

BEFORE THE
OFFICE OF ADMINISTRATIVE HEARINGS
STATE OF CALIFORNIA

In the Matter of:

CLAIMANT,

vs.

ALTA CALIFORNIA REGIONAL CENTER,

Service Agency.

OAH No. 2017080892

DECISION

This matter was heard before Administrative Law Judge (ALJ) Ed Washington, State of California, Office of Administrative Hearings (OAH), in Sacramento, California, on November 16, 2017.

Robin M. Black, M.A., Legal Services Specialist, represented Alta California Regional Center (ACRC or the regional center).

Claimant's father and mother, both conservators, represented claimant. Claimant did not appear at hearing.

Oral and documentary evidence was received. The record was closed and the matter was submitted for decision.

ISSUES

Is ACRC required to immediately fund Supported Living Services (SLS) for claimant that provides SLS coverage 24-hours a day, 7 days a week, from a new SLS vendor?

Is ACRC required to purchase SLS for claimant from Quality In-Home Care Specialists?

FACTUAL FINDINGS

1. Claimant is a 29 years old. His parents are his conservators. He is eligible for ACRC services based on a diagnosis of moderate intellectual disability and autism. He lives alone, in his own home in Shingle Springs, California, and requires assistance to be as independent as possible. According to records submitted by ACRC, claimant requires assistance with all activities of daily living, including, but not limited to, medication management and administration, meal planning and preparation, personal care and hygiene, dressing and safety awareness, and prompting for toileting. Claimant requires consistency in his daily routine and supervision to avoid socially disruptive, and/or aggressive behaviors, that includes scratching and digging his nails into his skin or the skin of others, biting himself or others, head slapping and head banging. Claimant is receiving services from ACRC pursuant to the Lanterman Developmental Disabilities Services Act. (Welf. & Inst. Code, § 4500 et seq.)

2. Beginning in March 2010, claimant's parents expressed a desire for him to receive SLS. SLS consists of a broad range of services to adults with developmental disabilities who, through the Individual Program Plan (IPP) process, choose to live in homes they themselves own or lease in the community. SLS helps individuals exercise meaningful choice and control in their daily lives, including where and with whom to live. It is designed to foster individuals' nurturing relationships, full membership in the community, and achieving their long-range personal goals. Typically, an SLS agency works with the consumer to establish and maintain a safe, stable, and independent life in his or her own home. However, it is also possible for some consumers to supervise their services themselves, to secure the maximum possible level of personal independence.

3. In 2010, claimant's conservators requested that ACRC approve, fund, and provide SLS to claimant. On January 24, 2012, ACRC issued a Notice of Proposed Action denying claimant's request. Claimant appealed from ACRC's determination, and requested

a Fair Hearing with before an ALJ with OAH. The Fair Hearing was held on July 17 and 18, 2012, and September 17, 2012. On October 15, 2012, in OAH Matter No. 2012020393, ALJ Rebecca M. Westmore issued her Decision (Decision No. 2012020393), in which she granted claimant's appeal of ACRC's decision to deny him SLS, and ordered the following:

- a. On or before November 15, 2012, claimant's IPP team shall meet to determine the cost-effective services and supports necessary to ensure claimant's success in an SLS setting.
- b. The IPP team shall place claimant in an SLS setting as soon as practicable, but no later than January 1, 2013.

4. As indicated in claimant's current IPP, dated June 8, 2017, the goal is for claimant to live independently in the community and "maintain good physical and dental health." To further these goals, claimant receives 283 hours per month of In-Home Support Services (IHSS) through El Dorado County. ACRC funds 176 hours per month of SLS from Lighthouse Independent Living Services (Lighthouse), and also funds 285 hours each month for 2:1 Personal Assistants, provided by Quality In-Home Care (Quality). The 2:1 service allows claimant to have two Personal Assistants work together during a single work shift.

5. On July 11, 2017, ACRC issued a Notice of Proposed Action (2017 NOPA) to claimant, advising that it proposed to "deny [claimant's] request to immediately fund Supportive Living Services for [claimant] 24-hours a day, 7 days a week (24/7), from a new SLS vendor, and [deny the] request for ACRC to purchase SLS for [claimant] from Quality In Home." In the 2017 NOPA, ACRC stated that it made this determination on the following bases:

ACRC has no vendored Supported Living Services provider
which is currently available to provide [claimant] around the

clock SLS. ACRC's vendored SLS providers currently have waiting lists for accepting new referrals.

However, there is no immediate need for ACRC to purchase SLS for [claimant] from another [sic] because ACRC is currently meeting [claimant's] needs for around the clock support and supervision by purchasing both SLS services from ACRC vendor Lighthouse, and supplementing those services with Homemaking Services from ACRC vendor Quality In Home. These services combined are sufficient to ensure [claimant] receives adequate supervision and support in his home.

Further, ACRC can only purchase client services and supports from entities which are vendored with ACRC to provide those specific services and supports. Quality In Home is vendored with ACRC to provide homemaking services, and is not vendored with ACRC to provide SLS. While Quality In Home has expressed an interest in becoming vendored by ACRC to provide SLS, ACRC requires that existing vendors to [sic] provide regional center services and supports in one vendor category for a full year and pass a quality assurance review in order to pursue vendorization in a second service category. In this case, Quality In Home has not yet provided vendored homemaker services for a full year and has not passed a quality assurance review, and thus may not yet pursue vendorization to provide SLS.

6. In response to the 2017 NOPA, claimant filed a Fair Hearing Request, dated August 6, 2017, due to a “[d]enial of SLS Services, which were court ordered on October 15, 2012. OAH No. 2012020393.” The request seeks resolution through the “[p]rovision of full Supported Living Services.”

TESTIMONY OF CLAIMANT’S MOTHER

7. Claimant’s mother and conservator testified that when claimant was three-and-a half years old, he was diagnosed with Pediatric Developmental Delay. He has received regional center services since 1992. In early 2013, claimant began receiving regional-center-funded SLS as a result of the Order of ALJ Westmore, in Decision No. 2012020393.

8. Claimant can take care of his basic needs and is relatively self-sufficient. He can obtain food from the refrigerator and can generally use the restroom on his own. Claimant cannot tie his shoes. He understands simple phrases and uses language effectively approximately 50 percent of the time “on a good day.” Claimant sometimes communicates nonverbally through cues or behaviors, such as flicking his fingers in front of his face. In his mother’s opinion, “no one can just walk in and communicate with him” without learning his communication path over time. It would likely take several weeks to effectively understand “his language.”

9. Through the years claimant has received SLS from a variety of agencies. Consistency is the most important thing a staff member assigned to claimant can bring to the table. Ideally, assigned staff would be calm, patient, caring, willing to learn, observant, and attentive to claimant. For several years prior to 2017, claimant received SLS services from Community Housing Options: Integrated Community Employment and Social Services (CHOICES). While with CHOICES, claimant enjoyed the benefits of consistent and quality SLS. According to claimant’s conservators, the CHOICES staff assigned to assist claimant were focused on claimant’s needs and communicated well with him.

Claimant exhibited very few behavioral outbursts, and got along very well with their staff. He was particularly close with certain staff whom he interacted with on nearly a daily basis for several years.

10. In October 2016, CHOICESS notified ACRC that it intended to cease providing vendored SLS services as of the end of the year. When CHOICESS terminated services, ACRC assigned Lighthouse to provide SLS to claimant. Lighthouse began providing those services in early 2017. Claimant's parents have concerns about Lighthouse's ability to meet claimant's needs. They assert that Lighthouse is not providing sufficient structure and oversight to ensure the components of claimant's care are coordinated and effective. This concern includes Lighthouse's apparent inability to secure adequate staffing on a consistent basis. While under the care of Lighthouse staff, claimant has experienced frequent and unexpected staffing changes. Claimant's conservators also feel that most of Lighthouse's staff lack the training to effectively engage in behavioral intervention for clients, like claimant, who sometimes engage in socially disruptive or aggressive behaviors.

11. Since being assigned to Lighthouse, claimant's parents have observed several injuries to him they believe result from Lighthouse staff mishandling him when he misbehaves. This includes bruising on claimant's arms, a bruised and swollen eye, fingernail cuts and bruising on claimant's palm, scrapes and bruising on claimant's nose, and cuts and scrapes to the back of claimant's head. As claimant sometimes communicates through behaviors, this treatment causes him to be less expressive and withdrawn. When claimant's mother questions Lighthouse staff about claimant's injuries, she finds the explanations largely unbelievable and inconsistent with her son's temperament and habits.

12. Claimant's parents have also observed Lighthouse staff wearing black rubber gloves as a matter of course when spending time with claimant. The staff assert that they been instructed to wear the gloves in anticipation of claimant behaving in a disruptive

fashion to prevent themselves from being scratched, even when claimant has not demonstrated any signs of disruptive behavior. This preemptive approach to claimant's potential behaviors makes claimant anxious and feel at odds with his attendants. Lighthouse staff have ignored the conservators' requests to stop wearing the gloves. Claimant's mother also feels Lighthouse staff do a poor job of assisting claimant with his hygiene. His fingernails are rarely appropriately trimmed, which enables his ability to scratch himself or others and provides a basis for the staffs' preemptive approach to claimant's behaviors.

13. According to claimant's mother, the SLS change from CHOICESS to Lighthouse "got [claimant] totally off track and he totally regressed." She sees claimant at least once a week and "sees how [the circumstances have] changed his whole affect." He has far more frequent episodes of disruptive behaviors. He has been very anxious. He is incontinent more frequently, and appears withdrawn and isolated. Claimant's mother is extremely saddened by the regression. When claimant is safe and feels safe, he is calm. Claimant's mother feels that many of the Lighthouse attendants are "just filling a place on the couch most of the time and are not appropriately supporting [claimant]." She can "see on [claimant's] face" when he is with a staff member he feels comfortable with and when he is not. Because claimant's behavior is currently so unpredictable, he rarely leaves his home beyond short walks up and down the street. He does not access the community in the same fashion he did prior to his SLS being transitioned to Lighthouse. Claimant's mother asserted that claimant "is not living a life to his full capabilities simply because he is not supported appropriately, and that's not okay." She is certain things could easily improve for her son and "go 180 degrees the other way" with the right people and supports in place.

14. Despite their dissatisfaction with the SLS provided by Lighthouse, claimant's parents have been more than satisfied with the Personal Assistants provided by Quality.

Quality first became vendored with ACRC to provide Homemaker Services in January 2017. According to claimant's parents, the staff provided by Quality have demonstrated an ability to provide effective and supportive assistance to claimant in a manner that reduces his anxiety and disruptive behaviors rather than contributing to them.

15. The executive staff at Quality have expressed a desire to provide SLS for claimant. Claimant's parents share Quality's interest in having them provide SLS to claimant and would also like Quality to provide those services on a 24/7 basis, rather than having claimant's everyday needs addressed by three separate entities coordinated by Lighthouse. Quality submitted an application with ACRC to become vendorized as an SLS provider. However, ACRC rejected the application because Quality had been vendored to provide Homemaker Services for less than 12 months. ACRC has an internal policy which, "as a best practice for quality assurance," prohibits an ACRC vendor from becoming vendored to provide a second type of service, until 12 months have passed since being initially vendorized.

TESTIMONY OF CLAIMANT'S FATHER

16. The testimony of claimant's father was consistent with the testimony provided by claimant's mother. He was very satisfied with the SLS provided by CHOICESS. When he and claimant's mother were informed that Lighthouse would be taking over claimant's SLS, they were unaware that the services would not be 24/7 SLS, and instead would be supplemented with IHSS and Personal Assistants to provide full coverage for claimant.

17. Claimant's father feels the SLS provided by Lighthouse has been detrimental to his son. In his opinion, they are not "person centered," are insufficiently staffed, poorly trained, and poorly managed. He has witnessed significant regression of his son's development since Lighthouse began providing SLS. Claimant's father believes Quality is both capable and willing to provide SLS for his son, in a manner that is consistent with its

purpose. He believes ACRC's claims, that there are no vendored SLS providers available and that Quality cannot currently be vendorized to provide SLS because of its internal policy, are unacceptable and inconsistent with the Lanterman Act.

TESTIMONY OF KENISHA HURD

18. Kenisha Hurd is employed at ACRC as a Community Services and Support Specialist. She has held this position since December 2014. Prior to becoming a Community Services and Support Specialist, she worked as a Service Coordinator in ACRC's residential unit. She currently works with applicants who are completing the vendorization process to provide services to clients. Once the vendorization process is complete, she provides support and conducts quality assurance reviews for the vendors.

19. Ms. Hurd is familiar with Quality's desire to become vendorized with ACRC to provide SLS. By way of a letter she prepared, dated July 20, 2017, she informed Quality that its request to be vendorized for SLS was being "closed out," because their Homemaking Services vendorization had not been in effect for one year and it is ACRC's practice to complete the initial one-year quality assurance review with existing vendorizations before moving forward with new requests. Ms. Hurd advised Quality of the right to appeal, however no appeal was filed.

20. Ms. Hurd is also familiar with the Emergency Vendorization process described in the Lanterman Act at Title 17, section 54324 of the California Code of Regulations.¹ However, she did not inform Quality of that process considering the regional center's re-vendorization policy.

¹ The Emergency Vendorization process, specified in California Code of Regulations, Title 17, Section 54324, provides as follows:

- (a) The regional center is authorized to approve emergency

vendorization for an applicant prior to the receipt of a completed vendor application if 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.

(b) If emergency vendorization is approved, the applicant may provide services for no more than 45 days.

(c) The applicant shall meet all applicable requirements pursuant to Section 54320(b)(2) through (5) of these regulations.

(d) The applicant shall submit a completed vendor application pursuant to Section 54310(a), (d) or (e) of these regulations within 30 days of the authorization by the vendoring regional center to provide the service.

(e) Within 15 days after receipt of the vendor application, the regional center shall: (1) Review the vendor application as required in Section 54320(a) of these regulations; and (2) Notify the vendor of vendorization approval pursuant to Section 54322(d) of these regulations; or (3) Notify the applicant of vendorization denial pursuant to Section 54322(f) of these regulations.

(f) The emergency vendorization shall lapse if the vendor application is not properly submitted or if the regional center does not approve the application within 45 days of the initial authorization.

(g) If a lapse of emergency vendorization occurs pursuant to (f) above, in no case shall the regional center allow the vendor to reapply for

21. The SLS vendorization process typically takes approximately one year to complete. The process may be faster for those who have applied before and have already received a program design outline from the regional center. According to Ms. Hurd, the one-year requirement allows for a sufficient period for the vendor to receive referrals and begin servicing clients. This, in turn, allows the regional center to monitor the services being provided by the vendor through the assigned Service Coordinator and through the annual quality review process, which normally occurs one year after vendorization. Quality's vendorization anniversary date occurs in January 2018. Due to the "great need" for SLS, ACRC has expedited Quality's quality assurance review. It is scheduled to occur November 28, 2017. Potential service providers who have no relationship with the regional center have no waiting period. So, if Quality had never been vendorized for Homemaker Services, they could have begun the SLS vendorization process right away.

TESTIMONY OF SAMANTHA WEINRICH

22. Samantha Weinrich is employed as a Service Coordinator with ACRC's Roseville Office. She has held this position for seven and a half years. She coordinates services and supports based on client needs and ensures they receive them. She currently services approximately 70 clients.

23. Ms. Weinrich has been claimant's Service Coordinator for approximately one year and knows him well. She has met with him in his home on several occasions regarding his services. She understands that claimant wants 24/7 SLS so all his services are overseen by a single SLS provider. She is also aware that ACRC denied this request because they do not currently have a vendored provider available to meet claimant's needs and because Lighthouse, claimant's current SLS provider, is a "median rate provider" that is not

emergency vendorization.

vendorized to provide 24/7 SLS. As a median rate provider, Lighthouse can only provide approximately 177 hours of SLS each month.

24. Ms. Weinrich is aware of claimant's parents' concerns with Lighthouse and does not dispute the bases for those concerns. She has worked with them on obtaining a Health and Safety Waiver, which would allow Lighthouse to be paid at a higher rate or increase their availability of funds to enable them to meet claimant's needs outside of the current rate structure. Lighthouse submitted a Health and Safety Waiver package to receive additional funding. The waiver package was deemed inadequate due to missing documentation and Lighthouse's failure to fully substantiate the basis for the waiver. Although Ms. Weinrich was familiar with the process for obtaining a Health and Safety Waiver, she was unfamiliar with the Emergency Vendorization process prior to the Fair Hearing.

25. Ms. Weinrich is also aware that the conservators desire to have ACRC fund SLS services for claimant through Quality. She recalled that Quality had been previously vendorized by ACRC to provide SLS. However, the conservators' request was denied because Quality is not presently vendored to provide SLS services. It is Ms. Weinrich's hope that more companies become vendorized to provide SLS services so ACRC can better meet the needs of consumers.

26. An SLS provider is required submit a Serious Incident Report (SIR) to the regional center when a consumer is injured while under their care. The protocol is to report an SIR within 48 hours of the event, describing the underlying circumstances and providing a follow up statement that identifies the steps taken by the provider to prevent recurrence. She has received no SIRs for the injuries claimant received while under the care of Lighthouse, as described above.

27. Ms. Weinrich testified that consistency is a critical component of claimant's well-being, and noted that he has had very little consistency over the last year. She

believes claimant should have 24/7 SLS and does not believe ACRC has done everything it can to provide adequate 24/7 SLS to claimant. She does not feel the level of services being provided to claimant is meeting his needs, and also does not feel that his current SLS provider is keeping him safe.

TESTIMONY OF CAROL WILHELM

28. Carol Wilhelm is a Client Services Manager at ACRC. She has worked at ACRC for 28 years and has held her current position for nearly 18 years. She supervises the unit that oversees SLS in all 10 counties serviced by the regional center. Her units service approximately 950 clients and she supervises 13 Service Coordinators.

29. Ms. Wilhelm has supervised the coordination of claimant's services since 2013. She wrote the 2017 NOPA denying claimant's request for 24/7 SLS, and for SLS from Quality. At the time, there were no vendors willing to accept additional clients, and she felt claimant's need for around the clock support and supervision was being provided by Lighthouse and Quality.

30. Ms. Wilhelm testified that the approximate 176 hours of monthly SLS services claimant receives is not full or 24/7 SLS. It is a patchwork approach due to the pay structure of claimant's current SLS provider. At ACRC they have three types of SLS vendors. The original SLS vendors were vendored before 2010 and are negotiated rate vendors. Those vendors were able to negotiate a rate that allows them to provide 24/7 and 2 to 1 supports. Those vendors had sufficient flexibility negotiated within their rate structure to meet a variety of service needs.

31. In 2010, legislation designed to significantly reduce regional center spending ended the previous negotiated rate, and required that all regional centers use new "median rates" as the basis for the rates they paid any new vendors. At that time, ACRC used a monthly rate structure that limited the amount hours an SLS vendor could provide due to the capped monthly median rate. When the capped median rate is divided by the

hourly pay rate, most ACRC SLS vendors “topped out” at between 170 and 190 hours a month. Because it takes approximately 730 hours each month to provide 24/7 SLS, a median rate provider must “patch together” services like 2-to-1 Personal Assistants through Homemaker Services to cover the additional hours needed.

32. Effective July 2017, the regional center converted all of their new vendor agreements from fixed median monthly rate to an actual hourly rate. This allows them to vendorize any new SLS providers with an hourly rate structure and eliminates the cap on the number of hours a new SLS vendor can provide each month. Vendors with existing agreements have not been converted to the new rate structure, due to concerns it will appear as if the regional center is giving them pay raises. At least one new vendor is working under the new rate plan. Therefore, if Quality moves forward in the vendorization process, they will not be locked into the rate structure that limits a provider to 170 to 190 hours a month.

33. When Ms. Wilhelm prepared the 2017 NOPA, she believed claimant’s needs were being met. On the day of hearing, she did not maintain that belief. Since she drafted the 2017 NOPA, claimant’s care has deteriorated due to Lighthouse’s difficulty in securing staffing. In her opinion, the “patchwork” approach to providing 24/7 care for claimant has resulted in a failure to provide true continuity of care because there are “technically” three different providers, with different philosophies and service bases.

34. Given the resources available, Ms. Wilhelm believes the Service Coordinator has “put together as many services and supports that they can come up with that currently exist.” However, Ms. Wilhelm was not aware of the Emergency Vendorization process prior to the Fair Hearing. Since this option was not explored by ACRC, she believes the regional center has failed to do everything it could to meet claimant’s needs. She is also not sure why it would be necessary to have Quality wait a full year before being re-vendorized to provide SLS services, when they have shown they can provide Homemaker Services and

that they have a history of providing services to the regional center. Quality is also well known in the community. They provide support services to agencies, besides regional centers, and are known to have provided superior services.

DISCUSSION

35. On October 15, 2012, ALJ Westmore ordered ACRC to have claimant's IPP team meet to determine the cost-effective services and supports needed to ensure claimant's success in an SLS setting, and to place claimant in that setting by January 1, 2013. SLS is designed to promote a consumer's full membership in their community, and to allow them to establish and maintain a safe, stable, and independent life in his or her own home. ACRC placed claimant in a successful SLS setting, through CHOICESS and he benefited from the services provided.

36. When CHOICESS stopped providing SLS at the end of 2016, ACRC attempted to continue to provide appropriate SLS for claimant through a combination of services from Lighthouse, IHSS, and Personal Assistants provided by Quality. The evidence at hearing established that claimant's current SLS arrangement is inadequate, contrary to the central purpose of providing SLS, and unsafe. The evidence presented by the regional center largely supports this conclusion.

37. While the regional center, in essence, argued that it has done its best to provide claimant with appropriate and safe SLS, but has been unable to do so due to the limited availability of SLS vendors and their inability to vendorize Quality to provide SLS at this time, their claims were not supported by the evidence. It is claimant's preference that Quality provide his SLS. The evidence established that Quality is ready, willing, and able to provide SLS for claimant. However, ACRC has refused to vendorize Quality to provide SLS until it has been vendorized for Homemaker Services for at least one year, based solely on its own internal "best practice" policy. The application of this internal policy in claimant's case is impractical and has effectively prevented claimant from receiving appropriate and

effective SLS. Moreover, the regional center failed to consider seeking an Emergency Vendorization for Quality, or any other potential SLS provider, to ensure that claimant receives effective SLS in a safe and supportive environment as soon as possible.

38. In sum, ACRC failed to establish that it is currently meeting claimant's need for around-the-clock support and supervision as specified in the July 2017 NOPA. Claimant established an immediate need to receive around-the-clock SLS from a new vendor, and, to the extent Quality remains interested in providing SLS, they should be vendorized to provide that service.

LEGAL CONCLUSIONS

1. Lanterman Act. In the Lanterman Act, the Legislature has created a comprehensive scheme to provide "an array of services and supports ... sufficiently complete to meet the needs and choices of each person with developmental disabilities, regardless of age or degree of disability, and at each stage of life and to support their integration into the mainstream life of the community." (Welf. & Inst. Code, § 4501.) The purposes of the scheme are twofold: (1) to prevent or minimize the institutionalization of developmentally disabled persons and their dislocation from family and community (Welf. & Inst. Code, §§ 4501, 4509, 4685); and, (2) to enable developmentally disabled persons to approximate the pattern of living of non-disabled persons of the same age and to lead more independent and productive lives in the community. (Welf. & Inst. Code, §§ 4501, 4750 – 4571; see generally *Association for Retarded Citizens v. Department of Developmental Services* (1985) 38 Cal.3d 384, 388.)

2. To determine how an individual consumer is to be served, regional centers are directed to conduct a planning process that results in an IPP for the consumer. This plan is developed at the conference of the consumer or his representatives, regional center representatives and other appropriate participants. The IPP must include an assessment of the consumer's capabilities and problems, a statement of time-limited

objectives for improving the consumer's situation, a schedule of the type and amount of services to be purchased by the regional center in order to achieve the goals and objectives and a schedule of periodic review to ensure that the services have been provided. (Welf. & Inst. Code, § 4646.5, subd. (a).) A regional center is required to secure the services and supports needed to satisfy a client's needs as determined in the IPP. (Welf. & Inst. Code, § 4648, subd. (a); *Association for Retarded Citizens v. Department of Developmental Services*, *supra*, 38 Cal.3d at p. 390.)

3. Supportive Living Services. The Legislature places a high priority on providing SLS to adults with developmental disabilities regardless of the degree of disability "to live in homes that they own or lease with support available as often and for as long as it is needed, when that is the preferred objective in the individual program plan." (Welf. & Inst. Code, § 4689.) Regional centers must ensure that SLS arrangements adhere to certain principles including that "the consumer's preference shall guide decisions concerning where and with whom he or she lives." (Welf. & Inst. Code, § 4689, subd. (a)(3).)

4. The evidence established that claimant's request for ACRC to immediately fund SLS for claimant 24-hours a day, 7 days a week, from a new SLS vendor, and to purchase that SLS from Quality [if Quality is presently willing to provide SLS] should be granted for the reasons specified in Findings 35 through 38. The regional center's basis for denying claimant's request was not supported by the evidence.

ORDER

Claimant's request that Alta California Regional Center immediately fund Supported Living Services for claimant, 24-hours a day, 7 days a week, from a new SLS vendor, and that those SLS services be provided by Quality In-Home Care Specialist is GRANTED as follows:

- (1) If Quality In-Home Care Specialist remains interested in providing SLS for claimant, Alta California Regional Center shall, within 30 days of this Decision, complete the emergency vendorization process with Quality In Home Care Specialist to permit them to receive funding from Alta California Regional Center for the provision of full SLS, 24-hours a day, 7 days a week, and transition claimant's SLS from Lighthouse Independent Living Services to Quality In Home Care Specialist.
- (2) If Quality In-Home Care Specialist does not remain interested in providing SLS for claimant, Alta California Regional Center shall immediately work with claimant's conservators and take proactive steps (i.e., actively seek out agencies for emergency and long-term vendorization) to secure safe and effective SLS for claimant on an around the clock basis, 24-hours a day, 7 days a week.

DATED: December 4, 2017

ED WASHINGTON

Administrative Law Judge

Office of Administrative Hearings

NOTICE

This is the final administrative decision in this matter. Each party is bound by this decision. An appeal from the decision must be made to a court of competent jurisdiction within 90 days of receipt of the decision. (Welf. & Inst. Code, § 4712.5, subd. (a).)