

BEFORE THE  
OFFICE OF ADMINISTRATIVE HEARINGS  
STATE OF CALIFORNIA

In the Matter of the Eligibility of:

Claimant,

and

INLAND REGIONAL CENTER,

Service Agency.

OAH No. 2018031259

DECISION

Mary Agnes Matyszewski, Administrative Law Judge, Office of Administrative Hearings, State of California, heard this matter in San Bernardino, California, on May 21, 2018.

Jennifer Cummings, Program Manager, Fair Hearings and Legal Affairs, represented Inland Regional Center (IRC).

Toni DeAztlan, Attorney at Law, represented claimant, who was present for part of the proceedings. Claimant's mother was also present for most of the hearing. A Spanish language interpreter translated the proceedings.

The matter was submitted on May 21, 2018.

ISSUES

1. Should IRC fund claimant's request for Supported Living Services (SLS)?
2. Should IRC fund SLS to be provided by Personalized Arrangements for Living Services, LLC (PALS)?

## FACTUAL FINDINGS

### JURISDICTION

1. On March 1, 2018, IRC notified claimant via a Notice of Proposed Action (NOPA) and an accompanying letter that her request for SLS with PALS was denied. The request for SLS had been made during the Individual Program Plan (IPP) meeting on January 16, 2018, held at the PALS's office. The request was made by claimant's mother and claimant's attorney and there was a follow-up meeting held February 15, 2018, at the PALS's office "to discuss this request further and to better identify [claimant's] needs." IRC's NOPA stated that claimant was currently living with her mother and 96-year-old grandfather and that claimant's mother was planning on moving out of the home, leaving claimant to live alone with her grandfather.

IRC's NOPA further documented that claimant currently required ongoing assistance in all areas of self-care, and continued to display maladaptive behaviors two or three times per week that included self-abuse, property destruction, and would wander away (AWOL). Claimant's verbal communication was limited to grunts and moans and her mother was the only person who could understand her. Claimant also undressed herself and left the apartment if unsupervised and required close monitoring while eating to prevent choking. IRC had health and safety concerns if claimant were to live independently with her 96-year-old grandfather; communication concerns; and concerns that claimant's maladaptive behaviors would increase in frequency and intensity when she was unable to communicate her wants and needs.

Claimant's Consumer Services Coordinator (CSC) discussed the option of respite services with claimant and her mother on several different occasions, as well as behavior modification services. In an email following the February 15, 2018, meeting, claimant's

attorney declined IRC's offer to fund respite, behavior modification and placement.<sup>1</sup> Claimant was currently attending a Learning Center Mondays through Fridays. She was not receiving, and did not qualify for, Supplemental Security Income (SSI) benefits or In Home Supportive Services (IHSS). She did not have Medi-Cal or any health insurance, and a Medi-Cal packet and protocol were provided to her attorney at the February 15, 2018, meeting to assist claimant with applying for Medi-Cal benefits through PRUCOL.<sup>2</sup>

IRC wrote that SLS is a service provided when someone is interested in living independently and demonstrates he or she can financially afford to sustain his or her independent living status. Claimant was not receiving any benefits and had no income. Without income, it was unlikely she would succeed in living independently. SLS "is a training program with a focus to provide you with the tools, techniques, and resources you need in order to live independently without any supports." Based upon information obtained at the IPP meeting, claimant's available support, and her level of growth and independence, IRC determined that SLS was "not appropriate to meet [claimant's] needs at this time." IRC had provided claimant with other options and services such as Independent Living Services (ILS), respite, behavior modification, and placement which would be more appropriate in meeting her present needs, however those services had all been declined.

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<sup>1</sup> The evidence established that placement was discussed in response to claimant's mother's fears about what would happen to claimant should her mother be deported.

<sup>2</sup> PRUCOL refers to non-citizen persons permanently residing in the United States "Under Color of Law." It is not an official immigration status but is a term commonly used by different federal, state and local agencies.

The NOPA cited to the law and policies supporting IRC's decision and advised claimant of her right to appeal.

2. On March 3, 2018, claimant's attorney filed a Fair Hearing Request appealing that decision and the matter was set for hearing.

## BACKGROUND

3. Claimant is an almost 21-year-old female who receives regional center services based on a diagnosis of moderate intellectual disability. Claimant has also been diagnosed with schizophrenia. Claimant first applied and was determined eligible for regional center services in 2016. As documented, and as argued at this hearing, claimant is requesting SLS with PALS and her attorney believes claimant's preference is a sufficient reason for IRC to make the referral.

## PERTINENT IRC INTAKE EVALUATION DOCUMENTS

### Social Assessment

4. IRC's October 26, 2016, Social Assessment documented that claimant requested services in September and that the initial face-to-face was completed on October 26, 2016, at IRC. Claimant, her mother, and the IRC intake counselor were present. Claimant had been referred to IRC by her school district and her mother wanted assistance exploring appropriate support services, resources and guidance. Claimant lived with her mother and grandfather. Claimant's mother never attended school, does not know how to read or write, does not recognize letters or numbers and "**requires someone who will be patient and explain [IRC] services and programs to a level she can understand.**" (Bolden in original.)

The Social Assessment noted that claimant has difficulty with buttons and zippers. She is ambulatory. She requires assistance with medication. She can use utensils but has spillage. She requires someone to cook for her and help serve her. She requires

assistance with toileting and has wetting on a weekly basis. Claimant requires complete assistance with all her personal care and dress needs. She requires constant supervision. She has no safety awareness and will wander away. She does not sleep at night and requires medication to sleep. She can remain focused between one to five minutes and will constantly pace back and forth.

Claimant is not able to communicate her wants and needs. She will lead by the hand when she is making a request. She will mumble but her words are not intelligible. She does not socialize or interact with others. Claimant will scream when she is not given attention. This occurs at least once daily. Claimant may scream if unable to communicate. She will hit her head with a closed fist when she becomes frustrated. She will slam doors, slam walls and throw utensils and other items when frustrated.

During the social assessment, claimant did not communicate and remained standing throughout the interview process. She paced back and forth and mumbled to herself. She would look sideways or up as she swayed from side to side. She would hold on to her mother's arm most of the time. Claimant's mother reported that claimant does this daily. Claimant would not respond to attempts to converse with her and displayed some delays including with social interaction.

The intake and eligibility process were discussed with claimant's mother who agreed to have claimant undergo further testing as needed. Claimant was scheduled to return to IRC for a medical and psychological evaluation on December 16, 2016. Appropriate areas of intervention were identified.

#### Psychological Evaluation

5. On December 16, 2016, claimant and her mother came to IRC for a psychological evaluation. Claimant was 19 years and four months old. The Psychological Evaluation report documented that claimant's mother was "monolingual Spanish speaking" and claimant was "possibly bilingual." The interviews and interactions were

conducted in Spanish. Claimant appeared slightly unkempt, aloof and lethargic. She was observed talking to herself and would not sustain eye contact. Claimant was observed whispering to herself, standing up, and pacing back and forth before sitting back down. Claimant's mother was a poor historian and had difficulty recalling claimant's history. Claimant's mother and claimant immigrated to the United States when claimant was four years old in order to seek help for claimant. Claimant has limited language ability and IRC staff had difficulty communicating with her during the evaluation.

Claimant's records documented a lengthy history of mental health illness and extensive behavioral issues. Claimant had previously been diagnosed with psychotic disorder NOS and autistic disorder at the age of five. The records noted that she complained of auditory hallucinations, visual hallucinations and tactile hallucinations. Claimant had poor social skills and was aggressive towards others. Claimant also had Pica, an eating disorder characterized by eating substances with no significant nutritional value. Claimant was diagnosed with schizophrenia, paranoid type in 2007 and the autistic disorder diagnosis was eliminated. In 2015 claimant's diagnosis was changed to schizophrenia, unspecified. She has had multiple hospitalizations due to suicidal ideation, psychosis, and aggressive behavior. Claimant had been prescribed numerous psychiatric medications.

Claimant's school records documented that she was in twelfth grade, and was eligible for special education services under the categories of Intellectual Disability and Autism. She had previously been found eligible for special education services under the category of Other Health Impairment. She has been in special education since 2004 and has been aggressive towards others at school in the past, but not presently. Behaviors observed as described in the school records were also observed during the IRC evaluation.

IRC did not administer any cognitive testing due to claimant's inability to focus on structured testing. Claimant's mother was interviewed to complete the Vineland Adaptive Behavior Scales II. Claimant's scores indicated that her skills were in the low range of overall adaptive functioning. She requires assistance with all activities of daily living. Wetting occurs on a weekly basis. She has no safety awareness and requires constant supervision. She is unable to communicate her wants and needs. She does not socialize or interact with others.

IRC concluded that claimant's presentation was consistent with a diagnosis of intellectual disability. Claimant presented with many autistic-like features, but due to her history of psychosis, her symptoms were better accounted for by the diagnosis of schizophrenia. Claimant appeared to be responding to internal stimuli. Claimant was diagnosed with intellectual disability-moderate, with the recommendation that she be considered eligible for regional center services. Other recommendations included appropriate education placement, assistance with an appropriate day program once she graduated, respite services and immigration assistance services through regional center PRUCOL.

#### CLAIMANT'S CLIENT DEVELOPMENT EVALUATION REPORT (CDER)

6. The CDER has a rating score of 1 to 5, with a 1 indicating a most dependent consumer and a score of 5 indicating a most independent consumer. A CDER evaluation is based largely upon the report of family members and observations of the CSC. Claimant received scores of 4.80 for practical independence, 1.6 for personal/social skills, 2.50 for challenging behaviors, 2.50 for integration level, and there was no score reported for well-being. Claimant's scores indicated a relatively dependent consumer.

## CLAIMANT'S SCHOOL RECORDS

7. A Speech/Language Evaluation Report, prepared by claimant's school district, dated October 20, 2015, noted that claimant was observed sitting quietly in a small group and not verbally participating. She followed directions and cleaned her area when asked to do so. She did not initiate conversation with her peers. Claimant's vocabulary, sentence length and complexity were delayed and she had difficulty expressing her wants, needs, and ideas at home, school, and in community environments. She had difficulty asking and answering questions appropriately and demonstrated a limited understanding and use of social communication skills in turn taking, eye contact, and topic maintenance. Claimant continued to meet the school eligibility criteria for speech/language disorder in the area of Language.

8. An October 22, 2015, multidisciplinary assessment noted that claimant was currently receiving services under the categories of other health impairment and autism. During the assessment, tests were administered and it was determined that claimant also suffered from an intellectual disability. The report noted that claimant repeated the phrase "Quero [sic] Jugar" [I want to play] multiple times each day (IRC records also documented her repeatedly stating that phrase during IRC evaluations). Claimant seemed to enjoy participating at the off campus work site. She needed prompts to begin tasks but was successful at remaining on task and completing tasks.

## CLAIMANT'S IPP PROCESS

9. A November 4, 2017, email from Ms. DeAztlan to IRC requested an IPP meeting, noting that claimant and her mother "are requesting Independent Living Services and we would like to meet as soon as possible to begin the process." (Underline in original.) On November 15, 2017 Ms. DeAztlan sent a follow-up email because she had not received a response from IRC.



On November 27, 2017, Ms. DeAztlan sent an email to IRC noting that she had previously informed IRC that claimant's mother requested that IRC coordinate an IPP meeting with Ms. DeAztlan. However, IRC had contacted claimant's mother and advised that the CSC would be stopping by claimant's home. Claimant's mother thought the meeting had been coordinated with Ms. DeAztlan and when she found it was not, "she was disappointed." Claimant's mother informed Ms. DeAztlan that she left the house because she did not want to speak with the CSC alone. Ms. DeAztlan's email stated that IRC was "well informed" that claimant's preference and choice for her daughter was to coordinate an IPP meeting with Ms. DeAztlan and that the CSC "fail[s] and refuses[s] to respect the Consumer Preference" as required under the Lanterman Act. Ms. DeAztlan proceeded to berate the CSC in her email for the CSC's disregard of her communications, lack of professionalism, and lack of communication.

A November 30, 2017, IRC Case Note documented a telephone call with the CSC and claimant's mother who advised that she had not told her lawyer that she did not want to talk with the CSC and that she was not paying her lawyer for her services, as the lawyer "would take care of it for free."

Several follow-up emails document attempts by the CSC<sup>3</sup> to "clear up any misunderstandings," Ms. DeAztlan's requests for his supervisor's contact information, a meeting between all parties that was set and Ms. DeAztlan informing IRC that she had invited Assemblymember Eduardo Garcia to attend the meeting "for the sake of transparency and further cooperation." IRC responded by advising Ms. DeAztlan of the confidentiality provisions required by Welfare and Institutions Code section 4514 and that Mr. Garcia was not a party authorized to receive information. Ms. DeAztlan responded by stating that "all client's [sic] I have been assisting at IRC are constituents

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<sup>3</sup> The CSC in these emails is no longer assigned to claimant's case.

of Assemblymember Eduardo Garcia's 56th Assembly District. Each of them has requested assistance from the Assemblymember and signed the attached Casework Authorization/Privacy Act Consent Form Authorized by the California State Assembly." The attached consent form contained a section for claimant's mother to briefly explain the problem which contained the following: "requested Independent Living Services with PALS, LLC thru my [CSC]." IRC replied that the form was insufficient to allow IRC to disclose confidential information.

Ms. DeAztlan attached a letter to her emails purportedly from claimant's mother setting forth claimant's mother's desire for a new CSC, her fears of IRC and her dissatisfaction with IRC. This letter raised concerns given the IRC notation during the intake process in 2016 that claimant's mother could neither read nor write. Moreover, the statements contained in the letter were dubious given IRC's contemporaneous notes introduced at hearing. Moreover, the letter was also incompatible with claimant's mother's presentation at this hearing as discussed below.

A January 16, 2018, IRC Case Note documented the IPP meeting with claimant, her mother, her attorney, the PALS CEO and the PALS case manager.

A January 17, 2018, IRC Case Note documented a telephone call with Ms. DeAztlan in which she "stated that any questionnaire that IRC is planning on asking family to provide answers too [*sic*] to go through her attorney and she would provide the answers to the best of her ability."

Other January 2018 emails documented Ms. DeAztlan's inquiry as to when the SLS<sup>4</sup> referral packet would be sent to PALS, IRC's reply that it was being translated into

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<sup>4</sup> No explanation was provided at this hearing as to how, why, or when claimant's earlier request for ILS, as documented in several of Ms. DeAztlan's initial emails, later became a request for SLS. No testimony on this change in the requested service was provided. Testimony was offered that PALS is only authorized as an SLS vendor and that

Spanish for the family, and an IRC email attaching a copy of the SLS questionnaire for Ms. DeAztlan, noting that a copy was mailed to the family. Ms. DeAztlan later returned the SLS questionnaire to IRC.

Other emails documented IRC's request that a complete SLS questionnaire be provided to IRC as the one Ms. DeAztlan submitted was incomplete and Ms. DeAztlan's request as to when the SLS referral to PALS would occur. Ms. DeAztlan gave deadlines to IRC to send the SLS referral packet to PALS, restating her client's request for the vendor of her choice. Ms. DeAztlan also asserted that claimant "qualifies for SLS" because she is "living independently, is over the age of 18, and is a client of" IRC, "among other factors."

#### SLS QUESTIONNAIRE

10. Ms. DeAztlan completed the SLS questionnaire on her clients' behalf, providing the following responses:

Claimant's attorney answered "No" to the question: "Are medical considerations/supports necessary and sufficient?" and commented: "Requires Assistance."

Claimant's attorney answered "No" to the question: "Are considerations/supports for medications or treatments necessary and sufficient?" and commented: "Requires Assistance."

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its application to be vendored as an ILS provider was denied, making it seem highly likely that the change in requested services from ILS to SLS was due to the denial of PALS's application to be an ILS vendor. However, because no evidence regarding the dates of PALS's vendorization were offered at this hearing, that finding cannot be made.

Claimant's attorney answered "No" to the question: "Are behavioral considerations/supports necessary and sufficient?" and commented: "Requires Assistance."

Claimant's attorney answered "Yes" to the question: "Does the individual require the personal care, transfers, toileting, and/or feeding as detailed in the support plan?" and commented: "Requires Assistance."

Claimant's attorney answered "No" to the question: "Are safety and emergency procedures necessary and sufficient?" and commented: "Necessary but insufficient."

In response to other questions, claimant's attorney noted that claimant requires 24-hour care, cannot use public transportation independently, does not assist in meal planning and preparation or cleanup, and does not spend any time without support staff because she requires 24-hour care. Several other comments in response to different questions indicated that claimant requires assistance with those activities

## CLAIMANT'S 2018 IPP

11. The January 16, 2018, IPP took place at the PALS office with claimant, her mother, CSC Patsy Dominguez, PALS CEO Rodney Mojarro, PALS Case Manager Quetzalli Uribe, and Ms. DeAztlan. The IPP noted that claimant was a 20-year-old unconserved female who is nonverbal, has a diagnosis of schizophrenia and moderate intellectual disability, has no medical or dental insurance, and her mother is the only one who can truly understand her wants and needs. IRC discussed respite, ILS, and SLS. Ms. DeAztlan stated that claimant's mother is a field worker who spends long hours six days a week at work. Claimant is alone with her 96-year-old grandfather when she arrives home from school in the afternoon and can wander out of the home in just her undergarments. Ms. DeAztlan stated that SLS was the most appropriate service because claimant's mother desires to move out of the home and reside with her sister and moving out meets the criteria for claimant to qualify for SLS. Claimant's mother wants to

separate from claimant due to her fear of being deported and to help claimant become more independent.

During the meeting, Ms. DeAztlan stated that claimant would not be able to remain in the room for very long. When IRC tried inquiring about the outcomes, Ms. DeAztlan stated, "Before moving forward we are requesting SLS." Ms. DeAztlan stated that claimant's mother would not be working with claimant, the SLS worker would be doing those tasks, and IRC advised that since SLS was not yet approved, the IPP could not list that in the IPP.

The IPP documented claimant's extensive issues and needs, including: claimant's inability to sit in a room for long periods of time; her many behavioral issues, the medical treatment for her behaviors including "monthly shots" claimant receives from her treating psychiatrist for her behaviors (IRC was unable to learn the dosage or type of shot administered); daily disruptive social behaviors, such as aggression that can occur two or three times a week without any known triggers, self-injurious behaviors; property destruction, monthly AWOL behavior, including AWOL in her undergarments, weekly disruptive behaviors that interfere with claimant's social participation, and aggressive social behaviors that cause injury. Claimant requires constant supervision to prevent injury. Claimant requires assistance to perform all activities of daily living. She is unable to communicate verbally and others have difficulty understanding claimant. The IPP identified the need for claimant to communicate her wants and needs. Claimant fails to interact with individuals other than her mother and dislikes crowded or noisy places. She participates in her day program on a referral from her school district that will end when she turns 22. Claimant desires to participate in community activities. The IPP also noted a history of abuse by claimant's father. The IPP documented that when IRC inquired about "Outcomes" for the first category, Home/Disaster Preparations, claimant's

attorney stated that “before moving forward we are requesting [SLS]” and “Outcomes were not discussed.”

A February 2, 2018, IRC Case Note documented a telephone conversation between the CSC and claimant’s mother in which claimant’s mother stated she would be interested in receiving respite services and assistance obtaining Medi-Cal.

A February 15, 2018, IRC Case Note documented IRC’s assessment of claimant’s SLS request. IRC determined that it would offer behavior modification and respite services and PRUCOL.

A February 15, 2018, IRC Case Note documented the SLS assessment meeting held with claimant, her mother, Ms. DeAztlan, the PALS desert case manager, the PALS CEO, and an IRC behavior specialist. A February 16, 2018, IRC Case Note documented that behavior modification, respite services and a PRUCOL packet were offered at the SLS assessment meeting but were declined via email by the attorney who stated that claimant’s mother declined behavior modification and respite.

A February 20, 2018, email from Ms. DeAztlan contained four pages of corrections she was requesting IRC make to the IPP. Ms. DeAztlan disagreed with IRC’s assertion in the IPP that outcomes were not discussed, stating that outcomes were “extensively discussed” throughout the IPP meeting, as the tape recording of that meeting confirms.<sup>5</sup>

A February 22, 2018, IRC Case Note documented that Ms. DeAztlan told the CSC that all meetings will be recorded “from now on.”

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<sup>5</sup> Although the emails between the parties documented that claimant would be recording all meetings, and those recordings were referenced in several emails, the tapes were not offered or received in evidence at this hearing.

A March 7, 2018, email from IRC attached the corrected IPP. Several IRC Case Notes documented translating the IPP into Spanish.

An April 10, 2018, IRC Case Note documented the informal conference that neither claimant nor her mother attended; Ms. DeAztlan appeared on their behalf. IRC requested justification for the SLS request and Ms. DeAztlan replied that the family chose to request SLS and IRC must respect that request. Ms. DeAztlan declined IRC's offer of ILS, respite, and behavior modification services.

A May 12, 2018, email from Ms. DeAztlan contained five pages of corrections she was requesting be made to the IPP and asserted that IRC had not made the corrections she previously requested in February.

As of the time of this hearing, it was unclear if the IPP had ever been finalized, although it did not appear so. However, the IPP changes Ms. DeAztlan requested predominantly sought to change the statements in the IPP that claimant's mother was not requesting certain services to instead state that she was requesting those services be provided by SLS. Ms. DeAztlan also requested that the "Outcomes" for those categories be corrected. Those requested changes did not materially alter IRC's summation of claimant's condition as noted in the IPP, save for Ms. DeAztlan's assertions that claimant can participate in community outings for longer than 20 minutes, given certain factors; has outbursts every day that require immediate intervention; and that claimant's mother cannot provide the various services the IPP states she is to provide.

## PALS INTAKE RECORD

12. The PALS Intake Form documented that claimant's mother first contacted PALS at a resource fair asking about services for her daughter. She later met with PALS at a Starbucks to get more information. Claimant's mother expressed her fear of deportation and that no one would care for her daughter if she were to be deported.

She advised that claimant's grandfather plays more of an emotional support role in claimant's life because he has "limited mobility that limits his physical support."

Claimant's mother was planning to move to her sister's residence so that claimant could gain more independence and to create distance between herself and claimant in an effort to keep claimant from being deported.

After meeting with claimant and her mother, and observing claimant in her living environment, PALS determined that claimant requires 24-hour support based upon her level of disability in order for PALS to be able to service her overall needs and for her health and safety. Claimant "presents signs of profound Autism as she struggles to communicate and displays maladaptive behaviors. She has difficulty transitioning and engages in repetitive maladaptive behaviors. She is also very much attached to her mother and seeks a solution or comfort when she is in a non-preferred or preferred situation."

#### CLAIMANT'S BEHAVIOR DISPLAYED AT THIS HEARING

13. Only a few minutes into the first witness's testimony, claimant began making inappropriate giggling outbursts. She later stood up and was observed stroking her mother's arm, her mother, in turn, stroked claimant's arm in a soothing manner. Thereafter, claimant threw a box of tissues across the hearing room and became disruptive. Claimant punched her PALS aide after being escorted from the hearing room.

This observed behavior further supported IRC's concerns about claimant's need for a behavioral intervention service.

#### IRC WITNESSES' TESTIMONY

14. Alma Baraja-Lopez, an IRC employee, is claimant's former CSC. She met with claimant and her mother one time in claimant's home in early 2017. Neither claimant nor her mother expressed any concerns regarding a home visit and Ms. Baraja-



Lopez had no difficulty contacting claimant's mother. Ms. Baraja-Lopez explained IRC and its services as claimant's mother was not familiar with either. Claimant's mother expressed her desire that claimant remain in the family home as long as possible and did not express a desire to live apart from claimant. PRUCOL, respite and behavior modification services, as well as possible placement in a group home as an option were discussed. SLS were not requested.

15. Patsy Dominguez, an IRC employee, is claimant's current CSC. Her testimony was consistent with the records introduced at hearing. When Ms. Dominguez first was assigned the case, she explained ILS and SLS to claimant's mother, who requested ILS; however at the IPP meeting the request was for SLS. Prior to Ms. DeAztlan's involvement, claimant did not request SLS through PALS, that request first came from Ms. DeAztlan. Ms. Dominguez explained that IPP meetings are typically held at the consumer's home, but this one was held at PALS's office per Ms. DeAztlan's request and PALS's personnel attended. Ms. DeAztlan told IRC that claimant's mother was not comfortable with IRC coming to her home and wanted the meetings to take place at PALS's offices. When the IPP meeting began, Ms. DeAztlan stated they needed to "hurry up the process" because of claimant's maladaptive behaviors and inability to sit for a long time.

Ms. Dominguez observed that claimant interacted only with her mother, and even when her PALS aide asked if she wanted water, claimant did not respond until her mother asked the same question. During the meeting Ms. DeAztlan asked PALS staff if they had documents in claimant's "file" and PALS staff replied they did not have a file for claimant. PALS staff presented information regarding claimant's needs and SLS request. Ms. Dominguez tried explaining to claimant's mother that she did not need to move out of her home and that doing so would be detrimental to claimant due to her behaviors and needs. Although she inquired, Ms. Dominguez was unable to get an answer as to

why claimant's mother was now seeking SLS and not ILS. Ms. Dominguez also described how Ms. DeAztlan instructed that all communications to the family were to go through Ms. DeAztlan. Ms. Dominguez testified that Ms. DeAztlan made it difficult for IRC to do its job as she interfered with the ability of IRC to communicate with claimant's mother, perform necessary evaluations and assessments, and that claimant's mother never expressed any concerns about IRC to Ms. Dominguez.

Ms. Dominguez stated that based upon her review of the file materials, and her discussions with her supervisors and IRC personnel, IRC determined that respite, ILS, behavior modification and PRUCOL were the appropriate services for claimant at this time. Ms. Dominguez explained that SLS is not an appropriate service at this time given claimant's behaviors, reliance on her mother, and that "baby steps" need to be taken before SLS is offered. ILS is appropriate as it will provide claimant with staff who will become familiar to claimant and who can come into the home and teach claimant the basic life skills she needs. SLS is not an appropriate service at this time because claimant is not stable, has no source of income, and it is unclear if claimant's mother will actually move out of the home, although Ms. Dominguez admitted she had not discussed that plan with claimant's mother. However, if she does move out, IRC fears that claimant's behaviors will increase, making SLS even more of an inappropriate service. Further, PALS staff admitted at the IPP meeting that they are not equipped with personnel to address claimant's behaviors, which means that SLS with PALS, instead of teaching life skills, would have PALS trying to manage claimant's behaviors, something SLS is not intended to do. Ms. Dominguez explained that SLS's 24-hour emergency response teams are not sufficient to address claimant's behaviors or serve as an alternative to the services claimant does require.

16. Christine Slaughter is the behavioral coordinator at IRC. She testified that ILS is offered for consumers who live in the family home and are intended to assist the

consumer to eventually move out of the home and live independently. ILS is defined in Welfare and Institutions Code section 4688.05. The primary difference between SLS and ILS is that SLS is provided to consumers not living in the family home. SLS provides services to assist the consumer with living independently. SLS consumers are expected to own, lease or rent their residences, pay monthly bills, and have control over their home and environment. Claimant's behaviors and self-care needs are far more extensive than what is appropriate for SLS. Perhaps with ILS training and the other services IRC is offering, claimant may qualify for SLS in the future but not now. Ms. Slaughter also described the SLS process and IRC's role in it, and explained that this process did not occur here due to Ms. DeAztlan's and PALS's interference. Moreover, the process requires IRC to offer three choices of vendors, not refer consumers to only one vendor. Here, when Ms. DeAztlan completed the SLS questionnaire, she wrote in "PALS, LLC" in the referral section where IRC is supposed to identify three vendors as referrals. It is also not typical for a vendor to attend an IPP before a referral by IRC.

Ms. Slaughter confirmed Ms. Dominquez's accounting of the January 2018 IPP meeting. Ms. Slaughter had great concerns regarding claimant's behaviors and PALS's ability to address them. She explained that SLS is not designed to provide behavior intervention services. During the IPP meeting, PALS's CEO admitted he did not have qualified staff to address claimant's behaviors and would need IRC to provide behavior specialists. Ms. Slaughter testified about her concerns that if PALS provided SLS, its staff would be doing little more than addressing claimant's behaviors and performing interventions, making the SLS service be that of personal support and respite service and not true SLS. PALS's CEO admitted that this was a concern of his, as well.

17. Elizabeth Tagle is the IRC Program Manager in charge of claimant's case. She testified that IRC must determine the appropriateness of requested services and here, given claimant's current condition, SLS is not appropriate. That condition included

claimant's poor safety awareness, uncontrolled behaviors, lack of income and benefits, lack of self-care, and living with her elderly grandfather. Ms. Tagle explained that SLS was not an appropriate service at this time because it was not intended to provide behavioral intervention services, and that if claimant's behaviors could be brought under control, SLS may be appropriate. Ms. Tagle admitted that "controlled behaviors" are not a prerequisite for SLS, but explained that she "like[d] to look at the bigger picture" and when there are uncontrolled behaviors, services aimed at trying to teach consumers how to live independently cannot be provided. She explained that she wants to set claimant up for success and, as such, it would be better to get the other services and supports in place before offering SLS. While SLS and behavior services can co-exist, SLS is not appropriate in this case given claimant's great needs.

#### CLAIMANT'S WITNESSES' TESTIMONY

18. Claimant's mother's testimony was troubling. She took long pauses before answering, constantly looked to Ms. DeAztlan for guidance, and appeared to be very fearful about how to answer each question, as though she were looking for the "right answer." She referred to Ms. DeAztlan as "my attorney" and at one point in her testimony asked to consult with her in the hallway before answering questions. She learned of PALS at a resource fair and they explained SLS to her. She trusts PALS and was comfortable having them in her home. She requested IRC to contact her "through my attorney" because she does not speak English well, but this made no sense as it was not an issue when she met with IRC before Ms. DeAztlan and PALS were involved.

When asked what services she was seeking, claimant's mother replied that she wanted help to pay the rent, with cooking, and with laundry. If she moves to her sister's house, as she plans to do, she will still financially support claimant. She admitted that claimant requires "a lot of care and supervision." She was unsure what services IRC had offered and could provide no answers as to why she had declined IRC's offer of services.

She had not yet filled out the PRUCOL packet because she was “waiting to get more help for [claimant].” She was unaware of what services ILS provided. When she answered that she did not know what respite services or behavior modification services were, Ms. DeAztlan interjected that claimant’s mother did not know the terminology, but that Ms. DeAztlan had described the services to her. However, that explanation was not credible as claimant’s mother continued to struggle with her answers even after IRC defined those terms when asking her questions.

Claimant’s mother’s inability to provide any explanation for why she had declined the services IRC offered made it abundantly clear that she was unaware that IRC had offered those services to claimant. The impression left from claimant’s mother’s testimony was that she had been led to believe that only PALS was the appropriate service provider for her daughter, that only Ms. DeAztlan and PALS were to be trusted, and that she did not know IRC had offered to fund alternative services. In short, her testimony and presentation at this hearing fully supported IRC’s position that Ms. DeAztlan and PALS had interfered with the process that is supposed to take place between a regional center and its clients and prevented IRC from conducting an assessment and evaluation of claimant, to her detriment.

19. Wilmer Rivas is a PALS Case Manager who oversees client services and staffing. He described the vendor fair where PALS met claimant’s mother, the work PALS has performed for IRC and other regional center clients, and the discussions PALS had with claimant’s mother about the services PALS could provide. Mr. Rivas went over the SLS components proscribed by law, testifying that PALS can provide them. He explained it is typical for consumers to meet with PALS before IPP meetings or have PALS attend IPP meetings prior to regional center referrals.

Mr. Rivas disputed IRC’s claim that respite was appropriate, testifying that he was formerly a respite provider and that service was not appropriate given claimant’s needs.

He also explained that SLS was the appropriate service as it is a comprehensive “catch all” service that provides 24-hour emergency response service. PALS also has a 24 hour emergency response line for clients to call. PALS provides ILS for other regional center clients but that service is not appropriate here because of claimant’s “great need for service in and outside,” testifying that claimant requires SLS. Mr. Rivas explained that SLS is more fluid and can better respond to her needs. As claimant’s mother intends to move out of the home and desires claimant to live more independently, SLS is the appropriate service. Mr. Rivas stated that claimant “qualified for SLS” under the Welfare and Institutions Code, she is a client of IRC, and her family is requesting it. He also explained that PALS and the family are comfortable with each other and that PALS has trained and experienced staff to meet claimant’s needs, although he admitted PALS is only vendored as an SLS provider with IRC and does not have any trained behavioral interventionists on staff. Mr. Rivas also described PALS’s “experience with behavior modification and training coordination,” but this testimony made it clear PALS does not provide behavior modification services.

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## OTHER EVIDENCE AND ARGUMENTS

20. IRC argued that Ms. DeAztlan has an interest in PALS, serves as its legal consultant, and IRC attempted to introduce non-precedential decisions in support of its arguments regarding its prior dealings with PALS and Ms. DeAztlan. IRC also attempted to introduce PALS documents in support of its contention that PALS was not following its own internal guidelines. None of those documents were admitted, nor were those arguments considered, as they were not relevant to the issues presented in this case. Moreover, non-precedential decisions are not binding regarding any of the issues to be decided in this case.

## LEGAL CONCLUSIONS

### BURDEN OF PROOF

1. In a proceeding to determine whether an individual is eligible for services, the burden of proof is on the claimant to establish that the services are necessary to meet the consumer's needs. The standard is a preponderance of the evidence. (Evid. Code, § 115.)

### STATUTORY AUTHORITY

2. The Lanterman Act is set forth at Welfare and Institutions Code section 4500 et seq.

3. Welfare and Institutions Code section 4501 states:

The State of California accepts a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. Affecting hundreds of thousands of children and adults directly, and having an important impact on the lives of their families, neighbors and whole communities, developmental disabilities present social, medical, economic, and legal problems of extreme importance . . .

An array of services and supports should be established which is 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. To the maximum extent feasible, services

and supports should be available throughout the state to prevent the dislocation of persons with developmental disabilities from their home communities.

4. Welfare and Institutions Code section 4512, subdivision (b), defines “services and supports” as:

[S]pecialized 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 independent, productive, normal lives. The determination of which services and supports are necessary for each consumer shall be made through the individual program plan process. The determination 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 . . . . Nothing in this subdivision is intended to expand or authorize a new or different service or support for any consumer unless that service or support is contained in his or her individual program plan.

5. Welfare and Institutions Code section 4646 provides in part:



(a) It is the intent of the Legislature to ensure that the [IPP] and provision of services and supports by the regional center system is centered on the individual and the family of the individual with developmental disabilities and takes into account the needs and preferences of the individual and the family, where appropriate, as well as promoting community integration, independent, productive, and normal lives, and stable and healthy environments. It is the further intent of the Legislature to ensure that the provisions of services to consumers and their families be effective in meeting the goals stated in the [IPP], reflect the preferences and choices of the consumer, and reflect the cost-effective use of public resources.

(b) The individual program plan is developed through a process of individualized needs determination. The individual with developmental disabilities and, where appropriate, his or her parents, legal guardian or conservator, or authorized representative, shall have the opportunity to actively participate in the development of the plan.

[¶] . . . [¶]

(d) Individual program plans shall be prepared jointly by the planning team. Decisions concerning the consumer's goals, objectives, and services and supports that will be included in the consumer's individual program plan and

purchased by the regional center or obtained from generic agencies shall be made by agreement between the regional center representative and the consumer or, where appropriate, the parents, legal guardian, conservator, or authorized representative at the program plan meeting.

[¶] . . . [¶]

6. Welfare and Institutions Code section 4646.4, subdivision (a), requires regional centers to establish an internal process that ensures adherence with federal and state laws and regulations, and when purchasing services and supports, ensures conformance with the regional center's purchase of service policies.

7. Welfare and Institutions Code section 4646.5, subdivision (a), provides:

The planning process for the individual program plan described in Section 4646 shall include all the following:

(1) Gathering information and conducting assessments to determine the life goals, capabilities and strengths, preferences, barriers, and concerns or problems of the person with developmental disabilities. . . . Assessments shall be conducted by qualified individuals and performed in natural environments whenever possible. Information shall be taken from the consumer, his or her parents and other family members, his or her friends, advocates, authorized representative, if applicable, providers of services and supports, and other agencies. The assessment process shall

reflect awareness of, and sensitivity to, the lifestyle and cultural background of the consumer and the family.

(2) A statement of goals, based on the needs, preferences, and life choices of the individual with developmental disabilities, and a statement of specific, time-limited objectives for implementing the person's goals and addressing his or her needs. These objectives shall be stated in terms that allow measurement of progress or monitoring of service delivery. These goals and objectives should maximize opportunities for the consumer to develop relationships, be part of community life in the areas of community participation, housing, work, school, and leisure, increased control over his or her life, acquire increasingly positive roles in community life, and develop competencies to help accomplish these goals.

8. Welfare and Institutions Code section 4647 sets forth the expectations of service coordination, including CSC participation in the IPP process; input from the planning team; purchasing or obtaining from generic resources the services and supports specified in the IPP; monitoring implementation of the IPP to ensure its objectives are met and revising it as necessary. This code section provides that the CSC is responsible for implementing, overseeing and monitoring the IPP.

9. Welfare and Institutions Code section 4648 states in part:

In order to achieve the stated objectives of a consumer's individualized program plan, the regional center

shall conduct activities including, but not limited to all of the following:

(a) Securing needed services and supports.

(1) It is the intent of the Legislature that services and supports assist individuals with developmental disabilities in achieving the greatest self-sufficiency possible and in exercising personal choices. The regional center shall secure services and supports that meet the needs of the consumer, as determined by the consumer's individual program plan. . .

(2) In implementing [IPPs], regional centers, through the planning team, shall first consider services and supports in natural community, home, work, and recreational settings. Services and supports shall be flexible and individually tailored to the consumer and, where appropriate, his or her family.

[¶] . . . [¶]

(3) A regional center may, pursuant to vendorization or a contract, purchase services or supports for a consumer from any individual or agency that the regional center and consumer or, when appropriate, his or her parents, legal guardian, or conservator, or authorized representatives, determines will best accomplish all or any part of that consumer's [IPP].

[¶] . . . [¶]

(6) The regional center and the consumer . . . shall, pursuant to the [IPP], consider . . . [a] provider's ability to deliver quality services or supports . . . the existence of licensing, accreditation, or professional certification. . . . The cost of providing services or supports of comparable quality by different providers . . . the consumer's choice . . .

[¶] . . . [¶]

(8) Regional Center funds shall not be used to supplant the budget of any agency which has the legal responsibility to serve all members of the general public and is receiving public funds for providing those services.

[¶] . . . [¶]

10. Welfare and Institutions Code section 4659 requires the regional center to identify and pursue all possible sources of funding including, but not limited to, governmental or other entities or programs required to provide or pay the cost of providing services, including Medi-Cal, Medicare, the Civilian Health and Medical Program for Uniform Services, school districts, federal supplemental security income and the state supplementary program, and private entities, to the maximum extent they are liable for the cost of services, aid, insurance, or medical assistance to the consumer. Subject to certain limitations, regional centers shall not purchase any service that would otherwise be available from Medi-Cal, Medicare, the Civilian Health and Medical Program for Uniform Services, In-Home Support Services, California Children's Services, private insurance, or a health care service plan when a consumer or a family meets the

criteria of this coverage but chooses not to pursue that coverage. This section "shall not be construed to impose any additional liability on the parents of children with developmental disabilities, or to restrict eligibility for, or deny services to, any individual who qualifies for regional center services but is unable to pay."

11. Welfare and Institutions Code section 4688.05 provides:

"Regional centers shall provide independent living skills services to an adult consumer, consistent with his or her individual program plan, that provide the consumer with functional skills training that enables him or her to acquire or maintain skills to live independently in his or her own home, or to achieve greater independence while living in the home of a parent, family member, or other person."

12. Welfare and Institutions Code section 4689 states that the Legislature places a high priority on providing opportunities for adults with developmental disabilities, regardless of the degree of disability, to live in homes 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 IPP, subject to certain enumerated principles. Those principles include changing the services and supports as the consumer's needs change, that the consumer's preferences shall guide decisions concerning where and with whom the consumer lives, that the purpose of the services and supports is to assist the individual with exercising choices, that the services and supports shall be flexible and tailored to the consumer's needs, and that consumers shall not be excluded from SLS based solely on the nature and severity of their disability.

Subdivision (c) outlines the range of the SLS available. Subdivision (d) requires regional centers to provide information and education to consumers and their family

about SLS principles and services. Subdivision (e) requires regional centers to monitor the SLS and change it as the consumer's needs change, determine "whether the services and support outlined in the consumer's [IPP] are congruent with the choices and needs of the individual" and determine whether the services and supports are having the desired effects. Subdivision (f) sets forth the regional center planning team's responsibility. Other subdivisions provide that the consumer is solely responsible for household expenses and prohibit the regional center from making rent, mortgage or lease payments, unless in certain circumstances. Other subdivisions require regional centers to monitor costs, conduct assessments, and specifically state that they are "stakeholders" who are required to provide input in decision-making.

As clearly outlined in Section 4689, regional centers are to be an active participant in the SLS process.

#### APPLICABLE REGULATIONS

13. California Code of Regulations, title 17, section 54302, defines various terms to be used in regional center cases. Subdivision (a)(35), provides:

"Independent Living Program" means a community-based day program that provides to adult consumers the functional skills training necessary to secure a self-sustaining, independent living situation in the community and/or may provide the support necessary to maintain those skills. Independent living programs focus on functional skills training for adult consumers who generally have acquired basic self-help skills and who, because of their physical disabilities, do not possess basic self-help skills, but who

employ and supervise aides to assist them in meeting their personal needs.

Subdivision (a)(71) provides:

“Supported Living Service(s) (SLS)” means those services and supports referenced in Section 54349 (a) through (e), and specified as SLS service and support components in Title 17, Section 58614 , which are provided by a SLS vendor, paid for by the regional center, and support consumers’ efforts to:

(A) Live in their own homes, as defined in Title 17, Section 58601 (a)(3);

(B) Participate in community activities to the extent appropriate to each consumer’s interests and capacity; and

(C) Realize their individualized potential to live lives that are integrated, productive, and normal.

14. California Code of Regulations, title 17, section 54349, outlines the components of SLS, which are summarized as follows:

Personal Support Services are provided to meet the consumer’s need for assistance with common daily living and routine household activities, accessing medical services, and animal companions. Personal Support Services must be tailored to meet those specific needs of an individual consumer which cannot be met by the unassisted consumer because of the nature or severity of the consumer’s physical or developmental challenges. Personal Support Services differ from Training and



Habilitation Services in that the immediate result of the service (e.g., successful preparation of a meal) is the primary objective of the service, while any training or habilitation that may result is an incidental and unanticipated consequence. (*Id.* at subd. (a).)

Training and Habilitation Services are tailored to the specific training and habilitation needs and capacities of an individual consumer, and are intended to result in an increased ability on the part of the consumer to establish and maintain constructive human relationships, assume and exercise membership in the community, and meet his/her needs without assistance. Training and Habilitation Services are accessed only in accordance with the determination made through the consumer's IPP process of their appropriateness in consideration of the consumer's cognitive or physical challenges, and only when any corresponding Personal Support Service alternative, as defined in (a), is determined to be less appropriate in consideration of the consumer's cognitive or physical challenges. Training and Habilitation Services differ from any corresponding Personal Support Services in that the immediate result of the service (e.g., successful preparation of a meal) is always consequential to, but never the primary objective of, the training. (*Id.* at subd. (b).)

A regional center shall authorize an SLS vendor to provide a service only if such service is cost-effective and cannot feasibly be provided without cost, or at a lesser cost, through generic or natural supports available in the community. (*Id.* at subd. (g).)

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15. California Code of Regulations, title 17, section 58613, states:

(a) A consumer shall be eligible for SLS upon the determination made through the IPP process that the consumer:

(1) Is at least 18 years of age;

(2) Has expressed directly or through the consumer's personal advocate, as appropriate, a preference for:

(A) SLS among the options proposed during the IPP process;  
and

(B) Living in a home that is not the place of residence of a parent or conservator of the consumer.

(b) Consumers shall not be denied eligibility for SLS solely because of the nature and severity of their disabilities.

16. California Code of Regulations, title 17, section 58614, sets forth the SLS service and support components. Subdivision (b) states that SLS are tailored to meet the consumer's evolving needs including, but not limited to, 16 enumerated items, none of which is a behavioral modification program.

17. California Code of Regulations, title 17, section 58680, requires regional centers to ensure that Welfare and Institutions Code section 4689, subdivisions (e)(1) through (e)(5), are met. Those subdivisions require regional centers to monitor and ensure the quality of services and supports being provided.

#### AUTHORIZED REPRESENTATIVE ISSUE

18. An "authorized representative" means the conservator of an adult, the guardian, conservator, or parent or person having legal custody of a minor claimant, or an agency or court appointed representative. (Welf. & Inst. Code, § 4701.6.)

As defined, neither Ms. DeAztlan nor claimant's mother is claimant's "authorized representative." Thus, Ms. DeAztlan, although permitted to represent claimant at this

hearing, may not make decisions regarding services on claimant's behalf. It was also not established that the services Ms. DeAztlan seeks are truly claimant's "consumer preference."

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## EVALUATION

19. The Lanterman Act and the applicable regulations set forth criteria that a claimant must meet in order to qualify for regional center services. Claimant had the burden of demonstrating her need for the requested services. Claimant failed to meet that burden.

As noted above, the Lanterman Act authorizes regional centers to fund necessary services and supports "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 independent, productive, normal lives." The burden was on claimant to establish that the supported living services she seeks are necessary to this end. A preponderance of the evidence did not establish that claimant required SLS. The evidence did establish that the behavior modification services, respite services, ILS and PRUCOL offered by IRC are the appropriate services to meet claimant's needs at this time.

Claimant has severe behavioral and communication challenges. She lacks basic self-help skills and needs the type of services that ILS provides. Other than Ms. DeAztlan's assertions that claimant "wants SLS," a claim undermined by Ms. DeAztlan's original emails demanding ILS, claimant offered no credible evidence refuting IRC's well-founded position that ILS, respite, and behavior modification services are the appropriate services for claimant at this time. IRC's position was factually based and fully supported by the evidence introduced. It was also unclear why PALS and/or Ms. DeAztlan interfered in the IRC assessment process, and it appeared that PALS and/or

Ms. DeAztlan were not pursuing what was in claimant's best interests. Moreover, PALS is not vendored to provide ILS which was most likely the reason Ms. DeAztlan's original request for ILS changed to SLS, further undermining PALS's credibility.

Of concern was Ms. DeAztlan's interference with IRC's ability to assess claimant. The evidence established that prior to claimant's mother's encounter with PALS, she attended meetings at IRC, communicated with her daughter's CSCs and was being assisted by IRC. For whatever reason, Ms. DeAztlan and PALS have hampered that working relationship and created needless obstacles. As the evidence showed, IRC has repeatedly tried to perform its statutory duties, but was prevented from doing so due to Ms. DeAztlan's interference. Involving an Assemblymember based upon the evidence presented was questionable, at best. Moreover, Ms. DeAztlan's emails demanding ILS and later demanding SLS cast even greater doubt on her assertion that claimant was requesting the service. Moreover, holding the IPP meetings at PALS, when PALS was not an approved provider, PALS's staff's involvement in the IPP meeting, and the fact that PALS is already providing services to claimant, as demonstrated by PALS's actions at the IPP meetings and at this hearing, raised many concerns.

Additionally, no evidence established that it was claimant's preference that IRC not contact her or her mother or that IRC did anything to strike fear in claimant's mother such that claimant's mother would not want IRC to contact her. To the contrary, the records documented a very cordial, working relationship prior to PALS/Ms. DeAztlan's involvement. Moreover, although a consumer's preference is a factor to be considered when determining services to be offered, it is not the only factor. There are certain restrictions and requirements that come with the use of public funds. As noted above, IRC and claimant are to be active participants in the process; something that did not occur here. Ms. DeAztlan's attempts to prevent direct communication between IRC

and claimant hindered IRC's ability to meet its legislatively-mandated duties to claimant. It is hoped this interference will cease going forward.

Finally, there are grave concerns regarding PALS and its involvement in this matter. IRC has a three-vendor offer process, and a consumer demanding services from a single, specific vendor is unusual and usurps this process. There are likely other vendors who can provide claimant with more appropriate and cost-effective services which should be offered as options to her.

## ORDER

Claimant's appeal that IRC fund SLS is denied and IRC shall not fund SLS at this time.

Claimant's appeal that IRC fund SLS provided by PALS is denied and IRC shall not fund that requested service offered by PALS.

DATED: June 1, 2018

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MARY AGNES MATYSZEWSKI

Administrative Law Judge

Office of Administrative Hearings

## NOTICE

**This is the final administrative decision. Both parties are bound by this decision. Either party may appeal this decision to a court of competent jurisdiction within ninety days.**