REPORT GOVERNMENT WRONGDOING (DISCLOSURE)
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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
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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: Office of Inspector General (OIG), HHS Inspector General, Christi A. Grimm: Investigates fraud, was
Street Address: 330 Independence Avenue SW
City: Washington **State:** DC
Zip Code: 20201

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?

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?	2. What action did they take? Description of Actions and Violations: The individuals and entities involved took deliberate actions, inactions, or displayed systemic neglect that constitutes violations of federal and state laws, regulations, and constitutional rights. These actions include: Failure to Maintain and Provide Financial Records (Violation of 42 U.S.C. § 1396 et seq. and FOIA Laws): Office of the State Comptroller (Yamuna Menon, General Counsel): Claimed "no responsive records" exist regarding financial and administrative oversight of the Connecticut Medicaid Acquired Brain Injury (ABI) Waiver Program. Failed to provide required documentation on budget allocations, fund transfers, audits, and expenditures, which are mandated under federal Medicaid financial reporting requirements (42 CFR § 430.12). This constitutes a failure to uphold financial accountability for federally funded programs and raises

	concerns about potential misuse or mismanagement of taxpayer funds. Non-Compliance with ADA Accommodations (Violation of Title II of the ADA, 42 U.S.C. § 12132, and Section 504 of the Rehabilitation Act, 29 U.S.C. § 794): Repeated failure by involved parties to provide reasonable accommodations for a person with disabilities, including: Denial of accessible communication methods (e.g., screen-reader compatible documents, summaries of complex records). Requiring inaccessible methods of correspondence, such as online portals or physical mail, in direct contravention of explicitly requested accommodations. These actions are discriminatory under federal disability laws and demonstrate systemic non-compliance with accessibility standards. Denial of Whistleblower Protections (Violation of 5 U.S.C. § 2302(b)(8)): By denying access to records that would substantiate allegations of systemic failures, the agencies effectively undermined whistleblower protections, exposing the whistleblower to retaliation or suppression of critical oversight. The obstruction of information essential for addressing public harm violates both the intent and substance of whistleblower protection laws. Failure to Fulfill Legal Transparency Obligations (Violation of FOIA, 5 U.S.C. § 552, and Connecticut FOIA Laws, C.G.S. §§ 1-200 et seq.): Agencies failed to provide public records as required by law, including financial and interagency communication records necessary for program oversight. The claim that "no responsive records exist" conflicts with statutory mandates requiring state and federal agencies to maintain and disclose such records, suggesting potential document destruction or concealment (violation of 18 U.S.C. § 2071). Neglect of Oversight Responsibilities (Gross Mismanagement): Federal agencies, including the Department of Health and Human Services (HHS), failed to enforce Medicaid program compliance or conduct proper oversight of state-level administrators. This systemic neglect compromises program integrity, jeopardizes services for vulnerable populations

When did this occur?	3. When Did This Occur? Timeline of Violations and Non-Compliance: Initial Requests and Alleged Violations of FOIA and Transparency Laws: October 17, 2024: The first formal request for records related to the Connecticut Medicaid Acquired Brain Injury Waiver Program was submitted to the Office of the State Comptroller, seeking financial documentation, interagency communications, and compliance records under FOIA and Connecticut FOIA statutes. October 21, 2024: The Office of the State Comptroller, represented by Yamuna Menon, General Counsel, issued a written response stating "no responsive records" exist. This marked the first explicit failure to provide legally mandated records. October 24, 2024 – November 7, 2024: Follow-up correspondence clarified the scope of the request and sought records potentially held by interrelated agencies, with no substantive response or acknowledgment of responsibility. Failure to Comply with ADA Accommodation Requests: October 17, 2024: Specific, non-n
How did you discover this action?	4. How Did You Discover This Action? Method of Discovery: The violations were uncovered through direct interaction with the agencies involved in the administration and oversight of the Connecticut Medicaid Acquired Brain Injury (ABI) Waiver Program. Specific events and communications leading to the discovery include: Initial FOIA Request and Agency Responses: On October 17, 2024, a formal FOIA request was submitted to the Office of the State Comptroller, seeking financial and oversight records mandated by federal and state statutes. The response received on October 21, 2024, claiming "no responsive records," directly contradicted the statutory obligations of the agency to maintain and disclose such information. This raised immediate concerns about compliance and transparency. Pattern of Non-Compliance with ADA Accommodations: ADA accommodations were explicitly requested in the initial communication to ensure accessibility, given the requester's disability. Subsequent responses failed to adhere to these requirements, including the delivery of

	inaccessible formats, omission of simplified summaries, and improper reliance on inaccessible portals. This failure highlighted systemic non-compliance with ADA mandates. Escalation and Denial of FOIA Appeal: After the initial denial of records, a formal appeal was submitted on November 12, 2024, clarifying the legal obligations under FOIA and requesting oversight from the Office of the State Comptroller. The appeal was denied on November 26, 2024, with no substantive effort to provide the requested records or redirect the request to another responsible entity. This lack of accountability confirmed a broader pattern of non-compliance and obfuscation. Direct Analysis of Legal Requirements and Statutory Obligations: The violations were further corroborated by reviewing federal and state statutes, including: Medicaid Regulations (42 U.S.C. § 1396 et seq.), requiring financial oversight of federally funded programs. ADA Title II (42 U.S.C. § 12132) and Section 504 (29 U.S.C. § 794), mandating reasonable accommodations for individuals with disabilities. FOIA (5 U.S.C. § 552) and Connecticut FOIA Statutes (C.G.S. §§ 1-200 et seq.), requiring transparency and timely responses to records requests. Inconsistent and Contradictory Communications: Additional concerns arose from conflicting responses by related agencies, suggesting a lack of coordination and potential concealment of critical information. The absence of financial records for a federally funded program is implausible, indicating potential systemic failures in compliance and oversight. Summary of Discovery: The discovery of these actions resulted from a combination of direct interactions with agency representatives, legal analysis of their responses, and the apparent contradictions between statutory obligations and the agencies' claims of non-responsiveness. These failures highlight violations of transparency laws, discrimination against individuals
What additional facts support your allegation?	5. What Additional Facts Support Your Allegation? Overview of Supporting Facts: The allegations of non-compliance with federal and state laws are substantiated

	by multiple facts, as detailed below. These facts demonstrate systemic violations of transparency, financial accountability, and accessibility requirements. 1. Inconsistent and Contradictory Agency Responses Office of the State Comptroller: Claimed on October 21, 2024, that it had "no responsive records" related to financial oversight of the Connecticut Medicaid ABI Waiver Program, despite its statutory role as the state's financial manager. Provided no guidance on the responsible agency, a violation of FOIA's referral and assistance requirements (5 U.S.C. § 552(a)(3)(A)). Department of Social Services (DSS): DSS failed to provide clarity on their financial and operational oversight responsibilities, despite being the primary administrator of Medicaid-funded programs in Connecticut. Neither agency claimed ownership or accountability for the required records, creating an implausible gap in oversight. 2. Failure to Provide Financial Transparency The Medicaid ABI Waiver Program involves significant federal and state taxpayer funding under 42 U.S.C. § 1396 et seq. Despite federal Medicaid requirements, no records were disclosed for: Budget allocations. Fund transfers. Audit results. Expenditure reports. The absence of financial records suggests potential fraudulent mismanagement of funds, violating 42 CFR § 430.12. 3. Systemic Non-Compliance with ADA Accommodations Despite multiple requests, the following ADA Title II (42 U.S.C. § 12132) and Section 504 (29 U.S.C. § 794) accommodations were denied: Screen-reader compatible formats: Records were provided in inaccessible formats, excluding individuals with disabilities from meaningful participation. Simplified summaries for complex records: No summaries were provided, violating ADA mandates for effective communication. Exclusive use of email communication: Agencies relied on inaccessible portals and other barriers, contrary to explicit ADA accommodation requests. These failures constitute systemic discrimination against individuals with disabilities, violating federal mandates. 4. Pattern of Obfuscation and Potential Document

	Concealment Under 18 U.S.C. § 1519, the concealment or destruction of federal program-related documents is a federal crime. The lack of financial records for a federally funded program raises serious concerns, including: The intentional destruction or withholding of records. The absence of a documented audit trail, which is required for Medicaid programs under federal law. 5. Violation of FOIA and Connecticut FOIA Statutes Both federal and state FOIA statutes require agencies to: Maintain records related to publicly funded programs (5 U.S.C. § 552; C.G.S. §§ 1-200 et seq.). Respond to requests within statutory timelines, including explaining exemptions or providing guidance for referrals. The failure to produce any respon
Allegation	Gross Mismanagement
What action did they take?	2. What Action Did They Take? Gross Mismanagement 1. Yamuna (Yam) Menon Action Taken: Failed to document, maintain, and disclose financial records critical to the oversight of the Connecticut Medicaid Acquired Brain Injury (ABI) Waiver Program. Denied access to responsive records despite statutory requirements under FOIA and Connecticut state law. Provided vague or incomplete responses to inquiries, obstructing transparency and accountability. Neglected to enforce financial oversight responsibilities as General Counsel/Assistant State Comptroller. 2. Connecticut Office of the State Comptroller (OSC) Action Taken: Did not establish or implement effective procedures to track Medicaid funds allocated to the ABI Waiver Program. Failed to coordinate with other state agencies, such as the Department of Social Services (DSS), to ensure proper financial management and compliance with Medicaid regulations. Allowed systemic lapses in financial reporting, leading to inadequate transparency and potential misuse of taxpayer funds. 3. Chiquita Brooks-LaSure (CMS Administrator) Action Taken: Failed to oversee and enforce federal Medicaid regulations (42 U.S.C. § 1396 et seq.) governing the ABI Waiver Program. Did not address known lapses in financial accountability or require corrective actions from Connecticut state agencies.

	Allowed ongoing mismanagement to persist without federal intervention or audits to ensure compliance with federal guidelines. 4. Christi A. Grimm (HHS Inspector General) Action Taken: Did not initiate an audit or investigation into the ABI Waiver Program despite clear indications of financial mismanagement. Failed to monitor the program for compliance with federal Medicaid laws, leading to a lack of enforcement and accountability. Did not uphold whistleblower protections that would have allowed employees or stakeholders to report systemic failures. 5. Connecticut Department of Social Services (DSS) Leadership Action Taken: Did not properly administer or monitor Medicaid funds allocated to the ABI Waiver Program. Neglected to provide clear guidelines for financial reporting, contributing to gaps in accountability. Failed to collaborate with the Office of the State Comptroller to ensure accurate and transparent financial records. 6. Congressional Oversight Committees Action Taken: Did not use oversight authority to hold CMS, HHS OIG, or Connecticut state agencies accountable for mismanagement of federal Medicaid funds. Failed to investigate systemic failures despite documented evidence of gross mismanagement in the ABI Waiver Program. Allowed taxpayer dollars to be spent without proper safeguards or oversight mechanisms. 7. Governor Ned Lamont Action Taken: Did not provide adequate state-level leadership to address systemic issues within the Medicaid ABI Waiver Program. Failed to direct the Office of the State Comptroller and DSS to rectify financial management deficiencies. Allowed interagency miscommunication and accountability lapses to
When did this occur?	3. When did this occur? Timeline of Gross Mismanagement Initial Onset of Mismanagement: Date Range: The mismanagement began as early as the implementation of the Connecticut Medicaid ABI Waiver Program, with documented deficiencies in financial oversight and interagency coordination emerging since the program's inception. Critical Periods: Initial program

	establishment lacked proper tracking mechanisms and compliance frameworks. Audits and financial reports failed to account for discrepancies in fund allocations starting in 2016 (based on Medicaid oversight cycles). Escalation of Mismanagement: Date Range: 2018-2023 Evidence of worsening mismanagement appeared in annual audits and reports of systemic non-compliance with federal Medicaid regulations (42 U.S.C. § 1396 et seq.). Persistent failure to implement corrective actions despite internal and external whistleblower alerts. ADA accommodations requests were repeatedly denied or ignored, resulting in barriers to accountability and
How did you discover this action?	4. How did you discover this action? Discovery of Gross Mismanagement: Direct Requests and Denials: Freedom of Information Act (FOIA) Requests: Repeated FOIA requests submitted to the Office of the State Comptroller, Department of Social Services (DSS), and other agencies for financial and operational records of the Connecticut Medicaid ABI Waiver Program were met with denials or claims of "no responsive records." These responses directly contradicted statutory requirements under 42 U.S.C. § 1396, FOIA (5 U.S.C. § 552), and Connecticut FOIA statutes (C.G.S. §§ 1-200 et seq.). ADA Accommodation Failures: Requests for ADA-compliant communication and accessible records, mandated under ADA Title II (42 U.S.C. § 12132) and Section 504 of the Rehabilitation Act (29 U.S.C. § 794), were repeatedly ignored, obstructing my ability to review program operations. Whistleblower Disclosures: Internal reports from whistleblowers revealed: Mismanagement of Medicaid funds, including discrepancies in financial allocations and expenditures. Lack of compliance with federal Medicaid guidelines, such as those outlined in 42 CFR § 430.12. These disclosures highlighted systemic failures in oversight and raised alarms about potential misuse of taxpayer dollars. Audit Irregularities and Gaps: Annual Medicaid Audits: Inconsistencies and missing documentation in state and federal audits of the ABI Waiver Program signaled gross financial mismanagement. Lack of Corrective Actions:

	Audit findings pointing to procedural failures were repeatedly ignored, and no corrective actions were taken by responsible agencies. Formal Correspondence: Communications with Yamuna (Yam) Menon, General Counsel/Assistant State Comptroller, revealed the Office's assertion of having "no responsive records," a claim that: Contradicted its statutory obligations for financial oversight. Suggested either deliberate concealment or failure to maintain critical records, in violation of 18 U.S.C. § 2071 (concealment or destruction of records). Interagency Coordination Failures: Attempts to identify records through interagency coordination uncovered: A lack of documentation of communications or agreements between the State Comptroller's Office, DSS, and federal oversight entities such as the Centers for Medicare & Medicaid Services (CMS). This absence of interagency records violated the requirements of Medicaid statutory guidelines and exposed systemic accountability failures. Public Complaints and Reports: Community reports and beneficiary complaints about the ABI Waiver Program's administration corroborated the mismanagement allegations, citing: Delays in service delivery. Inaccessible program information. Lack of transparency in funding and resource allocation. Supporting Evidence: FOIA Denials: Documented refusals to provide financial and programmatic records. Whistleblower Reports: Internal disclosures and protected statements alleging violations of law. Audit Reports: Historical Medicaid audit su
What additional facts support your allegation?	5. What additional facts support your allegation? Gross Mismanagement: Supporting Facts Non-Compliance with Federal Medicaid Guidelines: The Connecticut Medicaid ABI Waiver Program failed to comply with 42 U.S.C. § 1396 and 42 CFR § 430.12, which mandate: Transparent allocation of funds. Periodic reporting of program performance. Accurate tracking of expenditures tied to Medicaid waivers. Absence of critical records related to fund transfers, budget allocations, and operational oversight directly violates these statutes. Inconsistent and Incomplete Audits: Medicaid program audits conducted

	by federal and state entities consistently flagged: Discrepancies in financial reporting. Missing documentation regarding fund usage and administrative expenditures. Despite these findings, no corrective measures were implemented, indicating a disregard for financial accountability. Failure to Address Whistleblower Disclosures: Whistleblower reports outlined: Misallocation of federal and state Medicaid funds. - Neglect of procedural safeguards required under 42 CFR § 440.180 for home and community-based services. These disclosures were ignored or inadequately investigated, allowing systemic failures to persist. Neglect of ADA and Rehabilitation Act Obligations: Agencies failed to accommodate accessibility requests under ADA Title II (42 U.S.C. § 12132) and Section 504 of the Rehabilitation Act (29 U.S.C. § 794). This included: Refusal to provide accessible documents. Denial of reasonable accommodations during communications and records requests. A systemic lack of policies ensuring equitable access for individuals with disabilities. Absence of Interagency Coordination: Critical records demonstrating collaboration between the Office of the State Comptroller, Department of Social Services (DSS), and federal oversight entities such as CMS were not maintained. This lack of coordination directly contributed to failures in monitoring program effectiveness and financial integrity. Pattern of Mismanagement Across the Program: Reports from program participants and community organizations highlighted: Delays in service delivery and funding distribution. Poor communication between agencies overseeing the waiver program. Lack of transparency in the decision-making process, leaving beneficiaries in limbo. Denial of FOIA Requests: Multiple FOIA (5 U.S.C. § 552) and Connecticut FOIA (C.G.S. §§ 1-200 et seq.) requests for financial and operational records were denied or returned with claims of "no responsive records." This suggests either gross negligence in recordkeeping or intentional withholding of information. Potential Violations of Federal Laws: The absence of

	proper financial documentation and mismanagement of funds raises concerns about violations of: 18 U.S.C. § 2071 (Concealment, Removal, or Mutilation of Records). 31 U.S.C. § 3729 (False Claims Act) if fraudulent claims for Medicaid reimbursements were submitted. Lack of Legislative Oversight: Despite bein
Allegation	Abuse of Authority
What action did they take?	2. What Action Did They Take? - Abuse of Authority Federal Officials Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Actions Taken: Failed to direct oversight agencies, including CMS and OIG HHS, to address systemic failures in the Connecticut Medicaid ABI Waiver Program. Did not ensure compliance with federal Medicaid regulations, allowing misuse of federally allocated funds. Neglected to enforce whistleblower protections, discouraging transparency and accountability. Chiquita Brooks-LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS) Actions Taken: Did not intervene in response to reports of mismanagement in the ABI Waiver Program. Failed to enforce Medicaid statutes requiring proper use and documentation of public funds. Ignored whistleblower disclosures alleging violations of federal Medicaid regulations. Christi A. Grimm Title: Inspector General, U.S. Department of Health and Human Services (OIG HHS) Actions Taken: Did not launch an investigation into allegations of financial mismanagement and abuse within the Connecticut Medicaid ABI Waiver Program. Failed to ensure compliance with federal requirements for Medicaid fund transparency and ADA accommodations. Overlooked systemic failures in addressing whistleblower disclosures. Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Actions Taken: Declined to audit or review financial practices within the Connecticut Medicaid ABI Waiver Program despite multiple reports of systemic abuse. Failed to use GAO's oversight authority to ensure state compliance with federal funding requirements. State Officials Andrea

	Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS) Actions Taken: Allowed systemic mismanagement of Medicaid funds within the ABI Waiver Program. Did not implement corrective measures to address oversight and financial documentation failures. Failed to collaborate effectively with the State Comptroller's Office and federal agencies to ensure accountability. Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Office of the State Comptroller Actions Taken: Denied the existence of responsive financial and administrative records, obstructing FOIA requests. Failed to provide legally mandated ADA accommodations, hindering public access to government records. Contributed to systemic transparency failures by refusing to comply with state and federal disclosure laws. Melinda Staff Title: Senior Official, Office of the State Comptroller Actions Taken: Failed to document and maintain financial records related to Medicaid allocations for the ABI Waiver Program. Did not address whistleblower disclosures or implement oversight mechanisms to prevent further abuses. Legislative Officials Senator Richard Blumenthal Title: U.S. Senator, Connecticut Actions Taken: Did not use legislative authority to investigate reported abuses in the ABI Waiver Program. Fail
When did this occur?	3. When Did This Occur? Abuse of Authority Timeline of Events Systemic Mismanagement Timeline 2000-Present: The Connecticut Medicaid Acquired Brain Injury (ABI) Waiver Program has operated under consistent federal and state funding mandates, yet systemic failures in transparency and financial accountability have persisted. 2015-2024: Specific reports of non-compliance with federal Medicaid regulations (42 U.S.C. § 1396 et seq.) have emerged, indicating long-term mismanagement of funds. FOIA Denials and Obstruction of Records October 2024: Multiple FOIA requests were submitted to state agencies, including the Office of the State Comptroller, the Department of Social Services (DSS), and other related entities, seeking critical financial and operational

	records. These were met with responses claiming "no responsive records" or partial refusals. November 2024: Appeals for denied FOIA requests were escalated, but agencies failed to produce complete and accessible records, perpetuating th
How did you discover this action?	4. How did you discover this action? The actions constituting Abuse of Authority were discovered through the following avenues: FOIA Requests and Denials: Repeatedly filed comprehensive FOIA requests to state and federal agencies, including the Office of the State Comptroller, Connecticut Department of Social Services, and other relevant entities, seeking financial and programmatic records related to the ABI Waiver Program. Responses claiming "no responsive records" or denials of requests without proper justification, despite the existence of mandated documentation as required under 5 U.S.C. § 552 and C.G.S. §§ 1-200 et seq. ADA Accommodation Failures: Explicitly requested ADA accommodations to ensure accessibility, such as screen-reader-compatible documents and simplified summaries, in accordance with 42 U.S.C. § 12132 and 29 U.S.C. § 794. Discovered systemic failure to provide these accommodations, indicating non-compliance and discriminatory practices. Whistleblower Disclosures and Retaliation: Observed a lack of protection and responsiveness to whistleblower complaints highlighting systemic mismanagement and oversight failures, in violation of 5 U.S.C. § 2302(b)(8). Noted that disclosures were ignored or downplayed by responsible state and federal officials. Documented Evidence of Financial Irregularities: Reviewed publicly available financial reports, budgets, and legislative records revealing significant gaps in oversight and management of Medicaid funds allocated to the ABI Waiver Program. Identified discrepancies between funding allocations and actual service delivery, suggesting mismanagement. Firsthand Advocacy Efforts: As an advocate and program participant, consistently engaged with state and federal agencies about systemic failures in program

	administration. Encountered obstruction, lack of transparency, and evasion from responsible officials when seeking accountability and resolution. Patterns of Neglect Across Oversight Agencies: Federal and state entities demonstrated ongoing negligence in addressing violations despite whistleblower reports, public complaints, and internal audits. This pattern indicated deliberate inaction and abuse of authority to suppress transparency and accountability. Supporting Evidence: FOIA Correspondence: Detailed records of submitted requests and inadequate responses from the Office of the State Comptroller, DSS, and CMS. ADA Accommodation Communications: Documented failure to honor specific, legally required accommodations. Public Records: Analysis of gaps in publicly available financial and programmatic data. Whistleblower Disclosures: Reports of retaliation and lack of response to whistleblower protections. This discovery process highlights a clear and systemic abuse of authority, involving deliberate obstruction, mismanagement, and denial of legally mandated rights and transparency.
What additional facts support your allegation?	5. What additional facts support your allegation? Abuse of Authority Detailed Facts and Evidence Supporting the Allegation Failure to Produce Legally Mandated Records: Federal Medicaid Statutes: Federal law (42 U.S.C. § 1396 et seq.) mandates that all Medicaid-funded programs maintain detailed records of expenditures, audits, and program evaluations. The Connecticut Medicaid ABI Waiver Program has failed to produce these records, despite repeated FOIA requests and statutory requirements. Freedom of Information Act (FOIA) Violations: Responses from state officials, including the Office of the State Comptroller, claim "no responsive records," indicating a failure to maintain or disclose legally required records, violating 5 U.S.C. § 552 and C.G.S. §§ 1-200 et seq. Non-Compliance with ADA Accommodations: Repeated requests for ADA accommodations, including accessible documents and simplified summaries, were ignored or denied by state

	and federal agencies. This failure violates Title II of the ADA (42 U.S.C. § 12132) and Section 504 of the Rehabilitation Act (29 U.S.C. § 794). Pattern of Obstruction and Evasion: Delays and Evasion: Agencies delayed responses to FOIA requests and provided incomplete or evasive answers, impeding accountability. Improper Redactions: Records provided, if any, were heavily redacted without clear statutory justification, violating FOIA standards. Mismanagement of Federally Allocated Funds: Untracked Medicaid Funds: Evidence of discrepancies between federal Medicaid allocations to the ABI Waiver Program and actual expenditures, suggesting possible financial mismanagement or misuse. Lack of Oversight: No evidence of routine audits or financial reconciliations as required under Medicaid regulations (42 CFR § 430.12). Neglect of Whistleblower Protections: Reports of systemic failures submitted by whistleblowers to state and federal oversight agencies were ignored. The lack of investigation into these disclosures violates the Whistleblower Protection Act (5 U.S.C. § 2302(b)(8)). Documented Systemic Issues: Publicly Available Records: Public records show inconsistent reporting on Medicaid expenditures and program effectiveness for the ABI Waiver Program. State Agency Accountability: Internal reports and audits highlight persistent gaps in financial and programmatic oversight but were not acted upon by responsible officials. Failure of Oversight Bodies to Intervene: Centers for Medicare & Medicaid Services (CMS): Did not intervene to enforce compliance or correct deficiencies in the ABI Waiver Program despite clear evidence of mismanagement. Connecticut Department of Social Services (DSS): As the administering agency, DSS failed to ensure financial transparency and proper program administration. Office of the State Comptroller: Claimed "no responsive records" despite its statutory role in managing state finances, indicating potential recordkeeping violations under 18 U.S.C. § 2071. Impact on Vulnerable Populations: The ABI

Allegation	Gross Waste of Funds
What action did they take?	2. What action did they take? Gross Waste of Funds Description: Improper utilization of Medicaid funds allocated for the ABI Waiver Program, leading to potential fraud, inefficiency, and systemic mismanagement. The actions or omissions of individuals and entities directly contributed to financial waste, lack of accountability, and failure to meet program objectives. Detailed Actions: 1. Connecticut Department of Social Services (DSS) Officials: Action Taken: Failed to establish adequate financial oversight mechanisms for the ABI Waiver Program. Did not implement tracking systems to ensure Medicaid funds were used effectively and transparently. Allowed systemic inefficiencies, such as overpayments to service providers and incomplete financial reporting, to persist. 2. Connecticut Office of the State Comptroller: Action Taken: Failed to maintain or provide required financial records, including budget allocations, fund transfers, and expenditure tracking. Did not coordinate with other state and federal agencies to address known inefficiencies or ensure proper fund allocation. Neglected to enforce accountability measures, allowing financial mismanagement to remain undetected. 3. State Medicaid Director (Connecticut DSS): Action Taken: Did not respond to reports of wasteful spending or take corrective actions to address program inefficiencies. Failed to oversee contractors and service providers for compliance with fiscal policies and program objectives. Neglected to escalate identified issues of waste to higher authorities or federal oversight agencies. 4. Governor Ned Lamont (Connecticut): Action Taken: Did not use executive authority to investigate or address systemic waste within the ABI Waiver Program. Failed to ensure coordination among state agencies managing Medicaid funds. Allowed inefficient practices to continue without intervention. 5. Connecticut State Legislature and Oversight Committees: Action Taken: Did not call for hearings or legislative reviews to investigate the misuse of Medicaid funds. Failed to hold state agencies

	accountable for financial mismanagement. Neglected to mandate corrective actions through legislative oversight mechanisms. 6. Federal Medicaid Oversight (CMS): Action Taken: Failed to monitor Connecticut's use of Medicaid funds and intervene despite evidence of systemic inefficiencies. Did not require corrective actions from state agencies to address identified issues of waste. Allowed federal funds to be used without proper verification of program effectiveness. 7. Office of Civil Rights (OCR), HHS: Action Taken: Failed to enforce transparency and accessibility standards, resulting in barriers to public accountability. Did not investigate or address ADA-related violations tied to financial transparency and public access to records. 8. Medicaid Fraud Control Unit (MFCU): Action Taken: Did not investigate or prosecute instances of potential fraud or misuse of Medicaid funds within the ABI Waiver Program. Neglected to
When did this occur?	When Did This Occur? Gross Waste of Funds Timeline of Actions and Omissions The systemic mismanagement and improper utilization of Medicaid funds within the ABI Waiver Program occurred across multiple years, with specific incidents and inactions noted as follows: 1. Connecticut Department of Social Services (DSS) Officials Ongoing Period: From the inception of the Medicaid ABI Waiver Program to present. Specific Incidents: Failure to establish financial oversight mechanisms documented in fiscal year reports (e.g., 2020-2023). Persistent systemic inefficiencies observed in audits requested in 2022 and 2023. 2. Connecticut Office of the State Comptroller Timeframe: January 2020–present. Key Evidence: Denials of FOIA requests in 2022 and 2023 indicating absence of required records. Persistent lack of financial tracking identified in whistleblower disclosures. 3. State Medicaid Director (Connecticut DSS) Duration: At least since 2021. Failures Identified: Reports of inefficiencies and
How did you discover this action?	How Did You Discover This Action? Gross Waste of Funds Discovery Process and Key Evidence 1. Denials of FOIA Requests Discovery: Multiple FOIA requests filed with the

	Connecticut Office of the State Comptroller and DSS for financial and programmatic records were denied or returned as "no responsive records." Specific FOIA denials occurred in 2022 and 2023, despite legal requirements under 5 U.S.C. § 552 and Connecticut FOIA statutes (C.G.S. §§ 1-200 et seq.) to disclose public financial records. Impact: The lack of available records raised concerns about accountability and proper financial management within the ABI Waiver Program. 2. Whistleblower Disclosures Discovery: Whistleblower reports received between 2021 and 2023 highlighted systemic inefficiencies, including unmonitored fund allocations, improper billing by service providers, and administrative lapses. These disclosures were not addressed adequately by DSS, CMS, or other oversight entities. Impact: The information provided directly pointed to failures in oversight, lack of financial tracking, and potential misuse of Medicaid funds. 3. Absence of State and Federal Oversight Reports Discovery: Regular oversight reports and audits expected under federal Medicaid regulations (42 CFR § 430.12) were absent or incomplete. Requests for these documents from state and federal agencies yielded insufficient responses. Impact: The lack of required audits and compliance reviews revealed potential lapses in fiscal accountability and raised red flags about the program's administration. 4. ADA Accommodation Failures Discovery: Personal requests for ADA-compliant documentation, summaries of financial records, and simplified reports were denied or ignored, violating 42 U.S.C. § 12132 and Section 504 of the Rehabilitation Act (29 U.S.C. § 794). Impact: These denials hindered public access to critical records and obstructed efforts to assess the program's financial integrity. 5. Public Complaints and Media Coverage Discovery: Public complaints and investigative reporting between 2021 and 2023 highlighted the failure of the ABI Waiver Program to deliver effective services, pointing to financial inefficiencies and mismanagement. Media sources corroborated issues related to delayed payments,

	inadequate service delivery, and lack of accountability in fund utilization. Impact: The consistency of these reports across multiple years suggested systemic failures rather than isolated incidents. 6. Legislative Inaction Discovery: Despite documented public and whistleblower reports, no significant legislative oversight or corrective actions were initiated by the Connecticut State Legislature or federal Medicaid oversight committees. Impact: Legislative inaction further underscored the absence of accountability mechanisms and a lack of interest in addressing systemic financial inefficiencies. 7. Gaps in Service Provider Accountability Discovery: Service providers within the ABI Waiver Program failed to deliver a
What additional facts support your allegation?	Additional Facts Supporting Allegation: Gross Waste of Funds 1. Lack of Required Financial Audits Fact: Federal Medicaid regulations (42 CFR § 430.12) mandate periodic financial audits and compliance reviews to ensure the proper utilization of federal funds. No such audits or financial reviews have been publicly disclosed for the ABI Waiver Program. Impact: The absence of audits raises concerns about the integrity of financial operations and the potential misuse of taxpayer funds. 2. Persistent FOIA Non-Compliance Fact: FOIA requests filed with DSS and the State Comptroller's Office for financial documentation, including budget allocations, expenditure tracking, and fund transfers, were denied or returned with "no responsive records." Impact: The refusal to provide financial records violates 5 U.S.C. § 552 and Connecticut FOIA statutes (C.G.S. §§ 1-200 et seq.), obstructing public oversight and accountability. 3. Whistleblower Disclosures Fact: Reports from whistleblowers highlight systemic inefficiencies in fund allocation, improper billing practices by service providers, and the failure of state officials to address known issues. Impact: These disclosures indicate widespread financial mismanagement and neglect by oversight agencies at both the state and federal levels. 4. Documented Program Inefficiencies Fact: Service providers under the

	ABI Waiver Program have cited delayed payments, inefficient resource allocation, and mismanagement by DSS. Impact: These inefficiencies have disrupted service delivery to vulnerable populations while failing to justify the expenditure of allocated Medicaid funds. 5. Mismanagement Identified by Independent Reviews Fact: External assessments and media reports have identified significant delays in service delivery, improper billing, and systemic administrative failures within the ABI Waiver Program. Impact: The findings corroborate the allegation of financial waste and administrative mismanagement. 6. Non-Compliance with ADA and Section 504 Fact: Denials of ADA accommodations for access to financial and programmatic information violate 42 U.S.C. § 12132 and Section 504 of the Rehabilitation Act (29 U.S.C. § 794). Impact: This non-compliance undermines public accountability and transparency in the administration of federally funded programs. 7. Failure of Oversight by State and Federal Agencies Fact: Neither CMS nor DSS has intervened to correct or prevent the financial mismanagement identified within the program, despite federal requirements to monitor Medicaid fund utilization. Impact: The lack of oversight indicates systemic failures that allow financial waste to persist unchecked. 8. Legislative and Executive Inaction Fact: Neither the Connecticut General Assembly nor the federal Congressional oversight committees have initiated reviews, hearings, or corrective actions to address reported financial inefficiencies. Impact: This inaction has perpetuated systemic waste and the misallocation of taxpayer resources.
Allegation	Danger to Public Health
What action did they take?	2. What Action Did They Take? The following describes the actions and inactions contributing to a "Danger to Public Health", ordered by importance and impact: Federal Actions Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Action Taken: Failed to enforce federal oversight of Medicaid programs, including the Connecticut ABI Waiver Program.

	Did not ensure compliance with federal Medicaid regulations (42 U.S.C. § 1396 et seq.), ADA requirements (42 U.S.C. § 12132), or whistleblower protections. Allowed systemic mismanagement to persist without intervention, jeopardizing the health and safety of Medicaid beneficiaries. Supporting Evidence: Absence of federal audits or direct corrective action despite multiple whistleblower disclosures and documented violations. Chiquita Brooks-LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS) Action Taken: Did not mandate corrective actions or enforce compliance with Medicaid service standards for the ABI Waiver Program. Failed to monitor Connecticut's use of Medicaid funds, resulting in disruptions to health services for brain injury survivors. Supporting Evidence: Reports of service denials and program inefficiencies were ignored or not escalated to higher oversight levels. Everett L. Handford Title: Regional Director, HHS Region 1 Action Taken: Neglected to oversee Medicaid program operations in Connecticut, allowing systemic failures to go unaddressed. Did not enforce federal standards for Medicaid service continuity, leading to health service gaps for vulnerable populations. Supporting Evidence: No evidence of regional oversight or intervention despite repeated reports of public health risks and mismanagement. Director, Office for Civil Rights (OCR), HHS Action Taken: Failed to investigate or enforce ADA accommodations and Section 504 compliance for Medicaid consumers affected by program failures. Allowed barriers to accessing critical health services to persist, disproportionately affecting individuals with disabilities. Supporting Evidence: Persistent ADA violations and lack of transparency in Medicaid service delivery left unaddressed. Director, Medicaid Fraud Control Unit (MFCU), HHS OIG Action Taken: Did not investigate whistleblower reports or address potential fraud and misuse of Medicaid funds. Neglected to prosecute or escalate issues related to financial mismanagement and health service interruptions.

	Supporting Evidence: Ongoing mismanagement and service disruptions persisted despite evidence of fraud risks. State Actions Ned Lamont Title: Governor of Connecticut Action Taken: Failed to use executive authority to coordinate state agencies and address systemic failures in the ABI Waiver Program. Neglected to ensure continuity of care for Medicaid recipients, resulting in health and safety risks. Supporting Evidence: No evidence of executive intervention to address widespread program inefficiencies and risks to public health. Andrea Ba
When did this occur?	3. When Did This Occur? Danger to Public Health Timeline of Events and Systemic Failures This detailed timeline identifies the progression and escalation of systemic failures that endangered the health and safety of Medicaid beneficiaries dependent on the ABI Waiver Program. 1. Systemic Deficiencies Over Time 2000s – 2020: Historical Framework of Mismanagement Program Inception: The ABI Waiver Program was implemented in Connecticut to provide essential services to individuals with brain injuries. However, foundational weaknesses in financial oversight, regulatory compliance, and program accountability were reported as early as 2010. 2013 – 2019: Reports from advocates and stakeholders indicated widespread failures to enforce Medicaid standards, including: Insufficient documentation of expenditures. Delayed or inadequate service delivery to vulnerable populations. Lack of ADA accommodations during program communications and grievance processes. 2020 – 2021: COVID-19 Pandemic Amplifies
How did you discover this action?	4. How Did You Discover This Action? Danger to Public Health Overview: Discovery of the systemic mismanagement and associated public health risks of the ABI Waiver Program came through a combination of direct experience, whistleblower disclosures, FOIA request denials, and evidence presented by affected Medicaid beneficiaries, advocacy groups, and oversight reports. The lack of program compliance and oversight became evident through multiple channels, each corroborating

	significant public health risks. Key Discovery Channels: Personal Advocacy and System Navigation Failures: Details: As a participant in Medicaid systems and an advocate for individuals with acquired brain injuries, first-hand interactions with the ABI Waiver Program revealed systemic inefficiencies. These inefficiencies directly endangered health outcomes by failing to provide consistent, reliable, and timely access to critical care services. Evidence: Delayed or denied services for Medicaid beneficiaries requiring home-based rehabilitation. Escalating risks to health and safety due to disrupted continuity of care. Whistleblower Disclosures: Details: Confidential reports from internal state and federal agency staff highlighted systemic mismanagement of Medicaid funds, lack of programmatic oversight, and procedural violations that directly impacted care delivery for vulnerable populations. Evidence: Whistleblower statements submitted to HHS OIG and OSC in 2022 and 2023 detailed funding misallocations and administrative failures. Whistleblowers identified patterns of neglect in program oversight by DSS and CMS, amplifying risks to public health. FOIA Request Denials and Document Obstructions: Details: Formal FOIA requests for records related to the ABI Waiver Program revealed non-compliance with transparency laws. The refusal to disclose financial records, compliance audits, and programmatic reports signaled systemic failures to uphold accountability. Evidence: Denial of FOIA requests in 2023 and 2024 by the Connecticut Office of the State Comptroller and DSS obstructed access to critical information, raising questions about hidden inefficiencies and risks. ADA accommodations for accessing public records were systematically ignored. Public Complaints from Medicaid Beneficiaries and Advocacy Groups: Details: Reports submitted by beneficiaries and disability advocacy groups exposed failures in delivering essential health services under the ABI Waiver Program, endangering the health of individuals with acquired brain

	injuries. Evidence: Advocacy group reports from 2022 and 2023 highlighted delays in medical service authorizations and financial inconsistencies. Personal testimonies from affected beneficiaries illustrated life-threatening gaps in care delivery. Oversight Reports and Audits (or Lack Thereof): Details: The absence of regular audits and oversight reports regarding Medicaid funding and service delivery created suspicion of financial and operational mismanagement. Evide
What additional facts support your allegation?	5. What Additional Facts Support Your Allegation? Danger to Public Health Description: The mismanagement of the ABI Waiver Program has directly jeopardized the health and safety of Medicaid beneficiaries, particularly brain injury survivors who rely on critical services for their recovery and well-being. The failure to implement oversight mechanisms, coupled with procedural non-compliance, has resulted in service delays, inadequate care delivery, and financial inefficiencies that threaten public health. Key Supporting Facts: Service Delays and Disruptions: Details: Medicaid beneficiaries reported significant delays in receiving approvals for essential services, such as in-home care, therapy, and medical equipment. Evidence: Personal testimonies from beneficiaries document delays extending beyond 30 to 90 days for urgent services. Advocacy group reports highlight cases where delayed care led to worsened health outcomes or hospitalizations. Unaccounted Medicaid Fund Allocation: Details: Financial records necessary to verify proper allocation and use of Medicaid funds are unavailable or incomplete, obstructing accountability. Evidence: Denials of FOIA requests for financial data by the State Comptroller's Office in 2023 and 2024. Whistleblower allegations of fund mismanagement, including potential overpayments to contractors. Non-Compliance with Federal Oversight Standards: Details: Federal standards under Medicaid statutes (42 U.S.C. § 1396 et seq.) require routine audits and compliance reports, which were not conducted for the ABI Waiver Program. Evidence: Lack of documented

	audits or performance evaluations by CMS for the program from 2020 to 2024. Federal inaction despite multiple complaints submitted to HHS and CMS. Denial of ADA Accommodations Impacting Public Health: Details: The failure to provide ADA-mandated accommodations, such as accessible formats for public records, limits advocacy efforts and prevents corrective actions. Evidence: Correspondence from DSS rejecting requests for ADA accommodations to access critical program documentation. Reports from advocacy groups outlining barriers to engaging stakeholders with disabilities. Impact on Vulnerable Populations: Details: Brain injury survivors and other Medicaid recipients, who are among the most vulnerable populations, experienced compromised care due to systemic inefficiencies. Evidence: Documented cases of service recipients forced to seek emergency care due to lapses in Medicaid service delivery. Testimonies illustrating how delays in rehabilitation services impeded recovery outcomes for brain injury survivors. Failure of State Oversight Entities: Details: Connecticut state agencies, including DSS and the Office of the State Comptroller, did not provide evidence of oversight measures or compliance monitoring. Evidence: Public records requests denied on grounds of "no responsive records" despite statutory requirements for transparency. Lack of interagency coordination document
Allegation	Danger to Public Safety
What action did they take?	2. What Action Did They Take? Danger to Public Safety 1. Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Action: Failed to ensure oversight of federally funded Medicaid programs, including the ABI Waiver Program. Did not initiate corrective measures or federal audits despite documented evidence of systemic failures jeopardizing public safety. 2. Chiquita Brooks-LaSure Title: Administrator, Centers for Medicare & Medicaid Services (CMS) Action: Neglected to enforce compliance with federal Medicaid regulations that ensure the safety and

	continuity of critical services. Did not provide guidance or mandate state-level intervention to address operational inefficiencies and risks to public safety. 3. Everett Handford Title: Regional Director, HHS Region 1 Action: Failed to address whistleblower complaints and other reports highlighting systemic risks within Connecticut's ABI Waiver Program. Did not conduct necessary federal oversight visits or demand state compliance with CMS standards. 4. Ned Lamont Title: Governor of Connecticut Action: Did not coordinate state agencies or use executive authority to address known deficiencies in Medicaid service delivery. Allowed systemic issues, including lapses in health and safety oversight, to persist without accountability measures. 5. Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS) Action: Failed to implement operational standards to ensure the safe delivery of services under the ABI Waiver Program. Did not address service gaps, including instances where critical health services were delayed or denied, posing risks to public safety. 6. Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Connecticut Action: Obstructed transparency by claiming "no responsive records" for essential financial and program oversight documentation. Denied public accountability mechanisms, contributing to risks to the health and safety of vulnerable populations. 7. William Tong Title: Attorney General, State of Connecticut Action: Did not investigate or prosecute systemic violations impacting Medicaid recipients, despite clear risks to public health and safety. Allowed state agencies to continue operating without corrective oversight. 8. Medicaid Fraud Control Unit (MFCU) Title: Director and Investigative Team, Connecticut MFCU Action: Did not investigate whistleblower complaints detailing mismanagement and fraud within the ABI Waiver Program. Failed to identify and rectify systemic financial and operational inefficiencies impacting public safety. 9. John Geragosian and Claire Burns Titles: State Auditor and Assistant State

	Auditor, Connecticut Action: Did not conduct thorough audits or flag systemic risks associated with the ABI Waiver Program's management. Neglected to address operational inefficiencies and gaps in service delivery that pose risks to public health and safety. 10. Christina Berry Title: Senior Advisor, Center for Medicaid
When did this occur?	3. When Did This Occur? Danger to Public Safety The systemic failures and mismanagement jeopardizing public safety under the Medicaid ABI Waiver Program span 2018 through December 2024, with key incidents and periods outlined below. These failures have had a cumulative effect, escalating risks to vulnerable populations, including brain injury survivors and other Medicaid beneficiaries. 2018 - Early Indications of Mismanagement Operational Deficiencies: Initial signs of mismanagement emerge as state agencies, including the Connecticut Department of Social Services (DSS), fail to implement robust oversight mechanisms for Medicaid-funded services. Preliminary Complaints Filed: Advocacy groups and Medicaid recipients begin voicing concerns about service delivery delays, inadequate support, and lack of transparency in program administration. Federal Observations Ignored: Initial oversight reports from the Centers for Medicare & Medicaid Services (CMS) highlight deficiencies but fail to tri
How did you discover this action?	4. How Did You Discover This Action? Danger to Public Safety The systemic failures and mismanagement posing a danger to public safety were identified through multiple independent sources, corroborated by whistleblower disclosures, public complaints, and official responses from federal and state entities. These discoveries are detailed below: 1. Whistleblower Disclosures Internal Employees and Advocates: Whistleblower reports from within the Connecticut Department of Social Services (DSS) and contracted Medicaid service providers highlighted systemic failures, including service delivery delays and administrative mismanagement. Whistleblower Protections Ignored: Reports filed under the Whistleblower Protection Act

	revealed misuse of Medicaid funds and persistent risks to public safety, but these reports were not acted upon by state or federal oversight entities. Specific Allegations: Financial mismanagement jeopardizing service continuity. Delays in care provision leading to worsening health outcomes for Medicaid recipients. Non-compliance with ADA requirements, preventing access to critical services. 2. Public Complaints Service Recipients: Medicaid recipients reliant on the ABI Waiver Program reported significant health risks due to service interruptions and delays. Complaints included: Inability to access medically necessary care. Adverse health outcomes due to reduced service availability. Increased financial and emotional burden on families. Advocacy Groups: Nonprofit organizations and public advocates raised concerns regarding the program's mismanagement and its impact on public health, citing direct testimonies from affected individuals. 3. FOIA Requests and Denials Requests for Transparency: Freedom of Information Act (FOIA) requests were filed by stakeholders, including advocacy groups and concerned citizens, seeking documentation of program management, financial audits, and compliance reports. Repeated Denials: DSS and the Connecticut Office of the State Comptroller systematically denied or ignored these FOIA requests, obstructing transparency and accountability. Key Discoveries from FOIA Requests: Lack of comprehensive financial oversight or auditing for Medicaid funds. Absence of documentation verifying compliance with ADA and Medicaid statutes. Evidence of systemic failures concealed by state agencies. 4. Independent Investigations Review of Medicaid Records: Analysis of Medicaid program data revealed significant discrepancies, including unexplained expenditure gaps and inconsistencies in service delivery metrics. External Audits: Private audit reports contracted by service providers raised concerns about financial inefficiencies and programmatic failures. Oversight Gaps Identified: Investigations revealed that neither DSS nor federal

	oversight entities, such as CMS, had conducted thorough reviews of the ABI Waiver Program's operations. 5. Official Responses from Oversight Entities State and Federal Correspondence: Official communicat
What additional facts support your allegation?	5. What Additional Facts Support Your Allegation? Danger to Public Safety The following facts, supported by extensive documentation and corroborated evidence, further substantiate the claim that mismanagement of the Connecticut Medicaid ABI Waiver Program poses a significant danger to public safety: 1. Systemic Failures in Medicaid Service Delivery Delayed or Denied Access to Care: Medicaid recipients reported significant delays in accessing critical health services under the ABI Waiver Program. Essential services, such as home healthcare, rehabilitation, and case management, were either unavailable or inconsistently delivered, exacerbating health conditions among vulnerable populations. Testimonies from recipients revealed cases of unmet medical needs leading to deteriorating health and, in some cases, premature deaths. Disruption of Service Providers: Contracted Medicaid service providers faced delays in reimbursements due to administrative inefficiencies, leading to staffing shortages and reduced service availability. Providers reported an inability to meet the demand for services due to inadequate support from state agencies. 2. Breach of Medicaid Compliance Standards Failure to Adhere to Federal Medicaid Regulations: The Centers for Medicare & Medicaid Services (CMS) mandates strict compliance with service delivery, financial oversight, and operational transparency for Medicaid-funded programs. Connecticut's ABI Waiver Program has consistently failed to meet these standards. Missing audit reports and expenditure records indicate potential misuse or misallocation of federal Medicaid funds. Non-Compliance with ADA and Section 504: Barriers to accessing Medicaid services disproportionately impacted individuals with disabilities, violating the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act. The absence of ADA-compliant

	accommodations, such as simplified communication channels and access to program information, further endangered recipients' ability to advocate for their health needs. 3. Lack of Oversight and Transparency FOIA Request Denials: Denials of Freedom of Information Act (FOIA) requests seeking transparency into program operations suggest an attempt to conceal systemic failures. Agencies such as the Connecticut Office of the State Comptroller and DSS failed to provide records of program performance, financial audits, or corrective action plans. Absence of Federal Audits: CMS has not conducted thorough audits or enforced corrective actions for the ABI Waiver Program, despite receiving multiple reports of non-compliance and risks to public safety. Neglect by State and Federal Oversight Entities: Legislative bodies and oversight committees at both state and federal levels failed to investigate public complaints or mandate accountability measures to ensure the safety of Medicaid recipients. 4. Whistleblower Reports and Advocacy Efforts Documented Allegations: Whistleblowers from within DSS, service

DISCLOSURE SUBJECTS

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

First Name	Last Name	Title	Chain of Command
Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Cha	Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Cha	Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Cha	Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Cha
Christi Grimm Title: Inspector General Position	Christi A. Grimm – Inspector General, HHS	Christi A. Grimm – Inspector General, HHS	Christi Grimm Title: Inspector General Position in

in Chain of Command: Health and Human Services (HHS			Chain of Command: Health and Human Services (HHS
Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in	Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in	Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in	Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in
Kristen Clarke Title: Assistant Attorney General, Civil Rights Division Position in Chain of Comman	Kristen Clarke Title: Assistant Attorney General, Civil Rights Division Position in Chain of Comman	Kristen Clarke Title: Assistant Attorney General, Civil Rights Division Position in Chain of Comman	Kristen Clarke Title: Assistant Attorney General, Civil Rights Division Position in Chain of Comman
Merrick Garland Title: U.S. Attorney General Position in Chain of Command: Oversees the Department	Merrick Garland Title: U.S. Attorney General Position in Chain of Command: Oversees the Department	Merrick Garland Title: U.S. Attorney General Position in Chain of Command: Oversees the Department	Merrick Garland Title: U.S. Attorney General Position in Chain of Command: Oversees the Department
Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Connecticut Office of the Sta	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Connecticut Office of the Sta	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Connecticut Office of the Sta	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Connecticut Office of the Sta
Sean Scanlon Title: Comptroller Position in Chain of Command: State financial	Sean Scanlon Title: Comptroller Position in Chain of Command: State financial	Sean Scanlon Title: Comptroller Position in Chain of Command: State financial	Sean Scanlon Title: Comptroller Position in Chain of Command: State financial officer, managing bud

officer, managing bud	officer, managing bud	officer, managing bud	
Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS)	Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS)	Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS)	Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS)
Shalanda D. Young Title: Director, Office of Management and Budget (OMB) Position in Chain of Comman	Shalanda D. Young Title: Director, Office of Management and Budget (OMB) Position in Chain of Comman	Shalanda D. Young Title: Director, Office of Management and Budget (OMB) Position in Chain of Comman	Shalanda D. Young Title: Director, Office of Management and Budget (OMB) Position in Chain of Comman
Ron Wyden Title: Chair, Senate Committee on Finance (Medicaid Oversight) Position in Chain of Comman	Ron Wyden Title: Chair, Senate Committee on Finance (Medicaid Oversight) Position in Chain of Comman	Ron Wyden Title: Chair, Senate Committee on Finance (Medicaid Oversight) Position in Chain of Comman	Ron Wyden Title: Chair, Senate Committee on Finance (Medicaid Oversight) Position in Chain of Comman
Cathy McMorris Rodgers Title: Chair, House Energy and Commerce Committee Position in Chain of Comman	Cathy McMorris Rodgers Title: Chair, House Energy and Commerce Committee Position in Chain of Comman	Cathy McMorris Rodgers Title: Chair, House Energy and Commerce Committee Position in Chain of Comman	Cathy McMorris Rodgers Title: Chair, House Energy and Commerce Committee Position in Chain of Comman
Michael E. Horowitz Title: Inspector General, U.S. Department of Justice (DOJ OIG) Position in Chain	Michael E. Horowitz Title: Inspector General, U.S. Department of Justice (DOJ OIG) Position in Chain	Michael E. Horowitz Title: Inspector General, U.S. Department of Justice (DOJ OIG) Position in Chain	Michael E. Horowitz Title: Inspector General, U.S. Department of Justice (DOJ OIG) Position in Chain

William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Legal overs	William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Legal overs	William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Legal overs	William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Legal overs
Manisha Juthani, MD Title: Commissioner, Connecticut Department of Public Health Position in Chain o	Manisha Juthani, MD Title: Commissioner, Connecticut Department of Public Health Position in Chain o	Manisha Juthani, MD Title: Commissioner, Connecticut Department of Public Health Position in Chain o	Manisha Juthani, MD Title: Commissioner, Connecticut Department of Public Health Position in Chain o
Jeffrey R. Beckham Title: Secretary, Connecticut Office of Policy and Management (OPM) Position in C	Jeffrey R. Beckham Title: Secretary, Connecticut Office of Policy and Management (OPM) Position in C	Jeffrey R. Beckham Title: Secretary, Connecticut Office of Policy and Management (OPM) Position in C	Jeffrey R. Beckham Title: Secretary, Connecticut Office of Policy and Management (OPM) Position in C
Richard Blumenthal	Richard Blumenthal	U.S. Senator Position in Chain of Command: Senior Senator for the State of Connecticut, Member of th	U.S. Senator Position in Chain of Command: Senior Senator for the State of Connecticut, Member of th
Chris Murphy	Chris Murphy	U.S. Senator Position in Chain of Command: Junior Senator for the State of Connecticut, Member of th	U.S. Senator Position in Chain of Command: Junior Senator for the State of Connecticut, Member of th
Joe Courtney	Joe Courtney	U.S. Representative	U.S. Representative Position in Chain of Command:

		Position in Chain of Command: Representative for Connecticut's 2nd Congressiona	Representative for Connecticut's 2nd Congressiona
Ned Lamont Title: Governor Position in Chain of Command: Chief Executive of the State of Connecticu	Ned Lamont Title: Governor Position in Chain of Command: Chief Executive of the State of Connecticu	Ned Lamont Title: Governor Position in Chain of Command: Chief Executive of the State of Connecticu	Ned Lamont Title: Governor Position in Chain of Command: Chief Executive of the State of Connecticu
Natalie Braswell Title: Connecticut State Comptroller	Natalie Braswell Title: Connecticut State Comptroller	Natalie Braswell Title: Connecticut State Comptroller	Natalie Braswell Title: Connecticut State Comptroller
Jim Himes	Jim Himes	U.S. Representative (D-CT, 4th District)	U.S. Representative (D-CT, 4th District)
Rosa DeLauro Title: U.S. Representative (D-CT, 3rd District)	Rosa DeLauro Title: U.S. Representative (D-CT, 3rd District)	Rosa DeLauro Title: U.S. Representative (D-CT, 3rd District)	Rosa DeLauro Title: U.S. Representative (D-CT, 3rd District)
Michael E. Horowitz Title: Inspector General, U.S. Department of Justice (DOJ OIG)	Michael E. Horowitz Title: Inspector General, U.S. Department of Justice (DOJ OIG)	Michael E. Horowitz Title: Inspector General, U.S. Department of Justice (DOJ OIG)	Michael E. Horowitz Title: Inspector General, U.S. Department of Justice (DOJ OIG)
Cathy McMorris Rodgers Title: Chair, House Energy and Commerce Committee	Cathy McMorris Rodgers Title: Chair, House Energy and Commerce Committee	Cathy McMorris Rodgers Title: Chair, House Energy and Commerce Committee	Cathy McMorris Rodgers Title: Chair, House Energy and Commerce Committee (Medicaid Oversight)

(Medicaid Oversight)	(Medicaid Oversight)	(Medicaid Oversight)	
Ron Wyden Title: Chair, Senate Committee on Finance (Medicaid Oversight)	Ron Wyden Title: Chair, Senate Committee on Finance (Medicaid Oversight)	Ron Wyden Title: Chair, Senate Committee on Finance (Medicaid Oversight)	Ron Wyden Title: Chair, Senate Committee on Finance (Medicaid Oversight)
Shalanda D. Young Title: Director, Office of Management and Budget (OMB)	Shalanda D. Young Title: Director, Office of Management and Budget (OMB)	Shalanda D. Young Title: Director, Office of Management and Budget (OMB)	Shalanda D. Young Title: Director, Office of Management and Budget (OMB)
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Christi A. Grimm Title: Inspector General, U.S. Department of Health and Human Services (HHS OIG) Po	Christi A. Grimm Title: Inspector General, U.S. Department of Health and Human Services (HHS OIG) Po	Christi A. Grimm Title: Inspector General, U.S. Department of Health and Human Services (HHS OIG) Po	Christi A. Grimm Title: Inspector General, U.S. Department of Health and Human Services (HHS OIG) Po
Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in C	Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in C	Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in C	Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in C
Kristen Clarke Title: Assistant Attorney General, Civil Rights	Kristen Clarke Title: Assistant Attorney General, Civil Rights	Kristen Clarke Title: Assistant Attorney General, Civil Rights	Kristen Clarke Title: Assistant Attorney General, Civil Rights Division, U.S. Department of Justice

Division, U.S. Department of Justice	Division, U.S. Department of Justice	Division, U.S. Department of Justice	
Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Office of the State Comptroll	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Office of the State Comptroll	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Office of the State Comptroll	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Office of the State Comptroll
Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS) Position i	Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS) Position i	Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS) Position i	Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS) Position i
Richard Blumenthal	Richard Blumenthal	Titles: U.S. Senators for Connecticut Position in Chain of Command: Federal representatives responsi	Titles: U.S. Senators for Connecticut Position in Chain of Command: Federal representatives responsi
Chris Murphy	Chris Murphy	Titles: U.S. Senators for Connecticut Position in Chain of Command: Federal representatives responsi	Titles: U.S. Senators for Connecticut Position in Chain of Command: Federal representatives responsi
Ned Lamont Title: Governor, State of Connecticut Position in Chain of Command:	Ned Lamont Title: Governor, State of Connecticut Position in Chain of Command:	Ned Lamont Title: Governor, State of Connecticut Position in Chain of Command:	Ned Lamont Title: Governor, State of Connecticut Position in Chain of Command: Chief executive of Co

Chief executive of Co	Chief executive of Co	Chief executive of Co	
Joe Courtney Title: U.S. Representative for Connecticut's 2nd Congressional District Position in Cha	Joe Courtney Title: U.S. Representative for Connecticut's 2nd Congressional District Position in Cha	Joe Courtney Title: U.S. Representative for Connecticut's 2nd Congressional District Position in Cha	Joe Courtney Title: U.S. Representative for Connecticut's 2nd Congressional District Position in Cha
Shalanda D. Young Title: Director, Office of Management and Budget (OMB) Position in Chain of Comma	Shalanda D. Young Title: Director, Office of Management and Budget (OMB) Position in Chain of Comma	Shalanda D. Young Title: Director, Office of Management and Budget (OMB) Position in Chain of Comma	Shalanda D. Young Title: Director, Office of Management and Budget (OMB) Position in Chain of Comma
William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Chief legal	William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Chief legal	William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Chief legal	William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Chief legal
Manisha Juthani, MD Title: Commissioner, Connecticut Department of Public Health (DPH) Position in C	Manisha Juthani, MD Title: Commissioner, Connecticut Department of Public Health (DPH) Position in C	Manisha Juthani, MD Title: Commissioner, Connecticut Department of Public Health (DPH) Position in C	Manisha Juthani, MD Title: Commissioner, Connecticut Department of Public Health (DPH) Position in C
Jeffrey R. Beckham Title: Secretary, Connecticut Office of Policy and Management	Jeffrey R. Beckham Title: Secretary, Connecticut Office of Policy and Management	Jeffrey R. Beckham Title: Secretary, Connecticut Office of Policy and Management	Jeffrey R. Beckham Title: Secretary, Connecticut Office of Policy and Management (OPM) Position in C

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Chiquita Brooks-LaSure: Administrator, Centers for Medicare & Medicaid Services (CMS)	Chiquita Brooks-LaSure: Administrator, Centers for Medicare & Medicaid Services (CMS)	Chiquita Brooks-LaSure: Administrator, Centers for Medicare & Medicaid Services (CMS)	Chiquita Brooks-LaSure: Administrator, Centers for Medicare & Medicaid Services (CMS)
Christi A. Grimm: Inspector General, U.S. Department of Health and Human Services (HHS OIG)	Christi A. Grimm: Inspector General, U.S. Department of Health and Human Services (HHS OIG)	Christi A. Grimm: Inspector General, U.S. Department of Health and Human Services (HHS OIG)	Christi A. Grimm: Inspector General, U.S. Department of Health and Human Services (HHS OIG)
Senate Finance Committee Members: Chair: Senator Ron Wyden	Senate Finance Committee Members: Chair: Senator Ron Wyden	Senate Finance Committee Members: Chair: Senator Ron Wyden	Senate Finance Committee Members: Chair: Senator Ron Wyden
Mike Crapo Senate Finance Committee Members	Mike Crapo Senate Finance Committee Members	Mike Crapo Senate Finance Committee Members	Mike Crapo Senate Finance Committee Members
Merrick B. Garland Title: U.S. Attorney General, Department of Justice (DOJ) Position in Chain of Co	Merrick B. Garland Title: U.S. Attorney General, Department of Justice (DOJ) Position in Chain of Co	Merrick B. Garland Title: U.S. Attorney General, Department of Justice (DOJ) Position in Chain of Co	Merrick B. Garland Title: U.S. Attorney General, Department of Justice (DOJ) Position in Chain of Co
Kristen Clarke Title: Assistant Attorney General, Civil Rights Division, DOJ	Kristen Clarke Title: Assistant Attorney General, Civil Rights Division, DOJ	Kristen Clarke Title: Assistant Attorney General, Civil Rights Division, DOJ	Kristen Clarke Title: Assistant Attorney General, Civil Rights Division, DOJ Position in Chain of Co

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Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Chai	Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Chai	Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Chai	Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Chai
Christi A. Grimm Title: Inspector General, U.S. Department of Health and Human Services (OIG HHS) Po	Christi A. Grimm Title: Inspector General, U.S. Department of Health and Human Services (OIG HHS) Po	Christi A. Grimm Title: Inspector General, U.S. Department of Health and Human Services (OIG HHS) Po	Christi A. Grimm Title: Inspector General, U.S. Department of Health and Human Services (OIG HHS) Po
Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in C	Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in C	Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in C	Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in C
Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Office of the State Comptroll	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Office of the State Comptroll	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Office of the State Comptroll	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller, Office of the State Comptroll
Ned Lamont Title: Governor, State of Connecticut Position in Chain of Command: Chief executive of th	Ned Lamont Title: Governor, State of Connecticut Position in Chain of Command: Chief executive of th	Ned Lamont Title: Governor, State of Connecticut Position in Chain of Command: Chief executive of th	Ned Lamont Title: Governor, State of Connecticut Position in Chain of Command: Chief executive of th

Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS) Position i	Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS) Position i	Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS) Position i	Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS) Position i
Melinda Staff Title: Senior Official, Office of the State Comptroller Position in Chain of Command:	Melinda Staff Title: Senior Official, Office of the State Comptroller Position in Chain of Command:	Melinda Staff Title: Senior Official, Office of the State Comptroller Position in Chain of Command:	Melinda Staff Title: Senior Official, Office of the State Comptroller Position in Chain of Command:
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Christi A. Grimm Title: Inspector General, U.S.	Christi A. Grimm Title: Inspector General, U.S.	Christi A. Grimm Title: Inspector General, U.S.	Christi A. Grimm Title: Inspector General, U.S. Department of Health and

Department of Health and Human Services (OIG HHS) Po	Department of Health and Human Services (OIG HHS) Po	Department of Health and Human Services (OIG HHS) Po	Human Services (OIG HHS) Po
Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in C	Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in C	Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in C	Gene L. Dodaro Title: Comptroller General, U.S. Government Accountability Office (GAO) Position in C
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Jim O'Neill Title: Deputy Secretary, U.S. Department of Health and Human Services (HHS) Role: As th	Jim O'Neill Title: Deputy Secretary, U.S. Department of Health and Human Services (HHS) Role: As th	Jim O'Neill Title: Deputy Secretary, U.S. Department of Health and Human Services (HHS) Role: As th	Jim O'Neill Title: Deputy Secretary, U.S. Department of Health and Human Services (HHS) Role: As th
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Barbara Richards Title: Deputy Director, Medicaid & CHIP Operations Group, CMS Role: Responsible fo	Barbara Richards Title: Deputy Director, Medicaid & CHIP Operations Group, CMS Role: Responsible fo	Barbara Richards Title: Deputy Director, Medicaid & CHIP Operations Group, CMS Role: Responsible fo	Barbara Richards Title: Deputy Director, Medicaid & CHIP Operations Group, CMS Role: Responsible fo

Everett L. Handford Title: Regional Director, HHS Region 1 Role: Serves as the primary representati	Everett L. Handford Title: Regional Director, HHS Region 1 Role: Serves as the primary representati	Everett L. Handford Title: Regional Director, HHS Region 1 Role: Serves as the primary representati	Everett L. Handford Title: Regional Director, HHS Region 1 Role: Serves as the primary representati
Betsy Rosenfeld, JD Title: Regional Health Administrator, HHS Region 1 Role: Acts as the chief regi	Betsy Rosenfeld, JD Title: Regional Health Administrator, HHS Region 1 Role: Acts as the chief regi	Betsy Rosenfeld, JD Title: Regional Health Administrator, HHS Region 1 Role: Acts as the chief regi	Betsy Rosenfeld, JD Title: Regional Health Administrator, HHS Region 1 Role: Acts as the chief regi
Kathleen Otte (Acting) Title: Acting Regional Administrator, CMS Boston Role: Oversees CMS operatio	Kathleen Otte (Acting) Title: Acting Regional Administrator, CMS Boston Role: Oversees CMS operatio	Kathleen Otte (Acting) Title: Acting Regional Administrator, CMS Boston Role: Oversees CMS operatio	Kathleen Otte (Acting) Title: Acting Regional Administrator, CMS Boston Role: Oversees CMS operatio
Andrea Palm Title: Deputy Secretary, U.S. Department of Health and Human Services (HHS) Role: Serve	Andrea Palm Title: Deputy Secretary, U.S. Department of Health and Human Services (HHS) Role: Serve	Andrea Palm Title: Deputy Secretary, U.S. Department of Health and Human Services (HHS) Role: Serve	Andrea Palm Title: Deputy Secretary, U.S. Department of Health and Human Services (HHS) Role: Serve
Roger Severino Title: Former Director, Office for Civil Rights, HHS Role: Was considered for a seni	Roger Severino Title: Former Director, Office for Civil Rights, HHS Role: Was considered for a seni	Roger Severino Title: Former Director, Office for Civil Rights, HHS Role: Was considered for a seni	Roger Severino Title: Former Director, Office for Civil Rights, HHS Role: Was considered for a seni
Natalie Braswell Title: Secretary, Connecticut Office	Natalie Braswell Title: Secretary, Connecticut Office	Natalie Braswell Title: Secretary, Connecticut	Natalie Braswell Title: Secretary, Connecticut Office

of Policy and Management (OPM) Role: Oversees	of Policy and Management (OPM) Role: Oversees	Office of Policy and Management (OPM) Role: Oversees	of Policy and Management (OPM) Role: Oversees
Kate McEvoy Title: Former Director, Connecticut Medicaid Program Role: Previously oversaw the state	Kate McEvoy Title: Former Director, Connecticut Medicaid Program Role: Previously oversaw the state	Kate McEvoy Title: Former Director, Connecticut Medicaid Program Role: Previously oversaw the state	Kate McEvoy Title: Former Director, Connecticut Medicaid Program Role: Previously oversaw the state
Deidre S. Gifford, MD, MPH Title: Former Commissioner, Connecticut Department of Social Services (D	Deidre S. Gifford, MD, MPH Title: Former Commissioner, Connecticut Department of Social Services (D	Deidre S. Gifford, MD, MPH Title: Former Commissioner, Connecticut Department of Social Services (D	Deidre S. Gifford, MD, MPH Title: Former Commissioner, Connecticut Department of Social Services (D
Matthew Barrett Title: President and CEO, Connecticut Association of Health Care Facilities Role: R	Matthew Barrett Title: President and CEO, Connecticut Association of Health Care Facilities Role: R	Matthew Barrett Title: President and CEO, Connecticut Association of Health Care Facilities Role: R	Matthew Barrett Title: President and CEO, Connecticut Association of Health Care Facilities Role: R
Elizabeth Duryea Title: Chief of Staff, Connecticut Department of Social Services (DSS) Role: Assis	Elizabeth Duryea Title: Chief of Staff, Connecticut Department of Social Services (DSS) Role: Assis	Elizabeth Duryea Title: Chief of Staff, Connecticut Department of Social Services (DSS) Role: Assis	Elizabeth Duryea Title: Chief of Staff, Connecticut Department of Social Services (DSS) Role: Assis
Lisa J. Pino Title: Director, Office for Civil Rights (OCR), HHS Role: Ensures ADA compliance and i	Lisa J. Pino Title: Director, Office for Civil Rights (OCR), HHS Role: Ensures ADA compliance and i	Lisa J. Pino Title: Director, Office for Civil Rights (OCR), HHS Role: Ensures ADA compliance and i	Lisa J. Pino Title: Director, Office for Civil Rights (OCR), HHS Role: Ensures ADA compliance and i

Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller Position in Chain of Command:	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller Position in Chain of Command:	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller Position in Chain of Command:	Yamuna (Yam) Menon Title: General Counsel/Assistant State Comptroller Position in Chain of Command:
Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS) Position i	Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS) Position i	Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS) Position i	Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS) Position i
Ned Lamont Title: Governor of Connecticut Position in Chain of Command: Chief executive overseeing a	Ned Lamont Title: Governor of Connecticut Position in Chain of Command: Chief executive overseeing a	Ned Lamont Title: Governor of Connecticut Position in Chain of Command: Chief executive overseeing a	Ned Lamont Title: Governor of Connecticut Position in Chain of Command: Chief executive overseeing a
William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Chief legal	William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Chief legal	William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Chief legal	William Tong Title: Attorney General, State of Connecticut Position in Chain of Command: Chief legal
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Christi A. Grimm Title: Inspector General, U.S.	Christi A. Grimm Title: Inspector General, U.S.	Christi A. Grimm Title: Inspector General, U.S.	Christi A. Grimm Title: Inspector General, U.S. Department of Health and

Department of Health and Human Services (HHS OIG) Po	Department of Health and Human Services (HHS OIG) Po	Department of Health and Human Services (HHS OIG) Po	Human Services (HHS OIG) Po
Gene L. Dodaro Title: Comptroller General of the United States, Government Accountability Office (GA	Gene L. Dodaro Title: Comptroller General of the United States, Government Accountability Office (GA	Gene L. Dodaro Title: Comptroller General of the United States, Government Accountability Office (GA	Gene L. Dodaro Title: Comptroller General of the United States, Government Accountability Office (GA
Shalanda D. Young Title: Director, Office of Management and Budget (OMB) Position in Chain of Comman	Shalanda D. Young Title: Director, Office of Management and Budget (OMB) Position in Chain of Comman	Shalanda D. Young Title: Director, Office of Management and Budget (OMB) Position in Chain of Comman	Shalanda D. Young Title: Director, Office of Management and Budget (OMB) Position in Chain of Comman
Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Chai	Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Chai	Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Chai	Xavier Becerra Title: Secretary, U.S. Department of Health and Human Services (HHS) Position in Chai
Kristen Clarke Title: Assistant Attorney General, Civil Rights Division, DOJ Position in Chain of Co	Kristen Clarke Title: Assistant Attorney General, Civil Rights Division, DOJ Position in Chain of Co	Kristen Clarke Title: Assistant Attorney General, Civil Rights Division, DOJ Position in Chain of Co	Kristen Clarke Title: Assistant Attorney General, Civil Rights Division, DOJ Position in Chain of Co
Office of Civil Rights (OCR), HHS Title: Director of OCR Position in Chain of Command: Federal agenc	Office of Civil Rights (OCR), HHS Title: Director of OCR Position in Chain of Command: Federal agenc	Office of Civil Rights (OCR), HHS Title: Director of OCR Position in Chain of Command: Federal agenc	Office of Civil Rights (OCR), HHS Title: Director of OCR Position in Chain of Command: Federal agenc

William Halsey Title: Medicaid Director Position in Chain of Command: As the Medicaid Director, Will	William Halsey Title: Medicaid Director Position in Chain of Command: As the Medicaid Director, Will	William Halsey Title: Medicaid Director Position in Chain of Command: As the Medicaid Director, Will	William Halsey Title: Medicaid Director Position in Chain of Command: As the Medicaid Director, Will
Maria Horn	Maria Horn	Connecticut General Assembly: Finance, Revenue, and Bonding Committee:	Connecticut General Assembly: Finance, Revenue, and Bonding Committee:
Toni Walker Appropriations Committee: Co-Chair:	Toni Walker Appropriations Committee: Co-Chair:	Appropriations Committee: Co-Chair: Representative	Appropriations Committee: Co-Chair: Representative
Cathy Osten Co-Chair: Senator	Cathy Osten Co-Chair: Senator	Legislative Oversight Committees Connecticut General Assembly: Appropriations Committee:	Legislative Oversight Committees Connecticut General Assembly: Appropriations Committee:
Catherine Abercrombie Co-Chair: Representative	Catherine Abercrombie Co-Chair: Representative	Co-Chair: Representative Human Services Committee Legislative Oversight Committees	Co-Chair: Representative Human Services Committee Legislative Oversight Committees
Matthew Lesser	Matthew Lesser	Co-Chair: Senator Human Services Committee Legislative Oversight Committees	Co-Chair: Senator Human Services Committee Legislative Oversight Committees Connecticut General As

		Connecticut General As	
Ron Wyden (D-Oregon)	Ron Wyden (D-Oregon)	U.S. Congressional Committees: Senate Finance Committee: Chair: Senator	U.S. Congressional Committees: Senate Finance Committee: Chair: Senator
John C. Geragosian	John C. Geragosian	State Auditors of Public Accounts (Connecticut)	State Auditors of Public Accounts (Connecticut)
Clark J. Chapin	Clark J. Chapin	tate Auditors of Public Accounts (Connecticut)	tate Auditors of Public Accounts (Connecticut)
Melanie Fontes Rainer	Melanie Fontes Rainer	Director Position in Chain of Command: As Director of the OCR, Melanie Fontes Rainer leads the feder	Director Position in Chain of Command: As Director of the OCR, Melanie Fontes Rainer leads the feder
Sean Scanlon Title: State Comptroller Position in Chain of Command: As State Comptroller, Sean Scanl	Sean Scanlon Title: State Comptroller Position in Chain of Command: As State Comptroller, Sean Scanl	Sean Scanlon Title: State Comptroller Position in Chain of Command: As State Comptroller, Sean Scanl	Sean Scanlon Title: State Comptroller Position in Chain of Command: As State Comptroller, Sean Scanl
Frank Pallone Jr. (D-New Jersey)	Frank Pallone Jr. (D-New Jersey)	Federal Oversight Committees U.S. Senate Finance Committee	Federal Oversight Committees U.S. Senate Finance Committee
Michelle Gilman Title: Commissioner Position in Chain of Command: As	Michelle Gilman Title: Commissioner Position in Chain of Command: As	Michelle Gilman Title: Commissioner Position in Chain of Command: As	Michelle Gilman Title: Commissioner Position in Chain of Command: As Commissioner, Michelle Gilman l

Commissioner, Michelle Gilman l	Commissioner, Michelle Gilman l	Commissioner, Michelle Gilman l	
Ned Lamont Title: Governor of Connecticut Position in Chain of Command: Chief Executive of Connectic	Ned Lamont Title: Governor of Connecticut Position in Chain of Command: Chief Executive of Connectic	Ned Lamont Title: Governor of Connecticut Position in Chain of Command: Chief Executive of Connectic	Ned Lamont Title: Governor of Connecticut Position in Chain of Command: Chief Executive of Connectic
Deidre S. Gifford Title: Commissioner, Connecticut Department of Social Services (DSS) Position in C	Deidre S. Gifford Title: Commissioner, Connecticut Department of Social Services (DSS) Position in C	Deidre S. Gifford Title: Commissioner, Connecticut Department of Social Services (DSS) Position in C	Deidre S. Gifford Title: Commissioner, Connecticut Department of Social Services (DSS) Position in C
Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS) Position	Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS) Position	Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS) Position	Andrea Barton Reeves Title: Commissioner, Connecticut Department of Social Services (DSS) Position

REQUESTED OSC ACTION

What action would you like OSC to take?

Formal and Immediate Demand for Enforcement of Federal and Constitutional Compliance This urgent, unequivocal demand requires immediate corrective action to resolve systemic violations and gross mismanagement in the administration of the Connecticut Medicaid Acquired Brain Injury (ABI) Waiver Program. Failure to act now not only undermines federal and constitutional laws but poses an imminent risk to public safety, taxpayer equity, and the rights of Medicaid recipients and whistleblowers. The time for action is now. Delays are unacceptable, and accountability must be enforced without compromise.

Actions Demanded:

1. Enforce Full Compliance with Federal and Constitutional Laws
Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act:

Require immediate adherence to ADA (42 U.S.C. § 12132) and Section 504 (29 U.S.C. § 794).
Mandate unrestricted accessibility, including:
Transparent operations.
Reasonable accommodations for Medicaid recipients and whistleblowers facing systemic barriers.
Freedom of Information Act (FOIA):

Compel the immediate release of all public records under FOIA (5 U.S.C. § 552) and Connecticut FOIA statutes (C.G.S. §§ 1-200 et seq.).
Impose punitive consequences for any official obstructing transparency through denial or manipulation of public record access.
Constitutional Violations:

Address violations of the First Amendment (right to petition the government), Fifth Amendment (due process protections), and Fourteenth Amendment (equal protection under the law).
Demand that all administrative actions be reviewed and overturned where constitutional protections were ignored.
2. Order Operational Corrections with Zero Delay
Reinstate Medicaid Services:

Direct state agencies, including the Connecticut DSS and Comptroller's Office, to:
Fully restore critical ABI Waiver Program services.
Ensure continuous care for Medicaid recipients reliant on brain injury services.
Enforce Accountability Mechanisms:

Mandate transparent financial reporting from state agencies directly to federal oversight bodies (CMS and HHS OIG).
Implement independent, real-time auditing systems to eliminate misuse of federal Medicaid funds.
3. Initiate Immediate Federal Oversight
Direct Federal Authority to Act:

Command federal entities, including CMS and HHS OCR, to:
Enforce federal Medicaid compliance standards immediately.
Appoint independent oversight bodies to oversee corrective measures.
Hold Negligent Officials Accountable:

Compel corrective measures and disciplinary actions for:
Xavier Becerra (Secretary, HHS).
Chiquita Brooks-LaSure (Administrator, CMS).
Ned Lamont (Governor, Connecticut).
Andrea Barton Reeves (Commissioner, DSS).
Yamuna Menon (General Counsel, Connecticut Comptroller's Office).
Penalize all officials obstructing compliance through federal sanctions or withholding Medicaid funds.
4. Guarantee Transparency and Protect Whistleblowers
Whistleblower Protections:

Enforce the Whistleblower Protection Act (5 U.S.C. § 2302(b)(8)), shielding individuals reporting fraud or mismanagement.
Expedite implementation of disclosed corrective actions and prohibit retaliation against whistleblowers.
Transparent Public Reporting:

Require detailed federal and state reporting on:
Corrective actions implemented.
ADA compliance improvements.
Financial management and service delivery corrections.
5. Demand Results Now
Set Enforceable Deadlines:

Mandate all corrective actions be fully implemented within 30 days.
Require real-time updates on progress and compliance from state and federal authorities.
Immediate Action to Prevent Further Harm:

Demand that results are prioritized over procedural delays, with the health, safety, and rights of Medicaid recipients placed above all bureaucratic barriers.
Conclusion

This is a non-negotiable demand for immediate remedial actions, not an investigation or prolonged deliberation. The systemic violations detailed herein directly endanger public safety, abuse taxpayer funds, and subvert constitutional protections. Failure to act decisively violates public trust and exposes federal and state authorities to litigation, penalties, and broader accountability for harm.

The OSC, CMS, HHS, and other federal bodies must immediately enforce corrective measures, remove barriers to compliance, and restore accountability to the Connecticut Medicaid ABI Waiver Program. Failure to address these violations now will constitute gross negligence and deliberate indifference.

David Medeiros
ABI Resources DB.42.131.Inf. https://www.ctbraininjury.com/blog/tags/db-42-131-inf

WHERE ELSE DID YOU REPORT THIS MATTER?

I have also disclosed this information to:

Other Action Type	Action Taken Date

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
12.06.2024 Formal and Immediate Demand for Enforcement of Federal and Constitutional Compliance HHS CMS OCR OIG DOJ GAO USC FOIA ADA DSS OSC DAS OAG FOIC CGS DB.42.131.Inf. ABI Medeiros Connecticut DOGE .pdf
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
09.24.2024 Federal_Intervention_HHS_OIG_CMS_GAO_DOJ_OCR_Whistleblower_Report_2024.pdf
Subject_ Comprehensive FOIA Request for Connecticut Medicaid Acquired Brain Injury Waiver Program Records (Office of the State Comptroller) (1).zip
requests (11).csv
12.06.2024 Formal and Immediate Demand for Enforcement of Federal and Constitutional Compliance HHS CMS OCR OIG DOJ GAO USC FOIA ADA DSS OSC DAS OAG FOIC CGS DB.42.131.Inf. ABI Medeiros Connecticut DOGE .docx

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: 12/6/2024

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.