

**BEFORE THE
OFFICE OF ADMINISTRATIVE HEARINGS
STATE OF CALIFORNIA**

In the Matter of:

CLAIMANT,

and

NORTH LOS ANGELES COUNTY REGIONAL CENTER,

Service Agency.

DDS No. CS0038625

OAH No. 2026071292

DECISION

Sandy Yu, Administrative Law Judge (ALJ), Office of Administrative Hearings (OAH), State of California, heard this matter by videoconference on August 18, 2026.

Claimant's mother (Mother) represented Claimant, who was not present at the hearing. The names of Claimant and her family members are omitted to protect their privacy.

Paul Mejia, Due Process Officer, represented North Los Angeles County Regional Center (NLACRC or Service Agency).

The ALJ received testimony and documentary evidence. The record closed, and the matters were submitted for decision at the conclusion of the hearing.

ISSUE

Is Claimant entitled to interim funding for services at Ingomar Congregate Living Health Facility (Ingomar)?

EVIDENCE RELIED UPON

In reaching this decision, the ALJ relied upon NLACRC's Exhibits 1 through 12; the testimony of NLACRC's Consumer Services Coordinator Rena Dishjekian, NLACRC's Consumer Services Manager Anahit Nanyan, and NLACRC's Resource Development Supervisor Kimberly Johnson-McNeill; Claimant's Exhibits A through I and K through N; and the testimony of Mother.

FACTUAL FINDINGS

Parties and Jurisdiction

1. The Department of Developmental Services (Department) administers the Lanterman Developmental Disabilities Services Act (the Lanterman Act) to ensure that necessary services and supports are provided to persons with developmental disabilities to help them lead more independent lives. (Welf. & Inst. Code, § 4500.) NLACRC is one of 21 nonprofit regional centers established by the Lanterman Act. Each regional center serves consumers within a particular geographic area of the state known as a "service catchment area," as specified in a contract with the Department.

(Welf. & Inst. Code, §§ 4620, subd. (a), 4640, subd. (a); Cal. Code Regs., tit. 17 (CCR), § 54302, subd. (a)(58).)

2. Claimant is a 33-year-old conserved adult who is eligible for regional center services based on her qualifying diagnosis of mild intellectual disability and epilepsy. She lives independently in NLACRC's catchment area.

Background

3. On May 29, 2026, Claimant experienced an emergency and was transferred to Kaiser Permanente Woodland Hills Medical Center (Kaiser Medical Center). At Kaiser Medical Center, she was diagnosed with pancytopenia, a blood disorder where a person has a lower-than-normal number of blood cells. In early June 2026, Claimant was discharged from Kaiser and transferred to Grand Valley Health Care Center (Grand Valley), a skilled nursing facility, for rehabilitation.

4. On July 1, 2026, in preparation for Claimant's anticipated discharge from Grand Valley, Mother met with NLACRC's clinical team, Claimant's Supported Living Services staff, and Grand Valley staff to discuss potential placement options upon discharge. According to Mother, the meeting consensus was to defer the decision regarding Claimant's residential placement to her treating neurology team at Keck Medical Center of USC (Keck Medical Center).

5. In a letter dated July 2, 2026, Keck Medical Center's physician assistant Janet Greenwood wrote, "due to profound neuro-fatigue, severe cognitive-motor deficits, dysphagia requiring an altered mechanical diet, and an active non-weight-bearing orthopedic fracture, [claimant] requires 24/7 skilled nursing care and intensive multidisciplinary rehabilitation. It is medically necessary for her to be transferred to

your subacute Congregate Living Health Facility (CLHF) to safely facilitate her neurological recovery and manage her complex medical needs.” (Exh. F, p. B136.)

6. On July 6, 2026, Claimant was admitted to Providence Cedars-Sinai Tarzana Medical Center (Tarzana Medical Center) because her health deteriorated while in Grand Valley. At Tarzana Medical Center, she was diagnosed with severe hyperammonemia encephalopathy, a life-threatening condition caused by a high buildup of ammonia in the blood.

7. On July 13, 2026, Tarzana Medical Center’s social worker Carolina Stewart informed Mother that CLHF services are not a covered benefit through L.A. Care Health Plan; however, Claimant may apply for the Home and Community-Based Services (HCBS) waiver, a program that permits the state to provide home and community-based services to assist Medicaid beneficiaries to live in the community and avoid institutionalization. Mother agreed to complete the HCBS waiver application. While Claimant’s application for the HCBS waiver is pending, Mother requested interim funding from NLACRC for services at Ingomar.

8. On July 17, 2026, NLACRC received Ingomar’s vendorization application through the vendor portal. On August 7, 2026, NLACRC contacted Ingomar and requested the additional documents to process its application.

9. On July 21, 2026, Mother, on behalf of Claimant, filed an appeal request, alleging “[Service Agency] is refusing to authorize emergency interim funding for a medically necessary subacute transitional rehabilitation bed at Ingomar . . .” (Exh. 1, p. A7.)

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NLACRC's Evidence

10. Anahit Nanyan, NLACRC's Consumer Services Manager, testified NLACRC has not issued a Notice of Action. She explained NLACRC has not denied Claimant's request because NLACRC is waiting for Ingomar to complete its vendorization process. Ms. Nanyan further testified NLACRC is willing to fund such request so long as it is provided by a vendor and approved by NLACRC's clinical team.

11. Kimberly Johnson-McNeill, NLACRC's Resource Development Supervisor, testified service providers must be vendored before they can provide and be reimbursed for services. Ms. Johnson-McNeill explained that although Ingomar submitted its vendor application, it has not provided the requested documents to complete the standard vendorization process, and is therefore not a vendor. Ms. Johnson-McNeill has not received any requests for emergency vendorization. Ms. Johnson-McNeill testified that such requests are made through Claimants' Individual Program Planning (IPP) team, which would determine whether Claimant's needs are urgent and require an immediate, non-vendored provider.

Claimant's Evidence

12. Mother testified that before Claimant's May 29, 2026, hospitalization, Claimant was ambulatory, verbal, and independent. Following her hospitalization, Claimant was unable to stand and walk, and had difficulties with speaking and swallowing. According to Mother, due to Claimant's current health condition, she requires constant monitoring, management of multiple medications, and frequent blood draws. Mother testified Claimant is currently at Tarzana Medical Center.

13. Mother testified both Claimant's Keck Medical Center and Tarzana Medical Center treating doctors had both recommended CLHF for Claimant's

placement because Claimant requires a high level of care and supervision. Mother testified that Claimant's HCBS application has been granted priority reserve status, a mechanism to fast-track its application process for applicants who meet its emergency or urgent criteria. However, Mother explained the waiting time for HCBS waiver is approximately four to six months. Mother contends that without CLHF, Claimant would be left stranded at Tarzana Medical Center for weeks past her clinical clearance date and without the appropriate rehabilitation care. Mother also contends a CLHF is a more appropriate placement than a skilled nursing facility for Claimant because a CLHF has a higher staff-to-patient ratio and can provide more intensive, individualized care.

Analysis

14. It is undisputed that Claimant's health is in serious condition and would benefit from congregate health facility services. NLACRC is willing to consider funding such services as long as they are provided by a vendor. However, Ingomar is not a vendor. Ingomar has not completed the vendorization process. Nevertheless, the determination of whether Ingomar is qualified to become a vendorization is beyond the scope of the fair hearing.

LEGAL CONCLUSIONS

Burden and Standard of Proof

1. The party seeking government benefits or services bears the burden of proof. (*Lindsay v. San Diego Retirement Bd.* (1964) 231 Cal.App.2d 156, 161.) In this case, Claimant is seeking interim funding for congregate health facility services, and thus, she bears the burden of proof that she is entitled to the requested service

funding. As no other statute or law specifically applies to the Lanterman Act, the standard of proof in this case is a preponderance of the evidence. (Evid. Code, § 115.) The term preponderance of the evidence means “more likely than not.” (*Sandoval v. Bank of America* (2002) 94 Cal.App.4th 1378, 1388.)

Applicable Law

2. Disputes about the rights of disabled persons to receive services and supports under the Lanterman Act are decided under the fair hearing and appeal procedures in the Lanterman Act. (Welf. & Inst. Code, § 4706, subd. (a).) “Services and supports for persons with developmental disabilities’ means specialized services and supports or special adaptations of generic services and supports directed toward the alleviation of a developmental disability or toward the social, personal, physical, or economic habilitation or rehabilitation of an individual with a developmental disability, or toward the achievement and maintenance of an independent, productive, and normal life.” (Welf. & Inst. Code, § 4512, subd. (b).) The fundable services and supports that pertinent to this case include, but are not limited to, . . . special living arrangements . . . [and] short-term out-of-home care, . . . necessary to ensure the delivery of services to persons with developmental disabilities” (*Ibid.*) The determination of Claimant’s services and supports “shall be made on the basis of the needs and preferences of the consumer or, when appropriate, the consumer’s family, and shall include consideration of a range of service options proposed by individual program plan participants, the effectiveness of each option in meeting the goals stated in the individual program plan, and the cost-effectiveness of each option.” (*Ibid.*)

3. The purchase of services or supports for a consumer must be pursuant to vendorization or a contract. (Welf. & Inst. Code, § 4648, subd. (a)(3).) “Vendorization or

contracting is the process for identification, selection, and utilization of service vendors or contractors, based on the qualifications and other requirements necessary in order to provide the service.” (*Id.* at subd. (a)(3)(A).) A regional center may reimburse an individual for services or supports if the individual: (1) is providing services pursuant to an emergency vendorization; (2) has completed the vendorization process; or (3) has entered into a contract with the regional center and continues to comply with the vendorization or contracting requirements. (*Id.* at subd. (a)(3)(B).)

4. A regional center, except in cases of emergency, must not “[r]eimburse a vendor for services provided before vendorization.” (CCR, § 54326, subd. (d)(4)(B).) A regional center is authorized to approve emergency vendorization when “the regional center determines that the health or safety of a consumer is in jeopardy and no current vendor is available to provide the needed service.” (CCR, § 54324, subd. (a).)

Analysis

5. In this case, NLACRC cannot fund Ingomar’s services because Ingomar is not a vendor. Consequently, Claimant’s request and appeal must be denied. Claimant may renew her request if and when Ingomar becomes a vendor.

6. In the meantime, considering Claimant’s serious health condition, her immediate needs can be addressed through the IPP process during which Claimant and her IPP team can determine whether NLACRC shall approve emergency vendorization for Ingomar.

ORDER

1. Claimant’s appeal is denied.

2. If they have not done so already, NLACRC and Claimant shall hold an IPP meeting within 14 days to determine whether NLACRC shall approve emergency vendorization for Ingomar Congregate Living Health Facility.

DATE:

SANDY YU

Administrative Law Judge

Office of Administrative Hearings

NOTICE

This is the final administrative decision. Each party is bound by this decision. Either party may request reconsideration pursuant to subdivision (b) of Welfare and Institutions Code section 4713 within 15 days of receiving the decision, or appeal the decision to a court of competent jurisdiction within 180 days of receiving the final decision.