Your name

DAVID MEDEIROS

Email address

aabiwr@live.com

Phone number

8604633638

Address

39 Kings Highway, STE C
STE C
Gales Ferry, Connecticut 06335

Are you now or have ever been an active duty service member?

No

Primary concern

What is your primary reason for contacting the Civil Rights Division?

Discriminated against in a commercial location or public place

Location

Please choose the type of location that best describes where the incident happened

Public space

-

Where did this happen?

Organization name
Connecticut Community Care CCC

Address
43 Enterprise Drive Bristol, CT 06010.
-
Bristol, Connecticut

Personal characteristics

Do you believe any of these personal characteristics influenced why you were treated this way?

Disability (including temporary or recovered and including HIV and drug addiction)
Other reason

Date

When did this happen?

6/5/2023

Personal description

In your own words, describe what happened

Complaint Against Connecticut Community Care for Discrimination Against ABI Resources, David Medeiros and Other Medicaid Healthcare Providers
Dear Sir/Madam,
I am writing to you in my capacity as David Medeiros founder of ABI Resources, a dedicated healthcare service provider committed to delivering comprehensive, quality care to individuals enrolled in the Medicaid Acquired Brain Injury (ABI) Waiver Program and Money Follows the Person Program.
I am submitting this formal complaint against Connecticut Community Care (CCC), expressing grave concern over their discriminatory business practices towards ABI Resources. CCC's lack of responsiveness, solicitation and referral practices of Medicaid consumers under the aforementioned programs. These actions have not only resulted in a violation of our rights as healthcare service providers but also adversely impacted approximately 1300 other providers under the same programs.

Despite repeated attempts to communicate with CCC concerning these issues, our complaints and reports have been ignored, inhibiting a fair and competitive healthcare service landscape. CCC's discriminatory actions, primarily their disregard for the complaints made and failure to address the discrimination reported, are a direct violation of the Title VI of the Civil Rights Act of 1964 and the Rehabilitation Act of 1973, as amended.

Moreover, we have evidence suggesting that CCC has been actively soliciting Medicaid consumers, employing predatory strategies to secure their business, thereby undermining the intent and purpose of the Medicaid ABI Waiver Program and Money Follows the Person Program, designed to enhance patient choice.

The nature and severity of these discriminatory practices necessitate an immediate and comprehensive investigation from the Department of Justice to ensure the principles of equal opportunity and fair competition in the provision of Medicaid healthcare services.

We understand that the Department of Justice enforces the federal laws that prohibit discrimination and are hopeful that this complaint will be treated with the seriousness it deserves. To assist in your investigation, we are prepared to provide all necessary documents, evidence, and any further information required.

We eagerly await your response and stand ready to collaborate with you to end these unfair and discriminatory practices that have hindered our ability to provide quality care to our clients.

Thank you for your time and consideration.

Submission ID: 740356

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 5, 2023**.

The confirmation ID for your request is **740356**.

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
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

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

United States Department of Justice
Civil Rights Division
civilrights.justice.gov

Thank you for submitting a report to the Civil Rights Division.

Report successfully submitted

Your record number is: **301882-TRG**

What to expect

1 We review your report

Our specialists in the Civil Rights Division carefully read every report to identify civil rights violations, spot trends, and determine if we have authority to help with your report.

2 Our specialists determine the next step

We may decide to:
Open an investigation or take some other action within the legal authority of the Justice Department.
Collect more information before we can look into your report.
Recommend another government agency that can properly look into your report. If so, we'll let you know.

In some cases, we may determine that we don't have legal authority to handle your report and will recommend that you seek help from a private lawyer or local legal aid organization.

3 When possible, we will follow up with you

We do our best to let you know about the outcome of our review. However, we may not always be able to provide you with updates because:
We're actively working on an investigation or case related to your report.
We're receiving and actively reviewing many requests at the same time.

If we are able to respond, we will contact you using the contact information you provided in this report. Depending on the type of report, response times can vary. If you need to reach us about your report, please refer to your report number when contacting us. This is how we keep track of your submission.

What you can do next

1 Contact local legal aid organizations or a lawyer if you haven't already

Legal aid offices or members of lawyer associations in your state may be able to help you with your issue.
American Bar Association, visit www.americanbar.org/groups/legal_services/flh-home or call (800) 285-2221
Legal Services Corporation (or Legal Aid Offices), to help you find a legal aid lawyer in your area visit www.lsc.gov/find-legal-aid

2 Get help immediately if you are in danger

If you reported an incident where you or someone else has experienced or is still experiencing physical harm or violence, or are in immediate danger, please call 911 and contact the police.

Your submission

Contact

Contact information

Your name

DAVID MEDEIROS

Email address

aabiwr@live.com

Phone number

8604633638

Address

39 Kings Highway, STE C
STE C
Gales Ferry, Connecticut 06335

Are you now or have ever been an active duty service member?

No

Primary concern

What is your primary reason for contacting the Civil Rights Division?

Discriminated against in a commercial location or public place

Location

Please choose the type of location that best describes where the incident happened

Other

-

Where did this happen?

Organization name
The Department of Social Services Connecicut

Address
55 Farmington Ave Hartford, CT 06105
-
Hartford, Connecticut

Personal characteristics

Do you believe any of these personal characteristics influenced why you were treated this way?

Disability (including temporary or recovered and including HIV and drug addiction)
Other reason

Date

When did this happen?

6/5/2023

Personal description

In your own words, describe what happened

My name is David Medeiros I am writing on behalf of ABI Resources and approximately 1300 other Medicaid healthcare agency providers to express our concern and to officially lodge a complaint against the discriminatory practices we have experienced from the Connecticut Department of Social Services (DSS). These actions seem to be in violation of federal and state law and principles of fair treatment and equal opportunity.
We believe that the DSS has been demonstrating favoritism and discriminatory practices by systematically ignoring communications, reports of complaints, referrals, and reports of discrimination from our organization and others similar to us. The particular programs affected by these actions are the Medicaid ABI Waiver Program and the Money Follows the Person Program.
In our view, these actions of the DSS present a clear disregard for the rights and welfare of Medicaid recipients who are entitled to fair and unbiased treatment under the law. Our attempts to rectify the situation through appropriate channels have been repeatedly ignored or dismissed by DSS.

We have also observed what appears to be a pattern of unfair solicitation of Medicaid consumers. These actions, combined with a disregard for our reporting of such incidents, have created an environment that is not conducive to fair competition or the provision of quality healthcare services.

We request that a thorough, unbiased investigation be conducted into these issues. As healthcare providers, our primary concern is the well-being of our patients, and these discriminatory practices have potentially harmful implications for their care.

We would like to remind the Department of its responsibility to promote and ensure fair competition among healthcare providers and to safeguard the interests of all Medicaid recipients. This is crucial to maintaining a diverse and dynamic healthcare system that is capable of meeting the diverse needs of the Connecticut population.

In anticipation of your response, we hope that the Department will take swift action to address our concerns.

Thank you for your attention to this matter, and we look forward to your response.

Submission ID: 771886

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 **July 5, 2023**.

The confirmation ID for your request is **771886**.

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

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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

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
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

Submission ID: 771886

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.

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410-786-5353
hugh.gilmore@cms.hhs.gov

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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

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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

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
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

RE: Subject: Immediate Action Required: Solicitation and Protocol Violations by ABI Waiver Behaviorist Nichole Collins.

Dumont, Amy E <Amy.Dumont@ct.gov>

Fri 7/7/2023 5:00 PM

To:ABI RESOURCES 860 942-0365 <aabiwr@live.com>;DSS, Commis <Commis.DSS@ct.gov>

Cc:legal@ctbraininjury.com <legal@ctbraininjury.com>

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

Subject: Immediate Action Required: Solicitation and Protocol Violations by ABI Waiver Behaviorist Nichole Collins.

To the attention of: DSS Commissioner and Amy Dumont, DSS / COU.

I trust this message finds you well.

In reference to our recent meeting, we, at ABI Resources, are writing with an escalating concern regarding a repeated breach of protocol by one of the ABI Waiver Behaviorists, Ms. Nichole Collins. Her continued actions are compromising not only the integrity of our client support system but also that of the Medicaid ABI Waiver program. Today's discovery is yet another additional request for DSS intervention.

It has been observed, reported and documented that Ms. Collins, in her role as a behaviorist, has been directing case management activities and implementing care plans without appropriate consultation or consensus, which are strictly against the established procedures of the ABI Waiver program. Her unilateral decisions and actions have violated the program's guidelines and potentially endangered consumer safety.

Additionally, her actions have involved unilaterally referring and transitioning a client to an agency of her choice, an act that unequivocally constitutes solicitation and an explicit violation of the ABI Waiver protocols. This approach not only infringes on the client's rights to explore all appropriate options but also has created unnecessary conflicts of consumer safety. Her repeated advocacy for preferred agencies, which has been shared with the conservator, is beyond the bounds of her role and is, quite frankly, unacceptable.

In line with the regulations specified by Sec. 17b-260a-17, we are formally requesting that the Department of Social Services (DSS) and the Chief Operating Unit (COU) urgently investigate this matter. It is clearly articulated in this section that providers must adhere strictly to the stipulated guidelines, with failure to do so leading to potential repercussions, including the termination of the provider's service contract, removal from the Provider Directory, or disqualification as a provider.

Our primary concern is to ensure the safety, well-being, and best interests of our clients. In pursuit of this, we hereby request the removal of Ms. Nichole Collins from the Waiver program based on the grievances described above and in compliance with Sec. 17b-260a-17.

We trust in your commitment to uphold the integrity of the DSS ABI Waiver program, ensuring its operations remain fair, transparent, and fundamentally client-focused. Should you require any further information or documentation pertaining to this matter, we stand ready to provide the same.

We look forward to your prompt action in this regard.

Thank you for your immediate attention to this matter.

Sincerely,

David Medeiros

A.B.I. RESOURCES

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

An amazing opportunity to be a part of something much greater than ourselves, supporting people become the best version of themselves.

ABI Resources Connecticut home-based supported living and community care services for the MFP, ABI and PCA Waivers.

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

FEDERAL TRADE COMMISSION
ReportFraud.ftc.gov

Consumer Report To The FTC

FTC Report Number
161956625

The FTC cannot resolve individual complaints, but we can provide information about next steps to take. We share your report with local, state, federal, and foreign law enforcement partners. Your report might be used to investigate cases in a legal proceeding. Please read our Privacy Policy to learn how we protect your personal information, and when we share it outside the FTC.

About you

Name: David Medeiros

Email: aabiwr@live.com

Address: 39 Kings Hwy

Phone: 860-942-0365

City: Gales Ferry **State:** Connecticut **Zip Code:** 06335-1535

Country: USA

What happened

07/17/2023 Federal Trade Commission 600 Pennsylvania Avenue NW Washington, DC 20580 Subject: Formal Complaint Regarding Anti-Competitive Practices in Connecticut's Medicaid Programs Dear Sir/Madam, I hope this letter finds you well. I am writing to you to shed light on a concerning issue that appears to infringe on the fair trade practices that are the bedrock of our economy and demands the attention of the Federal Trade Commission. I wish to bring to your attention a potentially anti-competitive practice that is seemingly prevalent within Connecticut's Department of Social Services (DSS), specifically regarding the Medicaid Money Follows the Person (MFP) and Acquired Brain Injury (ABI) Waiver Programs. This issue involves an apparent monopolistic system that affects home service agencies and Medicaid beneficiaries in the State of Connecticut. To provide some context, once a consumer applies and qualifies for Medicaid's MFP and ABI Waiver programs in Connecticut, the DSS sends their information to Connecticut Community Care (CCC), a care consultation service. This is intended to provide the consumer with advice and guidance on selecting the most suitable home service agency provider. However, it appears that this process has been corrupted. The care managers from CCC, after internal assessments, seem to be funneling consumers exclusively towards a select set of preferred home service agency providers. It appears as though these preferred providers have been pre-determined without giving due consideration to the consumers' specific needs, desires, or right to choose. The aforementioned practices have ostensibly created a monopoly, thereby making it exceedingly difficult for other home service agency providers to acquire customers. The consumer is seemingly cut out of the process, and this exclusionary method severely restricts the variety and availability of care. Consequently, the fundamental principle of choice for Medicaid beneficiaries is undermined, and the overall quality of care may also be compromised due to lack of competition. The role of Medicaid is to serve its beneficiaries and ensure they have access to the best possible care. However, these practices seem to circumvent this goal, and Medicaid funds seem to be utilized to foster a corrupted process, thereby defeating the purpose of the programs. This issue requires your prompt attention to safeguard the interest of Medicaid beneficiaries in Connecticut, uphold the principles of a fair competitive market, and ensure that public funds are utilized appropriately. I strongly believe that an investigation by the FTC into this matter would uncover the full extent of these potentially harmful practices. Thank you for your time and consideration. I look forward to your swift action to protect the rights and welfare of Medicaid beneficiaries and to preserve the integrity of our free market system. Yours sincerely, David Medeiros ABI Resources. 39 Kings Hwy STE C. Gales Ferry CT. 06335 860 942-0365

How it started

Date fraud began:	Amount I was asked for:	Amount I Paid:
Payment Used:		**How I was contacted:**
		Other

Details about the company, business, or individual

Company/Person
Name: Connecticut Community Care Inc

Company/Person		
Address Line 1: 43 Enterprise Drive	**Address Line 2:**	**City:** Bristol
State: Connecticut	**Zip Code:** 06010	**Country:** USA
Email Address: communications@ctcommunitycare.org		
Phone: 866-845-2224		
Website: www.ctcommunitycare.org		
Name of Person You Dealt With: Julia Evens Starr		

Your Next Steps

General Advice:

- You can find tips and learn more about bad business practices and scams at consumer.ftc.gov.
- If you're concerned that someone might misuse your information, like your Social Security, credit card, or bank account number, go to identitytheft.gov for specific steps you can take.

What Happens Next

- Your report will help us in our efforts to protect **all** consumers. Thank You!
- We can't resolve your individual report, but we use reports to investigate and bring cases against fraud, scams, and bad business practices.
- We share your report with our law enforcement partners who also use reports to investigate and bring cases against fraud, scams, and bad business practices.
- We use reports to spot trends, educate the public, and provide data about what is happening in your community. You can check out what is going on in your state and metro area by visiting ftc.gov/exploredata.

ftc.gov/refunds

United States Department of Justice
Civil Rights Division
civilrights.justice.gov

Thank you for submitting a report to the Civil Rights Division.

Report successfully submitted

Your record number is: **327008-WFC**

What to expect

1 We review your report

Our specialists in the Civil Rights Division carefully read every report to identify civil rights violations, spot trends, and determine if we have authority to help with your report.

2 Our specialists determine the next step

We may decide to:
Open an investigation or take some other action within the legal authority of the Justice Department.
Collect more information before we can look into your report.
Recommend another government agency that can properly look into your report. If so, we'll let you know.

In some cases, we may determine that we don't have legal authority to handle your report and will recommend that you seek help from a private lawyer or local legal aid organization.

3 When possible, we will follow up with you

We do our best to let you know about the outcome of our review. However, we may not always be able to provide you with updates because:
We're actively working on an investigation or case related to your report.
We're receiving and actively reviewing many requests at the same time.

If we are able to respond, we will contact you using the contact information you provided in this report. Depending on the type of report, response times can vary. If you need to reach us about your report, please refer to your report number when contacting us. This is how we keep track of your submission.

What you can do next

1 Contact local legal aid organizations or a lawyer if you haven't already

Legal aid offices or members of lawyer associations in your state may be able to help you with your issue.
American Bar Association, visit www.americanbar.org/groups/legal_services/flh-home or call (800) 285-2221
Legal Services Corporation (or Legal Aid Offices), to help you find a legal aid lawyer in your area visit www.lsc.gov/find-legal-aid

2 Get help immediately if you are in danger

If you reported an incident where you or someone else has experienced or is still experiencing physical harm or violence, or are in immediate danger, please call 911 and contact the police.

Your submission

Contact

Contact information

Your name

David Medeiros

Email address

aabiwr@live.com

Phone number

8604633638

Address

215 Mountain St
-
Willimantic, Connecticut 06226

Are you now or have ever been an active duty service member?

No

Primary concern

What is your primary reason for contacting the Civil Rights Division?

Discriminated against in a commercial location or public place

Location

Please choose the type of location that best describes where the incident happened

Public space

Where did this happen?

Organization name
Connecicut: State of.

Address
165 Capitol Avenue Suite 1000
-
Hartford, Connecticut

Personal characteristics

Do you believe any of these personal characteristics influenced why you were treated this way?

Disability (including temporary or recovered and including HIV and drug addiction)

Date

When did this happen?

8/3/2023

Personal description

In your own words, describe what happened

Subject: Formal Complaint Regarding Disability Discrimination in Connecticut's Medicaid Programs
Dear Sir/Madam,
I hope this letter finds you well. I am writing to express my profound concern and outrage over practices within Connecticut's Department of Social Services (DSS) that not only infringe upon fair trade but also, alarmingly, undermine the rights and choices of disabled Medicaid beneficiaries.
The apparent monopolistic system affecting home service agencies and Medicaid beneficiaries, as detailed in FTC Report Number 161956625, goes beyond anti-competitive practices and enters the realm of disability discrimination. This situation demands immediate attention and action.
As described, once a consumer qualifies for Medicaid's MFP and ABI Waiver programs, their information is sent to Connecticut Community Care (CCC), which is supposed to assist consumers in selecting suitable home service agency providers. However, the evidence suggests that care managers from CCC are exclusively funneling consumers towards a selected set of providers without regard for consumers' specific needs, desires, or right to choose.
This exclusionary method severely restricts variety and availability of care, thereby limiting the autonomy and dignity of disabled individuals who are meant to be served by these programs. It not only challenges the principles of fair competition but violates federal laws such as the Americans with Disabilities Act (ADA) by denying disabled individuals their right to informed choice, potentially leading to substandard care.

The practices described have created a system where disability is further marginalized and controlled by forces that have been put in place ostensibly to aid and empower. It reflects a systemic failure that perpetuates the disempowerment of disabled individuals, robbing them of their right to participate fully and equally in society.

I strongly urge the Federal Trade Commission to conduct a thorough investigation into this matter, in coordination with other relevant federal agencies if necessary. The findings from such an inquiry should be used to eliminate these discriminatory practices, ensure that disabled individuals are provided with the respect, choice, and quality care they are entitled to, and restore trust in our public institutions.

The ramifications of this issue go far beyond the borders of Connecticut, and I firmly believe that taking swift action will not only protect the rights of Medicaid beneficiaries but will send a clear message that disability discrimination will not be tolerated.

Thank you for your attention to this critical matter. I look forward to your timely response and trust that you will act with the urgency and seriousness that this situation demands.

Sincerely,
David Medeiros,
ABI Resources

United States Department of Justice
Civil Rights Division
civilrights.justice.gov

Thank you for submitting a report to the Civil Rights Division.

Report successfully submitted

Please save your record number for tracking.

Your record number is: **328992-KRZ**

What to expect

1 We review your report

Our specialists in the Civil Rights Division carefully read every report to identify civil rights violations, spot trends, and determine if we have authority to help with your report.

2 Our specialists determine the next step

We may decide to:
Open an investigation or take some other action within the legal authority of the Justice Department.
Collect more information before we can look into your report.
Recommend another government agency that can properly look into your report. If so, we'll let you know.

In some cases, we may determine that we don't have legal authority to handle your report and will recommend that you seek help from a private lawyer or local legal aid organization.

3 When possible, we will follow up with you

We do our best to let you know about the outcome of our review. However, we may not always be able to provide you with updates because:
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Legal Services Corporation (or Legal Aid Offices), to help you find a legal aid lawyer in your area visit www.lsc.gov/find-legal-aid

2 Get help immediately if you are in danger

If you reported an incident where you or someone else has experienced or is still experiencing physical harm or violence, or are in immediate danger, please call 911 and contact the police.

Your submission

Contact

Contact information

Your name

David Medeiros

Email address

aabiwr@live.com

Phone number

8604633638

Address

215 Mountain St
-
Willimantic, Connecticut 06226

Are you now or have ever been an active duty service member?

No

Primary concern

What is your primary reason for contacting the Civil Rights Division?

Discriminated against in a commercial location or public place

Location

Please choose the type of location that best describes where the incident happened

Public space

Where did this happen?

Organization name
Connecicut: State of.

Address
P.O. Box 150470
-
Hartford, Connecticut

Personal characteristics

Do you believe any of these personal characteristics influenced why you were treated this way?

Disability (including temporary or recovered and including HIV and drug addiction)

Date

When did this happen?

8/8/2023

Personal description

In your own words, describe what happened

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 health-care 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 860463-3638 or Aabiwr@live.com if you need further information or clarification.
Sincerely,
David Medeiros

United States Department of Justice
Civil Rights Division
civilrights.justice.gov

Thank you for submitting a report to the Civil Rights Division.

Report successfully submitted

Please save your record number for tracking.

Your record number is: **336274-XPM**

What to expect

1 We review your report

Our specialists in the Civil Rights Division carefully read every report to identify civil rights violations, spot trends, and determine if we have authority to help with your report.

2 Our specialists determine the next step

We may decide to:
Open an investigation or take some other action within the legal authority of the Justice Department.
Collect more information before we can look into your report.
Recommend another government agency that can properly look into your report. If so, we'll let you know.

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What you can do next

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Legal aid offices or members of lawyer associations in your state may be able to help you with your issue.
American Bar Association, visit www.americanbar.org/groups/legal_services/flh-home or call (800) 285-2221
Legal Services Corporation (or Legal Aid Offices), to help you find a legal aid lawyer in your area visit www.lsc.gov/find-legal-aid

2 Get help immediately if you are in danger

If you reported an incident where you or someone else has experienced or is still experiencing physical harm or violence, or are in immediate danger, please call 911 and contact the police.

Your submission

Contact

Contact information

Your name
DAVID MEDEIROS

Email address
aabiwr@live.com

Phone number
8604633638

Address
39 Kings Highway, STE C
-
Gales Ferry, Connecticut 06335

Are you now or have ever been an active duty service member?

No

Primary concern

What is your primary reason for contacting the Civil Rights Division?

Something else happened

Location

Where did this happen?

Organization name
CCSN GLASTONBURY

Address
GLASTONBURY 2300 Main Street
-
Glastonbury, Connecticut

Personal characteristics

Do you believe any of these personal characteristics influenced why you were treated this way?

Disability (including temporary or recovered and including HIV and drug addiction)

Date

When did this happen?

8/4/2023

Personal description

In your own words, describe what happened

The unauthorized organization of a covert meeting centered around a disabled individual, referred to as "EB," by CCSN Behavioral Health located at 2300 Main Street, Glastonbury, CT 06033, and Connecticut Community Care Inc, North Franklin, CT, is a stark example of potential discrimination and violation of personal rights.
I. Background
The Americans with Disabilities Act (ADA) and subsequent regulations emphasize the rights of individuals with disabilities to participate in decisions affecting their lives, their treatment, and their overall well-being. This encompasses the right to be informed, consulted, and heard in any decision-making process concerning their health, well-being, and overall life circumstances.
II. Ethical and Legal Implications
Violation of Autonomy: Every individual has the right to autonomy – to make decisions about one's own life and to be informed about matters that pertain to one's own welfare. By organizing a meeting without the knowledge and consent of "EB," the involved organizations may have potentially stripped the individual of their autonomy, disregarding their self-agency and rights.
Breach of Confidentiality: Any health-related meeting pertaining to an individual is inherently private. Organizing such a meeting without the awareness and approval of the concerned individual could represent a severe breach of confidentiality.
Discrimination: Singling out an individual based on their disability for any kind of treatment without their knowledge could be seen as discriminatory behavior. This can especially be the case if similar covert meetings are not organized for non-disabled individuals in similar circumstances.
III. Potential Repercussions
Impact on "EB": Beyond legal and organizational implications, the psychological and emotional impact on "EB" can be significant. Discovering that a covert meeting was organized about oneself can lead to feelings of betrayal, anxiety, and mistrust.

Conclusion
It's imperative for organizations, especially those that deal with vulnerable populations, to uphold the highest standards of ethical conduct. Any deviation from these standards, particularly actions that might strip individuals of their rights and autonomy, can have grave consequences both legally and ethically.Subject: Request for Full Inclusion and Participation in Medicaid ABI Waiver Program Meeting.
To Whom It May Concern,
I write on behalf of ABI Resources with regard to the upcoming Medicaid ABI Waiver program meeting. It has come to our attention that a consumer of the program has not been granted access to participate in this meeting. Such exclusion not only raises significant concerns about transparency and fairness but may also potentially violate the rights of the person served under the Medicaid ABI Waiver program.
The basis of the Medicaid ABI Waiver program,

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

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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**.

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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

United States Department of Justice
Civil Rights Division
civilrights.justice.gov

Thank you for submitting a report to the Civil Rights Division.

Report successfully submitted

Your record number is: **339860-FQG**

What to expect

1 We review your report

Our specialists in the Civil Rights Division carefully read every report to identify civil rights violations, spot trends, and determine if we have authority to help with your report.

2 Our specialists determine the next step

We may decide to:
Open an investigation or take some other action within the legal authority of the Justice Department.
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Recommend another government agency that can properly look into your report. If so, we'll let you know.

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Legal Services Corporation (or Legal Aid Offices), to help you find a legal aid lawyer in your area visit www.lsc.gov/find-legal-aid

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If you reported an incident where you or someone else has experienced or is still experiencing physical harm or violence, or are in immediate danger, please call 911 and contact the police.

Your submission

Contact

Contact information

Your name
DAVID MEDEIROS

Email address
aabiwr@live.com

Phone number
8609420365

Address
39 Kings Highway, STE C
STE C
Gales Ferry, Connecticut 06335

Are you now or have ever been an active duty service member?

No

Primary concern

What is your primary reason for contacting the Civil Rights Division?

Discriminated against in a commercial location or public place

Location

Please choose the type of location that best describes where the incident happened

Healthcare facility

Where did this happen?

Organization name
Connecticut Community Care Inc.

Address
108 New Park Ave,
-
North Franklin, Connecticut

Personal characteristics

Do you believe any of these personal characteristics influenced why you were treated this way?

Disability (including temporary or recovered and including HIV and drug addiction)
Other reason

Date

When did this happen?

8/31/2023

Personal description

In your own words, describe what happened

Date: August 31, 2023
To: Connecticut Department of Social Services (DSS)
From: ABI Resources
The ABI Waiver Program aims to assist individuals with Acquired Brain Injuries, facilitating their integration into community settings and ensuring they lead self-directed lives. Central to this program's success is the transparent exchange of information by Care Management to all involved professionals.
Report of the Meeting:
During a recent team meeting for ABI Waiver Program survivor EB from Griswold, CT, the CBT behaviorist highlighted the following concern:
In the past 9 months of providing weekly therapy services to EB since January, the behaviorist did not receive any historical behavioral or background information about EB from Care Management.
The absence of information from Care Management poses questions about the necessity and justification of the weekly ABI Waiver behavioral services being provided and billed to Medicaid. How can a behaviorist deliver effective services without prior knowledge or specific directives?

During this meeting, the Care management explained they had no information about the consumer but would look at the client's records next week when they go to the office, the behaviorist then approached ABI Resources for past and current medical and therapeutic data. However, ABI Resources provides non-medical/therapeutic support, potentially complicating the behaviorist's request.
The Cognitive Behavioral therapist raised concerns to the consumer and team about the consumer's lead medical rehab doctor's abilities and prescriptions. Such concerns have unsettled the consumer, making them contemplate seeking a new prescriber and potentially not adhering to their medication regimen. Notably, EB has been with their current doctor for over 15 years.
Implications:
Program Integrity: ABI Waiver care management consultation services are built on organization thorough information sharing and communication. A lapse in this regard undermines the quality of care as well as concerns for Care management consultation service billing that may not be provided.
Consumer Safety: Operating without a complete background can endanger the consumer, therapist, and service providers.
CBT Medication Concerns: Uncertainties regarding EB's medication necessitate immediate investigation and resolution.
Concerns Raised:
Clarity is required on the interventions the CBT behaviorist has employed with EB since January. The obstacles created by the missing historical data and the highlighted medication worries are urgent.
Request for Action:
Immediate Sharing of Information: Care Management must swiftly relay all pertinent historical details about EB to the CBT behaviorist and ABI Resources.
Audit of Care Management Protocols: An assessment should be initiated to discern the cause of this neglect and avert similar oversights for other clients.
Training: Provide comprehensive training for Care Management consultation services and behavioral providers to ensure an understanding of the roles and capacities of each associated organization.
Contact CMS: Initiate a thorough investigation into the consumer's ABI Waiver Program service plan and to ascertain if other consumers are experiencing similar.
Ensuring the concerns detailed herein are swiftly addressed is critical to preserving safety as well as the integrity and purpose of the ABI Waiver Program. We urge Connecticut DSS to prioritize this matter and ensure proper measures are taken to rectify the situation. Lastly, ABI Resources requests follow-up information as to how the Department of Social Services has addressed this.
Sincerely,
David Medeiros
ABI Resources

Date: August 31, 2023

To: Connecticut Department of Social Services (DSS)

From: ABI Resources

The ABI Waiver Program aims to assist individuals with Acquired Brain Injuries, facilitating their integration into community settings and ensuring they lead self-directed lives. Central to this program's success is the transparent exchange of information by Care Management to all involved professionals.

Report of the Meeting:

During a recent team meeting for ABI Waiver Program survivor EB from Griswold, CT, the CBT behaviorist highlighted the following concern:

In the past 9 months of providing weekly therapy services to EB since January, the behaviorist did not receive any historical behavioral or background information about EB from Care Management.

The absence of information from Care Management poses questions about the necessity and justification of the weekly ABI Waiver behavioral services being provided and billed to Medicaid. How can a behaviorist deliver effective services without prior knowledge or specific directives?

During this meeting, the Care management explained they had no information about the consumer but would look at the client's records next week when they go to the office, the behaviorist then approached ABI Resources for past and current medical and therapeutic data. However, ABI Resources provides non-medical/therapeutic support, potentially complicating the behaviorist's request.

The Cognitive Behavioral therapist raised concerns to the consumer and team about the consumer's lead medical rehab doctor's abilities and prescriptions. Such concerns have unsettled the consumer, making them contemplate seeking a new prescriber and potentially not adhering to their medication regimen. Notably, EB has been with their current doctor for over 15 years.

Implications:

Program Integrity: ABI Waiver care management consultation services are built on organization thorough information sharing and communication. A lapse in this regard undermines the quality of care as well as concerns for Care management consultation service billing that may not be provided.

Consumer Safety: Operating without a complete background can endanger the consumer, therapist, and service providers.

CBT Medication Concerns: Uncertainties regarding EB's medication necessitate immediate investigation and resolution.

Concerns Raised:

Clarity is required on the interventions the CBT behaviorist has employed with EB since January. The obstacles created by the missing historical data and the highlighted medication worries are urgent.

Request for Action:

Immediate Sharing of Information: Care Management must swiftly relay all pertinent historical details about EB to the CBT behaviorist and ABI Resources.

Audit of Care Management Protocols: An assessment should be initiated to discern the cause of this neglect and avert similar oversights for other clients.

Training: Provide comprehensive training for Care Management consultation services and behavioral providers to ensure an understanding of the roles and capacities of each associated organization.

Contact CMS: Initiate a thorough investigation into the consumer's ABI Waiver Program service plan and to ascertain if other consumers are experiencing similar.

Ensuring the concerns detailed herein are swiftly addressed is critical to preserving safety as well as the integrity and purpose of the ABI Waiver Program.

We urge Connecticut DSS to prioritize this matter and ensure proper measures are taken to rectify the situation. Lastly, ABI Resources requests follow-up information as to how the Department of Social Services has addressed this.

Sincerely,

David Medeiros

ABI Resources

A.B.I. Resources LLC
39 Kings Highway, Suite C
Gales Ferry CT, 06335
Phone: (860) 942-0365
Fax: (860) 465-9591
https://www.CTbrainINJURY.com

A.B.I. RESOURCES

August 1, 2022.

Connecticut Community Care Inc.
43 Enterprise Drive
Bristol, Connecticut 06010

Formal inquiry and request for internal investigation.

In reference to consumer services, provided under the guidelines of the ABI Waiver Program and protocols set forth by Medicaid and Connecticut's Department of Social Services. On July 25, 2022, at 8:00 am, Connecticut Community Care manager Doreen Andrews directed the immediate removal of ABI Resources without notice with a Willington Consumer of the Medicaid Abi Waiver Program. An ABI Resources Program Support Manager recieved a text message with the care management immediate directive. ABI Resources is concerned this action may appear to conflict with the regulations of the Medicaid ABI Waiver Program as well as the values and mission of ethical person-centered care provided by Connecticut Community Care as a whole.

ABI Resources is requesting a Connecticut Community Care internal investigation.

Regards,
David Medeiros CBIS
Member David Medeiros CBIS
Founder, CEO, Director, Team Member
ABI Resources, LLC

A.B.I. RESOURCES

ABI RESOURCES LLC
39 KINGS HIGHWAY SUITE C
GALES FERRY, CT. 06335
860 942-0365
WWW.CTBRAININJURY.COM

ESSENTIAL HEALTHCARE WORKER

A.B.I. Resources LLC
39 Kings Highway, Suite C
Gales Ferry CT, 06335
Phone: (860) 942-0365
Fax: (860) 465-9591
https://www.CTbrainINJURY.com

A.B.I. RESOURCES

August 1, 2022.

Connecticut Community Care Inc.
43 Enterprise Drive
Bristol, Connecticut 06010

Formal inquiry and request for internal investigation.

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ESSENTIAL HEALTHCARE WORKER

Subject: Request for Attention to Unacknowledged Inquiries and Concerns Related to Medicaid Waivers.

ABI RESOURCES 860 942-0365 <aabiwr@live.com>

Mon 3/27/2023 9:44 AM

To:julia.evans.starr@ctcommunitycare.org <julia.evans.starr@ctcommunitycare.org>

Subject: Request for Attention to Unacknowledged Inquiries and Concerns Related to Medicaid Waivers

Dear
Julia Evans Starr, President,

I hope this email finds you well. I am writing to express our concern regarding a series of unanswered inquiries and concerns that we at ABI Resources have raised with Connecticut Community Care pertaining to Medicaid federally funded waivers. As we both strive to serve the same community, it is vital that our questions be addressed promptly to ensure the best possible support for the individuals who rely on our services.

Below is a list of unacknowledged email inquiries sent to Connecticut Community Care, Head of Quality and Performance Improvement detailing inquiries and concerns which have yet to receive a response:

Subject: Comprehensive Inquiry: Referral Process, Provider List, and Care Manager's Role.

a. Sent: Fri 3/17/2023 5:43 AM

b. Sent: Wed 3/22/2023 5:01 PM

Subject: Inquiry Regarding Client's Option to Change Agency Service or Care Management Provider. MFP, ABI and PCA Waivers.

a. Sent: Fri 3/17/ 2023 7:30 AM

b. Sent: Wed 3/22/2023 5:00 PM

Subject: Care Management Referral Process Inquiry for MFP Program and Waivers.

a. Sent: Sat 3/11/2023 7:17 AM

Subject: To the attention of David Medeiros CBIS.

a. Sent: Wed 3/22/2023 5:02 PM

b. Pertaining to the received communication from
Thu 9/1/2022 12:16 PM

We kindly request that these concerns be brought to the attention of the Board of Directors at the earliest opportunity, as they directly affect our mutual mission to serve the community. We believe that addressing these questions and concerns will not only strengthen our collaboration but also ensure that the individuals we serve receive the highest quality of care and support.

The lack of response to our inquiries is causing growing concerns for numerous reasons, particularly in relation to the well-being of Medicaid consumers and providers. This situation not only impairs our capacity to offer optimal care to our clients, but it also casts doubt on the effectiveness of communication and collaboration between our organizations, as well as the ability of care managers to effectively provide for the Medicaid waiver brain injured population while ensuring the rights of the person served are adhered to. It is vital to address these concerns swiftly to preserve trust and nurture a positive working relationship moving forward. At ABI Resources, we are committed to partnering with your organization to develop practical solutions to the challenges faced by Medicaid consumers. By working together, we can make a meaningful difference and enhance the quality of care provided to these individuals, ultimately improving their well-being and overall experience.

Please provide a timeline for when we can expect a response to the aforementioned inquiries. We appreciate your attention to this matter and look forward to a productive dialogue.

Thank you for your cooperation.

Sincerely,

David Medeiros

A.B.I. RESOURCES

WEBSITE | FACEBOOK | BLOG | YOUTUBE

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

An amazing opportunity to be a part of something much greater than ourselves, supporting people become the best version of themselves. ABI Resources Connecticut home-based supported living and community care services for the MFP, ABI and PCA Waivers.

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

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
aabiwr@live.com

Your request

Subject: Freedom of Information Act Request: Communications Pertaining to Federal Medicaid ABI Waiver Program & Money Follows the Person Program Department of Health and Human Services Center for Medicare and Medicaid Services / Connecticut Department of Social Services / and the Community Options Unit, I hope this message finds you well. I am writing on behalf of ABI Resources LLC to make a request under the Freedom of Information Act (5 U.S.C. § 552) and Connecticut's Freedom of Information Act (Conn. Gen. Stat. § 1-200 et seq.). Request Details: We formally request access to, and copies of, all email communications, including attachments, sent to and from the Connecticut Department of Social Services, the Connecticut Community Options Unit, the Connecticut DSS Commissioners as well as emails to and from Ms. Amy Dumont COU DSS representative, related to the federal Medicaid Acquired Brain Injury (ABI) Waiver Program and the Money Follows the Person Program. Specific Email Addresses: AABIWR@live.com ABI@ctbraininjury.com David.M@ctbrainInjury.com Timeframe: From January 1, 2013, to the present date. Objective: Our objective is to obtain a comprehensive understanding of all communications, dialogues, discussions, and information exchanged relating to the aforementioned programs. Format: We prefer to receive the requested documents in electronic format to facilitate access and review. Please send the documents via email to the following addresses: Aabiwr@live.com Conclusion: We understand the obligations and constraints of your office and appreciate your attention to this request. We look forward to your prompt response, and, as stipulated by statute, we hope to receive the requested records within the legal time frame. Thank you very much for your time and cooperation. We anticipate your expedient disclosure of the requested documents. Sincerely, David Medeiros ABI Resources LLC

Fees