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A.B.I. RESOURCES

CT DSS FOIA request 11/07/2022.

Medicaid Programs.

To the Connecticut Department of Social Services, DSS Legal, and FOIA request departments. In reference to Medicaid funding of ABI Waiver programs I and II, and MFP, Money Follows the Person program.

Medicaid FOIA request: Current Medicaid funding service information pertaining to November 7, 2022.

1. What is the total number of Medicaid ABI Waiver programs I and II, and MFP Money follows the Person program consumers mutually served by The Supported Living Group Inc and Connecticut Community Care Inc?

2. What is the total number of Medicaid ABI Waiver programs I and II, and MFP Money follows the Person program consumers mutually served by The Supported Living Group Inc and SWCAA Southwestern Connecticut Area on Ageing?

3. What is the total number of Medicaid ABI Waiver programs I and II, and MFP Money follows the Person program consumers mutually served by The Supported Living Group Inc and WCAAA Western Connecticut Area on Aging?

4. What is the total number of Medicaid ABI Waiver programs I and II, and MFP Money follows the Person program consumers mutually served by The Supported Living Group Inc and Area on Aging South Central Connecticut?

Best regards,
David Medeiros
David Medeiros CBIS
Brain Injury Survivor and
Founder of
ABI Resources, LLC

A.B.I. RESOURCES HEALTHCARE PROFESSIONAL
7613

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1) **Who:**
   a) Medicaid Consumers, possibly 50 or more consumers.
   b) The Connecticut Department of Social Services CT DSS,
   c) Medicaid Care Management Agencies and
   d) The Medicaid agency provider, The Supported Living Group LLC
      (a) Multiple Medicaid Home-based and community services.
      (b) Medicaid-funded Medical/Therapeutic Cognitive Behavioral services.

2) **What:**

   Federal Medicaid Funded Programs. Multiple Medicaid home-based and community services, Medicaid Funded Therapy for each Brain Injury Program.
   a) ABI Waiver Program l and ll and,
   b) The Money Follows the Person Program, MFP.
   c) Multiple Medicaid-funded home-based and community services.
   d) Medicaid-funded therapeutic behavioral services.
   e) The total number of agencies on the CT DSS Medicaid Approved Provider List.
   f) The total number of these Medicaid consumers on the above brain injury programs.
   g) The total number of these Medicaid consumers currently with The Supported Living Group LLC. The time frame of Medicaid referrals.
   h) The total amount of Medicaid referrals made to The Supported Living Group LLC by CT DSS Care Management.
      (a) For both Medicaid Home-based services, as well as,
      (b) Medicaid Therapy services.

2) How:
   a) Corruption of medical decision-making, patient steering, unfair competition, monopolization efforts, kickbacks, or inducements for referrals.
   b) CT DSS care management appears to be funneling Medicaid Referrals to the Supported Living Group LLC exclusively and not using the CT DSS Medicaid approved agency provider list. Excluding hundreds of approved Medicaid Agencies and using what may appear to be a referral kickback process.
   c) Undocumented verbal authorizations, Using the Medicaid Consumer's disabilities to manipulate and mislead.
   d) The Medicaid Consumers' urgent need for financial support to recover at home, the family's need to return to work, and the Medicaid Consumer's economic desperation.
   e) Some Medicaid consumers appear to be forced to use housing dictated by the Supported Living Group.
   f) Some Medicaid Consumers appear to be paid stipends from The Supported Living Group.
   g) CT DSS care management is making medical therapeutic Medicaid Referrals to The Supported Living Group for Medicaid home-based services as well as Cognitive Behavioral Therapy services. The Supported Living Group therapist dictates the amount of Medicaid funding services each consumer requires then the Supported Living Group provides these Medicaid-funded home-based services.
   h) The Supported Living Group’s Medicaid home-based service providers then provide the need for more Medicaid Therapeutic services in what appears to be a conflict of interests and kickback system.

Why:

- Monetary gain.

The Connecticut Department of Social Services may appear to be manipulating Medicaid Consumers recovering from brain injuries for financial gain. CT DSS may be using the Medicaid Consumer's disabilities against them. CT DSS may appear to be using a complete lack of knowledge, a crafted complex information system, desperation, time constraints, compromised communication skills, memory challenges, and cognition disabilities. CT DSS care management may appear to be fostering and praying on disabled Medicaid consumers' lack of informed knowledge and awareness of the rights and policies of their personal Medicaid service programs. CT DSS care management has and continues to arrange and assign Medicaid referrals to The Supported Living Group LLC to Medicaid consumers forcing, misleading, and tricking the unaware into using the Medicaid services of the Supported Living Group LLC exclusively.

CT DSS care management first provides the Medicaid program consumers Medicaid referral to the Supported Living Group LLC with the Medicaid consumer's information. Secondly, CT DSS care management informs Medicaid consumers when home Medicaid services will begin through The Supported Living Group LLC. The Medicaid referral process may appear to be completed verbally, mostly over phone calls, leaving the Medicaid Consumer at the will of CT DSS care management directives and conversation time constraints. During this process, the Medicaid Consumer may appear not to be made aware of the DSS-approved Medicaid agency provider list and that there are numerous Medicaid-approved agencies to select. In most cases, CT DSS care management specifies and dictates the Medicaid referral to The Supported living group LLC to the Medicaid Consumer. Suppose by chance, during the Medicaid referral process; the Medicaid Consumer independently discovers they have more Medicaid agency options. In that case, CT DSS care management verbally explains that the DSS-approved Medicaid provider list may appear outdated.

The Connecticut Department of Social Services may appear to be violating the policies of the Medicaid MFP Money Follows the Person Program and the Medicaid ABI Waiver Programs l and ll. Medicaid consumers are told the Supported living Group LLC is the agency provider of Medicaid Services.

a) It may appear that CT DSS care management is benefiting financially from a kickback system of Medicaid referrals.
b) CT DSS care management may appear to be masking Medicaid program information from Medicaid consumers.
c) CT DSS care management may appear to be misleading Medicaid consumers and complicating their ability to make informed decisions.
d) CT DSS care management may force Medicaid consumers to make quick decisions before they can research, discover, and invoke their rights.
e) CT DSS care management may appear to monopolize on time frames, expecting Medicaid consumers to know and understand their rights under the Medicaid program and to advocate for their Medicaid services.
f) CT DSS care management may appear to be the only Medicaid program information source permitted to communicate with Medicaid consumers about their Medicaid services. Medicaid

Agency-provided verbal information or communication about Medicaid services may not be allowed. CT DSS refers to this communication as a manipulation of the care management process.

g) CT DSS care management may appear to retaliate against Medicaid agency providers communicating with Medicaid consumers about Medicaid services.
h) CT DSS makes it clear to Medicaid agencies that any effort by a Medicaid agency provider to inform Medicaid consumers of their rights or by showing Medicaid Consumers where to locate information about Medicaid services may result in the possible removal of that Medicaid agency from CT DSS Medicaid-managed programs as well as threats of DSS audits.
i) CT DSS care management may appear to have and continues to be funneling directly to, promoting, and referring The Supported Living Group LLC's Medicaid services.
j) CT DSS care management directly provides Medicaid Consumer program referrals to the Supported Living Group LLC. Due to what appears to be a kickback system, the Supported Living Group LLC has swiftly become the largest Medicaid MFP and ABI Waiver I and II agency provider in Connecticut.
k) CT DSS care management gives little or no attention to reports of manipulations or kickbacks.
l) CT DSS care management ignores reported concerns.
m) CT DSS and Medicaid care management agencies hide the Medicaid-approved agency provider list from Medicaid consumers' awareness, using complex conversations and misleading website processes.
n) The CT DSS' Medicaid Approved provider list appears intentionally biased and manipulated to benefit CT DSS' care management operation costs and The Supported Living Group LLC, not the Medicaid consumer.
o) CT DSS fosters a complex online self-discovery method to confuse and frustrate Medicaid consumers to follow their instructions.
p) CT DSS uses a covert internet-based lock and key system to hinder disabled Medicaid consumers from viewing the approved Medicaid agency provider list. What may appear to be using disability against the Medicaid consumer and knowing that trusting Medicaid Consumers cannot ask for what they do not know exists. The ability of Medicaid consumers to make informed decisions about their Medicaid service provider choices may appear hidden from them. This manipulation enforces the Kickback referral system.
q) CT DSS will not allow the approved Medicaid Provider List to be openly public.
r) CT DSS care management may appear to be using the Medicaid Consumers' disabilities against them to achieve the kickback agenda using verbal authorizations versus documented communication to hide their actions and avoid a paper trail. To seal the deal, Medicaid consumers must sign Medicaid program contracts quickly before careful review.
s) The CT DSS' approved Medicaid agency provider list may appear presented to confuse, frustrate, and manipulate Medicaid consumers' decision-making process in a grooming-like effort to support and enforce the Medicaid kickback referral process.
t) CT DSS care management actively lists and promotes the Supported living Group LLC's contact information more than four times on the Medicaid-approved agency provider list.
u) CT DSS care management displays valuable artwork in their offices. This art is a promotional tool to advertise to Medicaid consumers within their offices consistently. The Supported Living Group LLC provides the art.

v) CT DSS care management uses The Supported living Group LLC's art for website advertising and internet-based social media sites promoting The Supported Living Group LLC's Medicaid Services and their Care Management services.
w) CT DSS care management agencies benefit financially by reducing the number of Care Managers needed and reducing the operating costs of their time and effort. CT DSS's benefits include one place to contact and one location to have multiple required meetings on the same day. CT DSS care managers want to refrain from speaking with various agency providers.
x) CT DSS uses requests and directives from people, not Medicaid consumers or legal conservators, to their vantage.
y) CT DSS care management has and is making additional Medicaid referrals forcing The Supported Living Groups' Medicaid Therapist on Medicaid consumers.
z) The number of consumers on the program versus the number of clients The Supported Living Group serves may appear grossly disproportionate to the number of approved Medicaid agency service providers.
aa) CT DSS may appear to be purposely not collecting or hiding Medicaid data to manipulate FOIA requests. Information such as the number of Medicaid Consumers who receive Medicaid services from The Supported Living Group LLC.
bb) What is the total number of CT DSS-approved Medicaid agency providers on the CT DSS Approved Provider List?
cc) What is the total number of Medicaid consumers receiving MFP and ABI waiver services?
dd) What number of Medicaid referrals has The Supported Living Group received from CT DSS care management? What number of Medicaid Referrals have been made to the Supported Living Group LLC?
ee) What is the total number of Medicaid consumers receiving Medicaid services from The Supported Living Group LLC?
ff) What is the total number of CT DSS care management Medicaid referrals from the Supported Living Group LLC?
gg) What is the total amount of Medicaid funding billed between The Supported Living Group LLC and CT DSS care management agencies?
hh) CT DSS care management is dictating Medicaid Referrals to the Supported Living Group LLC and excluding hundreds of approved Medicaid Agencies.
ii) The Supported Living Group or its owners may force Medicaid consumers to live in apartments owned by the company president or people with mutual financial benefits. These Medicaid consumers use Federal Social Security disability funds to pay the rent. If these Medicaid Consumers wish to change Medicaid agency providers, they may also lose their apartments. This is a manipulated complex effort to force Medicaid consumers to avoid terminating Medicaid relationships.
jj) The Supported Living Group LLC may have a covert and active stipend system to pay Medicaid consumers. This type of financial relationship with Medicaid Consumers forces the Medicaid consumer to stay with a Medicaid provider that is paying them.
kk) The Supported Living Group LLC Director of Clinical Services Doctor provides Medicaid-paid Cognitive Behavioral Therapy to the same Medicaid Consumers receiving Medicaid home-based services from the same agency. The Therapist dictates the home-based Medicaid services needed. The Medicaid home-based providers report the need for more Medicaid CBT services.

This back-and-forth process increasingly provides more Medicaid-paid services and CT DSS care management Medicaid services needed and paid. The Supported Living Group dictates the need for Medicaid service funding and receives the Medicaid services funding. This kickback system dictates the type of Medicaid Services and the amount of Medicaid services that must be used by the Medicaid Consumer.

Fraud relating to Social Security. Contact Social Security Administration OIG

CT DSS Care management agencies are pressuring consumers verbally during quarterly Medicaid-required Team Meetings to switch Medicaid agencies to the Supported Living Group LLC for home-based services.

CT DSS Care management agencies are pressuring consumers verbally during quarterly Medicaid-required Team Meetings to Medicaid agencies to the Supported Living Group LLC for Medicaid Funded Therapy services.

Care managers have and continue to take covert actions by consistently calling Medicaid Consumers, pressuring them to change agencies to the Supported Living Group.

Care Managers are violating Medicaid program polices and intentionally not informing or investigating Medicaid agency providers about concerns.

Who:

- Medicaid Consumers,
- The Connecticut Department of Social Services CT DSS,
- Medicaid Care Management Agencies and,
- The Medicaid agency provider The Supported Living Group LLC.

What: Federal Medicaid Programs.

- ABI Waiver Program l and ll and,
- The Money Follows the Person Program, MFP.

How:

- Corruption of medical decision-making, patient steering, and unfair competition monopolization efforts.
- CT DSS care management is providing Medicaid Referrals to the Supported Living Group LLC exclusively, excluding hundreds of approved Medicaid Agencies and using what may appear to be a referral kickback process.
- Undocumented verbal authorizations, Using the Medicaid Consumer's disabilities to manipulate and mislead.
- The Medicaid Consumers' urgent need for financial support to recover at home, the family's need to return to work, and the Medicaid Consumer's economic desperation.
- Some Medicaid consumers appear to be forced to use housing dictated by the Supported Living Group.
- Some Medicaid Consumers appear to be paid stipends from The Supported Living Group.
- CT DSS care management is making medical therapeutic Medicaid Referrals to The Supported Living Group for Medicaid home-based services as well as Cognitive Behavioral Therapy services. The agency, in return, dictates the amount of Medicaid Funding services needed and provided by the Supported Living Group.

Why:

- Monetary gain.

The Connecticut Department of Social Services may appear to be manipulating Medicaid Consumers recovering from brain injuries for financial gain. CT DSS may be using the Medicaid Consumer's disabilities against them. CT DSS may appear to be using a complete lack of knowledge, a crafted complex information system, desperation, time constraints, compromised communication skills, memory challenges, and cognition disabilities. CT DSS care management may appear to be fostering and praying on disabled Medicaid consumers' lack of informed knowledge and awareness of the rights and policies of their personal Medicaid service programs. CT DSS care management has and continues to arrange and assign Medicaid referrals to The Supported Living Group LLC to Medicaid consumers forcing, misleading, and tricking the unaware into using the Medicaid services of the Supported Living Group LLC exclusively.

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management informs Medicaid consumers when home Medicaid services will begin through The Supported Living Group LLC. The Medicaid referral process may appear to be completed verbally, mostly over phone calls, leaving the Medicaid Consumer at the will of CT DSS care management directives and conversation time constraints. During this process, the Medicaid Consumer may appear not to be made aware of the DSS-approved Medicaid agency provider list and that there are numerous Medicaid-approved agencies to select. In most cases, CT DSS care management specifies and dictates the Medicaid referral to The Supported living group LLC to the Medicaid Consumer. Suppose by chance, during the Medicaid referral process; the Medicaid Consumer independently discovers they have more Medicaid agency options. In that case, CT DSS care management verbally explains that the DSS-approved Medicaid provider list may appear outdated.

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j) CT DSS care management directly provides Medicaid Consumer program referrals to the Supported Living Group LLC. Due to what appears to be a kickback system, the Supported Living Group LLC has swiftly become the largest Medicaid MFP and ABI Waiver I and II agency provider in Connecticut.
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o) CT DSS fosters a complex online self-discovery method to confuse and frustrate Medicaid consumers to follow their instructions.
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z) The number of consumers on the program versus the number of clients The Supported Living Group serves may appear grossly disproportionate to the number of approved Medicaid agency service providers.
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bb) What is the total number of CT DSS-approved Medicaid agency providers on the CT DSS Approved Provider List?
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kk) The Supported Living Group LLC Director of Clinical Services Doctor provides Medicaid-paid Cognitive Behavioral Therapy to the same Medicaid Consumers receiving Medicaid home-based services from the same agency. The Therapist dictates the home-based Medicaid services needed. The Medicaid home-based providers report the need for more Medicaid CBT services. This back-and-forth process increasingly provides more Medicaid-paid services and CT DSS care management Medicaid services needed and paid. The Supported Living Group dictates the need for Medicaid service funding and receives the Medicaid services funding. This kickback system dictates the type of Medicaid Services and the amount of Medicaid services that must be used by the Medicaid Consumer.

ABI Resources

39 Kings Hwy STE C

Gales Ferry, CT. 06335

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12/06/2021

Medicaid Programs / Connecticut Department of Social Services Freedom of Information Act FOIA request.

Would the department please provide the price for the processing of this data in a digital pdf format?

Please provide Medicaid Program specific data for each of the following Medicaid Programs:

- ABI Waiver Program 1
- ABI Waiver Program 2
- MFP Money Follows the Person Program
- PCA Waiver program

For years:

- 2018
- 2019
- 2020
- 2021

For services:

- ILST
- COMPANION
- RA1
- RA2
- PCA

For counties:

- Fairfield
- Hartford
- Litchfield
- Middlesex
- New Haven
- New London
- Tolland
- Windham

County Name	**Per county, What number of people have <u>applied</u> for each Medicaid program per year?**															
	ABI WAIVER 1				ABI WAIVER 2				MFP				PCA WAIVER			
	2018	2019	2020	2021	2018	2019	2020	2021	2018	2019	2020	2021	2018	2019	2020	2021
Fairfield	0	0	0	0												
Hartford	0	0	0	0												
Litchfield	0	0	0	0												
Middlesex	0	0	0	0												
New Haven	0	0	0	0												
New London	0	0	0	0												
Tolland	0	0	0	0												
Windham	0	0	0	0												

County Name	**Per county, what number of people have been <u>approved</u> for each Medicaid programs per year?**															
	ABI WAVIER 1				ABI WAVIER 2				MFP				PCA WAIVER			
	2018	2019	2020	2021	2018	2019	2020	2021	2018	2019	2020	2021	2018	2019	2020	2021
Fairfield	0	0	0	0												
Hartford	0	0	0	0												
Litchfield	0	0	0	0												
Middlesex	0	0	0	0												
New Haven	0	0	0	0												
New London	0	0	0	0												
Tolland	0	0	0	0												
Windham	0	0	0	0												

What is the average Medicaid program consumer's wait list period to start Medicaid program services for each program?

When approved for the MFP, what is the average time period for home-based services to actively start?

County Name	**Per county, what number of people received services for each Medicaid program per year?**															
	ABI WAVIER 1				ABI WAVIER 2				MFP				PCA WAIVER			
	2018	2019	2020	2021	2018	2019	2020	2021	2018	2019	2020	2021	2018	2019	2020	2021
Fairfield																
Hartford																
Litchfield																
Middlesex																
New Haven																
New London																
Tolland																
Windham																

County Name	**Per county, what is the total number of Medicaid program consumers on each Medicaid program?**															
	ABI WAVIER 1				ABI WAVIER 2				MFP				PCA WAIVER			
	2018	2019	2020	2021	2018	2019	2020	2021	2018	2019	2020	2021	2018	2019	2020	2021
Fairfield																
Hartford																
Litchfield																
Middlesex																
New Haven																
New London																
Tolland																
Windham																

Since 2018, What number of Medicaid program consumers transitioned from Medicaid Programs ABI Waiver 1 too ABI Waiver 2?

County Name	**What is the total number Medicaid program service <u>hours</u> billed per year, for each Medicaid program, for the following services?**															
	ABI WAVIER 1				ABI WAVIER 2				MFP				PCA WAIVER			
	2018	2019	2020	2021	2018	2019	2020	2021	2018	2019	2020	2021	2018	2019	2020	2021
ILST																
COMPANION																
RA1																
RA2																
PCA																

What is the total number of Medicaid approved agency providers?

What are the names of the ten largest Medicaid approved agency providers providing ILST, companion, RA1, RA2 and or PCA services for each of the 4 Medicaid programs?

Ten Largest Approved Agency Provider Names	**What is the total number of Medicaid program consumers served per Agency / Program / Year?**															
	ABI WAVIER 1				ABI WAVIER 2				MFP				PCA WAIVER			
	2018	2019	2020	2021	2018	2019	2020	2021	2018	2019	2020	2021	2018	2019	2020	2021
1																
2																
3																
4																
5																
6																
7																
8																
9																
10																

Ten Largest Approved Agency Provider Names	**What is the total number of Medicaid program consumer referrals received per Agency / Program / Year?** **What number of Medicaid program referrals went to each of the ten largest agency providers individually?**															
	ABI WAVIER 1				ABI WAVIER 2				MFP				PCA WAIVER			
	2018	2019	2020	2021	2018	2019	2020	2021	2018	2019	2020	2021	2018	2019	2020	2021
1																
2																
3																
4																
5																
6																
7																
8																
9																
10																

<u>Care management access agencies.</u>

What are the names of the care management access agencies for each of the 4 Medicaid programs?

What care management access agencies make Medicaid program service referrals, for each program?

What are the care management access agencies Medicaid program approved agency provider referral protocols for each program?

What is the title and qualification requirements for care management access agency employees assigned to the Medicaid approved agency provider referral process for each program?

What is the total number of specific Medicaid program referrals made by each care management access agency employee individually?

Example:

- Employee A
- Number of Referrals
- Per Year
- What Medicaid program approved agency provider received the referral?

Do any care management access agencies use software generated Medicaid program agency provider referral systems? If so, please provide the name of the access agency and the software referral system used.

Does Connecticut permit care management access agency's use of software that generates Medicaid agency provider referrals for Medicaid programs?

How does Connecticut ensure Medicaid program referral protocols are adhered to?

Care Management Access Agency Name	**What is Total number of Medicaid program referrals made per Agency / Program / Year?**															
	ABI WAVIER 1				ABI WAVIER 2				MFP				PCA WAIVER			
	2018	2019	2020	2021	2018	2019	2020	2021	2018	2019	2020	2021	2018	2019	2020	2021
1																
2																
3																
4																
5																
6																
7																
8																
9																
10																

When the approved agency provider Goodwill, stopped providing services for the ABI Waiver Program, what number of Medicaid program consumers transitioned to different Medicaid program agency providers?

What care management access agencies were involved in the referral process?

What care management access agency referral protocols were administered?

Did DSS ensure protocols were followed?

Has DSS received complaints or concerns about these referrals? If so would the Department please provide these complaints and concerns?

What Medicaid program agency providers received care management access agency referrals?

What number of Medicaid program consumers went to each approved agency provider?

David Medeiros

215 Mountain St.

Willimantic CT. 06226

David.M@ctbraininjury.com

860 463-3638

Please keep my personal information confidential. I will speak with and aid your department to provide more clarity. I may be a valuable resource as I have had the unique experience of being a provider for Medicaid programs since they began in 1998 and as a survivor of TBI. I have significant concerns about whistleblower retaliation against me personally and the agency I am the founder of, ABI Resources LLC.

11/28/2022

Who:

Medicaid Consumers, possibly 50 or more Consumers.

The Connecticut Department of Social Services CT DSS,

Medicaid Care Management Agencies and

The Medicaid agency provider, The Supported Living Group LLC

What:

Federal Medicaid Funded Programs. Multiple Medicaid-Funded home-based and community services and Medicaid Funded Therapy for each Brain Injury Program.

CT Acquired Brain Injury (ABI) Waiver (0302.R05.00),

CT ABI Waiver II (1085.R01.00) and,

The Money Follows the Person Program, MFP.

Multiple Medicaid-funded home-based and community services.

Medicaid-funded therapeutic behavioral services.

The total number of agencies on the CT DSS Medicaid Approved Agency Provider List.

The total number of these Medicaid Consumers on the above brain injury programs.

The total number of these Medicaid Consumers currently with The Supported Living Group LLC. The period of Medicaid Referrals.

CT DSS Care Management made the total amount of Medicaid Referrals to The Supported Living Group LLC.

For both Medicaid Home-based services, as well as,

Medicaid Therapy services.

How:

Corruption of medical decision-making, patient steering, unfair competition, monopolization efforts, kickbacks, or inducements for Referrals.

CT DSS care management appears to be funneling Medicaid Referrals to the Supported Living Group LLC exclusively and not using the CT DSS Medicaid approved agency provider list. Excluding hundreds of approved Medicaid Agencies and using what may appear to be a referral kickback process.

Undocumented verbal authorizations, Using the Medicaid Consumer's disabilities to manipulate and mislead.

The Medicaid Consumers' urgent need for financial support to recover at home, the family's need to return to work, and the Medicaid Consumer's economic desperation.

CT DSS care management is making medical therapeutic Medicaid Referrals to The Supported Living Group LLC for Medicaid home-based services and Cognitive Behavioral Therapy services. The Supported Living Group LLC therapist dictates the amount of Medicaid funding services each Consumer requires then the Supported Living Group LLC provides these Medicaid-funded home-based services.

The Supported Living Group LLC LLC's Medicaid home-based service providers then provide the need for more Medicaid Therapeutic services in what appears to be a conflict of interests and kickback system.

Why:

CT DSS care management agencies benefit financially by reducing the number of Care Managers needed and reducing the operating costs of their time and effort. CT DSS's benefits include one place to contact and one location to have multiple required meetings on the same day. CT DSS care managers want to refrain from speaking with various agency providers.

Consumers have the right to choose their Medicaid providers. Consumers can select multiple Medicaid providers for their home-based and community services. CT DSS care management is steering Medicaid-Funded program services and Medicaid Consumers to the Supported Living Group to reduce the CT DSS care management workload. Violating the Medicaid Consumers' right to choose.

The Supported Living Group LLC appears to receive payment from Medicaid Consumers for housing, Medicaid Funded home-based services, and Medicaid-funded Therapeutic services. This arrangement traps the Medicaid consumer into services and contractual relationships.

Some Medicaid Consumers may appear to be paid stipends from The Supported Living Group LLC to trap the Medicaid consumer into services and contractual relationships.

Monetary gain.

Time and ease of care management operations.

Reduced care management operating costs.

The Connecticut Department of Social Services may appear to be manipulating Medicaid Consumers recovering from brain injuries for financial gain. CT DSS may be using the Medicaid Consumer's disabilities against them. CT DSS may appear to be using a complete lack of knowledge, a crafted complex information system, desperation, time constraints, compromised communication skills, memory challenges, and cognition disabilities. CT DSS care management may appear to be fostering and praying on disabled Medicaid Consumers' lack of informed knowledge and awareness of the rights and policies of their personal Medicaid service programs. CT DSS care management has and continues to arrange and assign Medicaid Referrals to The Supported Living Group LLC to Medicaid Consumers forcing, misleading, and tricking the unaware into using the Medicaid services of the Supported Living Group LLC exclusively.

CT DSS care management first provides the Medicaid program Consumers Medicaid referral to the Supported Living Group LLC with the Medicaid Consumer's information. Secondly, CT DSS care management informs Medicaid Consumers when home Medicaid services will begin through The Supported Living Group LLC. The Medicaid referral process may appear to be completed verbally, mostly over phone calls, leaving the Medicaid Consumer at the will of CT DSS care management directives and conversation time constraints. During this process, the Medicaid Consumer may appear not to be made aware of the DSS-approved Medicaid agency provider list and that there are numerous Medicaid-approved agencies to select. In most cases, CT DSS care management specifies and dictates the Medicaid referral to The Supported living Group LLC to the Medicaid Consumer. Suppose by chance, during the Medicaid referral process; the Medicaid Consumer independently discovers they have more Medicaid agency options. In that case, CT DSS care management verbally explains that the DSS-approved Medicaid provider list may appear outdated.

The Connecticut Department of Social Services may appear to be violating the policies of the Medicaid MFP Money Follows the Person Program and the Medicaid ABI Waiver Programs l and ll. Medicaid Consumers are told the Supported living Group LLC is the agency provider of Medicaid Services.

CT DSS fosters a complex online self-discovery method to confuse and frustrate Medicaid Consumers to follow their instructions.

CT DSS and Medicaid care management agencies hide the Medicaid-approved agency provider list from Medicaid Consumers' awareness, using complex conversations and misleading website processes.

CT DSS will not allow the approved Medicaid Provider List to be openly public.

The CT DSS' Medicaid Approved provider list appears intentionally biased and manipulated to benefit CT DSS' care management operation costs and The Supported Living Group LLC, not the Medicaid Consumer.

CT DSS uses a covert internet-based lock and key system to hinder disabled Medicaid Consumers from viewing the approved Medicaid agency provider list. What may appear to be using disability against the Medicaid Consumer and knowing that trusting Medicaid Consumers cannot ask for what they do not know exists. The ability of Medicaid Consumers to make informed decisions about their Medicaid service provider choices may appear hidden from them. This manipulation enforces the Kickback referral system.

The CT DSS' approved Medicaid agency provider list may appear presented to confuse, frustrate, and manipulate Medicaid Consumers' decision-making process in a grooming-like effort to support and enforce the Medicaid kickback referral process.

CT DSS care management actively lists and promotes the Supported living Group LLC LLC's contact information more than four times on the Medicaid-approved agency provider list.

It may appear that CT DSS care management is benefiting financially from a kickback system of Medicaid Referrals.

CT DSS care management may appear to be masking Medicaid program information from Medicaid Consumers.

CT DSS care management may appear to be misleading Medicaid Consumers and complicating their ability to make informed decisions.

CT DSS care management may force Medicaid Consumers to make quick decisions before they can research, discover, and invoke their rights.

CT DSS care management may appear to monopolize on time frames, expecting Medicaid Consumers to know and understand their rights under the Medicaid program and to advocate for their Medicaid services.

CT DSS care management may appear to be the only Medicaid program information source permitted to communicate with Medicaid Consumers about their Medicaid services. Medicaid Agency-provided verbal information or communication about Medicaid services may not be allowed. CT DSS refers to this communication as a manipulation of the care management process.

CT DSS care management may appear to retaliate against Medicaid agency providers communicating with Medicaid Consumers about Medicaid services.

CT DSS makes it clear to Medicaid agencies that any effort by a Medicaid agency provider to inform Medicaid Consumers of their rights or by showing Medicaid Consumers where to locate information about Medicaid services may result in the possible removal of that Medicaid agency from CT DSS Medicaid-managed programs as well as threats of DSS audits.

CT DSS care management may appear to have and continues to be funneling directly to, promoting, and referring The Supported Living Group LLC's Medicaid services.

CT DSS care management directly provides Medicaid Consumer program Referrals to the Supported Living Group LLC. Due to what appears to be a kickback system, the Supported Living Group LLC has swiftly become the largest Medicaid MFP and ABI Waiver I and II agency provider in Connecticut.

CT DSS care management gives little or no attention to reports of manipulations or kickbacks.

CT DSS care management ignores reported concerns.

CT DSS care management displays The Supported Living Groups' valuable artwork in their offices. This art is a promotional tool to advertise to Medicaid Consumers within their offices consistently. The Supported Living Group LLC provides the art.

CT DSS care management uses The Supported living Group LLC's art for website advertising and internet-based social media sites promoting The Supported Living Group LLC's Medicaid Services and their Care Management services.

CT DSS care management may appear to be using the Medicaid Consumers' disabilities against them to achieve the kickback agenda using verbal authorizations versus documented communication to hide their actions and avoid a paper trail. To seal the deal, Medicaid Consumers must sign Medicaid program contracts quickly before careful review.

CT DSS Care management agencies are pressuring Consumers verbally during quarterly Medicaid-required Team Meetings to switch Medicaid agencies to the Supported Living Group LLC for home-based services.

CT DSS Care management agencies are pressuring Consumers verbally during quarterly Medicaid-required Team Meetings with Medicaid agencies to the Supported Living Group LLC for Medicaid Funded Therapy services.

CT DSS uses requests and directives from people, not Medicaid Consumers or legal conservators, to their vantage.

CT DSS care management has and is making additional Medicaid Referrals forcing The Supported Living Group LLC LLCs' Medicaid Therapist on Medicaid Consumers.

The number of Consumers on the program versus the number of clients The Supported Living Group LLC serves may appear grossly disproportionate to the number of approved Medicaid agency service providers.

CT DSS may appear to be purposely not collecting or hiding Medicaid data to manipulate FOIA requests. Information such as the number of Medicaid Consumers who receive Medicaid services from The Supported Living Group LLC.

What is the total number of CT DSS-approved Medicaid agency providers on the CT DSS Approved Provider List?

What is the total number of Medicaid Consumers receiving MFP and ABI waiver services?

What number of Medicaid Referrals has The Supported Living Group LLC received from CT DSS care management? What number of Medicaid Referrals have been made to the Supported Living Group LLC?

What is the total number of Medicaid Consumers receiving Medicaid services from The Supported Living Group LLC?

What is the total number of CT DSS care management Medicaid Referrals from the Supported Living Group LLC?

What is the total amount of Medicaid funding billed between The Supported Living Group LLC and CT DSS care management agencies?

CT DSS care management is dictating Medicaid Referrals to the Supported Living Group LLC and excluding hundreds of approved Medicaid Agencies.

The Supported Living Group LLC or its owners may force Medicaid Consumers to live in apartments owned by the company president or people with mutual financial benefits. These Medicaid Consumers use Federal Social Security disability funds to pay the rent. If these Medicaid Consumers wish to change Medicaid agency providers, they may also lose their apartments. This is a manipulated complex effort to force Medicaid Consumers to avoid terminating Medicaid relationships.

The Supported Living Group LLC may have a covert and active stipend system to pay Medicaid Consumers. This type of financial relationship with Medicaid Consumers forces the Medicaid Consumer to stay with a Medicaid provider that is paying them.

The Supported Living Group LLC Director of Clinical Services Doctor provides Medicaid-Funded Cognitive Behavioral Therapy to the same Medicaid Consumers receiving Medicaid home-based services from the same agency. The Therapist dictates the home-based Medicaid services needed. The Medicaid home-based providers report the need for more Medicaid CBT services. This back-and-forth process increasingly provides more Medicaid-funded services and CT DSS care management Medicaid services needed and funded. The Supported Living Group LLC dictates the need for Medicaid service funding and receives the Medicaid services funding. This kickback system dictates the type of Medicaid Services and the amount of Medicaid services that must be used by the Medicaid Consumer.

Care managers have and continue to take verbal actions by consistently calling Medicaid Consumers, pressuring them to change agencies to the Supported Living Group LLC.

Care Managers are violating Medicaid program policies and intentionally not informing or investigating Medicaid agency providers about concerns.

The Supported Living Group LLC.

Executive Office of Danielson: 113 School St, Danielson, CT 06239

Executive Office of Avon: 147 Simsbury Rd, Avon, CT 06001

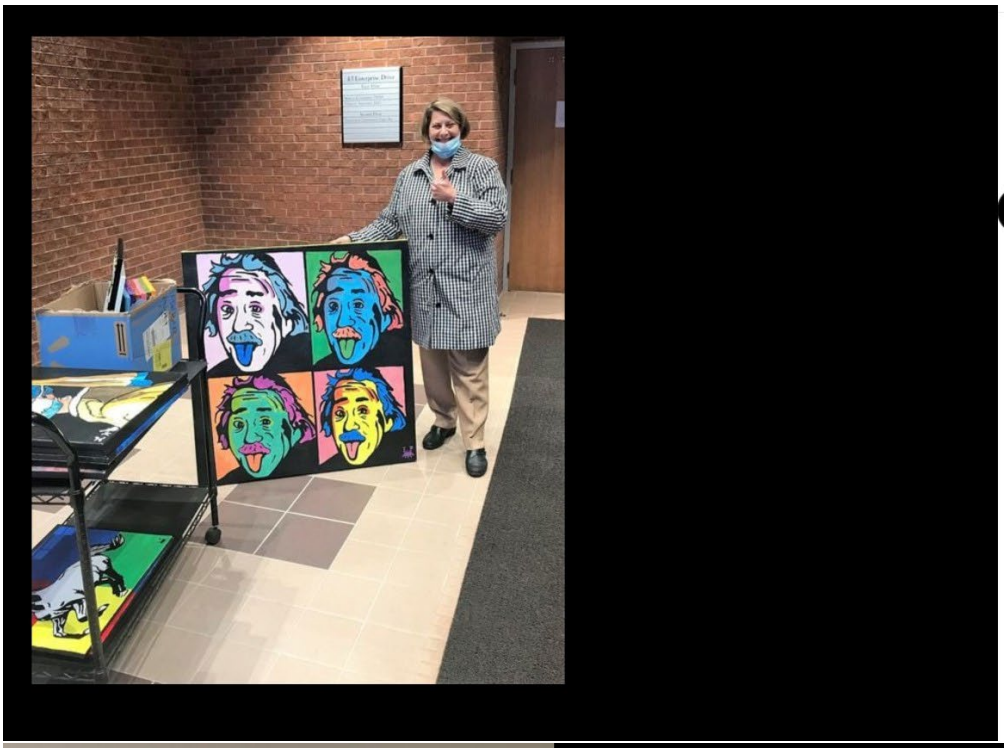
Executive Office of Bethany: 23 Amity Rd, Bethany, CT 06524

Western Connecticut Satellite Office: 97A Whiting St, Plainville, CT 06062

(860) 774-3400

https://www.supportedlivinggroup.org/

Therapist https://www.supportedlivinggroup.org/mbrisman



This photo is from a post. View post

Connecticut Community Care
March 28 ·

Sherry Ostrout receiving artwork from the Supported Living Group.

7

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This photo is from a post. View post

Connecticut Community Care
March 28 ·

Painting by a Supported Living Group artist.

5

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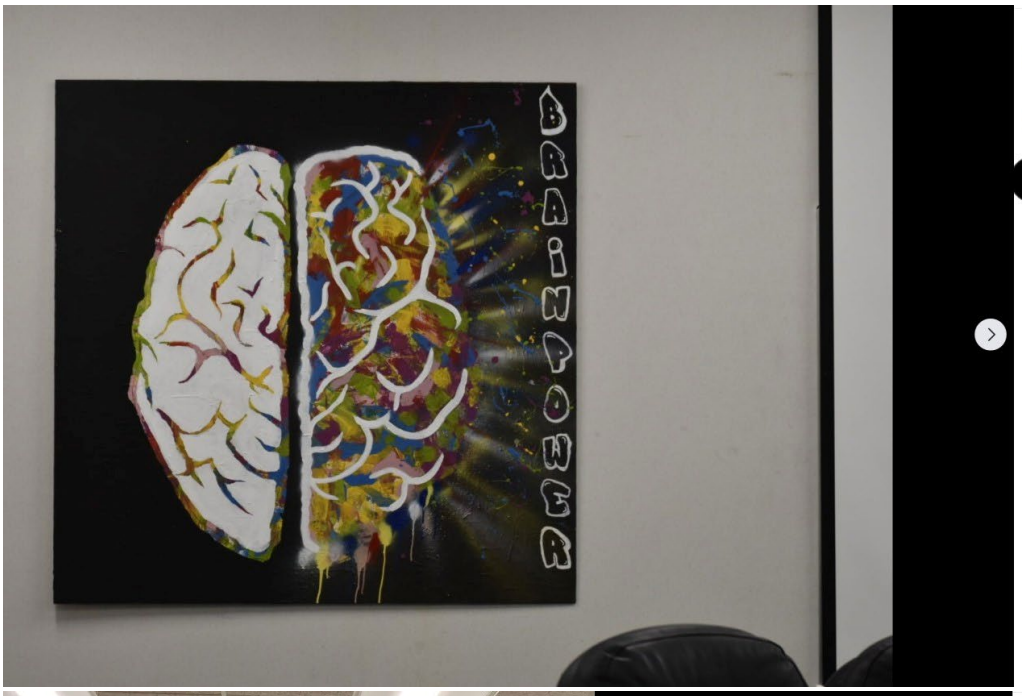
ress Enter to post.



This photo is from a post. View post

Connecticut Community Care
March 28 ·

Painting by a Supported Living Group artist.

5

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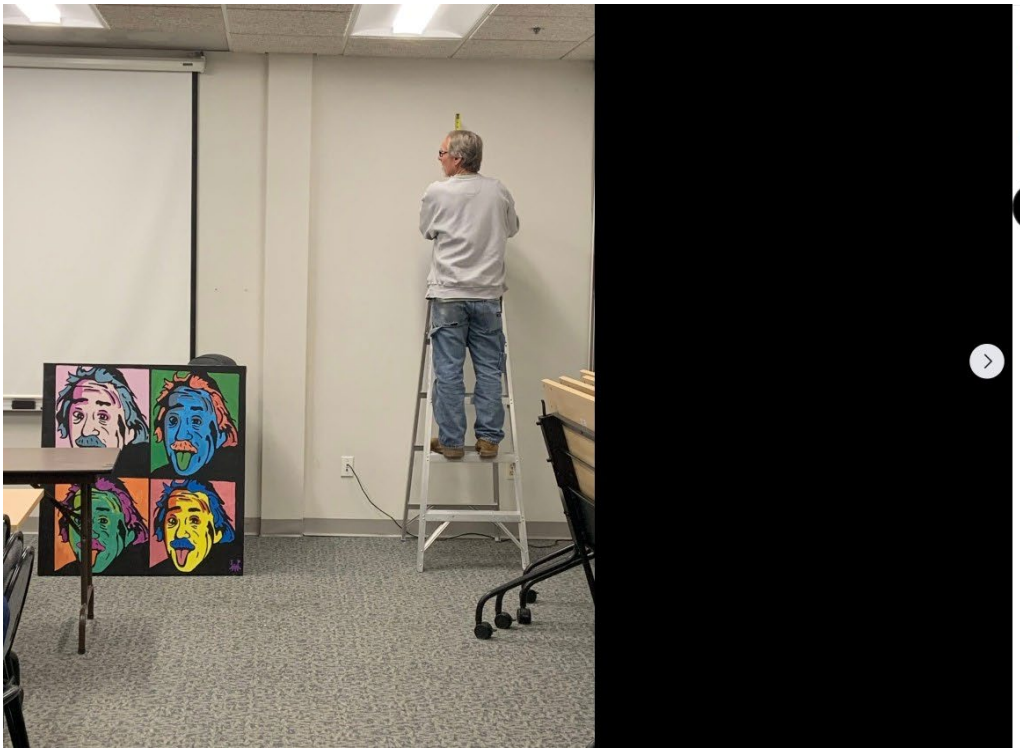
Write a comment...

Press Enter to post.



This photo is from a post. View post

Connecticut Community Care
March 28 ·

Hanging Supported Living Group artwork in our office spaces.

4

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Write a comment...

Press Enter to post.

This photo is from a post. View post

Connecticut Community Care
March 28 ·

From left: Michelle Moquin, Debbie Farslow, and Julia Evans Starr.

6

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Press Enter to post.

Connecticut Community Care
March 28 ·

Amanda Gaipa (left) and Ron Sturm with Supported Living Group artwork.

5

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The Supported Living Group

Intro

The Supported Living Group is an organization dedicated to the rehabilitation,restoration, and renew

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113 School Street, Danielson, CT, United States, Connecticut

(860) 774-3400

Cbrisson@slg-ct.com

supportedlivinggroup.org

Open now

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Suggest Edits

Photos

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The Supported Living Group
March 31 ·

The artists associated with SLG's vocational art program are thankful for the ongoing support that they have received from Connecticut Community Care in showcasing their work across their cooperate offices!

Thank you Ron Sturm, Amanda Gaipa, Sherry Ostrout, Michelle Moquin, Debbie Farslow and Karen Green for helping to make the collaboration happen! Interested in viewing the pieces for purchase? Email communications@ctcommunitycare.org

#ABI #TBI #Artist #CTBraininjury #Vocrehab #CTABI #CTTBI #DisabilityArt #ART

Connecticut Community Care
March 28 ·

We have the honor of displaying and admiring artwork on loan from a talented group of artists, participating in the vocational art program through The Supported... See more

Carol DeJesus and others

Like Comment Share

[redacted]

[redacted]

[redacted]

The Supported Living Group
March 15 ·

The Supported Living Group

Intro

The Supported Living Group is an organization dedicated to the rehabilitation,restoration, and renew

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Photos

See all photos

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The Supported Living Group
January 7 ·

The Supported Living Group (SLG) is thrilled to announce a newly established link with Connecticut Community Care (CCC) https://www.facebook.com/ctcommunitycare which will work to promote art pieces produced by brain injury survivors!

The link established will enable art pieces created in SLG's ABI Waiver associated supported employment programs to be displayed at CCC offices throughout Connecticut. It is hoped, that this link will provide greater levels of exposure for SLG's talented artists from the brain injury community and open dialogue around the complex recovery process that they have faced.

To learn more about SLG's array of specialized brain injury support services contact us today at: 860-774-3400.

#braininjury #braininjurysurvivor #braininjuryawareness #braininjuryrecovery #ctbraininjury #artist #artwork #artrehab #vocrehab #CCCI #community

Kerri Lynn Foster and others

Michelle Brisman, Ph.D.

Director of Clinical Services

Dr. Michelle Brisman comes to us with a B.A. from Binghamton University and a Doctorate of Philosophy from Yeshiva University. She began her formal career as a clinical neuropsychologist at the United Cerebral Palsy Association in NY before undertaking her internship at the Kessler Institute for Rehabilitation in NJ, where she specialized in cognitive rehabilitation of various medical and neurologically compromised populations — a specialization she continued to pursue when she was offered the position of Director of Medical Rehabilitation Services at the Capital Region/Eastern Connecticut Easter Seals in 2001, working closely with neurologically affected groups, such as those with TBI/ABI, stroke, Multiple Sclerosis, seizure disorders, and brain tumors.

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C5-11-06
Baltimore, Maryland 21244-1850

Office of Strategic Operations and Regulatory Affairs/Freedom of Information Group
Refer to: Control Number 082420237012 and PIN RBK5

9/5/2023

DAVID MEDEIROS
39 Kings Highway, STE C

Gales Ferry, CT 06335

Dear DAVID MEDEIROS:

I am responding to your 8/24/2023 letter requesting expedited processing of your Freedom of Information Act (FOIA) request for documents regarding Connecticut Medicaid ABI (Acquired Brain Injury) Waiver Program over the past five years. The basis for expedited processing set forth in your letter is this request meets the criteria for expedited processing.

I reviewed your request in line with 5 U.S.C. §552(a)(6)(E). This section provides for expedited processing of FOIA requests when the person requesting the records demonstrates a compelling need as defined by the statute; i.e., an imminent threat to the life and safety of an individual; or, for the media, urgency to inform the public concerning actual or alleged government activity. On the basis of the information available to me, I find that your request does not qualify for expedited processing based upon "compelling need."

I also reviewed your request in light of "other" circumstances that warrant expedited processing according to this agency's Federal Register Notice Vol. 81, No. 209 (dated Friday, October 28, 2016). Such circumstances cover the need for disclosure of the specific records in question because the requester must meet: a deadline in litigation, either in court or before an administrative tribunal; or a deadline imposed by a governmental agency for commenting on a proposed regulation. I find that none of these circumstances apply here.

Finally, in line with the provision of our Federal Register Notice that requires consideration of all requests that do not fall within the circumstances enumerated therein, I have considered the situation set forth in your letter. Unfortunately, I cannot conclude from the information you have provided that there is "exceptional need or urgency" justifying expedited processing in this case.

Therefore, I cannot grant your request for expedited processing. This Group will process your request in accordance with this agency's "first in, first out" practice.

If you disagree with this decision, you may appeal. Any such appeal must be mailed within 30 days to: The Principal Deputy Administrator, Centers for Medicare & Medicaid Services, Room C5-16-03, 7500 Security Boulevard, Baltimore, Maryland 21244. Mark your envelope "Freedom of Information Act Appeal" and enclose a copy of this letter with your appeal.

Questions concerning the status of your request should be directed to Michelle James of my staff at michelle.james@cms.hhs.gov.

Sincerely yours,

Jenny Namsiriwan Crabb
Acting Director, Division of FOIA Analysis – C
Freedom of Information Group

ABI Resources Freedom of Information Act Connecticut Department of social services request. Would the department please provide the price for the processing of this data in a digital pdf format?

Please provide Medicaid Program specific data for each of the following Medicaid Programs:

- ABI Waiver Program 1
- ABI Waiver Program 2
- MFP Money Follows the Person Program
- PCA Waiver program

For years:

- 2018
- 2019
- 2020
- 2021

For services:

- ILST
- COMPANION
- RA1
- RA2
- PCA

For counties:

- Fairfield
- Hartford
- Litchfield
- Middlesex
- New Haven
- New London
- Tolland
- Windham

County Name	**Per county, What number of people have <u>applied</u> for each Medicaid program per year?**															
	ABI WAIVER 1				ABI WAIVER 2				MFP				PCA WAIVER			
	2018	2019	2020	2021	2018	2019	2020	2021	2018	2019	2020	2021	2018	2019	2020	2021
Fairfield	0	0	0	0												
Hartford	0	0	0	0												
Litchfield	0	0	0	0												
Middlesex	0	0	0	0												
New Haven	0	0	0	0												
New London	0	0	0	0												
Tolland	0	0	0	0												
Windham	0	0	0	0												

County Name	**Per county, what number of people have been <u>approved</u> for each Medicaid programs per year?**															
	ABI WAVIER 1				ABI WAVIER 2				MFP				PCA WAIVER			
	2018	2019	2020	2021	2018	2019	2020	2021	2018	2019	2020	2021	2018	2019	2020	2021
Fairfield	0	0	0	0												
Hartford	0	0	0	0												
Litchfield	0	0	0	0												
Middlesex	0	0	0	0												
New Haven	0	0	0	0												
New London	0	0	0	0												
Tolland	0	0	0	0												
Windham	0	0	0	0												

What is the average Medicaid program consumer's wait list period to start Medicaid program services for each program?

When approved for the MFP, what is the average time period for home-based services to actively start?

County Name	**Per county, what number of people received services for each Medicaid program per year?**															
	ABI WAVIER 1				ABI WAVIER 2				MFP				PCA WAIVER			
	2018	2019	2020	2021	2018	2019	2020	2021	2018	2019	2020	2021	2018	2019	2020	2021
Fairfield																
Hartford																
Litchfield																
Middlesex																
New Haven																
New London																
Tolland																
Windham																

County Name	**Per county, what is the total number of Medicaid program consumers on each Medicaid program?**															
	ABI WAVIER 1				ABI WAVIER 2				MFP				PCA WAIVER			
	2018	2019	2020	2021	2018	2019	2020	2021	2018	2019	2020	2021	2018	2019	2020	2021
Fairfield																
Hartford																
Litchfield																
Middlesex																
New Haven																
New London																
Tolland																
Windham																

Since 2018, What number of Medicaid program consumers transitioned from Medicaid Programs ABI Waiver 1 too ABI Waiver 2?

County Name	**What is the total number Medicaid program service <u>hours</u> billed per year, for each Medicaid program, for the following services?**															
	ABI WAVIER 1				ABI WAVIER 2				MFP				PCA WAIVER			
	2018	2019	2020	2021	2018	2019	2020	2021	2018	2019	2020	2021	2018	2019	2020	2021
ILST																
COMPANION																
RA1																
RA2																
PCA																

What is the total number of Medicaid approved agency providers?

What are the names of the ten largest Medicaid approved agency providers providing ILST, companion, RA1, RA2 and or PCA services for each of the 4 Medicaid programs?

Ten Largest Approved Agency Provider Names	**What is the total number of Medicaid program consumers served per Agency / Program / Year?**															
	ABI WAVIER 1				ABI WAVIER 2				MFP				PCA WAIVER			
	2018	2019	2020	2021	2018	2019	2020	2021	2018	2019	2020	2021	2018	2019	2020	2021
1																
2																
3																
4																
5																
6																
7																
8																
9																
10																

Ten Largest Approved Agency Provider Names	**What is the total number of Medicaid program consumer referrals received per Agency / Program / Year?** **What number of Medicaid program referrals went to each of the ten largest agency providers individually?**															
	ABI WAVIER 1				ABI WAVIER 2				MFP				PCA WAIVER			
	2018	2019	2020	2021	2018	2019	2020	2021	2018	2019	2020	2021	2018	2019	2020	2021
1																
2																
3																
4																
5																
6																
7																
8																
9																
10																

<u>Care management access agencies.</u>

What are the names of the care management access agencies for each of the 4 Medicaid programs?

What care management access agencies make Medicaid program service referrals, for each program?

What are the care management access agencies Medicaid program approved agency provider referral protocols for each program?

What is the title and qualification requirements for care management access agency employees assigned to the Medicaid approved agency provider referral process for each program?

What is the total number of specific Medicaid program referrals made by each care management access agency employee individually?

Example:

- Employee A
- Number of Referrals
- Per Year
- What Medicaid program approved agency provider received the referral?

Do any care management access agencies use software generated Medicaid program agency provider referral systems? If so, please provide the name of the access agency and the software referral system used.

Does Connecticut permit care management access agency's use of software that generates Medicaid agency provider referrals for Medicaid programs?

How does Connecticut ensure Medicaid program referral protocols are adhered to?

Care Management Access Agency Name	**What is Total number of Medicaid program referrals made per Agency / Program / Year?**															
	ABI WAVIER 1				ABI WAVIER 2				MFP				PCA WAIVER			
	2018	2019	2020	2021	2018	2019	2020	2021	2018	2019	2020	2021	2018	2019	2020	2021
1																
2																
3																
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7																
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9																
10																

When the approved agency provider Goodwill, stopped providing services for the ABI Waiver Program, what number of Medicaid program consumers transitioned to different Medicaid program agency providers?

What Medicaid program agency providers received care management referrals?

What number of Medicaid program consumers went to each agency provider?

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County Name	**Per county, What number of people have <u>applied</u> for each Medicaid program per year?**															
	ABI WAIVER 1				ABI WAIVER 2				MFP				PCA WAIVER			
	2018	2019	2020	2021	2018	2019	2020	2021	2018	2019	2020	2021	2018	2019	2020	2021
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New London	0	0	0	0												
Tolland	0	0	0	0												
Windham	0	0	0	0												

County Name	**Per county, what number of people have been <u>approved</u> for each Medicaid programs per year?**															
	ABI WAVIER 1				ABI WAVIER 2				MFP				PCA WAIVER			
	2018	2019	2020	2021	2018	2019	2020	2021	2018	2019	2020	2021	2018	2019	2020	2021
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Tolland	0	0	0	0												
Windham	0	0	0	0												

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County Name	**Per county, what number of people received services for each Medicaid program per year?**															
	ABI WAVIER 1				ABI WAVIER 2				MFP				PCA WAIVER			
	2018	2019	2020	2021	2018	2019	2020	2021	2018	2019	2020	2021	2018	2019	2020	2021
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