

BEFORE THE
OFFICE OF ADMINISTRATIVE HEARINGS
STATE OF CALIFORNIA

In the Matter of:

CLAIMANT,

vs.

SAN DIEGO REGIONAL CENTER,

Service Agency.

OAH No. 2019010028

DECISION

Administrative Law Judge Vallera J. Johnson, State of California, Office of Administrative Hearings, heard this matter in San Diego, California on April 23, 2019.

Ronald R. House, Attorney at Law, represented the San Diego Regional Center.

Cynthia Norall, Ph.D., represented claimant.

The matter was submitted on April 23, 2019.

ISSUE

Claimant seeks support for maintaining her health; this requires assistance getting to doctors' appointments and supports obtaining appropriate medical services.

FACTUAL FINDINGS

BACKGROUND AND JURISDICTION

1. Claimant, a 42-year-old female, is a consumer of the San Diego Regional Center (service agency) and is eligible to receive services on the basis of autism.

2. Claimant was raised in a religious sect that was strictly controlled and enforced rigid gender rules. At age 18 she married within the sect and has four children (two minors and two adults). She is divorced, and the minor children live with their father. Around 2010 she became estranged from the sect, was homeless and lived in a shelter for a period of time.

3. In October 2010 a psychologist evaluated claimant and diagnosed her with autism spectrum disorder, noting that she exhibited difficulties with social interactions, empathy, executive functioning and that she was highly sensitive to light, touch and smell. In addition, claimant was diagnosed with general anxiety disorder and major depressive disorder at that time.

In 2012 claimant returned to the psychologist who noted that claimant had benefited greatly from cognitive behavioral therapy and social skills support therapy aimed at treating autism spectrum disorder.

In 2014 claimant sought services in her home state from an agency serving the developmentally disabled. She was examined by a psychologist who diagnosed claimant with autism spectrum disorder, level 2, with significant cognitive, emotional, interpersonal, sensory, language and behavioral deficits. The psychologist recommended claimant for eligibility for services based on her severe social-communications deficits.

4. In early 2015 claimant moved to California. On August 7, 2015, a psychologist from the Regional Center of East Bay (RCEB) evaluated claimant and concluded that she meets the criteria for autism spectrum disorder, level 2. However,

after evaluating claimant, RCEB concluded that claimant's autism did not render her substantially disabled based on her substantial accomplishments, including graduating from college, attending graduate school, living independently, paying her bills, making purchases online, using various forms of technology and using Uber for transportation.

Claimant appealed this decision. After a hearing, in Case No. 2015110525, dated February 8, 2016, the administrative law judge (ALJ) determined, among other things:

Although claimant has impressive accomplishments, it was established that these accomplishments were achieved with assistance and support and with great struggle. The accomplishments do not provide that she is not disabled by her autism.

As a result of claimant's autism, she is substantially impaired in at least three major life activities: self-care, receptive and expressive language, and economic self-sufficiency. The evidence established that claimant's disability limits her self-care in that she has difficulty managing her finances, managing her diet, and getting medical care. Her lack of pragmatic language skills makes it extremely difficult for her to communicate with others. Claimant has no history of employment and is limited in her ability to attain economic self-sufficiency. Accordingly, claimant has met her burden of establishing that her autism condition is substantially disability as 'that term is defined by the Act. (§4512, subd. (1).)' [sic] She is therefore eligible for regional center services.

5. On May 10, 2016, another administrative hearing occurred. The issue in that case was whether RCEB failed to timely implement claimant's individual program plan (IPP) and associated services after she was found eligible for regional center services. The ALJ, in Decision Case No. 201604356, described claimant's history, and RCEB's efforts to develop the IPP and implement services. The ALJ stated, among things: "It has not been established that RCEB violated the Lanterman Act by failing to timely implement the IPP and associated services after Claimant was eligible for regional center services."

6. Since October 2017 claimant has lived independently in San Diego. On August 18, 2018, she moved from a one-bedroom apartment to a single level, multi-bedroom home. She is pleased with her current residence. She receives a Section 8 voucher. Claimant receives SSI benefits and is her own payee. In July 2018 the San Diego Housing Commission authorized claimant for a live-in-aide. No evidence was offered to establish whether claimant has a live-in-aide or the services the live-in-aide would provide.

Claimant is totally independent in her self-care needs. She does most of her purchasing online, and her bills are auto pay because her disability makes it difficult to navigate paper or writing checks. Claimant receives 70 hours of IHSS services. Though she had difficulty locating a provider, at least since February 2019, she has had an IHSS provider who assists her with grocery shopping, housekeeping and driving her to appointments.

Claimant has safety skills at home and in the community. She carries a cell phone and is able to call 911 in an emergency. She has a driver's license, owns a vehicle and recognizes street signs and rules.

7. Over the years, claimant has had educational accomplishments with the assistance of supportive services. During her childhood, she did not have traditional

schooling during her childhood due to the cultural beliefs of her family. Claimant's primary language is Yiddish. She taught herself to speak English later in life, obtained her GED, a bachelor's degree in music, and a master's degree in transformative leadership. She is pursuing her doctorate degree in integral and transpersonal psychology.

Claimant is musically talented and has her own website. She plays several instruments.

8. Claimant's autism spectrum disorder does not impact her intellectual ability but causes some difficulties with social interaction, as well as restricted repetitive and stereotyped behaviors, interests and activities. She is very articulate and knowledgeable but does not have a supportive network of friends, family or acquaintances, due to reported anxiety when interacting with others with whom she is unfamiliar. This makes it difficult for her to communicate effectively with others and to develop supportive relationships. She does not have a support person or friend to call in case of an emergency.

Claimant experiences tremendous frustration in communicating with others. She gets overwhelmed with sensory input and does not have the patience for scheduling appointments with IHSS or other agencies.

9. Claimant has a number of challenging medical conditions.¹ In addition to being diagnosed with autism spectrum disorder, she has Crohn's disease, asthma, a visual impairment, central auditory processing disorder and hyperacusis. She had bariatric bypass surgery in 2014 and has lost a considerable amount of weight since that time.

¹ In both prior administrative decisions, her medical conditions and educational accomplishments are described.

Claimant is on a specific carbohydrate diet to manage symptoms related to Crohn's disease. She has some issues with gagging with certain foods and textures and some issues with satiety. She takes medication to control asthma symptoms. She is not allowed to take NSAIDS, anti-inflammatory medications, and/or sugar. Claimant has Irlen Spectral filtered lenses (prism prescription eyeglasses) designed for the visually impaired and to minimize sensory overload. She wears the Dextom continuous glucose monitor (ordered by her endocrinologist) connected to her cell telephone; the monitor alarms when her glucose level is low.

10. Claimant's health needs are covered by Medi-Cal. She was discharged from Kaiser and currently utilizes Molina HMO. Her primary care physician is Azam Shamani, M.D.

11. On January 2, 2019, claimant filed the Fair Hearing Request.

On the day of hearing, prior to commencement of the hearing, the parties attempted to identify the issue in the case. Claimant's advocate identified the issue essentially as follows:

Claimant has a communication disorder comorbid with autism, a developmental disability. She requested that the service agency provide American with Disabilities Act (ADA) services for her communication disability in order to access service agency services.

Stated in the alternative, she requested as an accommodation that the service agency consult with a communication specialist to support the service agency internally to accommodate claimant learning about all services in a communication style commiserate with her

disability. The communication specialist would assist with the implementation of agreed upon services and provide oversight so the communication disorder is not a barrier to her receiving services.

The service agency had no objection to the identified issue but stated that it was not prepared to proceed with that issue and therefore a continuance would be necessary. The administrative law judge stated that it would be inequitable to require the service agency to proceed with the issue, without prior notice.

Claimant objected to a continuance. The parties agreed to proceed with the issue stated in the Fair Hearing Request.

12. On the Fair Hearing Request, under the reason(s) for requesting the hearing, claimant stated:

I had multiple hearings on this same matter. The team refuses to follow the orders of the hearings and implement services that are appropriate. They have opted to pressure me to voluntarily dismiss the services they implemented against my will.

On the Fair Hearing Request, under "describe what is needed to resolve your complaint," claimant stated:

I have made the case(sx) [sic] that I need support for maintaining my health and this requires assistance getting to doctors [sic] appointments, and support in obtaining appropriate medical services. When I don't have these direct

supports, my health suffers and I get hospitalized. Thy [sic] refuse to support this 1 item for four years.

During the hearing, claimant and the service agency agreed that the issue in the case was described in the foregoing paragraph.

13. There is no evidence that claimant had requested transportation to and from medical appointments until she filed the Fair Hearing Request that is the subject of this proceeding. Though claimant has made the same or similar requests for assistance with accessing the medical community from the RCEB, there has been no hearing or decision regarding this issue. No evidence was offered to establish that any superior court judge or administrative law judge has conducted a hearing or issued an order regarding providing transportation and/or assisting claimant with accessing the medical community.

14. There is no evidence that claimant requested the services or had been denied the services described in her Fair Hearing Request.

TRANSPORTATION TO AND FROM MEDICAL APPOINTMENTS

15. Claimant requested that the service agency provide transportation to and from medical appointments. There is no mention of transportation to and from medical appointments in her IPP. Claimant is eligible to receive Medi-Cal benefits. Medi-Cal provides non-emergency medical transportation for medically covered services. In order to access this service, claimant is required to contact Secure Transport Services to schedule her appointment. It is recommended that she call at least three business days prior to a medical appointment or, as soon as possible if it is an urgent appointment. There is no evidence that claimant is unable to access this service.

ACCESSING MEDICAL SERVICES

16. According to her IPP, claimant “would like to receive assistance with community resources and assistance to navigate the healthcare system.” There is a discrepancy between what claimant intended and what the service agency understood claimant’s request to be. Claimant explained that she is requesting the support required by the ADA (because of her communication disability) to obtain appropriate medical services; she needs someone to augment her communication with obtaining medical services and her communication with the doctors. The service agency understands claimant’s request to be for transportation to and from medical appointments and for assistance with scheduling medical appointments and filling prescriptions.

17. Claimant’s most recent approved IPP is dated March 28, 2018. The meeting occurred on March 6, 2018; present at the meeting were claimant, Claudia Piagentini, M.F.T. (service coordinator) and Suzy Requarth, M.Ed. (program manager). According to the IPP, the parties agreed that the service agency would fund independent living services (ILS) for claimant; among other things, the ILS worker was to assist with finding claimant another residence and with choosing a health care agency that meets claimant’s needs.

As stated previously, claimant moved into another home in August 2018 (Finding 6).

Regarding health care, the IPP stated, among other things:

- [Claimant] will meet with her ILS worker at least once a week to go over options for health care agencies.
- [Claimant] will research health care agencies in order to choose which one she likes rather than Kaiser.
- The service agency will meet with [claimant] and ILS worker on a quarterly basis.

No other instructions are identified in the IPP regarding the specific duties of the ILS worker. No evidence was offered regarding any assessment performed to identify claimant's needs and goals.

18. Community Catalysts (CC) was identified as the first agency/vendor to provide the ILS service. From the records, it is difficult to determine when claimant was initially authorized to receive ILS services. However, it appears at least as early as December 2017. The authorization expired in May 2018, without renewal.

It is difficult to describe the relationship and interaction among claimant, the service agency and CC. Initially there were administrative issues between the CC and the service agency that caused confusion. Claimant had difficulty explaining her needs, and the ILS worker had difficulty understanding claimant's needs. In addition, there was difficulty scheduling with claimant and meeting her expectations. Claimant did not believe that she was getting the support that she needed regarding housing, communication and medical care. Claimant expected the ILS worker to provide transportation to medical appointments but the ILS agency did not provide transportation. As Ms. Requarth, the service agency program manager, so aptly testified, "it was not a good fit." So the authorization was not renewed for CC to provide the ILS service.

19. On August 16, 2018, there was an IPP Addendum that authorized Toward Maximum Independence as claimant's ILS provider. Regarding healthcare, the IPP Addendum states:

- TMI FFS² SW or ILS Instructor will meet with [claimant] to discuss her health needs and assist her coordinating health care. Accompany [claimant] to

² TMI FFS is the acronym for Towards Maximum Independence Family Focused Services.

medical appointments as needed, to help her communicate with the medical professionals

- SDRC will fund FFS or ILS services as needed and per POS guidelines.
- SC to monitor progress
- New service: 07/2018

The service was authorized for six months.

The instructions regarding the duties of the TMI social worker or instructor are more clear. No evidence was offered regarding an assessment performed to identify claimant's needs.

20. JaNese Hubbard was the TMI social worker assigned to provide the ILS service for claimant. From the service agency records and TMI correspondence, it appears that Ms. Hubbard attempted to meet claimant's needs but her efforts were not satisfactory for claimant. According to the TMI discharge summary, dated November 2018, "[claimant's] services ended due to her not responding to attempts to schedule further appointments. She was seeking a service that would be able to accompany her to all medical appointments which TMI could not meet that request."

21. Regarding accessing medical care, in addition to claimant, Ms. Hubbard worked with the Molina Health Plan case manager as well as the service coordinator. Ms. Hubbard made medical appointments and attempted to assist claimant in obtaining claimant's medication from the pharmacy. However, there were times that claimant changed those appointments without notice to Ms. Hubbard. There were times that appointments were made without input from claimant; claimant got upset when Ms. Hubbard was unavailable to attend all medical appointments with her.

22. On February 12, 2019, at claimant's request an IPP meeting occurred. The IPP team included claimant, Cynthia Norall, Ph.D. (claimant's advocate), Ashley Duffy, LCSW (claimant's program manager), Gohar Gyarjyan, Ph.D. (service agency clinical

psychologist), and Lenka Pavlik, M.A., (service coordinator). On the day of hearing, the IPP document had not yet been approved.

During this meeting, to provide the medical supports sought by claimant, as an alternative to ILS, claimant requested personal assistant services (PAS) to help her communicate, particularly with physicians.

Life Options is the agency/vendor that agreed to assist claimant with accessing medical care. On the date of hearing, an assessment had been performed to determine claimant's needs and the services to be provided. The service agency anticipated receiving a report a few days after the hearing. The service agency also anticipated that the personal assistant would be available to make medical appointments, coordinate medical care (including scheduling appointments and follow-up appointments and assisting her with keeping the appointments.) No evidence was offered to establish that the personal assistant would participate in medical appointments, with claimant's permission.

There is no evidence that the service agency objected to the personal assistant services.

23. Claimant has medical conditions, including autism spectrum disorder, and requires medical services. Her history, as reported, is unusual and difficult and has impacted her personality and communication and relationships. She is impatient and rigid. She has in mind what is necessary and appropriate, irrespective of the policies, protocol, the necessity of coordination or simple human mistakes and, typically, refuses to change. At times, she misstates information. In addition, according to the evidence, claimant may have a psychiatric condition that contributes to claimant's challenges. There are numerous examples in the record of claimant's interactions with service agency staff, ILS provider, TMI social worker, Kaiser social worker and physicians and

Molina social worker. In addition, the trier of fact had an opportunity to observe claimant make her efforts to communicate as well as testify in the hearing.

24. An example of claimant's interactions is documented in the service agency's consumer I.D. Notes, dated August 8, 2018, which stated, in part:

Telephone call from Nicole Sibley, case manager at Molina Health Care. Discussed in length [claimant]'s concerns and demands. She calls Nicole frequently, demanding referrals to various specialists. Nicole explained they have various levels of care. [Claimant] is level three, meaning she should be contacted one time/month by her Molina case manager. Nicole is contacting [claimant] weekly, and she calls Nicole almost daily. Today [claimant] called stating that she has a wound on her foot and needs to be seen by a podiatrist. Nicole suggested it might be an ingrown toenail, from the description provided by [claimant]. There are numerous referrals pending, but she is not willing to wait.

[Claimant] visited another physician at Scripps; he completed blood work and gave her numerous referrals. He is not with the Molina group. [Claimant] can utilize unlimited transportation with Molina, if she calls three days in advance. [Claimant] visited Dr. Hazelbaker at Family Healthcare Center on July 27, 2018. They were concerned about her mental status. She did not demonstrate her typical behaviors; she seemed depressed and in no good mental state. Ambulance was called, and she was admitted at UCSD Hillcrest on July

27, 2018. She arrived with low glucose levels, but it normalized during her stay at the hospital. [Claimant] claims her glucose drops to 30 every few hours but she refuses to eat. The doctors believe that the low glucose levels are caused by her diet. During her stay, she was check [sic] by a psychiatrist a few times. It was decided that she has the capacity to live on her own, but they did not recommend it at that time. [Claimant] left the hospital on July 29, 2018.

[Claimant] had seven referrals pending. She was demanding an endocrinologist whom she can contact daily, which was unrealistic. Nicole received a call from Ombudsman Chief Management in Sacramento. [Claimant] called to complain that she had trouble accessing health care, and that the medical professions were limiting her communication. APS called Nicole today, regarding concerns about [claimant]'s well-being. She claimed that she did not have an IHSS provider, could not do household chores, could not dress herself and did not have transportation ([claimant has her own vehicle and unlimited transportation for medical appointments through Molina). APS SW visited [claimant] at home, observed that she was dressed, groomed, and the apartment was clean; there was no concern.

[Claimant] shared with Nicole that she was raised in a religious cult community, that she was forced into an

arranged marriage and that she was excommunicated for seeking higher education in psychology.³

25. Claimant argued that the service agency has not advised her of and explained all available services to meet her needs.

As an example, claimant asserted that she was not provided information about supported living service. Suzy Requarth⁴, claimant's former program manager, testified as a witness in this proceeding and was asked if she provided claimant with information about supported living services (SLS).

Ms. Requarth acknowledged that claimant was not informed about SLS and explained the following. She testified that SLS is a more comprehensive service; the worker provides care and supervision for a consumer who is not safe in her apartment alone and is provided in conjunction with IHSS support. In Ms. Requarth's opinion, SLS is not appropriate for claimant because she lives on her own, does not have "direct hands on self-care needs" and accesses the community on her own. In addition, claimant has a California driver's license, has an automobile and drives it from time to time. Ms. Requarth explained that she does not provide information about services that are not appropriate to meet claimant's needs. Further, if claimant had requested the service, Ms. Requarth would have explained that it was not an appropriate service, for the reasons stated in this paragraph.

³ The changes in this passage were grammatical and punctuation.

⁴ Ms. Requarth has been an employee of the service agency for four years and described her education, training and experience prior to testifying. Ms. Requarth supervised claimant's consumer service coordinator when claimant first moved to San Diego.

Considering her education, training and experience, the trier of fact asked Ms. Requarth what service would be appropriate to meet claimant's unique needs for medical support. Ms. Requarth testified that she continues to believe that independent living services would meet claimant's need for medical support; though the agencies that have provided the service were not a good fit for claimant, there are other ILS agencies; however, claimant indicated that she did not want ILS, and she did not want to infringe on claimant's wishes; personal assistant service, the most recent option offered to claimant, is a good option. If it proves not to be a good fit, service agency staff will continue to work with claimant to develop additional options; however, at some point, if claimant continues to reject the services provided, service agency staff may run out of options.

Insufficient evidence was offered to establish that the service agency did not provide claimant with options regarding services and supports available to meet her needs.

26. Lenka Pavlik is claimant's current service coordinator. She testified in this hearing and explained that she "struggled to get accurate information" from claimant about her medical needs, such as the names of her doctors and current medications. She was not aware that claimant had been hospitalized so many times.

27. There were times that claimant's actions and testimony were confusing. For example, claimant testified that she was coerced into accepting ILS and that she was pressured to drop ILS.

While a consumer of the RCEB, on three different occasions, claimant was escorted out of a clinic or pharmacy when she tried to advocate for herself. In San Diego, she has been escorted out of doctor's offices and pharmacies; in addition, on at least one occasion, she has been placed on a "5150 hold."

28. In 2015 claimant was diagnosed with a pragmatic language disorder. The service agency argued that this diagnosis should not be considered in this case because it did not have notice that this would be an issue in the hearing until the day before the hearing. Therefore, they were not prepared to address the issue during this hearing. Further, the service agency had not had an opportunity to have the assessment considered by service agency staff or obtain a more current evaluation. The objection is reasonable.

29. Colleen Russell, claimant's therapist in 2015, in a letter, dated September 25, 2015, provided insight into claimant's communication challenges. Ms. Russell stated, in part:

Language disorder is inherent in an autism disorder diagnosis and it manifests in complex ways. I have observed social interaction difficulties a in support group [claimant] attends and that I facilitate. That she is frequently misinterpreted causes her deep emotional pain and frustration, and results in her feeling self-protective and cautious in relating to others. My observation is that the comprehensive strategies she employs in group situation [sic] are unexplained to others and are part of the reason for their misunderstandings and inaccurate assumptions. With increased anxiety in social interactions, [claimant] utilizes tremendous effort in consciously calculating what is socially intuitive for neurotypical individuals. Having lived in the Hasidic high demand group with its severe rules of conduct and oppressive group norms, she is further challenged to adjust to mainstream society cultural norms.

LEGAL CONCLUSIONS

1. In the Lanterman Developmental Disabilities Services Act (Lanterman Act), the legislature created a comprehensive scheme to provide "a pattern of facilities and services ... sufficiently complete to meet the needs of each person with developmental disabilities, regardless of age or degree of handicap, and at each stage of life." (Welf. & Inst. Code, § 4501.)⁵ 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 (§§ 4501, 4685); and (2) to enable developmentally disabled persons to approximate the pattern of living of nondisabled persons of the same age and to lead more independent and productive lives in the community." (§§4501, 4750; see generally *Association for Retarded Citizens v. Dept. of Developmental Services* (1985) 38 Cal.3d 384, 388.)

2. In order to determine how an individual consumer is to be served, regional centers are directed to conduct a planning process which results in an individual program plan (IPP) for the client. The IPP and provision of services and supports by the regional center system is centered on the individual with developmental disabilities and takes into account the needs and preferences of the individual as well as promoting community integration, independent and productive, and normal lives. The provision of services is "intended to 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." (§4646, subd. (a))

The IPP is developed by an interdisciplinary team and includes participation by the consumer and/or her representative. (§4646, subds. (b) & (d).) The IPP states the consumer's goals and objectives and delineates the services and supports the consumer

⁵ All statutory references are to the Welfare and Institutions Code.

needs in order to achieve the goals set forth in the Lanterman Act. (§§4646, 4646.5, and 4648.) Among other things, the planning process for developing an IPP includes gathering information (§4646.5, subd. (a)(1)), developing a statement of goals based on the needs, preferences and life choices of the consumer, and developing a statement of specific time objectives for implementing the person's goals and addressing her needs. (§4646.5, subd. (a)(2).) Thereafter, the team is to develop a schedule of the type and amount of services to be obtained from generic resources or purchased by the service agency in order to obtain the goals and objectives of the IPP. (§4646.5, subd. (a)(4).) All decisions concerning the consumer's goals, objectives and services and supports that will be included in the IPP obtained from generic resources or purchased by the service agency are to be made by the agreement of the regional center representative and the consumer or the consumer's representative. (§4646, subd. (d).) The service coordinator or case manager is the person responsible for preparing, overseeing, monitoring and implementing the IPP. (§4647, subds. (a) and (b).)

3. There are a number of statutes which govern the provision of transportation to regional center consumers to and from medical appointments. Relevant to this proceeding are the following:

In implementing individual program plans, "regional center funds shall not be used to supplant the budget of any agency that has a legal responsibility to serve all members of the general public and is receiving public funds for providing those services." (§4648, subd. (8)).

Regional centers are prohibited from purchasing any services that are available from Medi-Cal, In-Home Supportive Services, private insurance or a health care plan when the consumer meets the criteria of this coverage but chooses not to pursue that coverage. (§4659, subd. (c)).

EVALUATION

4. Claimant is eligible to receive regional center services on the basis of autism. She has a number of other medical conditions. She has requested transportation to and from her medical appointments and assistance with accessing the medical community, including making medical appointments, filling and refilling prescriptions and communicating with physicians.

5. Claimant is eligible to receive Medi-Cal, and Medi-Cal provides non-emergency medical transportation to and from medically necessary covered services. As such, pursuant to Welfare and Institutions Code sections 4648, subdivision (a), and 4659, subdivision (c), the service agency is prohibited from providing transportation to and from medically necessary covered services.

6. Claimant has medical conditions that require that she access services in the medical community. She has had difficulty doing so, even with the assistance of ILS. Under the circumstances, personal assistant services are a reasonable alternative, as long as the provider has specific instructions regarding scheduling and attending medical appointments and obtaining prescriptions from the pharmacy. However, in order to provide the service, it is necessary that claimant cooperate by providing the information necessary to implement the service and cooperating with the personal assistant.

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ORDER

1. Claimant's request for transportation service to and from medical appointments is denied.

2. The San Diego Regional Center shall fund personal assistant services that meet the needs of claimant that include specific instructions for the personal assistant.

DATED: May 7, 2019

VALLERA J. JOHNSON

Administrative Law Judge

Office of Administrative Hearings

NOTICE

This is a final administrative decision; both parties are bound by this decision. Either party may appeal this decision to a court of competent jurisdiction within 90 days.