EXHIBIT A

From: ABI RESOURCES L.L.C. <aabiwr@live.com>
Sent: Monday, May 11, 2015 3:18 PM
To: Bruni, Kathy A. (DSS);Long, Dorian J.;Kristen.Traini@cga.ct.gov;Bremby, Roderick L.;Morris-Ferguson, Effie
Subject: RE: CT DSS system - ABI Wavier Program - Request - ABI RESOURCES

Thank you Kathy,

The most recent phone call was from a survivor/family that has recently been approved for the ABI waiver program, that lives in [redacted] Connecticut. He is a [redacted] year old survivor, the social worker is in the Hartford office.

Presenting this information to you, may possibly jeopardize ABI RESOURCES chances of providing services, as we will be meeting with them to discuss the quality and benifits of our services before they completely commit to the other agency.

DM

--- Original Message ---

From: "Bruni, Kathy A. (DSS)" <Kathy.a.Bruni@ct.gov>
Sent: May 11, 2015 1:09 PM
To: "ABI RESOURCES L.L.C. 860 942-0365" <aabiwr@live.com>, "Long, Dorian J." <Dorian.Long@ct.gov>, "Kristen.Traini@cga.ct.gov" <kristen.traini@cga.ct.gov>, "Bremby, Roderick L." <Roderick.Bremby@ct.gov>, "Morris-Ferguson, Effie" <E.Morris-Ferguson@ct.gov>
Subject: RE: CT DSS system - ABI Wavier Program - Request - ABI RESOURCES

Mr. Medeiros:

We will gladly investigate address your concerns but it would be helpful if you could provide additional detail. Can you be more specific about either which client you are referring to or which social worker(s). Thank you.

Kathy Bruni

From: ABI RESOURCES L.L.C. 860 942-0365 [mailto:aabiwr@live.com]
Sent: Monday, May 11, 2015 10:35 AM
To: Long, Dorian J.; Bruni, Kathy A. (DSS); Kristen.Traini@cga.ct.gov; Bremby, Roderick L.; Morris-Ferguson, Effie; ABI RESOURCES L.L.C. 860 942-0365
Subject: CT DSS system - ABI Wavier Program - Request - ABI RESOURCES



May 11, 2015.

To; CT DSS and ABI Waiver Advisory Committee,

We continue to receive phone calls and communications from potential clients of the ABI Wavier Program that express that CT DSS social workers verbally direct and or lead clients to individual specific agencies. They also express that they are fearful to speak with social workers about agency changes because they believe that the social worker will reduce their services as a result. Families appear to be misled and confused about the states system. Perhaps they understand that they cannot select or change their social worker and believe this also applies to their agency provider. They also fear questioning the directions of a State professional. They express that they are angry and surprised to independently discover that they had agency options, prior to being committed to an agency. This destroys the trust and faith in the professionalism of CT DSS social workers and CT's systems. They are shocked when they realize that they trusted CT DSS and were misled. Families are being verbally advised and directed to specific agencies. ABI Resources receives many communications from participants of the ABI Wavier Program as a result of advertising. We have a very close connection with families within the ABI community. Our most recent communication was last week, with a new ABI Waiver participant that was directed and told by their new assigned Hartford DSS social worker that they call a specific agency located in Oxford CT. They were misled without any provided knowledge of other agencies or the right to choose a provider. This is a very confusing and un-trusting concern for participants as well as ABI Resources. We know that CT DSS social workers are directed to be neutral and unbiased, that they are to present participants with the knowledge of the approved agency registry from A.C.R… This current CT DSS system is not working and as a result may be illegal. We understand that there are many approved agencies that do not provide quality services and are not in the best interests of specific families. We understand that CT DSS wants the best for CT survivors. We understand that it may be very frustrating for social workers to hunt down agencies that are not providing requirements. We understand that there are great agencies and very poor agencies. We also understand that new social workers may not be fully up to speed with policies and regulations. The system is broken and needs modification quickly. *The current system has the perception of misleading monopolization efforts within CT DSS's best interests.*

We are requesting that CT DSS modify or create a concrete system that ensures and proves that this verbal leading and direction is not happening.

We are requesting that CT DSS modify or create a concrete system that ensures and proves complete and total fairness as it pertains to business practices.

As an agency provider that trusts in Connecticut's systems provided by CT DSS we are requesting growth, modifications, changes and improvements.

Thank you for your time and efforts,
David Medeiros



ABI RESOURCES LLC

http://www.CTbrainINJURY.com

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EXHIBIT B

From: ABI RESOURCES L.L.C. 860 942-0365 <aabiwr@live.com>
Sent: Monday, May 18, 2015 4:56 PM
To: Bruni, Kathy A. (DSS);Long, Dorian J.;Kristen.Traini@cga.ct.gov;Bremby, Roderick L.;ABI RESOURCES L.L.C. 860 942-0365
Subject: RE: CT DSS system - ABI Wavier Program - Request - ABI RESOURCES

May 18, 2015

To; CT DSS and ABI Waiver Advisory Committee

Hello Kathy,
Here are some ways that this benefits CT DSS financially.
Larger more experienced agencies save Connecticut money by cutting down on the amount time and efforts that CT DSS social workers have use to process Medicaid requirements. For example;

Monthly reports
Monthly meetings
Communicating with consumers, A.C.R. and agencies to discuss billing challenges.
Answering communications and teaching new agencies as a result of trails and errors.
Quality of care challenges.
Some agencies educate survivors on their ABI Waiver program.
Some agencies provide shared housing.
Some agencies have better resources for pre-vocational services.
Some agencies provide behavior management education.

CT DSS social workers save valuable time and efforts by suggesting or directing to agencies that are more organized, consistent and efficient, in doing so this saves Connecticut money by reducing the time required to manage and monitor survivor's ABI Wavier programs. We are an agency that is organized, consistent and efficient. We save Connecticut money. We are not being suggested or lead to participants and other agencies are. This exclusion process is putting us at a large disadvantage. We would also like to bring to CT DSS's attention that the state's decision to only allow "selected agencies" to provide the ABI Waiver program's informational sessions / trainings is questionable as well.

We are again;
Requesting that CT DSS modify or create a concrete system that ensures and proves that this verbal leading and direction is not happening.
Requesting that CT DSS modify or create a concrete system that ensures and proves complete and total fairness as it pertains to business practices.

As an agency provider that trusts in Connecticut's systems provided by CT DSS we are requesting growth, modifications, changes and improvements.

Thank you for your time and efforts,
David Medeiros

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From: Kathy.a.Bruni@ct.gov
To: aabiwr@live.com; Dorian.Long@ct.gov; kristen.traini@cga.ct.gov; Roderick.Bremby@ct.gov
Subject: RE: CT DSS system - ABI Wavier Program - Request - ABI RESOURCES
Date: Mon, 18 May 2015 15:53:14 +0000

Mr. Medeiros:

The department again wants to thank you for bringing your concerns forward. We have met with the social workers and reviewed your concerns with them. We want to assure you that the department staff are well aware of the critically import right of the client to choose their providers. This is a fundamental right of every waiver participant.
The department has no vested interest in which provider is selected. The rates across the providers is the same so there is absolutely no benefit to the department when a client selects one provider over another.
Please do not hesitate to contact the department in the future with any concerns you may have.

Kathy Bruni

From: ABI RESOURCES L.L.C. 860 942-0365 [mailto:aabiwr@live.com]
Sent: Monday, May 11, 2015 10:32 AM
To: Long, Dorian J.; Bruni, Kathy A. (DSS); Kristen.Traini@cga.ct.gov; Bremby, Roderick L.; ABI RESOURCES L.L.C. 860

942-0365
Subject: CT DSS system - ABI Wavier Program - Request - ABI RESOURCES



May 11, 2015.

To; CT DSS and ABI Waiver Advisory Committee,

We continue to receive phone calls and communications from potential clients of the ABI Wavier Program that express that CT DSS social workers verbally direct and or lead clients to individual specific agencies. They also express that they are fearful to speak with social workers about agency changes because they believe that the social worker will reduce their services as a result. Families appear to be misled and confused about the states system. Perhaps they understand that they cannot select or change their social worker and believe this also applies to their agency provider. They also fear questioning the directions of a State professional. They express that they are angry and surprised to independently discover that they had agency options, prior to being committed to an agency. This destroys the trust and faith in the professionalism of CT DSS social workers and CT's systems. They are shocked when they realize that they trusted CT DSS and were misled. Families are being verbally advised and directed to specific agencies. ABI Resources receives many communications from participants of the ABI Wavier Program as a result of advertising. We have a very close connection with families within the ABI community. Our most recent communication was last week, with a new ABI Waiver participant that was directed and told by their new assigned Hartford DSS social worker that they call a specific agency located in Oxford CT. They were misled without any provided knowledge of other agencies or the right to choose a provider. This is a very confusing and un-trusting concern for participants as well as ABI Resources. We know that CT DSS social workers are directed to be neutral and unbiased, that they are to present participants with the knowledge of the approved agency registry from A.C.R… This current CT DSS system is not working and as a result may be illegal. We understand that there are many approved agencies that do not provide quality services and are not in the best interests of specific families. We understand that CT DSS wants the best for CT survivors. We understand that it may be very frustrating for social workers to hunt down agencies that are not providing requirements. We understand that there are great agencies and very poor agencies. We also understand that new social workers may not be fully up to speed with policies and regulations. The system is broken and needs

modification quickly. *The current system has the perception of misleading monopolization efforts within CT DSS's best interests.*

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Thank you for your time and efforts,
David Medeiros



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EXHIBIT D

From: Dumont, Amy E
Sent: Thursday, September 28, 2023 4:48 PM
To: David Medeiros
Subject: Concerns

David-

We have received the numerous communications you have sent to the Department in recent weeks. The frequency and volume of your communications exceeds the ability of the Department to respond to them individually. While the Department has been looking into your concerns we would request that, going forward, you consolidate your communications to a weekly or biweekly frequency.

In addition we could be available for a discussion once per month to discuss any concerns that you may continue to have.

I encourage you to raise any concerns with the relevant parties and/or direct sources of information first, absent an emergency situation, before reaching out to the Department. This would include the applicable care manager, the client and/or responsibility party and any other persons who may have information.

Thus far, the Department's investigations of your previous concerns have consistently revealed that the facts you have conveyed are either inaccurate or based on misunderstandings of the circumstances.

In addition, family members of individuals have expressed concern that you are making complaints on their behalf without their knowledge or consent and often based on inaccurate information.

Please advise as to whether you wish to schedule a monthly call regarding your concerns.

Thank you,

Amy

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

EXHIBIT D

Application for a 1915(c) Home and Community-Based Services Waiver

PURPOSE OF THE HCBS WAIVER PROGRAM

The Medicaid Home and Community-Based Services (HCBS) waiver program is authorized in 1915(c) of the Social Security Act. The program permits a State to furnish an array of home and community-based services that assist Medicaid beneficiaries to live in the community and avoid institutionalization. The State has broad discretion to design its waiver program to address the needs of the waiver s target population. Waiver services complement and/or supplement the services that are available to participants through the Medicaid State plan and other federal, state and local public programs as well as the supports that families and communities provide.

The Centers for Medicare & Medicaid Services (CMS) recognizes that the design and operational features of a waiver program will vary depending on the specific needs of the target population, the resources available to the State, service delivery system structure, State goals and objectives, and other factors. A State has the latitude to design a waiver program that is cost-effective and employs a variety of service delivery approaches, including participant direction of services.

Request for an Amendment to a 1915(c) Home and Community-Based Services Waiver

1. Request Information

A. The **State** of **Connecticut** requests approval for an amendment to the following Medicaid home and community-based services waiver approved under authority of 1915(c) of the Social Security Act.

B. Program Title:
CT ABI Waiver

C. Waiver Number:CT.0302
Original Base Waiver Number: CT.0302.

D. Amendment Number:CT.0302.R03.04

E. Proposed Effective Date: *(mm/dd/yy)*

06/01/16

Approved Effective Date: 06/01/16
Approved Effective Date of Waiver being Amended: 01/01/12

2. Purpose(s) of Amendment

Purpose(s) of the Amendment. Describe the purpose(s) of the amendment:
The purpose of this amendment is to request authority to change the care management service to an administrative service as well as change who is providing the case management service. The waiver case management service functions are added to the scope of the case management claimed as administrative match instead. Since the current waiver structure allows providers of other ABI waiver services to also provide case management, we are requesting this amendment to fully comply with CMS requirements for conflict free case management.

3. Nature of the Amendment

A. Component(s) of the Approved Waiver Affected by the Amendment. This amendment affects the following component(s) of the approved waiver. Revisions to the affected subsection(s) of these component(s) are being submitted concurrently *(check each that applies):*

Component of the Approved Waiver	Subsection(s)
☑ **Waiver Application**	
☑ **Appendix A Waiver Administration and Operation**	A-1, 3, 5, 7
☑ **Appendix B Participant Access and Eligibility**	B-2, 6, QI,7a
☑ **Appendix C Participant Services**	C-1/3
☑ **Appendix D Participant Centered Service Planning and Delivery**	D-1,2
☐ **Appendix E Participant Direction of Services**	

Component of the Approved Waiver	Subsection(s)
☐ Appendix F □ Participant Rights	
☐ Appendix G □ Participant Safeguards	
☐ Appendix H	
☑ Appendix I □ Financial Accountability	I-2,b
☑ Appendix J □ Cost-Neutrality Demonstration	

B. Nature of the Amendment. Indicate the nature of the changes to the waiver that are proposed in the amendment *(check each that applies):*

- ☐ **Modify target group(s)**
- ☐ **Modify Medicaid eligibility**
- ☑ **Add/delete services**
- ☑ **Revise service specifications**
- ☐ **Revise provider qualifications**
- ☐ **Increase/decrease number of participants**
- ☐ **Revise cost neutrality demonstration**
- ☐ **Add participant-direction of services**
- ☐ **Other**

Specify:

Application for a □1915(c) Home and Community-Based Services Waiver

1. Request Information (1 of 3)

A. The **State** of **Connecticut** requests approval for a Medicaid home and community-based services (HCBS) waiver under the authority of □1915(c) of the Social Security Act (the Act).

B. Program Title (*optional - this title will be used to locate this waiver in the finder*):
CT ABI Waiver

C. Type of Request: amendment

Requested Approval Period:*(For new waivers requesting five year approval periods, the waiver must serve individuals who are dually eligible for Medicaid and Medicare.)*

○ **3 years** ◉ **5 years**

Original Base Waiver Number: CT.0302
Waiver Number:CT.0302.R03.04
Draft ID: CT.026.03.04

D. Type of Waiver *(select only one):*

Regular Waiver

E. Proposed Effective Date of Waiver being Amended: 01/01/12
Approved Effective Date of Waiver being Amended: 01/01/12

1. Request Information (2 of 3)

F. Level(s) of Care. This waiver is requested in order to provide home and community-based waiver services to individuals who, but for the provision of such services, would require the following level(s) of care, the costs of which would be reimbursed under the approved Medicaid State plan (*check each that applies*):

☑ **Hospital**

Select applicable level of care

◉ **Hospital as defined in 42 CFR §440.10**

If applicable, specify whether the State additionally limits the waiver to subcategories of the hospital level of care:

○ **Inpatient psychiatric facility for individuals age 21 and under as provided in42 CFR §440.160**

☑ **Nursing Facility**

Select applicable level of care

◉ **Nursing Facility as defined in 42 CFR □□440.40 and 42 CFR □□440.155**

If applicable, specify whether the State additionally limits the waiver to subcategories of the nursing facility level of care:

The Waiver Uses NF and ABI/NF

1.-Nursing Facility As defined in 42 CFR §440.40 and 42 CFR §440.155

2.-Acquired Brain Injury Nursing Facility (ABI/NF) - A type of nursing facility that provides specialized programs for persons with acquired brain injury.

○ **Institution for Mental Disease for persons with mental illnesses aged 65 and older as provided in 42 CFR §440.140**

☑ **Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) (as defined in 42 CFR §440.150)**

If applicable, specify whether the State additionally limits the waiver to subcategories of the ICF/IID level of care:

1. Request Information (3 of 3)

G. Concurrent Operation with Other Programs. This waiver operates concurrently with another program (or programs) approved under the following authorities

Select one:

◉ **Not applicable**

○ **Applicable**

Check the applicable authority or authorities:

☐ **Services furnished under the provisions of §1915(a)(1)(a) of the Act and described in Appendix I**

☐ **Waiver(s) authorized under §1915(b) of the Act.**

Specify the §1915(b) waiver program and indicate whether a §1915(b) waiver application has been submitted or previously approved:

Specify the §1915(b) authorities under which this program operates *(check each that applies):*

☐ **§1915(b)(1) (mandated enrollment to managed care)**

☐ **§1915(b)(2) (central broker)**

☐ **§1915(b)(3) (employ cost savings to furnish additional services)**

☐ **§1915(b)(4) (selective contracting/limit number of providers)**

☐ **A program operated under §1932(a) of the Act.**

Specify the nature of the State Plan benefit and indicate whether the State Plan Amendment has been submitted or previously approved:

☐ **A program authorized under §1915(i) of the Act.**

☐ **A program authorized under §1915(j) of the Act.**

☐ **A program authorized under §1115 of the Act.**

Specify the program:

H. Dual Eligiblity for Medicaid and Medicare.

Check if applicable:

☑ **This waiver provides services for individuals who are eligible for both Medicare and Medicaid.**

2. Brief Waiver Description

Brief Waiver Description. *In one page or less*, briefly describe the purpose of the waiver, including its goals, objectives, organizational structure (e.g., the roles of state, local and other entities), and service delivery methods.

Goals and Objectives
Connecticut□s Acquired Brain Injury Waiver (ABI) serves persons who are at least 18 years of age with acquired brain injury who, without such services, would otherwise require placement in one of four types of institutional settings. It is designed to assist participants to relearn, improve or retain the skills needed to support community living. The waiver employs the principles of person-centered planning to develop an adequate, appropriate and cost-effective plan of care from a menu of nineteen home and community-based services to achieve personal outcomes that support the individual□s ability to live in his/her community of choice.

Organizational Structure:
The Department of Social Services (DSS), as the state Medicaid Agency pursuant to Connecticut General Statutes (CGS) §17b-1, directly administers the ABI Waiver according to CGS §17b-260a. DSS assures that all individuals receiving waiver services meet the categorically and medically needy eligibility and income/asset requirements. DSS is responsible for calculating the consumer□s share of liability that can be applied to the cost of waiver services. DSS also informs individuals determined eligible to receive waiver services of their due process rights and gives them the choice of institutional or home and community based services.

Case managers, in consultation with the consumer, their family and care providers (e.g., skilled nursing/ABI facility staff, primary care physicians, and neuropsychologists) develop plans of care to meet an individual□s cognitive, physical, and behavioral support needs. Plans are submitted to the department's Home and Community Based Services Unit staff for review of eligibility, service adequacy and responsiveness to the waiver participant□s needs.

DSS contracts with a fiscal agent to conduct provider recruitment; training; engage in fiscal monitoring; claims processing and reporting; and provider credentialing. Quarterly reports, at a minimum, are submitted to the Department to facilitate State oversight of the waiver program. In addition, routine quality assurance activities through staff meetings, training; case conferences, consumer record maintenance, and staff supervision are components of the Department□s oversight of the ABI waiver program.

Service Delivery
ABI Waiver credentialed providers deliver services in the client□s home and community. These services are based on the team developed ABI Service plan. The providers collaborate with the consumer and other members of the team to implement strategies to support community living. These include the following:
□ Provide instruction and training in one or more areas of need to enhance the participant□s ability to live independently in their own home
□ Implement strategies to address behavioral, medical or other needs identified in the ABI Service Plan
□ Provide assistance with personal care or activities of daily living
□ Support the attainment of vocational skills
Provide training or practice in consumer skills (e.g., banking, budgeting, shopping)

3. Components of the Waiver Request

The waiver application consists of the following components. *Note: Item 3-E must be completed.*

A. Waiver Administration and Operation. Appendix A specifies the administrative and operational structure of this waiver.

B. Participant Access and Eligibility. Appendix B specifies the target group(s) of individuals who are served in this waiver, the number of participants that the State expects to serve during each year that the waiver is in effect, applicable Medicaid eligibility and post-eligibility (if applicable) requirements, and procedures for the evaluation and reevaluation of level of care.

C. Participant Services. Appendix C specifies the home and community-based waiver services that are furnished through the waiver, including applicable limitations on such services.

D. Participant-Centered Service Planning and Delivery. Appendix D specifies the procedures and methods that the State uses to develop, implement and monitor the participant-centered service plan (of care).

E. Participant-Direction of Services. When the State provides for participant direction of services, **Appendix E** specifies the participant direction opportunities that are offered in the waiver and the supports that are available to participants who direct their services. (*Select one*):

- (●) **Yes. This waiver provides participant direction opportunities.** *Appendix E is required.*
- ( ) **No. This waiver does not provide participant direction opportunities.** *Appendix E is not required.*

F. Participant Rights. Appendix F specifies how the State informs participants of their Medicaid Fair Hearing rights and other procedures to address participant grievances and complaints.

G. Participant Safeguards. Appendix G describes the safeguards that the State has established to assure the health and welfare of waiver participants in specified areas.

H. **Quality Improvement Strategy. Appendix H** contains the Quality Improvement Strategy for this waiver.

I. **Financial Accountability. Appendix I** describes the methods by which the State makes payments for waiver services, ensures the integrity of these payments, and complies with applicable federal requirements concerning payments and federal financial participation.

J. **Cost-Neutrality Demonstration. Appendix J** contains the State's demonstration that the waiver is cost-neutral.

4. Waiver(s) Requested

A. **Comparability.** The State requests a waiver of the requirements contained in §1902(a)(10)(B) of the Act in order to provide the services specified in **Appendix C** that are not otherwise available under the approved Medicaid State plan to individuals who: (a) require the level(s) of care specified in Item 1.F and (b) meet the target group criteria specified in **Appendix B**.

B. **Income and Resources for the Medically Needy.** Indicate whether the State requests a waiver of §1902(a)(10)(C)(i)(III) of the Act in order to use institutional income and resource rules for the medically needy *(select one)*:

- (●) **Not Applicable**
- ( ) **No**
- ( ) **Yes**

C. **Statewideness.** Indicate whether the State requests a waiver of the statewideness requirements in §1902(a)(1) of the Act *(select one)*:

- (●) **No**
- ( ) **Yes**

If yes, specify the waiver of statewideness that is requested *(check each that applies)*:

☐ **Geographic Limitation.** A waiver of statewideness is requested in order to furnish services under this waiver only to individuals who reside in the following geographic areas or political subdivisions of the State.
Specify the areas to which this waiver applies and, as applicable, the phase-in schedule of the waiver by geographic area:

☐ **Limited Implementation of Participant-Direction.** A waiver of statewideness is requested in order to make *participant-direction of services* as specified in **Appendix E** available only to individuals who reside in the following geographic areas or political subdivisions of the State. Participants who reside in these areas may elect to direct their services as provided by the State or receive comparable services through the service delivery methods that are in effect elsewhere in the State.
Specify the areas of the State affected by this waiver and, as applicable, the phase-in schedule of the waiver by geographic area:

5. Assurances

In accordance with 42 CFR §441.302, the State provides the following assurances to CMS:

A. **Health & Welfare:** The State assures that necessary safeguards have been taken to protect the health and welfare of persons receiving services under this waiver. These safeguards include:

1. As specified in **Appendix C**, adequate standards for all types of providers that provide services under this waiver;
2. Assurance that the standards of any State licensure or certification requirements specified in **Appendix C** are met for services or for individuals furnishing services that are provided under the waiver. The State assures that these requirements are met on the date that the services are furnished; and,
3. Assurance that all facilities subject to §1616(e) of the Act where home and community-based waiver services are provided comply with the applicable State standards for board and care facilities as specified in **Appendix C**.

B. **Financial Accountability.** The State assures financial accountability for funds expended for home and community-based services and maintains and makes available to the Department of Health and Human Services (including the Office of the Inspector General), the Comptroller General, or other designees, appropriate financial records documenting the cost of services provided under the waiver. Methods of financial accountability are specified in **Appendix I**.

C. Evaluation of Need: The State assures that it provides for an initial evaluation (and periodic reevaluations, at least annually) of the need for a level of care specified for this waiver, when there is a reasonable indication that an individual might need such services in the near future (one month or less) but for the receipt of home and community-based services under this waiver. The procedures for evaluation and reevaluation of level of care are specified in **Appendix B**.

D. Choice of Alternatives: The State assures that when an individual is determined to be likely to require the level of care specified for this waiver and is in a target group specified in **Appendix B**, the individual (or, legal representative, if applicable) is:

1. Informed of any feasible alternatives under the waiver; and,

2. Given the choice of either institutional or home and community-based waiver services. **Appendix B** specifies the procedures that the State employs to ensure that individuals are informed of feasible alternatives under the waiver and given the choice of institutional or home and community-based waiver services.

E. Average Per Capita Expenditures: The State assures that, for any year that the waiver is in effect, the average per capita expenditures under the waiver will not exceed 100 percent of the average per capita expenditures that would have been made under the Medicaid State plan for the level(s) of care specified for this waiver had the waiver not been granted. Cost-neutrality is demonstrated in **Appendix J**.

F. Actual Total Expenditures: The State assures that the actual total expenditures for home and community-based waiver and other Medicaid services and its claim for FFP in expenditures for the services provided to individuals under the waiver will not, in any year of the waiver period, exceed 100 percent of the amount that would be incurred in the absence of the waiver by the State's Medicaid program for these individuals in the institutional setting(s) specified for this waiver.

G. Institutionalization Absent Waiver: The State assures that, absent the waiver, individuals served in the waiver would receive the appropriate type of Medicaid-funded institutional care for the level of care specified for this waiver.

H. Reporting: The State assures that annually it will provide CMS with information concerning the impact of the waiver on the type, amount and cost of services provided under the Medicaid State plan and on the health and welfare of waiver participants. This information will be consistent with a data collection plan designed by CMS.

I. Habilitation Services. The State assures that prevocational, educational, or supported employment services, or a combination of these services, if provided as habilitation services under the waiver are: (1) not otherwise available to the individual through a local educational agency under the Individuals with Disabilities Education Act (IDEA) or the Rehabilitation Act of 1973; and, (2) furnished as part of expanded habilitation services.

J. Services for Individuals with Chronic Mental Illness. The State assures that federal financial participation (FFP) will not be claimed in expenditures for waiver services including, but not limited to, day treatment or partial hospitalization, psychosocial rehabilitation services, and clinic services provided as home and community-based services to individuals with chronic mental illnesses if these individuals, in the absence of a waiver, would be placed in an IMD and are: (1) age 22 to 64; (2) age 65 and older and the State has not included the optional Medicaid benefit cited in 42 CFR 440.140; or (3) age 21 and under and the State has not included the optional Medicaid benefit cited in 42 CFR 440.160.

6. Additional Requirements

Note: Item 6-I must be completed.

A. Service Plan. In accordance with 42 CFR 441.301(b)(1)(i), a participant-centered service plan (of care) is developed for each participant employing the procedures specified in **Appendix D**. All waiver services are furnished pursuant to the service plan. The service plan describes: (a) the waiver services that are furnished to the participant, their projected frequency and the type of provider that furnishes each service and (b) the other services (regardless of funding source, including State plan services) and informal supports that complement waiver services in meeting the needs of the participant. The service plan is subject to the approval of the Medicaid agency. Federal financial participation (FFP) is not claimed for waiver services furnished prior to the development of the service plan or for services that are not included in the service plan.

B. Inpatients. In accordance with 42 CFR 441.301(b)(1)(ii), waiver services are not furnished to individuals who are in-patients of a hospital, nursing facility or ICF/IID.

C. Room and Board. In accordance with 42 CFR 441.310(a)(2), FFP is not claimed for the cost of room and board except when: (a) provided as part of respite services in a facility approved by the State that is not a private residence or (b) claimed as a portion of the rent and food that may be reasonably attributed to an unrelated caregiver who resides in the same household as the participant, as provided in **Appendix I**.

D. Access to Services. The State does not limit or restrict participant access to waiver services except as provided in **Appendix C**.

E. Free Choice of Provider. In accordance with 42 CFR §431.151, a participant may select any willing and qualified provider to furnish waiver services included in the service plan unless the State has received approval to limit the number of providers under the provisions of §1915(b) or another provision of the Act.

F. FFP Limitation. In accordance with 42 CFR §433 Subpart D, FFP is not claimed for services when another third-party (e.g., another third party health insurer or other federal or state program) is legally liable and responsible for the provision and payment of the service. FFP also may not be claimed for services that are available without charge, or as free care to the community. Services will not be considered to be without charge, or free care, when (1) the provider establishes a fee schedule for each service available and (2) collects insurance information from all those served (Medicaid, and non-Medicaid), and bills other legally liable third party insurers. Alternatively, if a provider certifies that a particular legally liable third party insurer does not pay for the service(s), the provider may not generate further bills for that insurer for that annual period.

G. Fair Hearing: The State provides the opportunity to request a Fair Hearing under 42 CFR §431 Subpart E, to individuals: (a) who are not given the choice of home and community-based waiver services as an alternative to institutional level of care specified for this waiver; (b) who are denied the service(s) of their choice or the provider(s) of their choice; or (c) whose services are denied, suspended, reduced or terminated. **Appendix F** specifies the State's procedures to provide individuals the opportunity to request a Fair Hearing, including providing notice of action as required in 42 CFR §431.210.

H. Quality Improvement. The State operates a formal, comprehensive system to ensure that the waiver meets the assurances and other requirements contained in this application. Through an ongoing process of discovery, remediation and improvement, the State assures the health and welfare of participants by monitoring: (a) level of care determinations; (b) individual plans and services delivery; (c) provider qualifications; (d) participant health and welfare; (e) financial oversight and (f) administrative oversight of the waiver. The State further assures that all problems identified through its discovery processes are addressed in an appropriate and timely manner, consistent with the severity and nature of the problem. During the period that the waiver is in effect, the State will implement the Quality Improvement Strategy specified in **Appendix H**.

I. Public Input. Describe how the State secures public input into the development of the waiver:
The development of this waiver renewal included input from the ABI Waiver consumers, family members, non-waiver participants with brain injury, the Independent Living Centers, brain injury providers, DSS social work staff and the Brain Injury Association of Connecticut (BIAC).

- BIAC Provider Council: Provider Comments 04/11
- BIAC Council: Advocacy Comments 05/11
- DSS Social Work Focus Group: 07/11
- BIAC Consumer Focus Groups: 05/11/2011, 05/16/2011, 05/25/2011 and 05/26/2011
- Disabilities Council: 07/11

Pursuant to Connecticut General Statutes Section 17b-260a the Commissioner of the Connecticut Department of Social Services was mandated to seek a waiver from federal law to establish a Medicaid-financed, home and community-based program for individuals with acquired brain injury.

Notice for the amendment including the transition plan was posted in the CT Law Journal on July 8th. The tribes were notified on 6/26/14. Allowance was made for a 30 day comment period prior to the public hearing. The transition plan was also posted to the DSS web site on 7/15/14. The amendment was also discussed at the quarterly meeting of the Brain Injury Advisory Committee on 7/14/14.

For this amendment (5/1/16) regarding changing care management, the department held an information forum for participants and their family members on October 1st. A presentation was also done for the ABI Waiver Advisory Committee on September 10, 2015. In addition a printed notice was published in the CT Law Journal on October 20, 2015 and published on the department's web site on October 27, 2015. The two Connecticut tribes were notified on October 8, 2015. No comments were received regarding this amendment.
A public hearing was held on December 17, 2015. The Committees of cognizance did not approve submission of the amendment. Public comment focused on the qualifications and experience of the proposed care managers.
The department made modifications to the waiver amendment and reposted notice in the CT Law Journal on February 9, 2016 and on the DSS website on February 3, 2016. A 30 day comment period was provided that ended on March 10th. Two comments were received. The first was from the Brain Injury Alliance of CT. BIAC was fully supportive of the amendment and suggests that contracting for the case management service will better serve those in the waiver.
The second comment was submitted by Dominic Cotton, a current waiver provider. The comments expressed a preference that the DSS social workers continue to provide the waiver case management.

A public hearing was held on 4/11/16 before the legislative Committees of Cognizance over the waivers. The committees supported submission of the amendment.

J. Notice to Tribal Governments. The State assures that it has notified in writing all federally-recognized Tribal Governments that maintain a primary office and/or majority population within the State of the State's intent to submit a Medicaid waiver request or renewal request to CMS at least 60 days before the anticipated submission date is provided by Presidential Executive Order 13175 of November 6, 2000. Evidence of the applicable notice is available through the Medicaid Agency.

K. Limited English Proficient Persons. The State assures that it provides meaningful access to waiver services by Limited English Proficient persons in accordance with: (a) Presidential Executive Order 13166 of August 11, 2000 (65 FR 50121) and (b) Department of Health and Human Services "Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons" (68 FR 47311 - August 8, 2003). **Appendix B** describes how the State assures meaningful access to waiver services by Limited English Proficient persons.

7. Contact Person(s)

A. The Medicaid agency representative with whom CMS should communicate regarding the waiver is:

Last Name:

Bruni

First Name:

Kathy

Title:

Director, HCBS Unit

Agency:

Connecticut Department of Social Services

Address:

55 Farmington Avenue

Address 2:

City:

Hartford

State:

Connecticut

Zip:

06106

Phone:

(860) 424-5177 **Ext:** ☐ **TTY**

Fax:

(860) 424-4963

E-mail:

kathy.a.bruni@ct.gov

B. If applicable, the State operating agency representative with whom CMS should communicate regarding the waiver is:

Last Name:

First Name:

Title:

Agency:

Address:

Address 2:

City:

State:
Connecticut

Zip:

Phone:

Ext: ☐ **TTY**

Fax:

E-mail:

8. Authorizing Signature

This document, together with the attached revisions to the affected components of the waiver, constitutes the State's request to amend its approved waiver under §1915(c) of the Social Security Act. The State affirms that it will abide by all provisions of the waiver, including the provisions of this amendment when approved by CMS. The State further attests that it will continuously operate the waiver in accordance with the assurances specified in Section V and the additional requirements specified in Section VI of the approved waiver. The State certifies that additional proposed revisions to the waiver request will be submitted by the Medicaid agency in the form of additional waiver amendments.

Signature:

KATE MCEVOY

State Medicaid Director or Designee

Submission Date:

May 20, 2016

Note: The Signature and Submission Date fields will be automatically completed when the State Medicaid Director submits the application.

Last Name:

McEvoy

First Name:

Kate

Title:

Director Division of Health Services

Agency:

CT Department of Socail Services

Address:

55 Farmington Ave

Address 2:

City:

Hartford

State:

Connecticut

Zip:

06105

Phone:

(860) 424-5363 **Ext:** ☐ **TTY**

Fax:

(860) 424-4963

E-mail:

kate.mcevoy@ct.gov

Attachments

Attachment #1: Transition Plan

Check the box next to any of the following changes from the current approved waiver. Check all boxes that apply.

- ☐ **Replacing an approved waiver with this waiver.**
- ☐ **Combining waivers.**
- ☐ **Splitting one waiver into two waivers.**
- ☑ **Eliminating a service.**
- ☐ **Adding or decreasing an individual cost limit pertaining to eligibility.**
- ☑ **Adding or decreasing limits to a service or a set of services, as specified in Appendix C.**
- ☐ **Reducing the unduplicated count of participants (Factor C).**
- ☐ **Adding new, or decreasing, a limitation on the number of participants served at any point in time.**
- ☐ **Making any changes that could result in some participants losing eligibility or being transferred to another waiver under 1915(c) or another Medicaid authority.**
- ☐ **Making any changes that could result in reduced services to participants.**

Specify the transition plan for the waiver:

Eliminating case management as a waiver service but offering it as an administrative service.

All waiver participants were notified by letter on May 20, 2016 of the change in the provision of the care management service. The letter described that grievance and appeal rights would be provided if they were dissatisfied with their new care manager. The change was also discussed at the ABI Waiver Advisory Committee meeting on May 12th. This is all in addition to the two forms of public notice and public hearing regarding the amendment.

The major concern expressed is that the case management waiver service is primarily being utilized to manage the self directed PCA services. Self directed PCA is now a state plan service available under the 1915k option, and is no longer a waiver service. The 1915k also has a service available called Support and Planning Coach. This service is defined as one on one assistance with how to hire, manage or dismiss staff. The fiscal intermediary has reached out to each provider of waiver case management to facilitate their enrollment as a Support and Planning Coach. The new care management entities have been trained on how to address this transition as part of the person centered planning process. The service to waiver participants will be enhanced because the Support and Planning Coach providers must take a web based course in person centered planning. Less than 10% of the waiver participants have waiver case management service. The expectation is a smooth transition from waiver case management to the Support and Planning coach service for the purpose of managing PCAs.

The providers of administrative care management will be providing comprehensive care management services to waiver participants including assessment, care plan development and authorization, service plan monitoring, coordination and modification, leading team meetings, and advocating activities on behalf of waiver participants. The administrative care management is directly connected to Medicaid services and supports

Attachment #2: Home and Community-Based Settings Waiver Transition Plan
Specify the state's process to bring this waiver into compliance with federal home and community-based (HCB) settings requirements at 42 CFR 441.301(c)(4)-(5), and associated CMS guidance.
Consult with CMS for instructions before completing this item. This field describes the status of a transition process at the point in time of submission. Relevant information in the planning phase will differ from information required to describe attainment of milestones.
To the extent that the state has submitted a statewide HCB settings transition plan to CMS, the description in this field may reference that statewide plan. The narrative in this field must include enough information to demonstrate that this waiver complies with federal HCB settings requirements, including the compliance and transition requirements at 42 CFR 441.301(c)(6), and that this submission is consistent with the portions of the statewide HCB settings transition plan that are germane to this waiver. Quote or summarize germane portions of the statewide HCB settings transition plan as required.
Note that Appendix C-5 HCB Settings describes settings that do not require transition; the settings listed there meet federal HCB setting requirements as of the date of submission. Do not duplicate that information here.
Update this field and Appendix C-5 when submitting a renewal or amendment to this waiver for other purposes. It is not necessary for the state to amend the waiver solely for the purpose of updating this field and Appendix C-5. At the end of the state's HCB settings transition process for this waiver, when all waiver settings meet federal HCB setting requirements, enter "Completed" in this field, and include in Section C-5 the information on all HCB settings in the waiver.

The state assures that the settings transition plan included with this waiver amendment will be subject to any provisions or requirements included in the State's approved Statewide Transition Plan. The State will implement any required changes upon approval of the Statewide Transition Plan and will make conforming changes to its waiver when it submits the next amendment or renewal.

Additional Needed Information (Optional)

Provide additional needed information for the waiver (optional):

The state will assess the settings in which waiver applicants reside for compliance with the new rules as they apply for and are assessed for participation in the waiver. Waiver participants reside in their own homes, apartments or with family members. Under this waiver, participants may also choose to reside in provider owned homes. Prior to an individual accessing any of the services listed below the state will verify that the provider owned or controlled setting comports with CMS home and community based settings requirements through its person centered assessment process. The person centered assessment is completed to determine functional eligibility for the waiver and must be completed prior to waiver services being authorized to begin. If the social worker assesses that the setting is not compliant with the new rules, the social worker will discuss and offer the participant alternative settings that would be compliant. The applicant could choose another setting or remain in their current setting. If they stay in the setting that has been assessed not to be compliant, they would not be approved to receive services under this waiver.

Appendix A: Waiver Administration and Operation

1. **State Line of Authority for Waiver Operation.** Specify the state line of authority for the operation of the waiver (*select one*):

Schedule A Response
Attachment 1

AFFIRMATIVE ACTION DISCRIMINATION COMPLAINT PROCEDURE

INTRODUCTION

This Affirmative Action Discrimination Complaint Procedure explains the process for filing complaints alleging discrimination under sections 46a-60, 46a-64, 46a-70, 46a-71, 46a-80 and 46a-81 to 46a-81n, inclusive, of the Connecticut General Statutes, as applicable to the Department; the Americans with Disabilities Act and its amendments; Title VII of the Civil Rights Act of 1964; and section 504 of the Rehabilitation Act of 1973. For complaints alleging sexual harassment, see the separate document entitled "Procedures for Sexual Harassment Complaint Processing."

The Connecticut General Statutes prohibit discrimination in employment and the provision of services because of age, ancestry, color, criminal record (in state employment and licensing), gender identity or expression, genetic information, intellectual disability, learning disability, marital status, mental disability (past or present), national origin, physical disability (including blindness), race, religious creed, retaliation for previously opposed discrimination or coercion, sex (including pregnancy or sexual harassment), sexual orientation, veteran status, workplace hazards to reproductive systems. Unless the provisions of sec. 46a-80(b) or 46a-81 (b) of the Connecticut General Statutes are controlling or there are bona fide occupational qualifications excluding persons in one of the above protected groups and status as a victim of domestic violence. Equal employment opportunity is the purpose and goal of Affirmative Action under sec. 46a-68-75 through sec. 46a-68-114 of the Regulations of Connecticut state agencies.

The federal Americans with Disabilities Act of 1990 (ADA), 42 U.S.C. §§ 12101 et seq., as amended, prohibits discrimination on the basis of a disability in employment, state and local government, public accommodations, transportation and telecommunications to qualified individuals with disabilities.

Titles VI of the Civil Rights Act of 1964, 42 U.S.C. §§ 2000d et seq., prohibits discrimination on the basis of race, color and national origin in programs and activities receiving federal financial assistance. Title VII of the Civil Rights Act of 1964, 42 §§ U.S.C. 2000e et seq. prohibits discrimination on the basis of race, color, religion, sex or national origin and applies to employers with 15 or more employees, including federal, state and local governments. Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. § 794, as amended, prohibits discrimination on the basis of disability in programs conducted by federal agencies and in programs receiving federal financial assistance.

The Department of Social Services wants to eliminate discrimination without the need to respond to complaints. If anyone identifies a Department of Social Services program, practice, service or activity that is operating in a discriminatory manner, he or she is

urged to contact the DSS Equal Employment Opportunity and Diversity Division at (860) 424-5040.

Additionally, in compliance with Section 46a-68-89 of the Regulations of Connecticut State Agencies, periodic training in counseling and grievance investigations as appropriate will be provided for Equal Employment Opportunity and Diversity staff and agency attorney general designee(s).

This procedure provides for the timely resolution of complaints and ensures that an individual who files an internal complaint is also advised of his or her right to file the same complaint with an outside governmental agency.

Where to File

Department of Social Services
Equal Employment Opportunity and Diversity Division
55 Farmington Avenue
Hartford, CT 06105
Tel: (860) 424-5040

Time Period for Filing

The Department encourages individuals to file internal complaints, in writing or verbally, within 30 days of, or as soon as possible after, the alleged violation or becoming aware of the alleged violation. The Equal Employment Opportunity and Diversity Division shall advise the individual who is filing the complaint of his or her rights under state and federal law, as cited in the Commissioner's Affirmative Action/ Equal Employment Opportunity Policy Statement, and provide the individual with a copy of this Complaint Procedure. The Equal Employment Opportunity and Diversity Division maintains all records pertaining to discrimination complaints in separate, limited-access files. Information or materials from these files is made available only as necessary for purposes of the agency's investigation of the complaint and as required by law.

If someone verbally reports an incident to the Equal Employment Opportunity and Diversity Division, the Equal Employment Opportunity and Diversity Division will help the complainant put the complaint in writing. All written complaints must be signed and dated by the individual making the complaint.

Investigation of a Complaint

Once a complaint is received, the Equal Employment Opportunity and Diversity Division shall initiate an investigation of the complaint within fifteen (15) business days of its receipt. This will include notifying the individual(s) who is accused of discriminating against the complainant that a complaint has been filed. The Equal Employment Opportunity and Diversity Division may enlist the help of other employees of the Department to conduct an investigation. The Equal Employment Opportunity and

Diversity Division, or anyone else designated by the Equal Employment Opportunity and Diversity Division, shall conduct a thorough investigation. The Complainant and any other interested individual may submit information to the Equal Employment Opportunity and Diversity Division relevant to a complaint.

If a discrimination complaint is made against the Commissioner or against an equal employment opportunity officer at the Department, alleging that such person directly or personally engaged in discriminatory conduct, or if a discrimination complaint is made by the Commissioner or an equal employment opportunity officer at the Department, the complaint is referred to the Commission on Human Rights and Opportunities (CHRO) for review and, if appropriate, investigation by the Department of Administrative Services.

Written Determination

The Equal Employment Opportunity and Diversity Division shall make all reasonable efforts to complete its investigation within 90 days of receipt of a complaint. Once the investigation is completed, the Equal Employment Opportunity and Diversity Division will send a written determination to the Complainant detailing the outcome of its investigation.

The Equal Employment Opportunity and Diversity Division will maintain the files and records of all complaints processed under this procedure. If the Equal Employment Opportunity and Diversity Division finds that an employee has engaged in discriminatory action, it will refer its determination to Human Resources for appropriate action.

Appeals

If the complainant is not satisfied with the resolution of his or her complaint, he or she may appeal the Equal Employment Opportunity and Diversity Division's determination to the Commissioner of Social Services or his or her designee. Such appeal must be in writing and filed with the Commissioner of Social Services or his or her designee, within ten (10) calendar days of the date of the Equal Employment Opportunity and Diversity Division's written decision, with a copy sent to the Equal Employment Opportunity and Diversity Division.

The appeal should include:

- the reason for the appeal;
- the basis for disagreement with the Equal Employment Opportunity and Diversity Division's determination; and
- any other information or evidence not previously provided

The Commissioner of Social Services or the Commissioner's designee shall:

- review the information submitted by the individual who is appealing;

- review the Equal Employment Opportunity and Diversity Division's determination; and
- make a final determination of the matter and, within ten (10) calendar days of receipt of the appeal, notify the individual who filed the appeal, in writing, of the results of the review.

Any person who willfully interferes with or otherwise impairs the processing of any discrimination complaints, or in any way restricts or impairs the employment rights of the complainant or any witnesses involved in a complaint, is subject to disciplinary action, up to and including written reprimand, suspension or dismissal.

Complaints Associated with the Supplemental Nutrition Assistance Program (SNAP)

The United States Department of Agriculture (USDA) standard allows individuals to file internal complaints, in writing or verbally, within 180 days of the alleged event. If a complaint is to be made after 180 days justification must be made as to why the complaint was not able to be made within the approved timeframe.

If an individual(s) wishes to file a complaint with DSS, they may do so at the address listed under the section "Where to File". All discrimination complaints received by the Department associated with SNAP will be forwarded to FNS within five (5) calendar days of receipt. DSS will keep a dedicated log of all complaints forwarded to FNS. This log will contain, at minimum, complainant(s) name, contact information, date filed, date referred to FNS, and basis of alleged complaint.

The Department will maintain a copy of any correspondence regarding the complaint for at least four years after the date the State agency is notified that the complaint is closed.

The Department will provide necessary documents, evidence and, upon request, an Agency Position Statement (APS) regarding allegations of discrimination to FNS within the timeframes established by FNS or within a reasonable time.

The Department will make employees available to FNS to be interviewed as necessary during investigations, including for purposes of providing sworn testimony and clarifying general information. The department will also grant FNS access to facilities, and to complaint communications, records and systems, as necessary during investigations.

The department agrees to participate in attempts to resolve complaints in good faith, and will comply with corrective actions necessary to address findings of discrimination or compliance violations within the timeframes established by FNS in their determination.

Filing an External Complaint

Filing an internal complaint with the Equal Employment Opportunity and Diversity Division using the above-described complaint procedure does not preclude someone from also filing a complaint with the appropriate state or federal department or agency, such as the Connecticut Commission on Human Rights and Opportunities or the Equal Employment Opportunity Commission.

SNAP applicants and participants have the right to contact the USDA, Food and Nutrition Services (FNS) directly to submit a complaint and do not have to contact the Department of Social Services.

In addition, employees who are in a collective bargaining unit may file a grievance pursuant to the terms of his or her collective bargaining agreement. The Department's Equal Employment Opportunity and Diversity Division, in conjunction with the Human Resources Division, as appropriate, investigates, and responds to complaints submitted to external agencies in accordance with the requirements of the respective external agencies. The Department of Social Services cooperates fully with external agencies and makes available any relevant information and materials pertaining to its or their investigation.

Commission on Human Rights and Opportunities (CHRO)

A complaint may be filed directly with the CHRO. Complaints must generally be filed within 300 calendar days of the date that the complainant became aware of the act. The complainant's reasonably written complaint must be filed in a commission office and entered into the commission records before the 300 day time frame expires.

*For most alleged acts of discrimination that occurred prior to October 1, 2019 the filing period is 180 days.

Further information on filing a Connecticut Commission on Human Rights and Opportunities (CHRO) complaint can be found on the CHRO website:
http://www.ct.gov/chro

A person wishing to file a complaint should contact an intake officer at one of the Commission's regional offices listed in this document. The intake worker will discuss any concerns; explain the complaint process and, advise you about what help CHRO may be able to provide. If a complaint can be taken, the complainant will be given an appointment to go to a regional office to file a complaint.

The Connecticut Commission on Human Rights & Opportunity Regional Offices

Southwest Region
350 Fairfield Avenue, 6th Floor
Bridgeport, CT 06604
Telephone: (203) 579-6246

Eastern Region
100 Broadway
Norwich, CT 06360
Telephone: (860) 886-5703

West Central Region
Rowland State Government Center
Suite 210
Waterbury, CT 06702
Telephone: (203) 805-6530

Capitol Region
450 Columbus Boulevard
Suite 2
Hartford, CT 06103
Telephone: (860) 566-7710

Equal Employment Opportunity Commission (EEOC)

A complaint may also be filed with the Equal Employment Opportunity Commission (EEOC) office listed in this document. The EEOC enforces federal laws prohibiting employment discrimination. If you believe that you have been discriminated against at work because of your race, color, religion, sex (including pregnancy), national origin, age (40 or older), disability or genetic information, you can file a complaint of discrimination with the EEOC.

In general, a complaint of discrimination must be filed with the EEOC within 180 calendar days from the day the discrimination took place. The 180 calendar days filing deadline is extended to 300 calendar days if a state or local agency enforces a law that prohibits employment discrimination on the same basis. A complaint may be filed by mail or in person at the nearest EEOC office. Further information on filing an EEOC complaint can be found on EEOC's website: http://www.eeoc.gov.

The Equal Employment Opportunities Commission (EEOC) Area Office

JFK Federal Building
Room 409 B
Government Center
Boston, MA 02203
Telephone: (617) 565-3200

OTHER EXTERNAL AGENCIES:

United States Department of Labor, Wage and Hour Division (WHD)

William Cotter Federal Building
135 High Street, Room 210
Hartford, CT 06103
Telephone: (860) 240-4160

New Haven CT Area Office
150 Court Street, Room 208
New Haven, Ct 06511
Telephone: (203) 773-2249

United States Department of Health and Human Services (Region1)

John F. Kennedy Federal Building
Room 1875
Boston, MA 02203
Telephone: (617) 565-1340

United States Department of Agriculture (USDA) (SNAP Program)

U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, S.W.
Washington, D.C. 20250-9410
Telephone: (866) 632-9992
Fax: (202) 690-7442
Program.intake@usda.gov

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

The Department of Energy (DOE)

Director
Federally Assisted Programs Division
Office of Equal Opportunity
Department of Energy
Washington, D.C. 20585

And any other agencies; state, federal or local, that enforces laws concerning discrimination in employment.

Guarantee of Non-Retaliation

No person shall be restrained, intimidated, threatened, coerced, or discriminated against by any administrative/supervisory personnel or associates because he/she made a complaint, testified, assisted in or participated in an investigation, proceeding or hearing. Such actions are a protected activity. The protection from adverse action is held to be inviolate by the Department of Social Services and alleged violations by a person(s) are to be brought immediately to the attention of the DSS Equal Employment Opportunity and Diversity Director by the complainant, by his/her representative or by any other adversely affected person, for investigation and appropriate disciplinary action if warranted.

All employees, clients, and grantees of the Department of Social Services shall have the right to make a complaint under this procedure, regardless of protected group or other status, classification or length of services.

Revised 1/26/23