Fee waiver
no

Request expedited processing

Expedited processing
no

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: **352533-WJH**

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
davidmedeiros@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?

Something else happened

Location

Where did this happen?

Organization name
Connecticut Department of Social Services

Address
55 Farmington Avenue Hartford, CT 06105-3730
-
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?

9/28/2023

Personal description

In your own words, describe what happened

Subject: Formal Complaint: Alleged Discrimination and Violation of the Rights of Mr. David Medeiros Under the Americans with Disabilities Act and Section 504 of the Rehabilitation Act by the Connecticut Department of Social Services and COU Community Options Unit
To the Civil Rights Division, Department of Justice,
I, David Medeiros, am a survivor of traumatic brain injury and stroke and the proprietor of ABI Resources LLC, earnestly submit this formal complaint to bring to your esteemed notice the ongoing discriminatory conduct and unprofessional practices purportedly enacted by the Connecticut Department of Social Services and COU Community Options Unit against me. This complaint is lodged in my individual capacity and focuses on the alleged personalized, deliberate, and systemic discrimination and non-compliance with federal laws designed to protect the rights of people with disabilities.
Detailed Account of Alleged Discriminatory Acts:
Systematic Ignorance of Communication:
My communications and inquiries have been systematically ignored or unduly delayed. Such disregard not only reflects professional negligence but also epitomizes personal disdain, causing emotional distress and creating barriers in professional pursuits.
Inhibition of Professional Advancements:
Actions seemingly deliberate have been effectuated to limit my professional and business opportunities, necessitating the diversion of significant personal resources to secure parity in opportunity allocation.
Personal Harassment and Targeting:
I have been subjected to what can be characterized as a calculated endeavor of harassment, marginalization, and disparagement, tantamount to a personal affront and a violation of my dignity and professional standing.
Unresponsiveness to Registered Grievances:

The reported discriminatory practices and violations have met with conspicuous indifference, with minimal to no remedial actions undertaken, aggravating my sense of isolation and impinging on my rights as a disabled individual.

Discriminatory Allocation of Resources:

There exists a discernible bias in the allocation of referrals and resources, reflecting an ingrained prejudice and resulting in inequitable competitive circumstances, impinging on my professional integrity and personal well-being.

Legal Provisions Allegedly Violated:

The Americans with Disabilities Act (ADA):

The aforementioned actions ostensibly violate the provisions of ADA, infringing upon my rights and privileges as an individual with disabilities.

Section 504 of the Rehabilitation Act:

The alleged discriminatory conduct appears to be in contravention of Section 504, compromising my entitlement to impartiality and equality.

Request for Immediate Redressal and Investigation:

I hereby respectfully request the immediate intervention and comprehensive investigation by the Department of Justice into the outlined allegations of discrimination and violation of my rights under federal law. This is crucial to validate the allegations, cease the ongoing discriminatory practices, and enforce rectification and compliance with federal laws protecting the rights of individuals with disabilities.

Conclusion:

The conduct described herein not only constitutes professional malfeasance but also represents a blatant disregard for the rights, dignity, and well-being of an individual with disabilities, necessitating urgent and decisive legal intervention.

I am willing to provide any additional information, documentation, or clarification required to facilitate the investigation and am earnestly looking forward to a resolution that upholds the principles of justice, equality, and respect for the rights of individuals with disabilities.

Sincerely,

David Medeiros

FEDERAL TRADE COMMISSION
ReportFraud.ftc.gov

Consumer Report To The FTC

FTC Report Number
164963186

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: davidmedeiros@live.com

Address: 215 Mountain St

Phone: 860-463-3638

City: Willimantic **State:** Connecticut **Zip Code:** 06226

Country: USA

What happened

Subject: Formal Complaint: Alleged Discriminatory Practices and Unfair Business Conduct by the Connecticut Department of Social Services and COU Community Options Unit To the Federal Trade Commission, I, David Medeiros, a survivor of traumatic brain injury and stroke and proprietor of ABI Resources LLC, urgently submit this formal complaint outlining severe discriminatory and anti-competitive practices purportedly enacted by the Connecticut Department of Social Services and COU Community Options Unit against my company. Detailed Account of Alleged Discriminatory and Unfair Business Practices: Systematic Ignorance of Communication: My business communications are systematically ignored or delayed, displaying professional negligence and a discriminatory disdain detrimental to my business operations. Obstruction of Professional Opportunities: Actions seemingly aimed at inhibiting my business advancements necessitate the allocation of significant personal resources to maintain parity in opportunity allocation. Targeted Harassment and Discrimination: My business is subjected to what appears to be orchestrated discrimination, compromising my professional standing. Lack of Responsiveness to Registered Grievances: Reports of discrimination and malpractices are met with a conspicuous lack of action and remediation, amplifying unfair treatment. Inequitable Allocation of Resources and Referrals: A discernible bias in resource and referral allocation has created a hostile competitive environment detrimental to business. Alleged Kickback System and Bias: There appears to be a system wherein one agency is disproportionately favored, allowing clients to be paid while also receiving services, indicative of a potential kickback system of Medicaid referrals, significantly benefiting one entity at the expense of others, including mine. Targeting and Elimination of Small Businesses: Resources are seemingly utilized to target and undermine small businesses, effectively manipulating disabled clients and reducing competition, contravening principles of fair business practices. Channeling of Medicaid Clients: These entities appear to channel Medicaid clients predominantly to one provider in a purported effort to reduce internal resources and expenses, compromising the integrity of service allocation and undermining competitive parity. Inadequate Investigation of Wrongdoing Reports: Reports of wrongdoings and discriminatory actions are seemingly inadequately investigated and resolved, implying a systemic neglect of legitimate grievances and concerns. Legal Provisions Allegedly Violated: Consumer Protection Laws: The actions detailed herein ostensibly violate consumer protection laws, infringing upon my rights and privileges as an individual and a business owner. Principles of Fair Business Practices: The alleged conduct appears to undermine the principles of fairness and equality in business practices, necessitating legal scrutiny and redressal. Request for Immediate Redressal and Investigation: I implore the Federal Trade Commission to promptly intervene and conduct a comprehensive investigation into these severe allegations to affirm adherence to consumer protection laws and the principles of fair business practices. I seek urgent FTC intervention on alleged unfair practices & breaches by CT DSS, COU. Awaiting prompt action to uphold justice & fair competition. -David Medeiros

How it started

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

Details about the company, business, or individual

Company/Person		
Name: Connecticut Department of Social Services 25 Sigourney St		
Address Line 1:	Address Line 2:	City:
State:	Zip Code:	Country:
Email Address:		
Phone:		
Website:		
Name of Person You Dealt With:		

Your Next Steps

TO DO:

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

ftc.gov/exploredata

ftc.gov/refunds

Federal Agency Comment Form

Small Business Administration – Office of the National Ombudsman

OMB Control #3245-0313

Exp. Date 09/30/2022

Case #: 2309280095

PURPOSE: Small business owners may use this form to submit comments on Federal enforcement/compliance actions that they consider excessive or unfair. The National Ombudsman will use the information when it contacts the applicable Federal agency for a review of the action. Completion of this form is voluntary; however, failure to submit the requested information could impact whether SBA's Office of the National Ombudsman is able to provide you with assistance

Instructions

1. Complete, sign and date this form. (Signature not required if completed at Office-National-Ombudsman)
2. Provide a brief written statement on the reverse side or a separate sheet of paper regarding the specific enforcement or compliance action taken against your organization by the federal agency
3. Submit copies of substantiating documentation such as correspondence citation or notice (Note: canbe submitted separately from this form by fax or mail. Make sure to reference your name orcompany's name with this information).
4. If your comments concern the IRS, you must also submit a completed IRS Tax Information Authorization Form 8821, available at IRS.gov/forms (Can be sent by fax or mail.)
5. Fax, e-mail or send this form and requested information to: (1) Fax: (202) 481-5719; (2) Email:Ombudsman@sba.gov; (3) Address: SBA, Office of National Ombudsman,409 Third Street,SW,Washington, DC 20024.Telephone:(202) 205-2417.

Please Print

Organization/Company Name: ABI RESOURCES LLC

Address: 39 Kings Highway STE C

City: Gales Ferry State: CT Zip : 06335-

Phone: 860-942-0365 FAX: E-Mail: aabiwr@live.com

Contact Name: Mr. DAVID MEDEIROS Title: Founder Owner

Please indicate your organization type: Small Business

List the federal agency with which you are having a problem

Federal Agency Name: Connecticut Department of Social Services and COU Community Options Unit

Agency Contact Person:

Agency Office/Division:

Did the federal agency listed above inform you of your right to contact the SBA Office of the National ombudsman? No

If not how did you learn about this Office 0

Confidentiality/Disclosure

The National Ombudsman is required to keep confidential the identity of any person or small business providing a comment about an agency's compliance or enforcement action unless that person or small business provides consent, or disclosure is determined to be unavoidable. Confidentiality is governed by the Small Business Regulatory Enforcement Fairness Act 15 U.S.C. 657(b)(2(B) and the Inspector General's Act, 5 U.S.C. App., § 7(b). You may make a selection below to authorize SBA to share your identity with the federal agency with which you are having a problem so that agency can investigate your specific problem and offer a response tailored to your situation. By requesting confidentiality, the federal agency may not have sufficient information to investigate your specific problem, possibly delaying or preventing any potential resolution of your situation

☑ I request that my identity be shared only with the federal agency(ies) with which I am having a problem.

☐ I request that my identity be kept confidential. (Results may be limited.)

Signature: David Medeiros Date: 9/28/2023

Your signature authorizes the SBA Ombudsman to proceed on your behalf.

Pursue all legal options you believe are in your company's best interest.
This process is not a substitute for legal action.

SBA FORM 1993 (9-19) Previous Editions Obsolete

PLEASE NOTE: The estimated burden for completing this form is 45 minutes. You are not required to respond to this information collection if a valid OMB approval number is not displayed. If you have any questions or comments concerning this estimate or other aspects of this information collection, please contact the U. S. Small Business Administration, Director, Records Management Division, 409 Third Street, SW, Washington, D.C ., 20416 and/or Office of Management and Budget, SBA Desk Officer, New Executive Office Building, Rm. 10202, Washington, D.C. 20503. PLEASE DO NOT SEND FORMS TO OMB, as this will delay action on your request for assistance.

Type or (print) your comments below:

Subject: Formal Complaint: Unfair Regulatory Enforcement and Discrimination Against ABI Resources LLC by Connecticut Department of Social Services & COU Community Options Unit

To the Office of the National Ombudsman,

Small Business Administration

Dear Ombudsman,

I am David Medeiros, owner of ABI Resources LLC, and I am submitting this complaint to bring to your attention the serious and ongoing discriminatory practices and unfair regulatory enforcement exerted by the Connecticut Department of Social Services and COU Community Options Unit on my business.

Discriminatory Practices & Business Obstruction:

My company has experienced systemic neglect, biased communication, and targeted discrimination leading to professional hindrance and obstruction of growth opportunities.

Unfair Referral Allocation & Alleged Kickback System:

There's an evident bias in referral allocation, potentially part of an alleged kickback system favoring one agency, leading to undue competition and resource strain on my business.

Targeted Suppression of Small Businesses:

The aforementioned entities seem to employ resources to suppress and eliminate smaller businesses, manipulating competitive dynamics and violating principles of fair business practices.

Inadequate Grievance Addressal:

My reports of such misconduct are met with inadequate investigation and resolution, signaling systemic neglect of genuine concerns and grievances.

I request immediate intervention and an in-depth investigation into these allegations to ensure fair regulatory practices and eliminate any anti-competitive and discriminatory conduct adversely impacting my business. Such actions, if proven true, violate the principles of business fairness and equity, necessitating prompt redressal to uphold justice and competitive integrity.

Thank you for your attention to this urgent matter. I am willing to provide any additional information, documents, or clarification needed to aid your investigation and eagerly await your response and resolution to reinstate fair business practices and justice.

Sincerely,

David Medeiros

Owner, ABI Resources LLC

Federal Agency Comment Form

Small Business Administration – Office of the National Ombudsman

OMB Control #3245-0313

Exp. Date 09/30/2022

Case #: 2309280095

PURPOSE: Small business owners may use this form to submit comments on Federal enforcement/compliance actions that they consider excessive or unfair. The National Ombudsman will use the information when it contacts the applicable Federal agency for a review of the action. Completion of this form is voluntary; however, failure to submit the requested information could impact whether SBA's Office of the National Ombudsman is able to provide you with assistance

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1. Complete, sign and date this form. (Signature not required if completed at Office-National-Ombudsman)
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3. Submit copies of substantiating documentation such as correspondence citation or notice (Note: canbe submitted separately from this form by fax or mail. Make sure to reference your name orcompany's name with this information).
4. If your comments concern the IRS, you must also submit a completed IRS Tax Information Authorization Form 8821, available at IRS.gov/forms (Can be sent by fax or mail.)
5. Fax, e-mail or send this form and requested information to: (1) Fax: (202) 481-5719; (2) Email:Ombudsman@sba.gov; (3) Address: SBA, Office of National Ombudsman,409 Third Street,SW,Washington, DC 20024.Telephone:(202) 205-2417.

Please Print

Organization/Company Name: ABI RESOURCES LLC

Address: 39 Kings Highway STE C

City: Gales Ferry State: CT Zip : 06335-

Phone: 860-942-0365 FAX: E-Mail: aabiwr@live.com

Contact Name: Mr. DAVID MEDEIROS Title: Founder Owner

Please indicate your organization type: Small Business

List the federal agency with which you are having a problem

Federal Agency Name: Connecticut Department of Social Services and COU Community Options Unit

Agency Contact Person:

Agency Office/Division:

Did the federal agency listed above inform you of your right to contact the SBA Office of the National ombudsman? No

If not how did you learn about this Office 0

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The National Ombudsman is required to keep confidential the identity of any person or small business providing a comment about an agency's compliance or enforcement action unless that person or small business provides consent, or disclosure is determined to be unavoidable. Confidentiality is governed by the Small Business Regulatory Enforcement Fairness Act 15 U.S.C. 657(b)(2(B) and the Inspector General's Act, 5 U.S.C. App., § 7(b). You may make a selection below to authorize SBA to share your identity with the federal agency with which you are having a problem so that agency can investigate your specific problem and offer a response tailored to your situation. By requesting confidentiality, the federal agency may not have sufficient information to investigate your specific problem, possibly delaying or preventing any potential resolution of your situation

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☐ I request that my identity be kept confidential. (Results may be limited.)

Signature: David Medeiros Date: 9/28/2023

Your signature authorizes the SBA Ombudsman to proceed on your behalf.

Pursue all legal options you believe are in your company's best interest.
This process is not a substitute for legal action.

SBA FORM 1993 (9-19) Previous Editions Obsolete

PLEASE NOTE: The estimated burden for completing this form is 45 minutes. You are not required to respond to this information collection if a valid OMB approval number is not displayed. If you have any questions or comments concerning this estimate or other aspects of this information collection, please contact the U. S. Small Business Administration, Director, Records Management Division, 409 Third Street, SW, Washington, D.C ., 20416 and/or Office of Management and Budget, SBA Desk Officer, New Executive Office Building, Rm. 10202, Washington, D.C. 20503. PLEASE DO NOT SEND FORMS TO OMB, as this will delay action on your request for assistance.

Type or (print) your comments below:

Subject: Formal Complaint: Unfair Regulatory Enforcement and Discrimination Against ABI Resources LLC by Connecticut Department of Social Services & COU Community Options Unit

To the Office of the National Ombudsman,

Small Business Administration

Dear Ombudsman,

I am David Medeiros, owner of ABI Resources LLC, and I am submitting this complaint to bring to your attention the serious and ongoing discriminatory practices and unfair regulatory enforcement exerted by the Connecticut Department of Social Services and COU Community Options Unit on my business.

Discriminatory Practices & Business Obstruction:

My company has experienced systemic neglect, biased communication, and targeted discrimination leading to professional hindrance and obstruction of growth opportunities.

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Inadequate Grievance Addressal:

My reports of such misconduct are met with inadequate investigation and resolution, signaling systemic neglect of genuine concerns and grievances.

I request immediate intervention and an in-depth investigation into these allegations to ensure fair regulatory practices and eliminate any anti-competitive and discriminatory conduct adversely impacting my business. Such actions, if proven true, violate the principles of business fairness and equity, necessitating prompt redressal to uphold justice and competitive integrity.

Thank you for your attention to this urgent matter. I am willing to provide any additional information, documents, or clarification needed to aid your investigation and eagerly await your response and resolution to reinstate fair business practices and justice.

Sincerely,

David Medeiros

Owner, ABI Resources LLC

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

Request has been assigned: Control Number **092020237008** and PIN **ELJG**

10/3/2023

David Medeiros.
39 Kings Highway, STE C
Gales Ferry, CT 06335

Dear Mr. Medeiros:

This letter is to acknowledge receipt of your Freedom of Information Act (FOIA) (5 U.S.C. § 552) request and to provide you with a tracking number. The Centers for Medicare & Medicaid Services (CMS) received your FOIA request on **September 21, 2023**, pertaining to **"The Supported Living Group"**.

To check the status of your request as it is being processed, please refer to the CMS FOIA website at https://foia-request.cms.gov/check-status and enter the control number and PIN (listed at the top of the page) that has been assigned to your request.

Once we complete our initial analysis of your request, we will initiate a search for responsive records. If, however, we determine that your request needs clarification, we will contact you. Additionally, if our searching units advise us that you have requested a voluminous number of records that requires extensive search, production, and review, we will contact you to discuss options for narrowing the scope to process your request as quickly and efficiently as possible.

Please note that CMS receives a very high volume of FOIA requests. The following unusual circumstances, as defined by 5 USC § 552(a)(6), may affect our ability to fulfill a FOIA request within 20 business days. These include circumstances such as (1) the request requires us to search for and collect records from multiple components and/or field offices; (2) the request involves a voluminous number of records that must be located, compiled, transferred to this office, and reviewed. In addition, given our high volume of requests, and in accordance with federal regulations, our processing policy includes factors such as the date and complexity of the request.

The FOIA assumes that requesters are willing to pay fees up to $25.00. If estimated fees to process your request exceed $25.00, we will notify you and may suspend processing until we receive written confirmation that you are willing to pay the estimated fees. Additionally, if the estimated fees exceed $250.00, the law authorizes us to collect the fees *in advance* of processing the request.

If your request sought a fee waiver or expedited processing, we will send additional communication to provide you with our determination decision(s).

If you are not satisfied with any aspect of the processing and handling of this request, please contact Angelica Holland at .

You also have the right to seek dispute resolution services from:

Joseph Tripline
CMS FOIA Public Liaison
Centers for Medicare & Medicaid Services
7500 Security Blvd., MS C5-11-06
Baltimore, Maryland 21244-1850
Telephone: (410) 786-5353 fax (443)-380-8871

and/or:

Office of Government Information Services
National Archives and Administration
8601 Adelphi Road – OGIS
College Park, MD 20740-6001

Telephone: 202-741-5770
Toll-Free: 1-877-684-6448
E-mail: ogis@nara.gov
Fax: 202-741-5769

Respectfully,

Emmett Nicholson.
Director, Division of FOIA Analysis – C
Freedom of Information Group

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: **354718-LTZ**

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?

Something else happened

Location

Where did this happen?

Organization name
Connecticut Departmant of Social Services

Address
55 Farmington Avenue 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?

10/4/2023

Personal description

In your own words, describe what happened

10/04/2023
Subject: Formal Complaint: Alleged Discrimination and Violation of Rights Under the ADA and Section 504 by the Connecticut Department of Social Services and COU Community Options Unit
To the Civil Rights Division, Department of Justice,
I am David Medeiros, a survivor of traumatic brain injury and stroke and the owner of ABI Resources LLC. I write to formally communicate instances of alleged discrimination and violation of rights by the Connecticut Department of Social Services and COU Community Options Unit. This complaint is submitted in my individual capacity and spotlights the purported systematic discrimination and disregard of federal laws that safeguard the rights of disabled individuals.
Detailed Account of Alleged Discriminatory Acts:
Neglect of Communication:
My attempts to communicate and inquire have often been disregarded or unjustifiably delayed, reflecting not only professional negligence but also an indication of personal disregard. This has led to emotional distress and hindrances in my professional endeavors.
Obstruction of Professional Progress:
There have been intentional actions to hinder my professional and business opportunities, compelling me to utilize significant personal resources to ensure fair opportunity.
Personal Harassment:
I feel targeted and subjected to deliberate acts of harassment, marginalization, and disparagement, infringing upon my personal dignity and professional reputation.

Unaddressed Grievances:
Despite reporting these discriminatory acts and violations, there's been a notable lack of response or corrective actions, exacerbating my feelings of isolation and infringement of my rights.
Biased Resource Allocation:
I've observed a clear prejudice in resource and referral allocation, reflecting inherent bias and resulting in unfair competitive circumstances.
Legal Provisions Allegedly Breached:
Americans with Disabilities Act (ADA): The actions mentioned seem to breach the ADA, undermining my rights as a disabled individual.
Section 504 of the Rehabilitation Act: The discrimination appears contrary to Section 504, jeopardizing my right to fairness and equality.
Call for Action:
I earnestly request the Department of Justice's prompt intervention and thorough examination of the alleged discrimination and rights violations. It is imperative to verify these claims, halt ongoing discriminatory behaviors, and ensure adherence to federal laws upholding disabled individuals' rights.
Conclusion:
The behaviors outlined above not only display professional misconduct but also a blatant disrespect for the rights and dignity of disabled individuals, warranting prompt and assertive legal action.
I stand ready to offer any further details or clarification needed for the investigation. I ardently hope for a resolution that champions justice, equality, and respect for the rights of disabled individuals.
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

Your record number is: **355156-LRB**

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
Connecticut Department of Social Services

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)

Date

When did this happen?

10/4/2023

Personal description

In your own words, describe what happened

UNITED STATES DEPARTMENT OF JUSTICE
CIVIL RIGHTS DIVISION
950 Pennsylvania Avenue, NW
Washington, D.C. 20530
RE: Formal Complaint of Discrimination
I. EXECUTIVE OVERVIEW
To the Honorable Representatives of the Civil Rights Division,
I, David Medeiros, submit this formal complaint to the Department of Justice's Civil Rights Division with profound urgency and gravitas. Grounded in both federal and Connecticut state anti-discrimination laws, this document presents a disconcerting chronicle of alleged discriminatory actions and oversights perpetuated by the Connecticut Department of Social Services and the COU Community Options Unit.
II. IDENTIFICATION OF PARTIES
Complainant: David Medeiros, an emblematic figure in disability rights advocacy, proprietor of ABI Resources LLC, and a tenacious survivor of traumatic brain injury and stroke.

Respondents: Connecticut Department of Social Services and COU Community Options Unit, state entities duly bound by federal and state anti-discrimination mandates.

III. CHRONOLOGY OF DISCRIMINATORY CONDUCT

With meticulous detail, the following systemic transgressions are chronicled:

Systemic Communication Marginalization: A troubling neglect of my professional communications.

Deliberate Professional Barriers: Constructed obstructions inhibiting my professional ascent.

Sustained Harassment Campaign: Repeated acts undermining my dignity and professional standing.

Disregard for Grievance Mechanisms: An evident abrogation of my due process rights.

Resource Allocation Biases: Apparent disparities underscoring inherent bias against my professional endeavors.

IV. LEGISLATIVE AND REGULATORY INFRACTIONS

In accordance with the highest standards of legal rigor, I cite infractions of:

Americans with Disabilities Act, 42 U.S.C. § 12101 et seq. (ADA): A fundamental federal mandate that prohibits disability-based discrimination.

Section 504 of the Rehabilitation Act of 1973: An integral federal statute that safeguards against disability-based discrimination within federally funded programs or activities.

28 CFR Part 36: Regulatory provisions that underscore non-discrimination based on disability in public accommodations.

V. PRAYERS FOR REDRESS

I humbly entreat the Civil Rights Division to:

Initiate a Comprehensive Investigation into the infractions as detailed herein.

Mandate Immediate Remedial Actions by the Respondents to rectify their actions and ensure compliance with federal mandates.

Impose Appropriate Sanctions against the Respondents in accordance with the gravitas of the transgressions.

VI. CONCLUDING REMARKS

With unwavering faith in the bedrock principles of justice, equity, and civil rights that have defined this great nation, I submit this complaint to the Department of Justice, ardently seeking redress and anticipating a judicious resolution.

Dated:10.05.2023

With Deepest Respect,

David Medeiros

FEDERAL TRADE COMMISSION
ReportFraud.ftc.gov

Consumer Report To The FTC

FTC Report Number
165191346

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: 215 Mountain St

Phone: 860-463-3638

City: Willimantic **State:** Connecticut **Zip Code:** 06226

Country: USA

What happened

Federal Trade Commission 600 Pennsylvania Avenue NW Washington, DC 20580 Subject: Unlawful Practices of Connecticut Supported Living Group (SLG) and Its Implications on Federal Trade Laws Dear FTC Commissioners, I hope this letter finds you well. My name is David Medeiros, and I am writing on behalf of ABI Resources, a service provider dedicated to assisting the recovering brain-injured population. I am writing to bring to your attention alarming information we have received concerning potentially illicit and anti-competitive actions by the Connecticut Supported Living Group (SLG) Executive Office of Bethany, located at 23 Amity Rd, Bethany, CT 06524. 1. Payment to Clients for Service Retention: We have been made aware that SLG has adopted a strategy wherein clients receiving federally-funded Medicaid services for brain injury recovery are also being paid an amount of $30 a week for their continued patronage. Not only does this raise concerns regarding the ethicality of essentially 'paying' clients to receive medical care, but it also casts a shadow over the integrity of the decision-making process these vulnerable clients must navigate. 2. Termination of Services for Seeking Clarity: Further aggravating the matter, when a particular client sought more details regarding this $30 per week payment, SLG allegedly terminated their federally-funded healthcare support services. Such retaliation for a simple inquiry is not only unacceptable but also could potentially breach the rights of Medicaid beneficiaries. 3. Anti-Competitive Behavior and Its Impacts: The said practice poses significant challenges for other service providers, like ABI Resources. When clients receive financial incentives from SLG, they are naturally less likely to explore or shift to other service providers, regardless of the quality or appropriateness of care. This unfairly impacts our ability and that of other agencies to compete on a level playing field. Violations of FTC Laws: Given the above, we believe SLG's actions potentially violate several key FTC provisions: a. Deceptive Practices (Section 5 of the FTC Act): By paying clients and not being transparent about the nature or reasons for these payments, SLG may be engaging in deceptive practices. b. Unfair Practices (Section 5 of the FTC Act): Terminating services in retaliation for queries regarding the payments can be deemed as an unfair practice, which could lead to substantial harm to consumers who are denied necessary medical services. c. Anti-Competitive Practices (Sherman Act, Section 2): By paying clients to retain their services, SLG is potentially creating a monopoly in the market for services related to brain injury recovery. This could result in lessened competition, which is detrimental to consumers who benefit from a competitive marketplace that fosters innovation and better services. Request for Action: Given the severe implications of these actions for the welfare of the recovering brain-injured community and the competitive landscape of healthcare services in Connecticut, we respectfully request that the FTC promptly investigates this matter and take the necessary measures to halt and rectify any unfair and deceptive practices found. We remain at your disposal for any further information or clarity that you may need to pursue this matter. Thank you for your time and consideration. Sincerely, David Medeiros ABI Resources

How it started

Date fraud began:	Amount I was asked for:	Amount I Paid:
10/01/2023		
Payment Used:		**How I was contacted:**
Other		Other

Details about the company, business, or individual

Company/Person		
Name: Supported Living Group (SLG) Executive Office of Bethany, lo		
Address Line 1:	Address Line 2:	City:
State:	Zip Code:	Country:
Email Address:		
Phone:		
Website:		
Name of Person You Dealt With:		

Your Next Steps

Scam Advice:

- If you're concerned a scammer has your personal information, like your Social Security, credit card, or bank account number, go to identitytheft.gov for steps you can take.
- Learn more about different scams and how to recover from them at ftc.gov/scams.
- You also can file a report with your state attorney general.

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

Submission ID: 899561

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**October 17, 2023**.

The confirmation ID for your request is **899561**.

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
215 Mountain St
Willimantic, CT 06226
United States

Phone number
8604633638

Company/organization
ABI Resources LLC

Email
aabiwr@live.com

Your request

10.17.2023 RE: Freedom of Information Act Request FOIA To Whom It May Concern: I am writing to request information under the provisions of the Freedom of Information Act, 5 U.S.C. § 552, regarding the total payments made to Goodwill through the Medicaid Connecticut ABI Waiver programs from 2013 to the present day. Specifically, I am interested in obtaining financial data detailing the annual disbursements to Goodwill for each of the following years: 2013 2014 2015 2016 2017 2018 2019 2020 2021 2022 2023 Goodwill is a Medicaid provider operating within the state of Connecticut, and I am seeking information to better understand the financial relationships between this organization and the Medicaid Connecticut ABI Waiver programs. Please provide any documents, records, reports, or other relevant information that pertains to the payments made to Goodwill for the specified years. This information could include, but is not limited to, financial statements, invoices, payment logs, contracts, and any other documents that outline the financial transactions between Goodwill and Medicaid Connecticut ABI Waiver programs. If any part of my request is denied, please provide a written explanation of the specific exemptions under which the information is withheld. I kindly request accommodations due to my disability. To facilitate my accessibility and participation, I would greatly appreciate the use of electronic records. Your support in this matter is highly valued. Thank you for your understanding and assistance. Sincerely, David Medeiros ABI Resources

Fees

Fee waiver
no

Request expedited processing

Expedited processing
no

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: 899551

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**October 17, 2023**.

The confirmation ID for your request is **899551**.

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Contact information

Name
David MEDEIROS

Mailing address
215 Mountain St
Willimantic, CT 06226
United States

Phone number
8604633638

Email
davidmedeiros@live.com

Your request

10/17/2023 Connecticut Department of Social Services DSS and Community Options Unit COU Office of the Commissioner 55 Farmington Avenue Hartford, CT 06105 RE: Freedom of Information Act Request FOIA To Whom It May Concern: I am writing to request information under the provisions of the Freedom of Information Act, 5 U.S.C. § 552, regarding the total payments made to Goodwill through the Medicaid Connecticut ABI Waiver programs from 2013 to the present day. Specifically, I am interested in obtaining financial data detailing the annual disbursements to The Supported Living Group for each of the following years: 2013 2014 2015 2016 2017 2018 2019 2020 2021 2022 2023 Goodwill is a Medicaid provider operating within the state of Connecticut, and I am seeking information to better understand the financial relationships between this organization and the Medicaid Connecticut ABI Waiver programs. Please provide any documents, records, reports, or other relevant information that pertains to the payments made to Goodwill for the specified years. This information could include, but is not limited to, financial statements, invoices, payment logs, contracts, and any other documents that outline the financial transactions between Goodwill and Medicaid Connecticut ABI Waiver programs. If any part of my request is denied, please provide a written explanation of the specific exemptions under which the information is withheld. I kindly request accommodations due to my disability. To facilitate my accessibility and participation, I would greatly appreciate the use of electronic records. Your support in this matter is highly valued. Thank you for your understanding and assistance. Sincerely, David Medeiros ABI Resources

Fees

Fee waiver
no

Request expedited processing

Expedited processing
no

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: 899566

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**October 17, 2023**.

The confirmation ID for your request is **899566**.

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
215 Mountain St
Willimantic, CT 06226
United States

Phone number
8604633638

Company/organization
ABI Resources LLC

Email
aabiwr@live.com

Your request

10.17.2023 RE: Freedom of Information Act Request FOIA To Whom It May Concern: I am writing to request information under the provisions of the Freedom of Information Act, 5 U.S.C. § 552, regarding the total payments made to Project Genesis through the Medicaid Connecticut ABI Waiver programs from 2013 to the present day. Specifically, I am interested in obtaining financial data detailing the annual disbursements to Project Genesis for each of the following years: 2013 2014 2015 2016 2017 2018 2019 2020 2021 2022 2023 Project Genesis is a Medicaid provider operating within the state of Connecticut, and I am seeking information to better understand the financial relationships between this organization and the Medicaid Connecticut ABI Waiver programs. Please provide any documents, records, reports, or other relevant information that pertains to the payments made to Goodwill for the specified years. This information could include, but is not limited to, financial statements, invoices, payment logs, contracts, and any other documents that outline the financial transactions between Goodwill and Medicaid Connecticut ABI Waiver programs. If any part of my request is denied, please provide a written explanation of the specific exemptions under which the information is withheld. I kindly request accommodations due to my disability. To facilitate my accessibility and participation, I would greatly appreciate the use of electronic records. Your support in this matter is highly valued. Thank you for your understanding and assistance. Sincerely, David Medeiros ABI Resources

Fees

Fee waiver
no

Request expedited processing

Expedited processing
no

FOIA.gov

CONTACT

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

Hero image credit CC3.0

- FREQUENTLY ASKED QUESTIONS
- DEVELOPER RESOURCES
- AGENCY API SPEC
- FOIA CONTACT DOWNLOAD
- FOIA DATASET DOWNLOAD
- ACCESSIBILITY
- PRIVACY POLICY
- POLICIES & DISCLAIMERS
- JUSTICE.GOV
- USA.GOV

Submission ID: 899546

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
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joseph.tripline@cms.hhs.gov

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7500 Security Boulevard
Baltimore, MD 21244
FOIA_Request@cms.hhs.gov

Request summary

Request submitted on**October 17, 2023**.

The confirmation ID for your request is **899546**.

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Contact information

Name
David MEDEIROS

Mailing address
215 Mountain St
Willimantic, CT 06226
United States

Phone number
8604633638

Email
aabiwr@live.com

Your request

I am writing to request information under the provisions of the Freedom of Information Act, 5 U.S.C. § 552, regarding the total payments made to The Supported Living Group through the Medicaid Connecticut ABI Waiver programs from 2013 to the present day. Specifically, I am interested in obtaining financial data detailing the annual disbursements to The Supported Living Group for each of the following years: 2013 2014 2015 2016 2017 2018 2019 2020 2021 2022 2023 The Supported Living Group is a Medicaid provider operating within the state of Connecticut, and I am seeking information to better understand the financial relationships between this organization and the Medicaid Connecticut ABI Waiver programs. Please provide any documents, records, reports, or other relevant information that pertains to the payments made to The Supported Living Group for the specified years. This information could include, but is not limited to, financial statements, invoices, payment logs, contracts, and any other documents that outline the financial transactions between The Supported Living Group and Medicaid Connecticut ABI Waiver programs. If any part of my request is denied, please provide a written explanation of the specific exemptions under which the information is withheld. I kindly request accommodations due to my disability. To facilitate my accessibility and participation, I would greatly appreciate the use of electronic records. Your support in this matter is highly valued. Thank you for your understanding and assistance. Sincerely, David Medeiros ABI Resources

Fees

What type of requester are you?
other

Fee waiver
no

Request expedited processing

Expedited processing
no

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

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

To.

Connecticut Department of Social Services, DSS Legal. Formal FOIA request.

In reference to what may appear to be ABI Waiver program discriminatory and biased practices, challenges, and concerns. Additionally, these concerns also relate to the MFP program.

Appendix D: Participant-Centered Planning and Service Delivery

D-1: Service Plan Development (6 of 8)

f. Informed Choice of Providers. Describe how participants are assisted in obtaining information about and selecting from among qualified providers of the waiver services in the service plan.

Case managers share with waiver consumers the provider listing, which is developed by a DSS contracted fiduciary. This listing identifies providers by service type and geographic coverage area who meet the qualifications as set forth by DSS to service waiver participants. The case managers facilitate opportunities for participants to speak with and/or interview prospective providers prior to selection. Program participants are able to contact the fiscal intermediary to get an updated and customized listing of the provider directory. For household employees, a background check is conducted by the fiscal intermediary and the results are shared with the consumer to aid in their selection.

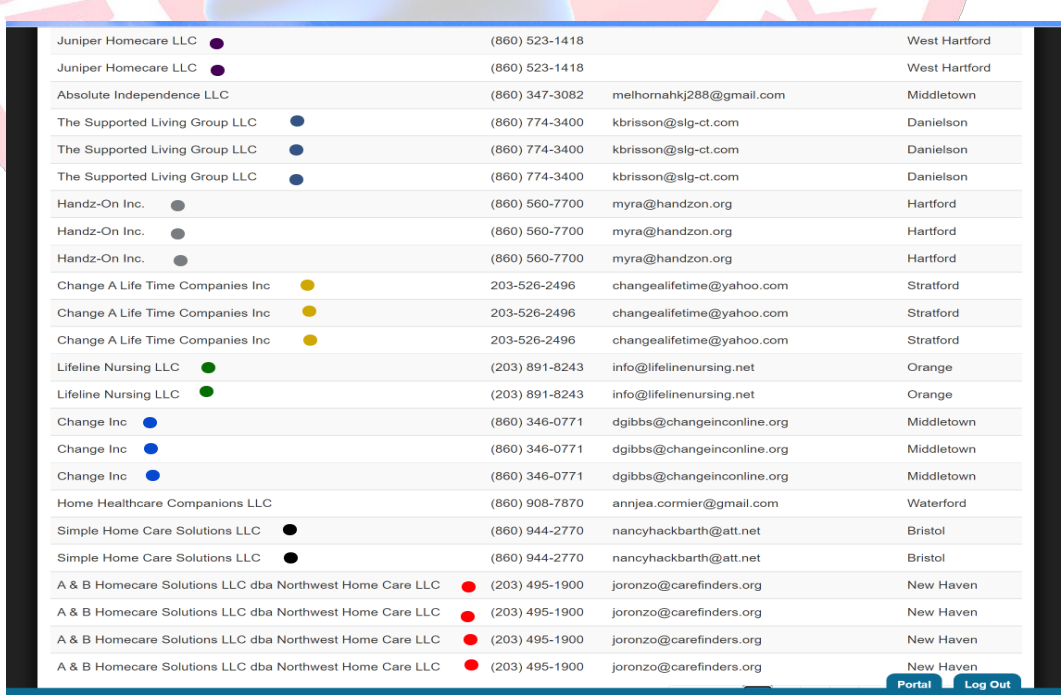
The DSS contracted fiduciary listing may appear to be discriminatory to the disabled ABI Waiver population it serves and Medicaid providers:

- The listing is not accessible or viewable to the public.
- Locked and only accessible via an email address verification process, username, and created a password for consumers of the ABI Waiver Program.
- Many of the disabled ABI Waiver Program population cannot afford the internet and the equipment needed to access the internet to navigate their listing.
- Many disabled ABI populations cannot navigate and understand internet-based communication processes.
- Many disabled ABI Waiver populations live with communication and memory challenges. Calling the DSS contracted fiduciary, waiting on hold, leaving voicemail requests for callbacks, or requesting the listing mailed to their home address is a highly complex process for most.
- Case Managers are providing verbal recommendations to ABI Waiver and MFP consumers of providers that they believe would be a good fit for the consumer without giving the complete DSS

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

contracted fiduciary listing. This action is not ethical and maybe biased as disabled ABI waiver consumers are not afforded their complete full and unbiased selection of providers that may provide a more beneficial Case Management relationship. ABI Waiver and MFP consumers may appear not completely informed or misled during decision-making and may be left entirely out of the selection process. This may appear to be discriminating and misleading to consumers with disabilities and not providing them the same civil rights in their person-centered program decision process. An example of this would be a verbal phone conversation promoting a specific provider, leading or steering a client to meet with or arranging a referral before a consumer is wholly informed or provided their complete options by a Case Management selected provider.

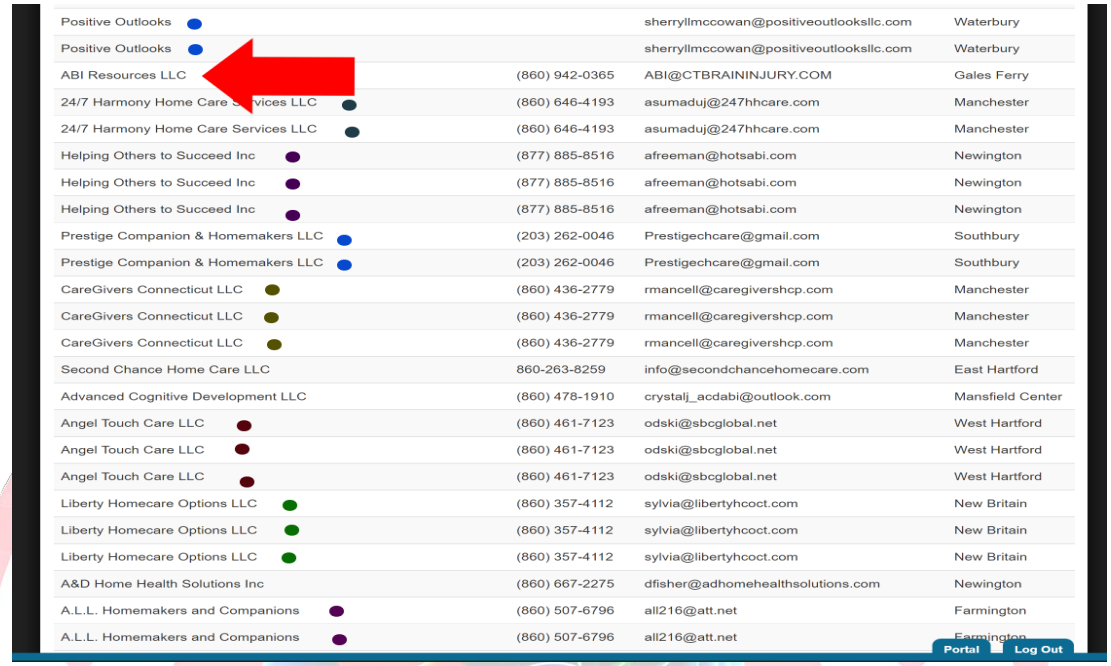
- DSS, Case Management providers, and the contracted, the fiduciary listing provider may be aware of these discriminatory processes and practices.
- How does DSS ensure the disabled population is not discriminated against and provide the procedural validation system to ensure civil rights are completely adhered to?
- Additionally, it may appear that the DSS contracted fiduciary listing is discriminatory and biased to confuse the disabled ABI Waiver consumer in this way. Below are the first two webpages of many that DSS'S contracted fiduciary is listing; note that agency providers are listed biasedly and misleadingly, listing the same providers in duplicate, triplicate, and more.



Juniper Homecare LLC	(860) 523-1418		West Hartford
Juniper Homecare LLC	(860) 523-1418		West Hartford
Absolute Independence LLC	(860) 347-3082	melhornahkj288@gmail.com	Middletown
The Supported Living Group LLC	(860) 774-3400	kbrisson@slg-ct.com	Danielson
The Supported Living Group LLC	(860) 774-3400	kbrisson@slg-ct.com	Danielson
The Supported Living Group LLC	(860) 774-3400	kbrisson@slg-ct.com	Danielson
Handz-On Inc.	(860) 560-7700	myra@handzon.org	Hartford
Handz-On Inc.	(860) 560-7700	myra@handzon.org	Hartford
Handz-On Inc.	(860) 560-7700	myra@handzon.org	Hartford
Change A Life Time Companies Inc	203-526-2496	changealifetime@yahoo.com	Stratford
Change A Life Time Companies Inc	203-526-2496	changealifetime@yahoo.com	Stratford
Change A Life Time Companies Inc	203-526-2496	changealifetime@yahoo.com	Stratford
Lifeline Nursing LLC	(203) 891-8243	info@lifelinenursing.net	Orange
Lifeline Nursing LLC	(203) 891-8243	info@lifelinenursing.net	Orange
Change Inc	(860) 346-0771	dgibbs@changeinconline.org	Middletown
Change Inc	(860) 346-0771	dgibbs@changeinconline.org	Middletown
Change Inc	(860) 346-0771	dgibbs@changeinconline.org	Middletown
Home Healthcare Companions LLC	(860) 908-7870	annjea.cormier@gmail.com	Waterford
Simple Home Care Solutions LLC	(860) 944-2770	nancyhackbarth@att.net	Bristol
Simple Home Care Solutions LLC	(860) 944-2770	nancyhackbarth@att.net	Bristol
A & B Homecare Solutions LLC dba Northwest Home Care LLC	(203) 495-1900	joronzo@carefinders.org	New Haven
A & B Homecare Solutions LLC dba Northwest Home Care LLC	(203) 495-1900	joronzo@carefinders.org	New Haven
A & B Homecare Solutions LLC dba Northwest Home Care LLC	(203) 495-1900	joronzo@carefinders.org	New Haven
A & B Homecare Solutions LLC dba Northwest Home Care LLC	(203) 495-1900	joronzo@carefinders.org	New Haven

Portal Log Out

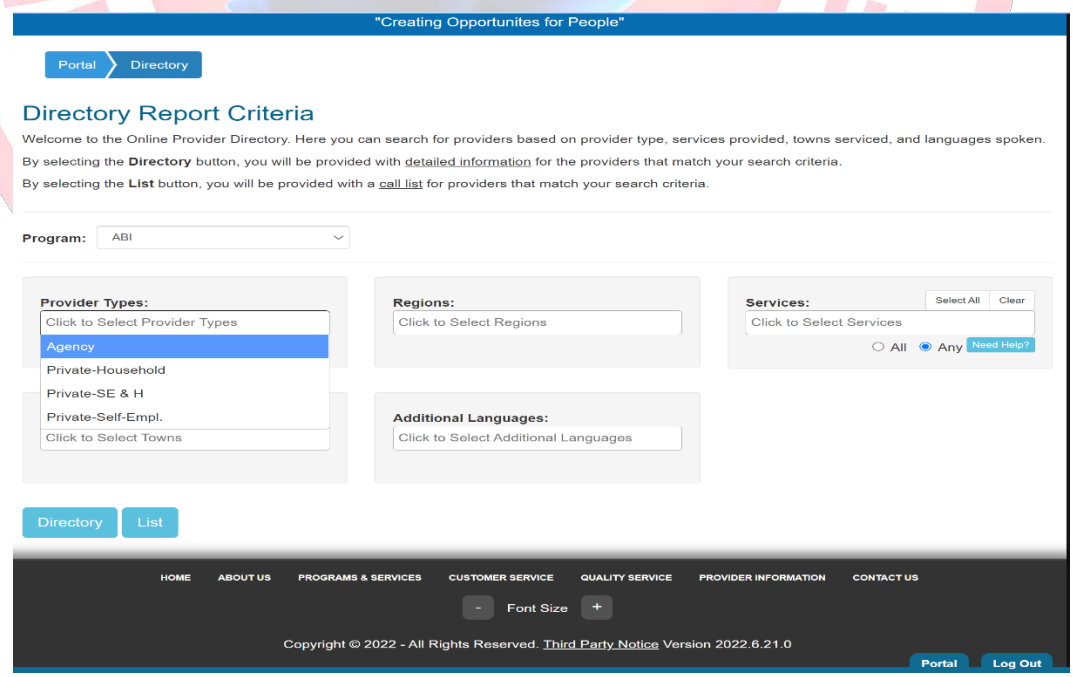
- Note that ABI Resources is listed once.



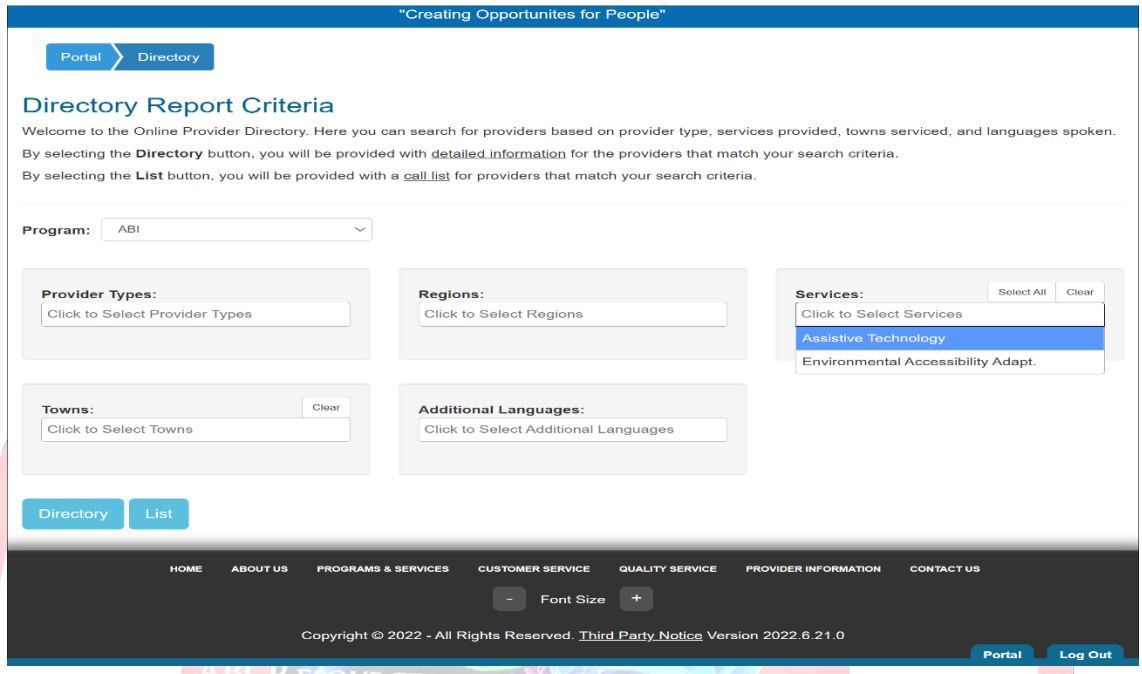
Positive Outlooks		sherryllmccowan@positiveoutlooksllc.com	Waterbury
Positive Outlooks		sherryllmccowan@positiveoutlooksllc.com	Waterbury
ABI Resources LLC	(860) 942-0365	ABI@CTBRAININJURY.COM	Gales Ferry
24/7 Harmony Home Care Services LLC	(860) 646-4193	asumaduj@247hhcare.com	Manchester
24/7 Harmony Home Care Services LLC	(860) 646-4193	asumaduj@247hhcare.com	Manchester
Helping Others to Succeed Inc	(877) 885-8516	afreeman@hotsabi.com	Newington
Helping Others to Succeed Inc	(877) 885-8516	afreeman@hotsabi.com	Newington
Helping Others to Succeed Inc	(877) 885-8516	afreeman@hotsabi.com	Newington
Prestige Companion & Homemakers LLC	(203) 262-0046	Prestigechcare@gmail.com	Southbury
Prestige Companion & Homemakers LLC	(203) 262-0046	Prestigechcare@gmail.com	Southbury
CareGivers Connecticut LLC	(860) 436-2779	rmancell@caregivershcp.com	Manchester
CareGivers Connecticut LLC	(860) 436-2779	rmancell@caregivershcp.com	Manchester
CareGivers Connecticut LLC	(860) 436-2779	rmancell@caregivershcp.com	Manchester
Second Chance Home Care LLC	860-263-8259	info@secondchancehomecare.com	East Hartford
Advanced Cognitive Development LLC	(860) 478-1910	crystalj_acdabi@outlook.com	Mansfield Center
Angel Touch Care LLC	(860) 461-7123	odski@sbcglobal.net	West Hartford
Angel Touch Care LLC	(860) 461-7123	odski@sbcglobal.net	West Hartford
Angel Touch Care LLC	(860) 461-7123	odski@sbcglobal.net	West Hartford
Liberty Homecare Options LLC	(860) 357-4112	sylvia@libertyhcoct.com	New Britain
Liberty Homecare Options LLC	(860) 357-4112	sylvia@libertyhcoct.com	New Britain
Liberty Homecare Options LLC	(860) 357-4112	sylvia@libertyhcoct.com	New Britain
A&D Home Health Solutions Inc	(860) 667-2275	dfisher@adhomehealthsolutions.com	Newington
A.L.L. Homemakers and Companions	(860) 507-6796	all216@att.net	Farmington
A.L.L. Homemakers and Companions	(860) 507-6796	all216@att.net	Farmington

Portal Log Out

- Note that disabled ABI Waiver consumers may have significant challenges understanding the list of provider types.



- Note that the services do not list the services that the disabled ABI Waiver consumers understand and are familiar with, such as Companion, ILST, homemaker RA and more. This may appear to be misleading and confusing.



- CBT and Behaviorist services are not listed on the DSS contracted fiduciary listing. This may create questionable and concerning challenges that may promote a discriminatory or biased decision-making process. Case Managers are not providing the disabled ABI Waiver program listing to choose from and maybe selecting, making initiative-taking referrals, and promoting behaviorists that benefit Case management relationships more than the Disabled ABI Waiver consumer. This may appear to be a discriminatory and biased practice.

ABI Resources formally requests a Department of Social Services internal investigation of these practices and concerns and a FOIA request for the policies and procedures for protecting the civil rights of the disabled under the ABI Waiver program guidelines.

Best regards,
David Medeiros

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

Submission ID: 924101

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**October 30, 2023**.

The confirmation ID for your request is **924101**.

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
215 Mountain St
Willimantic, CT 06226
United States

Phone number
8604633638

Company/organization
ABI Resources LLC

Email
aabiwr@live.com

Your request

10/30/2023 Subject: Formal Request under the Freedom of Information Act FOIA – CMS Records Medicaid ABI Waiver Programs and Related Referral Processes Dear FOIA officers, I am writing to submit a formal request under the provisions of the Freedom of Information Act, with the intention of obtaining comprehensive CMS records and documents pertaining to the Medicaid Acquired Brain Injury (ABI) Waiver Programs, and the associated referral processes conducted by Connecticut Community Care, located at 43 Enterprise Drive, Bristol, Connecticut, 06010. This request covers the period from January 1, 2015, to the present date. The nature of the records requested is detailed as follows: Referral Records: Complete documentation of all referrals facilitated by Connecticut Community Care for Medicaid ABI Waiver 1, ABI Waiver 2. Funding Documentation: Records specifying the sources of funding for the Medicaid ABI Waiver Program referrals, elucidated under the aforementioned programs. Referral Limitations and Conditions: Detailed information on any limitations, restrictions, or conditions attached to the aforementioned referrals. Quality and Compliance Records: Comprehensive data including but not limited to complaints, grievances, investigations, audit reports, outcomes, and subsequent corrective actions related to the referral processes. Electronic System Accountability: Documents related to complaints, grievances, investigations, audit reports, outcomes, and corrective actions pertinent to the use of electronic referral systems employed in delivering Medicaid program services. Guidance and Regulation: All prevailing policies, guidelines, regulations, and communications that govern the referral practices within the Medicaid ABI Waiver Programs. Communication Records: Any and all communication records involving FOIA officers and CT DSS representatives related to the subject matter herein. Kindly furnish records including the name, title, and contact information of the FOIA officer handling this request. Records in instances where any part of this request is denied, I respectfully request a detailed justification for non-disclosure, citing the specific statutory exemptions that underpin the decision. Given the nature of my work and due to a disability, I kindly request that all responsive documents be provided in an accessible, electronic format. Your timely attention to this matter is highly appreciated, and I

anticipate the reception of the requested records within the statutory timeframe. Should you require any further clarification or additional information to expedite this request, please feel free to reach out to me directly. Thank you for your cooperation and dedication to transparency. Sincerely, David Medeiros ABI Resources

Fees

Fee waiver
no

Request expedited processing

Expedited processing
yes

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A.B.I. RESOURCES

10/31/2023

Subject: Formal Grievance Concerning Discriminatory Unfair Business Practices within the Connecticut Medicaid ABI Waiver Program

To: All pertinent departments within the state of Connecticut,

I trust this correspondence reaches you in excellent health and high spirits. My name is David Medeiros, and I am addressing you in my capacity as a concerned business owner, resident, and individual with a disability residing in the state of Connecticut. I have the honor of leading ABI Resources, a distinguished service provider within the Connecticut Medicaid Acquired Brain Injury (ABI) Waiver Program.

I find myself compelled to highlight and formally complain about a series of blatant and persistent inequities pertaining to discriminatory business practices occurring under the aegis of the aforementioned program. Despite my multiple, concerted efforts to engage in constructive dialogue with the Connecticut Department of Social Services, addressing these grave concerns has been met with a disconcerting lack of engagement and rectification. This situation has had a deleterious impact not only on the operations of ABI Resources but also on the well-being and quality of service accessible to the disabled individuals we are committed to serving.

ABI RESOURCES LLC
39 KINGS HIGHWAY SUITE C
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860 942-0365
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Key Concerns and Grievances:

a) **Medicaid Referrals:**

b) **Paying Consumers / Financial Incentives Inducements / Medicaid Service Agency**

a) **Medicaid Referrals**:

There is a prevailing lack of transparency and an apparent bias in the Medicaid referral processes within the ABI Waiver Program. ABI Resources, despite an unwavering commitment to excellence in service delivery, has been unfairly marginalized, resulting in an unequal and unjust distribution of referrals.

Addressing issues of transparency, bias, and unfair marginalization in Medicaid referrals, particularly within the Acquired Brain Injury (ABI) Waiver Program, is crucial to ensuring equitable access to quality healthcare services for all eligible individuals. ABI Resources and similar service providers play a vital role in supporting individuals with acquired brain injuries, and it is essential that they are treated fairly in the referral process to continue their commitment to excellence in service delivery.

Potential Steps to Address the Issue:

<u>Increase Transparency:</u>

Implement a transparent referral process where criteria for referrals are clearly defined and made publicly available.

Establish a monitoring system to track and publish referral data, including the number of referrals made to each service provider and the reasons for referral decisions.

Conduct an Independent Audit:

Hire an independent entity to conduct a thorough review of the Medicaid referral processes within the ABI Waiver Program to identify any biases or unfair practices.

The audit should also evaluate the performance and quality of services provided by ABI Resources and other service providers to ensure that referrals are based on merit and the ability to meet the needs of individuals with acquired brain injuries.

Implement a Fair and Equitable Referral System:

Develop a standardized and objective referral system that ensures all service providers are evaluated based on the same criteria.

Consider incorporating a randomized component to the referral process to prevent bias and ensure a fair distribution of referrals.

Engage Stakeholders:

Create a platform for open dialogue between Medicaid officials, service providers, individuals with acquired brain injuries, and their families to discuss concerns related to the referral process.

Use feedback from stakeholders to continuously improve the referral system and address any emerging issues.

Provide Training and Education:

Offer training to Medicaid officials and other stakeholders involved in the referral process to raise awareness about potential biases and the importance of a fair and equitable system.

Educate service providers about the referral process, criteria for referrals, and steps they can take if they believe they have been treated unfairly.

Establish a Complaint and Appeal Process:

Create a clear and accessible complaint and appeal process for service providers who believe they have been unfairly marginalized in the referral process.

Ensure that complaints are thoroughly investigated and that corrective action is taken when warranted.

Promote Accountability:

Hold Medicaid officials and other stakeholders accountable for ensuring a fair and transparent referral process.

Implement consequences for individuals or entities found to be engaging in biased or unfair practices.

Regularly Review and Update Policies:

Conduct regular reviews of referral policies and procedures to ensure they remain up-to-date, fair, and transparent.

Update policies as needed to address any identified issues and to adapt to changing needs and circumstances.

Addressing the issues of transparency, bias, and unfair marginalization in Medicaid referrals within the ABI Waiver Program is essential to ensuring that all eligible individuals have equal access to high-quality services. It is imperative that service providers like ABI Resources are treated fairly and equitably in the referral process to uphold the integrity of the healthcare system and to foster trust among all stakeholders. Implementing the above steps could contribute significantly to creating a more transparent, fair, and equitable referral system, ultimately benefiting individuals with acquired brain injuries and the service providers dedicated to supporting them.

b) Paying Consumers / Financial Incentives Inducements / Medicaid Service Agency

Provider: A Medicaid service agency provider is offering financial incentives to consumers, leading to an imbalance in the competitive landscape. This kind of practice can indeed raise serious ethical, legal, and fairness concerns.

Ethical Concerns:

Conflicts of Interest: Financial incentives could create a conflict of interest, where the provider's financial gain takes precedence over the best interests of the consumer.

Bias and Unfairness: It could lead to bias in referrals, favoring certain providers over others irrespective of the quality of services they offer.

Erosion of Trust: Such practices can erode trust in the Medicaid system and healthcare providers, as consumers may question the motives behind the services they are being referred to.

Legal Concerns:

Violation of Anti-Kickback Statutes: Providing inducements to influence the referral of services covered by Medicaid can violate anti-kickback statutes, potentially leading to legal actions and penalties.

False Claims Act Violations: If such inducements lead to fraudulent billing or claims, it could result in violations of the False Claims Act.

Non-Compliance with Medicaid Regulations: Medicaid has strict guidelines and regulations to ensure fairness and prevent fraud, and engaging in such practices can result in non-compliance and potential debarment from the program.

Lack of Responsiveness to Complaints and Reports: Our persistent complaints and reports, meticulously documenting these issues, have been met with apathy. There is an alarming deficit in the investigation, redressal, and accountability mechanisms within the system.

Adverse Impacts on ABI Resources:

Financial Duress: The discriminatory practices and referral shortages have placed ABI Resources under significant financial duress, compromising our ability to maintain operational viability and deliver superior services to our clients.

Reputational Harm: The state's nonintervention and perceived partiality have led to an erosion of our reputation. This has resulted in ABI Resources being unjustly perceived as a less favorable service provider, regardless of our commitment to quality and excellence.

Demoralization of Workforce: The protracted nature of these issues has led to a pervasive sense of demoralization among our staff and stakeholders, adversely impacting the morale and efficacy of our organizational operations.

Addressing the Issue:

Regulatory Oversight: There should be strict oversight and monitoring by regulatory bodies to ensure that all Medicaid service agency providers are complying with laws and regulations.

Transparency: Increasing transparency in the referral process can help in ensuring that referrals are made based on the quality of services rather than financial incentives.

Whistleblower Protections: Encouraging whistleblowing and providing protections for whistleblowers can help in uncovering and addressing such unethical practices.

Penalties and Sanctions: Implementing strict penalties and sanctions for those found guilty of engaging in such practices can act as a deterrent.

Public Awareness: Educating consumers about the potential for such conflicts of interest and providing them with information on how to report suspicious activities can empower them to make informed decisions.

Addressing this issue is crucial for maintaining the integrity of the Medicaid program, ensuring that consumers receive the best possible care, and fostering a competitive and fair marketplace for healthcare services.

Call to Action:

I earnestly seek your prompt intervention and advocacy in ensuring this grievance is communicated to all pertinent departments within the state of Connecticut tasked with addressing such critical matters. The departments that ought to be immediately apprised of this situation include, but are not limited to:

Connecticut Department of Social Services

Connecticut Attorney General's Office

Connecticut Commission on Human Rights and Opportunities

Connecticut Office of the Healthcare Advocate

Connecticut Office of Policy and Management

I have proactively initiated complaints and have directly engaged with the Connecticut Department of Social Services. Rest assured, all communications have been meticulously documented, encompassing dates, times, and the identities of the individuals engaged in these discussions.

I place my trust in your unwavering commitment to justice and fairness, confident that you will accord this matter the urgency and gravitas it demands, ensuring a

comprehensive investigation and the implementation of corrective measures. The equitable treatment of all service providers operating under the Connecticut Medicaid ABI Waiver Program is of utmost importance, and I am optimistic that your intervention will usher in a just resolution.

I am grateful for your time and thoughtful consideration of this crucial matter.

Sincerely,

David Medeiros

Best regards,
David Medeiros

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

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