Main Office: 1-860-942-0365 | Ledyard Fax: 1-860-464-4960 | Windham Fax: 1-860-465-9591

From: Marihonor Flagg <mflagg@alliedgroup.org>
Sent: Friday, March 10, 2023 2:59 PM
To: ABI RESOURCES 860 942-0365 <aabiwr@live.com>
Cc: ABI Resources HIPAA Secure Correspondence www.CTBRAININJURY.com <abi@ctbraininjury.com>
Subject: RE: Request for Documentation to Update and Confirm Information on Provider Registries unsecure

Hi David – attached please find the directory listing for your agency. I have attached an Update form to make any changes in the contact information if need be.
Thank you.

Marihonor Flagg
Outreach & Training Coordinator
Allied Community Resources
Fax: (860) 627-0230

From: ABI RESOURCES 860 942-0365 <aabiwr@live.com>
Sent: Friday, March 10, 2023 2:33 PM
To: ACR@alliedgroup.org; Marihonor Flagg <mflagg@alliedgroup.org>
Cc: ABI Resources HIPAA Secure Correspondence www.CTBRAININJURY.com <abi@ctbraininjury.com>
Subject: Request for Documentation to Update and Confirm Information on Provider Registries

Hello Allied Community Resources,

I am writing on behalf of ABI Resources to request an update and confirmation of our information on your provider registries. We value our partnership with your organization and want to ensure that our information is accurate and up-to-date.

Could you kindly provide us with the documentation necessary to update and confirm our information on your provider registries? We are committed to providing quality services to our clients and believe that accurate information is essential to maintaining our reputation and credibility as a provider.

Thank you for your assistance in this matter. We appreciate your efforts to help us maintain the highest standards of professionalism and quality in our services.

All the best,
David Medeiros

A.B.I. RESOURCES

WEBSITE | FACEBOOK
Main Office: 1-860-942-0365 | Ledyard Fax: 1-860-464-4960 | Windham Fax: 1-860-465-9591

Submission ID: 737151

Success!

Your FOIA request has been created and is being sent to the Center for Medicare and Medicaid Services.

You'll hear back from the agency confirming receipt in the coming weeks using the contact information you provided. If you have questions about your request, feel free to reach out to the agency FOIA personnel using the information provided below.

Contact the agency

Hugh Gilmore, FOIA Officer
410-786-5353
hugh.gilmore@cms.hhs.gov

FOIA Requester Service Center
410-786-5353

Joseph Tripline, FOIA Public Liaison
410-786-5353
joseph.tripline@cms.hhs.gov

Hugh Gilmore, FOIA Officer, North Building, Room C5-11-06
7500 Security Boulevard
Baltimore, MD 21244
FOIA_Request@cms.hhs.gov

Request summary

Request submitted on**June 1, 2023**.

The confirmation ID for your request is **737151**.

The confirmation ID is only for identifying your request on FOIA.gov and acts as a receipt to show that you submitted a request using FOIA.gov. This number does not replace the

information you'll receive from the agency to track your request. In case there is an issue submitting your request to the agency you selected, you can use this number to help.

Contact information

Name
DAVID MEDEIROS

Mailing address
39 Kings Highway, STE C
STE C
Gales Ferry, CT 06335
United States

Phone number
8604633638

Company/organization
ABI RESOURCES LLC

Email
aabiwr@live.com

Your request

Attention: FOIA Compliance Officer Subject: Freedom of Information Act Request Dear FOIA Compliance Officer, Pursuant to the Connecticut Freedom of Information Act, Conn. Gen. Stat. §1-200 et seq., I am requesting access to and copies of the following records: All communications, including but not limited to emails, letters, memos, reports, text messages, phone call logs, meeting notes and minutes, between Connecticut Community Care (CCC) and the Connecticut Department of Social Services (DSS), as well as the Community Options Unit (COU), pertaining to ABI Resources LLC. Please note that this request specifically excludes personally identifiable information about consumers of the Medicaid ABI Waiver Program and the Money Follows the Person (MFP) Program. To clarify, I am not seeking any records containing the names or other personal identifiers of these consumers, in accordance with privacy laws and regulations. If any document within this request falls within an exemption of the act, please provide the document with the necessary redactions along with the legal basis for each redaction. Furthermore, should there be fees associated with fulfilling this request, please inform me in advance of the estimated cost. I would prefer the request filled electronically, by e-mail attachment. Thank you in advance for your cooperation. I look forward to receiving your response to this request within four business days, as the statute requires.

Fees

What type of requester are you?
media

Fee waiver

no

Request expedited processing

Expedited processing
yes

FOIA.gov

CONTACT

Office of Information Policy (OIP)
U.S. Department of Justice
441 G St, NW, 6th Floor
Washington, DC 20530
E-mail: National.FOIAPortal@usdoj.gov

Hero image credit CC3.0

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Fees

What type of requester are you?
media

Fee waiver

no

Request expedited processing

Expedited processing
yes

FOIA.gov

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U.S. Department of Justice
441 G St, NW, 6th Floor
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Hero image credit CC3.0

Submission ID: 740356

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39 Kings Highway, STE C
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Gales Ferry, CT 06335
United States

Phone number
8604633638

Company/organization
ABI RESOURCES LLC

Email
davidmedeiros@live.com

Your request

Subject: Freedom of Information Act Request Dear Sir/Madam, I am writing to formally request information under the provisions of the Freedom of Information Act (FOIA), specifically seeking contact information and position titles of all employees within the Connecticut Department of Social Services (DSS) and COU Community Options Unit who are involved in providing services related to the Medicaid ABI Waiver Program and Money Follows the Person Programs. In particular, I kindly request the following details for each employee: Full Name: Please provide the full names of all employees involved in the provision of services for the Medicaid ABI Waiver Program and Money Follows the Person Programs. Contact Information: Please provide the contact information for each employee, including their work email address and telephone number. Position Titles: Please include the job titles or positions held by each employee mentioned above. I am making this request in order to facilitate open communication and promote collaboration in matters related to the Medicaid ABI Waiver Program and Money Follows the Person Programs. The information requested will assist me in establishing appropriate channels of communication for any relevant inquiries or discussions. To ensure a timely response, I kindly request that you provide the requested information in a digital format, preferably via email, within the timeframe specified by the Freedom of Information Act.

Fees

Fee waiver
no

Request expedited processing

Expedited processing
yes

FOIA.gov

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Fees

Fee waiver
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FOIA.gov

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Submission ID: 771886

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Company/organization
ABI RESOURCES LLC

Email
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Your request

Subject: Freedom of Information Act Request Dear FOIA Request Officer, Under the provisions of the Freedom of Information Act, I am requesting information regarding the current leadership of the Connecticut Department of Social Services (DSS). Specifically, I am requesting the name and title of the current Commissioner of the Connecticut Department of Social Services. Thank you in advance for your assistance. I look forward to receiving the requested information within the statutory period.

Fees

Fee waiver
no

Request expedited processing

Expedited processing
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U.S. Department of Health and Human Services
Office of Inspector General

Requesting information about your complaint

Every report we receive is important, however, not every submission results in an investigation.

Once submitted, we will review your complaint for relevance and completeness. If you have identified yourself, a reviewing official may contact you for further information. It is important to note that you might not be contacted by an investigator but that does not mean your complaint is not being investigated. Due to the high volume of complaints we receive, it is not possible to contact every complainant. The Hotline will not be able to confirm receipt of your complaint or respond to any inquiries about action taken on your complaint.

You may request information about your complaint through the OIG Freedom of Information Act officer (https://oig.hhs.gov/foia). Remember to phrase your request in terms of a search for records pertinent to your complaint, not status. You should wait at least six months before filing such a request.

Your complaint summary

Before you submit, make sure you check your information and save or print a copy for your records.

Allegation details

HHS employee, contractor, or grantee	No
Allegation type	Kickbacks
Healthcare program	Medicaid
Program type	Home Health
Date of activity	1/1/2023
Is the activity still happening?	Yes

Subject information

Subject

Type of subject	Business
Business/Department name	Connecticut Community Care Inc.
Doing Business As (DBA)	-
Employer ID Number (EIN)	-
National Provider ID (NPI)	-
Address	43 Enterprise Drive Bristol, Connecticut 06010 Bristol, CT 06010
Business phone	866-845-2224
Alternate phone	866-845-2224
Website	https://ctcommunitycare.org/
Additional identifying information	866.845.2224 communications@ctcommunitycare.org 43 Enterprise Drive Bristol, Connecticut 06010

Witness information

Your narrative

Your description of events

Office of Inspector General
Department of Health & Human Services
330 Independence Avenue, SW
Washington, DC 20201

Subject: Formal Complaint Regarding Potentially Anti-Competitive Practices in Connecticut's Medicaid Programs

Dear Sir/Madam,

I hope this letter finds you in good health and high spirits. I am writing to bring to your attention a situation of potentially grave concern that I believe warrants immediate investigation by the Office of Inspector General.

This issue pertains to practices surrounding the Medicaid

Money Follows the Person (MFP) and Acquired Brain Injury (ABI) Waiver Programs in the State of Connecticut. Specifically, it involves an apparently monopolistic system that affects home service agencies and Medicaid beneficiaries in Connecticut.

In the current system, once a consumer applies for and qualifies for the aforementioned programs, the Connecticut Department of Social Services (DSS) sends their information to Connecticut Community Care (CCC). The CCC, a care consultation service, is supposed to guide consumers through the process of selecting a home service agency provider that best meets their needs.

Regrettably, the system seems to have deviated from its intended purpose. Instead of providing unbiased consultation services, it appears that the CCC's care managers direct consumers exclusively to a preselected set of preferred home service agency providers following an internal assessment. This seemingly anticompetitive practice has created a de facto monopoly, thereby restricting consumer choice and unfairly marginalizing other home service agency providers.

The result is a system where consumers are essentially removed from the selection process, and their right to choose is significantly infringed upon. Moreover, the lack of competition potentially compromises the quality of care. Thus, the purpose of Medicaid, which is to ensure that beneficiaries have access to the highest quality care, appears to be undermined.

Further compounding the issue is the fact that these practices are, in effect, being funded by Medicaid. This raises questions about the appropriate use of public funds and potentially compromises the integrity of the Medicaid program.

Given the magnitude of the issue and the potential harm to consumers, as well as the possible misuse of public funds, I strongly urge the Office of Inspector General to undertake a thorough investigation of this matter.

Thank you for your attention to this serious matter. I am confident that your office, with its longstanding commitment to protecting the integrity of the Department of Health and Human Services' programs, will take the necessary steps to address these concerns.

Sincerely,
David Medeiros
ABI Resources
39 Kings Hwy STE C
Gales Ferry CT 06335

Attached files

Re_ This appears to be a corruption of decision-making, patient steering, unfair competition, monopolization efforts, kickbacks, and_or inducements for Medicaid Referrals. (8).pdf, Re_ Steps for Consumers to Officially Change Care Managers in MFP and ABI Waiver Programs.pdf, 12 08 2022 (1).pdf, RE_ Urgent Request to Cease Activities Beyond Waiver Program Scope and Ensure Consumer Safety.pdf, Re_ Solicitation of ABI Waiver Consumers by CCSNCT.pdf, 07.05.2023 FOIA.gov - Freedom of Information Act_ Create a request - Copy.pdf, Re_ Subject_ Request for Attention to Unacknowledged Inquiries and Concerns Related to Medicaid Waivers. (1).pdf, 07.05.2023 FOIA.gov - Freedom of Information Act_

Create a request.pdf, GetFileAttachment.pdf, 06050237010 FOIA Acknowledgement Letter - FIG.pdf, 06050237010 FOIA Acknowledgement Letter - FIG - Copy.pdf, 06-01-2023 FOIA.gov - Freedom of Information Act_ Create a request.pdf, 06-05-2023 FOIA.gov - Freedom of Information Act_ Create a request.pdf, FOIA.gov - Freedom of Information Act_ Create a request. 05.15.2023 pdf.pdf, FOIA.gov - Freedom of Information Act_ Create a request 05.03.2023 .pdf, FOIA.gov - Freedom of Information Act_ 2 Create a request.pdf, FOIA.gov - Freedom of Information Act_ Create a request.pdf, FOIA Request 2021 ABI Resources.pdf, 07.17.2023 ReportFraud.ftc.gov - Confirmation.pdf, 08-01-2022 Formal inquary and internal investation - ABI Re (5).pdf, Jennifer Cavallaro Mail - A.B.I. RESOURCES L.L.C. 860 942-0365 - Outlook.pdf, Jennifer Cavallaro Mail - A.B.I. RESOURCES L.L.C. 860 942-0365 - Outlook - Copy.pdf, Kathleen Hazelton Mail - A.B.I. RESOURCES L.L.C. 860 942-0365 - Outlook.pdf, 10.18.2022 DSS FORMAL REQUEST - Copy.pdf, CT DSS FIOA REQUEST 11.07.2022 MEDICAID PROGRAMS - Copy.pdf, 10.18.2022 DSS FORMAL REQUEST.pdf, Care Management Referral Process Inquiry for MFP Program and Waivers - Copy.pdf, Mail - ABI RESOURCES 860 942-0365 - Outlook.pdf, Care Management Referral Process Inquiry for MFP Program and Waivers.pdf, RE_ Verification Request _ Fw_ Request for Documentation to Update and Confirm Information on Provider Registries unsecure - Copy.pdf, RE_ Verification Request _ Fw_ Request for Documentation to Update and Confirm Information on Provider Registries unsecure.pdf, Re_ Inquiry Regarding Client's Option to Change Agency Service or Care Management Provider. MFP, ABI and PCA Waivers. - Copy.pdf, Re_ Inquiry Regarding Client's Option to Change Agency Service or Care Management Provider. MFP, ABI and PCA Waivers..pdf, Re_ Subject_ Comprehensive Inquiry_ Referral Process, Provider List, and Care Manager's Role - Copy.pdf, Re_ To the attention of David Medeiros CBIS (1).eml - Copy.pdf, Re_ Subject_ Comprehensive Inquiry_ Referral Process, Provider List, and Care Manager's Role.pdf, Re_ To the attention of David Medeiros CBIS (1).eml.pdf

Evidence description -

Your information

Your consent to disclose	I wish to remain Confidential. You may contact me for additional information, but please keep my name confidential and do not share it outside of the HHS Office of Inspector General. I also understand that HHS-OIG may still need to disclose my identity if required by law or if deemed necessary to the investigation.
Name	DAVID MEDEIROS
Date of birth	12/30/1976
Medicare number	-
Medicaid number	-
Social Security Number (SSN)	048-70-7441

Your contact details

Home phone	8604633638
Cell phone	-
Work phone	8609420365
Personal email	aabiwr@live.com
Work email	-
Your home address	215 Mountain St Willimantic, CT 06226

Your employment information

HHS employee, contractor, or grantee	No

Email address

Make sure the email address you enter is the one you wish to receive the complaint submission confirmation. Please update the email address if you wish to receive it at a different address.

aabiwr@live.com

Receipt Number: **29147434**

Thank you for contacting the U.S. Department of Health and Human Services, Office for Civil Rights (OCR). OCR enforces federal civil rights laws which prohibit discrimination in the delivery of health and human services based on race, color, national origin, disability, age, sex, religion, and the exercise of conscience, and also enforces the Health Insurance Portability and Accountability Act (HIPAA) Privacy, Security and Breach Notification Rules.

We are in the process of reviewing your correspondence. We will complete our initial review as quickly as possible.

If you have questions about the novel coronavirus, COVID-19, please go to the Centers for Disease Control website at https://www.cdc.gov.

For additional information about OCR, including the complaint review process, and our HIPAA, civil rights, and conscience and religious freedom regulations, please see the following links:

https://www.hhs.gov/ocr/complaints/index.html
https://www.hhs.gov/hipaa/index.html
https://www.hhs.gov/civil-rights/index.html
https://www.hhs.gov/conscience/index.html

If you have any additional questions or need a reasonable accommodation, please contact OCR's Customer Response Center at 1-800-368-1019, Monday through Friday, 8:00 am to 6:00 pm, ET.

Sincerely,
Director, CCMO

English	If you speak a non-English language, call 1-800–368–1019 (TTY: 1-800-537-7697), and you will be connected to an interpreter who will assist you with this document at no cost.
Español - Spanish	Si usted habla español marque 1-800-368-1019 (o a la línea de teléfono por texto TTY 1-800-537-7697) y su llamada será conectada con un intérprete que le asistirá con este documento sin costo alguno.
中文 - Chinese	如果你讲中文，请拨打1-800-368-1019（打字电话：1-800-537-7697), 你将被连接到一位讲同语种的翻译员为你提供免费服务。
Tiếng Việt - Vietnamese	Nếu bạn nói tiếng Việt, xin gọi 1-800-368-1019 (TTY: 1-800-537-7697), và bạn sẽ được kết nối với một thông dịch viên, người này sẽ hỗ trợ bạn với tài liệu này miễn phí.
한국어 - Korean	한국어를 하시면 1-800-368-1019 (청각 장애용: 1-800-537-7697) 로 연락 주세요. 통역관과 연결해서 당신의 서류를 무료로 도와 드리겠습니다.
Tagalog	Kung ikaw ay nagsasalita nang Tagalog, tumawag sa 1-800-368-1019 (TTY:

(Filipino)	1-800-537-7697) para makonek sa tagapagsalin na tutulong sa iyo sa dokumentong ito na walang bayad.
Русский - Russian	Если вы говорите по- русски, наберите 1-800-368-1019. Для клиентов с ограниченными слуховыми и речевыми возможностями: 1-800-537-7697), и вас соединят с русскоговорящим переводчиком, который вам поможет с этим документом безвозмездно.

* Your First Name:	**David**	* Your Last Name:	**Medeiros**

Phone:	Phone Number	Usage
	(860) 463-3638 x_____	**Home / Cell**

Street Address Line 1:*	**215 Mountain St**
Street Address Line 2:	
* City:	**Willimantic**

* State:**Connecticut**	Country:**USA**	* ZIP: **06226**	Email Address (If available): **aabiwr@live.com**

Are you filing this complaint for someone else?:	**No**

*** I believe that I have been (or someone else has been) discriminated against on the basis of::**
• **Disability**

Who or what agency or organization do you believe discriminated against you (or someone else)?	
* Person or Agency/Organization?:	**Agency/Organization**

Agency/Organization:	**Connecticut: State of**
* Street Address Line 1:	**P.O. Box 150470**
Street Address Line 2:	
* City:	**Harford**

* State:Connecticut	Country:USA	ZIP: 06115-0470

Phone:	Phone Number	Usage
	(860) 509-6200	Work

*** When do you believe that the civil right discrimination occurred?**

Date(s) Selected:	Violation Date
	08/08/2023

Describe briefly what happened. How and why do you believe that you have been (or someone else has been) discriminated against? Please be as specific as possible.. (Attach additional pages as needed)

Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F, HHH Building
Washington, D.C. 20201

Re: Complaint of Discrimination against David Medeiros by Connecticut Government Workers

Dear Office for Civil Rights,

I am writing to file a formal complaint on behalf of Mr. David Medeiros, a minority business owner who is living with a traumatic brain injury and is a stroke survivor. Mr. Medeiros alleges that he has been subjected to unlawful discrimination by certain government workers in Connecticut in connection with his operation of Medicaid programs.

Background:

a. Mr. Medeiros is a dedicated provider of Medicaid programs within the State of Connecticut. His business primarily focuses on offering essential healthcare services to underserved populations.

b. Mr. Medeiros is part of a racial minority group and has been living with a traumatic brain injury (TBI). Additionally, he is a stroke survivor.

Incident(s) of Discrimination:

a. The Connecticut government workers responsible for oversight and management of the Medicaid programs have refused to provide necessary information and directives to Mr. Medeiros, which are essential for his provision of services.

b. The refusal to provide this critical information and guidance is being done solely on the basis of Mr. Medeiros's status as a minority business owner living with TBI and being a stroke survivor.

c. The government workers' actions and behavior have created a hostile environment for Mr. Medeiros, impeding his ability to provide essential healthcare services to those in need.

Legal Basis:

The actions described herein may be in violation of various federal anti-discrimination laws, including but not limited to Section 1557 of the Affordable Care Act (42 U.S.C. § 18116), Title II of the Americans with Disabilities Act (42 U.S.C. §§ 12131-12134), and Title VI of the Civil Rights Act of 1964 (42 U.S.C. § 2000d).

Request for Relief:

We request a thorough investigation into this matter and appropriate remedies as deemed fit, including but not limited to sanctions against the responsible government workers, directives to provide the necessary information to Mr. Medeiros, and any other measures that would help to restore his ability to effectively operate the Medicaid programs.

Thank you for your attention to this urgent matter. Please do not hesitate to contact me at 860 463-3638 or aabiwr@live.com if you need further information or clarification.

Sincerely,
David Medeiros

Filing a complaint with OCR is voluntary. However, without the information requested above, OCR may be unable to proceed with your complaint. We collect this information under authority of Section 1557 of the Affordable Care Act, Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Title IX of the Education Amendments of 1972, the Age Discrimination Act of 1975, Title II of the Americans with Disabilities Act and their implementing regulations. It is illegal for a recipient of Federal

financial assistance from HHS to intimidate, threaten, coerce, discriminate or retaliate against you for filing a complaint or for taking any other action to enforce your rights under these Federal civil rights laws. OCR also collects information under authority of Section 1553 of the Affordable Care Act, the Church Amendments, the Coats-Snowe Amendment, the Weldon Amendment, the Religious Freedom Restoration Act, as well as other Federal civil rights, conscience protections and religious liberty statutes. It may also be illegal for a recipient of Federal financial assistance from HHS to intimidate, threaten, coerce, discriminate or retaliate against you for filing this complaint or for taking any other action to enforce your rights under these Federal laws. We will use the information you provide to determine if we have jurisdiction and, if so, how we will process your complaint. Information submitted on this form is treated confidentially and is protected under the provisions of the Privacy Act of 1974. Names or other identifying information about individuals are disclosed when it is necessary for investigation of possible discrimination, for internal systems operations, or for routine uses, which include disclosure of information outside the Department of Health and Human Services (HHS) for purposes associated with civil rights compliance and as permitted by law.

You are not required to use this form. You also may write a letter or submit a complaint electronically with the same information. To submit an electronic complaint, go to OCR's web site at: www.hhs.gov/civil-rights/filing-a-complaint/index.html or www.hhs.gov/conscience/complaints/index.html. To mail a complaint, please send to HHS Office for Civil Rights, Centralized Case Management Operations, 200 Independence Avenue, S.W., Suite 515F, HHH Building, Washington, D.C. 20201.

* **Signature:**	AGREE: I have read, understand, and agree to the above.

Do you need special accommodations for OCR to communicate with you about this complaint?

- Electronic mail

If we cannot reach you directly, is there someone we can contact to help us reach you?

No entries

Have you filed your complaint anywhere else? If so, please provide the following . (Attach additional pages as needed)

Filed Elsewheres:	Person/Agency/Organization/Court Name	Date Filed	Case Number (If known)
	No records found		

To help us better serve the public, please provide the following information for the person you believe was discriminated against (you or the person on whose behalf you are filing).

Ethnicity:	Hispanic or Latino
Race:	• White
Primary Language Spoken (if other than English):	

How did you learn about the Office for Civil Rights?

- HHS Website/Internet Search
- Lawyer/Legal Org
- Fed/State/Local Gov

COMPLAINANT CONSENT FORM

The Department of Health and Human Services' (HHS) Office for Civil Rights (OCR) has the authority to collect and receive material and information about you, including personnel and medical records, when they are relevant to its investigation of your complaint.

To investigate your complaint, OCR may need to reveal your identity or identifying information about you to persons at the entity or agency under investigation or to other persons, agencies, or entities. In some circumstances, OCR may refer your complaint to another government agency, as warranted.

The Privacy Act of 1974 protects certain federal records that contain personally identifiable information about you and, with your consent, allows OCR to use your name or other personal information, if necessary, to investigate your complaint.

Consent is voluntary, and it is not always needed in order to investigate your complaint; however, failure to give consent is likely to impede the investigation of your complaint and may result in the closure of your case.

Additionally, OCR may disclose information, including medical records and other personal information, which it has gathered during the course of its investigation in order to comply with a request under the Freedom of Information Act (FOIA) and may refer your complaint to another appropriate agency.

Under FOIA, OCR may be required to release information regarding the investigation of your complaint; however, we will make every effort, as permitted by law, to protect information that identifies individuals or that, if released, could constitute a clearly unwarranted invasion of personal privacy.

OCR will use any applicable protections in that law to safeguard information which could identify you, or other individuals, or that, if released, could constitute a clearly unwarranted invasion of personal privacy. OCR may be required to release some information regarding the investigation of your complaint under the Freedom of Information Act (FOIA), however, information concerning your complaint which could reveal your identity is protected from disclosure to third party requesters under FOIA.

Please read and review the documents entitled, Notice to Complainants and Other Individuals Asked to Supply Information to the Office for Civil Rights (PDF) and Protecting Personal Informations in Complaint Investigations (PDF) for further information regarding how OCR may obtain, use, and disclose your information while investigating your complaint.

In order to expedite the investigation of your complaint if it is accepted by OCR, please read, sign, and return one copy of this consent form to OCR with your complaint. Please make one copy for your records.

- As a complainant, I understand that in the course of the investigation of my complaint it may become necessary for OCR to reveal my identity or identifying information about me to persons at the entity or agency under investigation or to other persons, agencies, or entities.
- I am also aware of the obligations of OCR to honor requests under the Freedom of Information Act (FOIA). I understand that it may be necessary for OCR to disclose general information which it has gathered as part of its investigation of my complaint, excluding personally identifiable information.
- In addition, I understand that, as a complainant, I may be covered by the Department of Health and Human Services' (HHS) regulations which protect any individual from being intimidated, threatened, coerced, retaliated against, or discriminated against because he/she has made a complaint, testified, assisted, or participated in any manner in any mediation, investigation, hearing, proceeding, or other part of HHS's investigation, conciliation, or enforcement process.

*** Consent Selection:**

CONSENT: I have read, understand, and agree to the above and give permission to OCR to reveal my identity or identifying information about me in my case file to persons at the entity or agency under investigation or to other relevant persons, agencies, or entities during any part of HHS' investigation, conciliation, or enforcement process.

File Uploaded:

File Name	Size (Byte)	File Type
06.01.2020 Again Allied Community Resources ABI Program Provider Directory.pdf	0	Complaint Description
03.17.2023 Inquiry Regarding Clients Option to Change Agency Service or Care Management Provider. MFP ABI and PCA Waivers..pdf	0	Complaint Description
06.02.2020 Re Provider Directory.pdf	0	Complaint Description
03.11.2023 RE Care Management Referral Process Inquiry for MFP Program and Waivers.pdf	0	Complaint Description
09.01.2022 Re To the attention of David Medeiros CBIS.pdf	0	Complaint Description
09.01.2022 Subject Request	0	Complaint Description

	for Attention to Unacknowledged Inquiries and Concerns Related to Medicaid Waivers.pdf		
	03.10.2023 Re Request for Documentation to Update and Confirm Information on Provider Registries unsecure.pdf	0	Complaint Description
	04.24.2023 RE Steps for Consumers to Officially Change Care Managers in MFP and ABI Waiver Programs.pdf	0	Complaint Description
	03.14.2023 Fw Verification Request Fw Request for Documentation to Update and Confirm Information on Provider Registries unsecure.pdf	0	Complaint Description
	05.23.2023 RE Solicitation of ABI Waiver Consumers by CCSNCT.pdf	0	Complaint Description
	03.10.2023 Subject Request	0	Complaint Description

	for Documentation to Update and Confirm Information on Provider Registries.pdf		
	08-01-2022 Formal inquary and internal investation - ABI Re (6).pdf	0	Complaint Description
	12.01.2022 RE This appears to be a corruption of decision making patient steering unfair competition monopolization efforts kickbacks and or inducements for Medicaid Referrals.pdf	0	Complaint Description
	04.23.2023 Subject Urgent Request to Cease Activities Beyond Waiver Program Scope and Ensure Consumer Safety.pdf	0	Complaint Description
	12.01.2022 RE This appears to be a corruption of decision making patient steering unfair competition monopolization efforts kickbacks	0	Complaint Description

and or inducements for Medicaid Referrals..pdf		
12 08 2022 (2).docx	0	Complaint Description

Submission ID: 828636

Success!

Your FOIA request has been created and is being sent to the Center for Medicare and Medicaid Services.

You'll hear back from the agency confirming receipt in the coming weeks using the contact information you provided. If you have questions about your request, feel free to reach out to the agency FOIA personnel using the information provided below.

Contact the agency

Hugh Gilmore, FOIA Officer
410-786-5353
hugh.gilmore@cms.hhs.gov

FOIA Requester Service Center
410-786-5353

Joseph Tripline, FOIA Public Liaison
410-786-5353
joseph.tripline@cms.hhs.gov

Hugh Gilmore, FOIA Officer, North Building, Room C5-11-06
7500 Security Boulevard
Baltimore, MD 21244
FOIA_Request@cms.hhs.gov

Request summary

Request submitted on**August 24, 2023**.

The confirmation ID for your request is **828636**.

The confirmation ID is only for identifying your request on FOIA.gov and acts as a receipt to show that you submitted a request using FOIA.gov. This number does not replace the

information you'll receive from the agency to track your request. In case there is an issue submitting your request to the agency you selected, you can use this number to help.

Contact information

Name
David Medeiros

Mailing address
39 Kings Highway, STE C
STE C
Gales Ferry, CT 06335
United States

Phone number
860 463-3638

Company/organization
ABI Resources

Email
aabiwr@live.com

Your request

08/24/2023 Subject: Freedom of Information Request | Connecticut Medicaid Programs. Under the Connecticut Freedom of Information Act § 1-200 et seq., I am requesting access to and copies of records pertaining to: a) All FOIA or Connecticut Freedom of Information requests submitted in relation to the Connecticut Medicaid ABI Waiver Program from [Date 5 years ago] to [Today's Date]. b) The results and details of each of these requests, including any correspondence, responses, documents, data, or other materials provided to the requestors. c) All FOIA or Connecticut Freedom of Information requests submitted in relation to the Money Follows the Person program from [Date 5 years ago] to [Today's Date]. d) The results and details of each of these requests, including any correspondence, responses, documents, data, or other materials provided to the requestors. If any portion of my request is denied or exempt from release, please specify the reason for the denial or exemption under Connecticut law and release any segregable portions that are not exempt. If there are fees associated with this request, please inform me of the total charges in advance of fulfilling the request. If the cost exceeds [$500], please provide a detailed itemization of the charges and contact me to further discuss the request. Thank you for considering my request. I look forward to your prompt response. If you have any questions or need clarification, you can reach me at Aabiwr@live.com. Sincerely, David Medeiros

Fees

What type of requester are you?
media

Fee waiver

no

Request expedited processing

Expedited processing
yes

Justification for expedited processing
I am writing to formally request expedited processing for my Freedom of Information Act request. I believe that my request meets the criteria for expedited processing due to the compelling reasons outlined below: a) Urgency to Inform the Public: The requested information is urgently needed in order to inform the public about an actual or alleged federal government activity. Delay in processing this request could deprive the public of vital information at a crucial time. b) Imminent Threat to Life or Physical Safety: Delay in processing this request could compromise the safety and well-being of individuals with compromised health and living conditions. c) Loss of Substantial Due Process Rights: Immediate processing is necessary to ensure that I, or other affected parties, do not lose substantial rights. This information will be used for an upcoming hearing or decision-making process that would be impacted by a delay. Expiry of a Fixed Period: The matter at hand is time-sensitive due to an upcoming legal deadline and/or an event which the requested information pertains to. A delay could result in missed opportunities or significant complications. Given the aforementioned reasons, I believe that the standard processing time would jeopardize the value and relevance of the information or action I seek. I kindly urge you to consider this request for expedited processing and acknowledge the immediate nature of my application/request. Thank you for your attention to this matter, and I appreciate your prompt consideration of my request. Sincerely, David Medeiros ABI Resources

Submission ID: 828656

Success!

Your FOIA request has been created and is being sent to the Center for Medicare and Medicaid Services.

You'll hear back from the agency confirming receipt in the coming weeks using the contact information you provided. If you have questions about your request, feel free to reach out to the agency FOIA personnel using the information provided below.

Contact the agency

Hugh Gilmore, FOIA Officer
410-786-5353
hugh.gilmore@cms.hhs.gov

FOIA Requester Service Center
410-786-5353

Joseph Tripline, FOIA Public Liaison
410-786-5353
joseph.tripline@cms.hhs.gov

Hugh Gilmore, FOIA Officer, North Building, Room C5-11-06
7500 Security Boulevard
Baltimore, MD 21244
FOIA_Request@cms.hhs.gov

Request summary

Request submitted on**August 24, 2023**.

The confirmation ID for your request is **828656**.

The confirmation ID is only for identifying your request on FOIA.gov and acts as a receipt to show that you submitted a request using FOIA.gov. This number does not replace the

information you'll receive from the agency to track your request. In case there is an issue submitting your request to the agency you selected, you can use this number to help.

Contact information

Name
DAVID MEDEIROS

Mailing address
39 Kings Highway, STE C
Gales Ferry, CT 06335
United States

Phone number
8604633638

Company/organization
ABI RESOURCES LLC

Email
davidmedeiros@live.com

Your request

Subject: Freedom of Information Act Request Dear FOIA Officer, Pursuant to the federal Freedom of Information Act, 5 U.S.C. § 552, I am requesting access to and copies of records from your office. Specifically, I seek records regarding: a) All complaints submitted to the U.S. Department of Health and Human Services, Office for Civil Rights, related to the Connecticut Medicaid ABI (Acquired Brain Injury) Waiver Program over the past five years. b) All complaints submitted to the U.S. Department of Health and Human Services, Office for Civil Rights, in relation to the Money Follows the Person program in Connecticut over the past five years. c) The results and detailed outcomes of each of these complaints. If any of the requested records contain exempt information, please redact that information and provide me with the remaining, non-exempt information. Please inform me of any fees in advance of fulfilling my request. If possible, I would like to receive the records in electronic format. If my request is denied in whole or in part, or specific items within the records are denied, please justify all deletions by reference to specific exemptions of the act. Notify me of appeal procedures available under the law. I would appreciate a response in writing within the 20 business days, as specified by the Act, confirming receipt of this request. Thank you for your attention to this matter. Sincerely, David Medeiros ABI Resources

Fees

What type of requester are you?
media

Fee waiver
no

Request expedited processing

Expedited processing
yes

Justification for expedited processing
Justification for expedited processing I am writing to formally request expedited processing for my Freedom of Information Act request. I believe that my request meets the criteria for expedited processing due to the compelling reasons outlined below: a) Urgency to Inform the Public: The requested information is urgently need in order to inform the public about an actual or alleged federal government activity. Delay in processing this request could deprive the public of vital information at a crucial time. b) Imminent Threat to Life or Physical Safety: Delay in processing this request could compromise the safety an well-being of individuals with compromised health and living conditions. c) Loss of Substantial Due Process Rights: Immediate processing is necessary to ensure that I, or other affected parties, do not lose substantial rights. This information will be used for an upcoming hearing or decision-making process that would be impacted by a delay. Expiry of a Fixed Period: The matter at hand is time-sensitive due to an upcoming le deadline and/or an event which the requested information pertains to. A delay could result in missed opportunities or significant complications. Given the aforementioned reasons, I believe that the standard processing time would jeopardize the value and relevance of the information or action I seek. I kindly urge you to consider this request for expedited processing and acknowledge the immediate nature of my application/reque Thank you for your attention to this matter, and I appreciate your prompt consideration of my request. Sincerely, David Medeiros ABI Resources

Submission ID: 874481

Success!

Your FOIA request has been created and is being sent to the Center for Medicare and Medicaid Services.

You'll hear back from the agency confirming receipt in the coming weeks using the contact information you provided. If you have questions about your request, feel free to reach out to the agency FOIA personnel using the information provided below.

Contact the agency

Hugh Gilmore, FOIA Officer
410-786-5353
hugh.gilmore@cms.hhs.gov

FOIA Requester Service Center
410-786-5353

Joseph Tripline, FOIA Public Liaison
410-786-5353
joseph.tripline@cms.hhs.gov

Hugh Gilmore, FOIA Officer, North Building, Room C5-11-06
7500 Security Boulevard
Baltimore, MD 21244
FOIA_Request@cms.hhs.gov

Request summary

Request submitted on**September 26, 2023**.

The confirmation ID for your request is **874481**.

The confirmation ID is only for identifying your request on FOIA.gov and acts as a receipt to show that you submitted a request using FOIA.gov. This number does not replace the