COMMISSION ON HUMAN RIGHTS AND OPPORTUNITIES

In Re: David Medeiros CHRO No. 2410220
v.
State of Connecticut,
Department of Social Services

ANSWER

David Medeiros (the "Complainant") alleges that the Connecticut Department of Social Services (the "Respondent" or the "Department") denied him equal services because of his psychical disability. As will be set forth below in detail, the Respondent did not engage in any discriminatory conduct against the Complainant.

Respondent answers as follows:

1. **Denied.** Respondent has not been able to locate any complaint or communication by the Complainant from the referenced time period that fits this description, particularly with respect to Respondent allegedly violating any rights of Complainant on account of his disability, and leaves the Complainant to his proof. Respondent has located some communications from this time period wherein the Complainant raised some general concerns about the referral process allegedly used at that time by Respondent's social workers with respect to Respondent's Acquired Brain Injury Medicaid Waiver program ("ABI Waiver program").[1] (Exhibits A and B). Respondent's social workers have not been involved in the ABI Waiver program since approximately 2016. Complainant owns and operates a company that is authorized to provide ABI Waiver services to qualified individuals. Even if Complainant or Respondent were to locate a complaint filed with Respondent by Complainant from the time period "in or around 2015" related to his disability, such a complaint filed approximately 8-9 years prior to the Complaint before the Commission would have no relevance, and would certainly be time-barred. In addition, none of Respondent's employees with whom Complainant has interacted in recent years have any knowledge of any complaint allegedly filed by Complainant in or around 2015.

2. **Denied.** Respondent has never placed any restrictions on the Complainant's ability to communicate with the Respondent. Complainant appears to be referencing an email that the Interim Director of Respondent's Community Options Unit sent to Complainant on September 28, 2023 (Exhibit C) in response to a large amount of communications that Complainant had been sending to various employees and units associated with Respondent, including the Commissioner of Social Services. The entire body of Respondent's September 28, 2023 email is as follows:

   David-

[1] The ABI Waiver program is a Medicaid program operated by the Department that provides nonmedical home and community-based services to individuals with an acquired brain injury.

> 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,

The September 28, 2023 email, in relevant part, advised Complainant that the "frequency and volume of [Complainant's] 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." (Exhibit C) (emphasis added).

While Respondent requested that Complainant consolidate his numerous communications for administrative expedience, this was merely a request, and Complainant's physical disability was not a factor at all in such request. Respondent was overwhelmed administratively by the frequency and volume of Complainant's communications. Rather than restricting Complainant's ability to communicate, as alleged by Complainant, Respondent was simply requesting that Complainant use a cadence that would better lend itself to effective review and response, and Respondent even offered to make its employees directly available to Complainant on a recurring basis to discuss his concerns in a more expedient manner. Complainant has not scheduled any discussions with

Respondent, and has continued to communicate with the Department without any restrictions.

3. **Denied**. Respondent has not engaged in any activity to undermine Complainant's professionalism or credibility, let alone engaged in such purported activity due to Complainant's physical disability. Again, Complainant appears to be referencing the September 28, 2023 email sent by the Interim Director of Respondent's Community Options Unit. (Exhibit C). As stated in that email, "[t]hus 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." (Exhibit C). This statement was based entirely upon Respondent's internal review and discussions with other relevant parties regarding the facts and circumstances of some of Complainant's concerns, including concerns Complainant had raised regarding specific ABI Waiver participants where he was not aware of all of the relevant facts. Nothing in the Respondent's communication indicated in any way that the inaccurate or incomplete information was provided as a result of Complainant's physical disability.

4. **Denied.** Again, Complainant appears to be referencing the September 28, 2023 email sent by the Interim Director of Respondent's Community Options Unit. (Exhibit C). As stated in that email, Respondent "encourage[d Complainant] 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." (Exhibit C). Beginning in 2016, Respondent transitioned the care management (also known as case management) responsibilities for ABI Waiver recipients from Respondent's social workers to contracted entities. As described in the state's approved application to the federal Centers for Medicare & Medicaid Services to make this amendment to the ABI Waiver program effective June 1, 2016, Respondent stated that the contracted "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." (Exhibit D at p. 11 of 179). Since 2016, the contracted care management agencies have worked directly with ABI Waiver recipients and ABI Waiver providers such as Complainant's company to manage and coordinate the effective care planning and delivery of services to ABI Waiver participants. Given Respondent's limited staff and resources, Respondent was simply encouraging, not requiring, Complainant, absent an emergency situation, and particularly with respect to issues pertaining to individual recipients of ABI Waiver services, to communicate first with the recipient's assigned care management agency or other direct sources of information where appropriate before bringing such concerns to the Respondent.

5. **Admit** that the September 28, 2023 email sent by the Interim Director of Respondent's Community Options Unit advised the Complainant that, in addition to Respondent's

concerns about the accuracy of the information reported by Complainant, "family members of individuals [receiving ABI Waiver services] have expressed concern that [the Complainant is] making complaints on their behalf without their knowledge or consent and often based on inaccurate information." (Exhibit C). **Admit** that, in certain proscribed situations, ABI Waiver providers are required to submit accurate reports of incidents that meet the definition of a "critical incident" to either the Respondent or the care management agency. **Deny** that Respondent placed any restriction on Complainant's ability to file accurate critical incident reports. The September 28, 2023 email "encourage[d Complainant] 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." (Exhibit C). (emphasis added).

6. **Denied.** Respondent has not refused Complainant equitable treatment, has not limited his communication with Respondent, and has not discredited his or his company's reputation. In addition, any actions or comments that Complainant complains of are based entirely on Respondent's response to the content and volume of the communications he filed with Respondent. Complainant's communications are based on business issues and concerns he has with the ABI Waiver program, and are not related to any physical disability he may have. Likewise, Respondent's review of Complainant's communications, and Respondent's subsequent response to such communications, have no connection whatsoever to any physical disability Complainant may happen to have.

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RESPONDENT'S RESPONSE TO SCHEDULE A PUBLIC ACCOMMODATION

1. State of Connecticut Department of Social Services

2. 55 Farmington Avenue, Hartford, CT 06105

3. N/A

4. N/A

5. Andrea Barton Reeves, Commissioner
Department of Social Services
55 Farmington Avenue
Hartford, CT 06105
cc: Matthew S. Antonetti, Legal Director, matthew.s.antonetti@ct.gov
cc: Michael Slitt, Staff Attorney, Michael.Slitt@ct.gov

6. N/A

7. Michael Slitt, Staff Attorney
Department of Social Services
55 Farmington Avenue
Hartford, CT 06105
Phone Number: 860-424-5068
Fax Number: 860-424-5729
Email: Michael.Slitt@ct.gov

8. Total employees in Connecticut: 1,683

   Employees assigned to 55 Farmington Avenue in Hartford: 502

9. *See* Answer.

10. *See* Attachment 1.

11. N/A

12. The Complaint should be dismissed. As described in the Answer, Respondent has not treated Complainant inequitably, or subjected him to any adverse decision, let alone engaged in such purported activity due to Complainant's physical disability. There is no reasonable possibility that investigating the Complaint will result in a finding of reasonable cause.

OATH

State of Connecticut
Hartford
County of Hartford

Michael Slitt personally appeared and made oath to the truth of the matter, to the best of his knowledge and belief, contained in the foregoing answer, before me on this 1st day of February, 2024.

Respondent's Signature

Sworn before me this 1st day of February, 2024.

Commissioner of the Superior Court

Respondent's Certificate of Mailing Form

Case No. 2410220

Complainant: David Medeiros

Respondent: Connecticut Department of Social Services

I certify that a copy of these materials was sent to the following person on February 1, 2024:

[ ] Hand Delivery
[ ] U.S. Mail
[X] Other (specify): Via email

Complainant's or Complainant's attorney's address:

aabiwr@live.com

/s/ Michael Slitt
Michael Slitt

2/01/2024
Date