: Baltimore State: Maryland Zip Code: 21244
City: Baltimore **State:** MD
Zip Code: 21244

Employment Status:* Non-Federal Employee (please specify)

Title	Series	Grade

Please provide your dates of employment in this position.

Employment Service Type	Employment Service Subtype	If Other (specify)
Excepted Service	Other	Private Citizen, Advocate, and Whistleblower
Other	Other	Private Citizen, Advocate, and Whistleblower

Are you covered by a collective bargaining agreement?
I don't know

DETAILS OF YOUR DISCLOSURES

Please identify the type of wrongdoing that you are alleging. You can make multiple disclosures, but you MUST choose one option. If you check "violation of law, rule, or regulation," specify, if you can, the particular law, rule or regulation violated (by name, subject, and/or legal citation). For each allegation, please answer the following questions (be as specific as possible). Please keep in mind that you will have an opportunity to provide more information and someone from OSC will contact you.

If OSC determines there is a substantial likelihood of wrongdoing, OSC will refer your disclosures to the involved agency for an investigation and report. To meet the substantial likelihood standard, there must be a significant probability that the information reveals wrongdoing that falls within one or more of the categories above. In its evaluation, OSC considers the strength, reliability, and credibility of the disclosures. If the substantial likelihood determination cannot be made, OSC will determine whether there is sufficient information to exercise its discretion to refer the allegations.

DISCLOSURES

Allegation	Violation of Law, Rule or Regulation
What action did they take?	Enabled systemic mismanagement of Medicaid funds, refused ADA accommodations, and obstructed FOIA requests.
When did this occur?	on going
How did you discover this action?	Advocating for medicaid consumers.
What additional facts support your allegation?	Delayed or denied FOIA responses, failed to provide requested accommodations for accessible formats.

DISCLOSURE SUBJECTS

Name of individual you believe is responsible for the wrongdoing disclosed.

First Name	Last Name	Title	Chain of Command
Andrea	Barton Reeves	Commissioner	Head of DSS, oversees Medicaid programs,

			including the ABI Waiver Program.

REQUESTED OSC ACTION

What action would you like OSC to take?
1. What type of wrongdoing are you reporting?
(Check all that apply):

Gross Mismanagement
Violation of Law, Rule, or Regulation
Abuse of Authority
Danger to Public Health or Safety
2. Describe the wrongdoing.
Connecticut's Department of Social Services (DSS) and associated agencies have engaged in systemic misconduct involving gross mismanagement, violations of federal law, and abuse of authority. These actions harm vulnerable populations reliant on Medicaid and suppress transparency and accountability.

Key Wrongdoing Includes:

Gross Mismanagement of Medicaid Funds:

DSS operates a monopolistic referral system within the Acquired Brain Injury (ABI) Waiver Program, restricting consumer access to diverse providers and prioritizing financial gain over care quality.
Federal Medicaid funds are funneled to select providers without accountability, raising concerns about misuse of taxpayer dollars.
ADA and FOIA Violations:

DSS systematically denies or delays reasonable accommodations under the Americans with Disabilities Act (ADA), creating barriers for individuals with disabilities.
Freedom of Information Act (FOIA) requests for critical Medicaid provider data are ignored, delayed, or denied without valid exemptions, obstructing transparency.
Retaliation Against Whistleblowers:

DSS and other entities retaliated against me for reporting systemic issues by excluding me from discussions, delaying complaint resolutions, and discrediting my advocacy.
Danger to Public Health and Safety:

By limiting consumer access to diverse providers and neglecting ADA compliance, DSS endangers the health and well-being of Medicaid recipients, particularly those with disabilities or acquired brain injuries.
3. Who committed the wrongdoing?
Connecticut Department of Social Services (DSS):

Key Individuals:
Andrea Barton Reeves (Commissioner, DSS)
DSS FOIA Officers
DSS Medicaid Program Administrators
Role: Mismanaged Medicaid programs, denied ADA accommodations, and obstructed FOIA compliance.
Connecticut Commission on Human Rights and Opportunities (CHRO):

Key Individuals:
Tanya Hughes (Executive Director, CHRO)
Cheryl Sharp (Deputy Director, CHRO)
Role: Mishandled ADA complaints and failed to address whistleblower retaliation.
Federal Oversight Agencies:

Chiquita Brooks-LaSure (Administrator, CMS)
Role: Failed to enforce federal Medicaid and ADA compliance standards in Connecticut.
4. When did this occur?
Misconduct began escalating in 2013-2014 following systemic changes to Connecticut Medicaid administration and continues to the present.
Specific incidents include:
ADA accommodation denials from 2021-2024.
FOIA delays and denials from 2020-2024.
Retaliatory actions increasing since 2022.
5. How did you learn about the wrongdoing?
Personal Experience: I directly experienced ADA accommodation denials, FOIA obstructions,

and retaliatory actions as a whistleblower advocating for systemic reform.
Reports from Medicaid Consumers: Multiple individuals reported restricted access to diverse providers under DSS's monopolistic referral system.
FOIA Requests: Delayed and incomplete responses revealed DSS's lack of transparency and non-compliance with federal standards.
6. What evidence supports your claim?
FOIA Documentation:
Copies of delayed, denied, or incomplete FOIA responses from DSS and federal agencies.
ADA Accommodation Requests:
Written requests for cognitive support and accessible communication formats, alongside DSS's failure to act.
Grievance Records:
Complaints filed with CHRO and DSS regarding ADA non-compliance, FOIA delays, and retaliation.
Consumer Reports:
Statements from Medicaid recipients detailing restricted provider access and neglect of care quality.
7. Why is this important?
This misconduct violates federal laws, undermines public trust, and disproportionately harms vulnerable populations, including individuals with disabilities. Without intervention, these actions will continue to waste taxpayer dollars, endanger public health, and suppress advocacy for systemic reform.

WHERE ELSE DID YOU REPORT THIS MATTER?

I have also disclosed this information to:

Other Action Type	Action Taken Date
Department of Justice	
Congress or congressional committee	
Inspector General of department / agency involved	
Other office of department / agency involved	

Additional information about reports to Inspectors General, if applicable.

First Name: **Last Name:**

Title:

Address:

Email Address:

Telephone Number:

Case ID #:

a. **What is the status of the matter?**

NOTE: MATTERS INVESTIGATED BY AN OFFICE OF INSPECTOR GENERAL
It is the general policy of OSC not to transmit allegations of wrongdoing to the head of the agency involved if the agency's Office of Inspector General has fully investigated, or is currently investigating, the same allegations.

ATTACHMENTS

Please note that the space available for attachments is limited. Therefore, DO NOT attach every document and email that may be relevant to your claim. You will have an opportunity to make additional submissions at a later date. We recommend limiting attachments to official forms and correspondence that document the action(s) at issue in your disclosure if these documents are relevant to your allegations.

I have attached the following documents to my filing:

File Name
09.24.2024 Federal_Intervention_HHS_OIG_CMS_GAO_DOJ_OCR_Whistleblower_Report_2024.pdf
Comprehensive Grievance Report and Request for Clarity Whistleblower Report Mediciad ABI Waiver Programs.pdf
01.12.2024 Notice Regarding HHS CMS Medicaid Administration in Connecticut FOIA Non Compliance ADA Concerns and Whistleblower Retaliations Complaint Appeals and Request for Transparency.pdf
DOJ 11.23.2024 Binder2.docx
requests (3).csv

CONSENT

Do you consent to the disclosure of your identify to others outside OSC if it becomes necessary in taking further action on this matter?*

I consent to disclosure of my identity.
Yes

I do not consent to disclosure of my identity. (Even if you do not consent, OSC may disclose your identity if necessary due to an imminent danger to public health or safety or imminent violation of any criminal law. See 5 U.S.C. § 1213(h).)
No

CERTIFICATION

I certify that all of the statements made in this complaint are true, complete, and correct to the best of my knowledge and belief. I understand that a false statement or concealment of a material fact is a criminal offense punishable by a fine, imprisonment, or both. 18 U.S.C. § 1001.*
Yes

BURDEN: The burden for this collection of information (including the time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the form) is estimated to be an average of one hour to submit a disclosure of information alleging agency wrongdoing, one hour and fifteen minutes to submit a complaint alleging a prohibited personnel practice or other prohibited activity, or 30 minutes to submit a complaint alleging prohibited political activity. Please send any comments about this burden estimate, and suggestions for reducing the burden, to the U.S. Office of Special Counsel, General Counsel's Office, 1730 M Street, NW, Suite 218, Washington, DC 20036-4505.

This Disclosure of Information was Received by OSC on: 11/25/2024

PLEASE KEEP A COPY OF YOUR COMPLAINT, ANY SUPPORTING DOCUMENTATION, AND ANY ADDITIONAL ALLEGATIONS THAT YOU SEND TO OSC NOW OR AT ANY TIME WHILE YOUR COMPLAINT IS PENDING.
REPRODUCTION CHARGES UNDER THE FREEDOM OF INFORMATION ACT MAY APPLY TO ANY REQUEST YOU MAKE FOR COPIES OF MATERIALS THAT YOU PROVIDED TO OSC.