

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

In the Matter of:

CLAIMANT,

vs.

WESTSIDE REGIONAL CENTER,

Service Agency.

OAH No. 2020050194

DECISION

Administrative Law Judge Chantal M. Sampogna, Office of Administrative Hearings, State of California, heard this matter telephonically on June 22, 2020.

Candace Hein, Fair Hearing Representative, represented Westside Regional Center (WRC or Service Agency).

Claimant's mother (Mother) represented claimant, who was not present.¹

¹ Titles are used to protect the family's privacy.

Oral and documentary evidence was received. The record was closed, and the matter was submitted for decision on June 22, 2020.

ISSUE

Whether Service Agency must fund an additional 25 hours per month of in-home respite services for Claimant, for a total of 60 hours per month of in-home respite services, for the duration of the school closures caused by COVID-19.

EVIDENCE RELIED UPON

Documents: Service Agency's Exhibits 1 through 12; Claimant's Exhibit A.

Testimony: Julien Hernandez, Program Manager; Mother.

SUMMARY

Before the school closures due to COVID-19, Claimant received 28 hours of respite services per month. At Mother's request, and utilizing Service Agency's Family Respite Needs Assessment tool, on March 5, 2020, Claimant's Individual Program Plan (IPP) team amended his IPP to provide Claimant a total of 35 hours of respite services per month. Claimant appealed, asking for an additional 25 hours of respite care services per month, for a total of 60 hours per month. Claimant established by a preponderance of the evidence that an additional 25 hours per month of respite

services is warranted under the Lanterman Developmental Disabilities Services Act (Lanterman Act) (Welf. & Inst. Code, § 4500 et seq.).²

Jurisdiction

1. Claimant is a 6-year-old boy who resides with his mother, father, older brother, and grandmother, in Los Angeles, California. Claimant is eligible for services under the Lanterman Act, based on his diagnosis of Autism Spectrum Disorder. (§ 4512, subds. (a).) Claimant has been a consumer of services funded by the Service Agency for approximately three years.

2. Claimant's April 19, 2020 IPP established the following Outcome Goals, and associated plans or services, for Claimant:

A. Outcome Goal 1: Claimant will continue to live in his family home. Parents will provide all support necessary for Claimant and Mother will appeal the September 2018 denial of Claimant's In-Home Supportive Services (IHSS) application. WRC will fund 21 hours per month of respite services.

B. Outcome Goal 2: Claimant will receive a free and appropriate public education (FAPE) and meet his Individualized Education Program (IEP) goals. Parents will attend Claimant's IEP meetings and monitor Claimant's progress. WRC will monitor Claimant's IEP annually and refer Claimant to an educational advocate if appropriate.

² Statutory references are to the Welfare and Institutions Code, unless otherwise specified.

C. Outcome Goal 3: Claimant will increase his use of functional language, his safety awareness, and will initiate interactions with others and learn appropriate social skills. Parents will provide claimant with opportunities for social engagement, and in April 2019 were in the process of obtaining speech, Applied Behavioral Analysis (ABA), and occupational therapy services for Claimant. WRC encouraged parents to attend Family Behavioral Services Mentor classes. The IPP called on WRC to fund five sessions per month of social skills program via Leaps N Boundz, from March 1 through August 31, 2019, and then reauthorize if appropriate.

D. Outcome Goal 4: Claimant will remain in good health. Parents will schedule all necessary medical appointments for claimant and follow up on neurologist recommendations.

3. Sometime before claimant's March 30, 2020 IPP Progress Report meeting, the IPP Planning Team increased claimant's respite services to 28 hours per month. Then, on March 30, 2020, the IPP team met to consider changes to Claimant's IPP based on the closures of Claimant's school due to COVID-19. Service Coordinator Alyssa Delagnes used WRC's Family Respite Needs Assessment Guideline tool (Respite Guidelines) and determined that based on school closures and claimant's increased behaviors, claimant needed a total of 35 hours of respite services per month. Since this change, Claimant has been receiving 35 hours of respite services per month.

4. The Progress Report also noted Claimant's current service provision and progress towards achieving his IPP outcome goals.

A. Claimant continued to live at home with his parents, brother, and grandmother. His father continues to be employed full-time as an essential worker with Target. Claimant's IHSS hours had increased to 311 hour per month. Due to

COVID-19, Claimant's one hour per week of in-person speech therapy, was modified to 30 minutes once per week of online speech therapy.

B. Claimant had attended Kindergarten in a special day class with a one-to-one aide and a socialization class. Due to the closure of Claimant's school, Claimant no longer received these FAPE services. However, since the closures, the school sends homework to Claimant and Mother provides all school services to Claimant, to the extent possible.

C. Due to COVID-19 related stay-at-home orders, Claimant's ABA services through Behavior and Education are on hold.

D. Claimant has generally been in good health. However, Mother testified to the fact that Claimant became ill in December 2019 and since has required the use of a nebulizer. In addition, Claimant's baseline medical needs require him to have frequent medical appointments, at least three or four times per month, or general medical monitoring or oversight on a daily basis.

5. After the Progress Report meeting, Mother requested an additional 25 hours of respite services per month based on the extended impact that school closures and COVID-19 were having on Claimant, and thereby on Mother and the family.

6. On April 10, 2020, WRC issued a Notice of Proposed Action (NOPA) denying Claimant's request for 25 additional hours of respite services per month. WRC cited sections 4646.4, subdivision (a)(2), and 4659, and informed Claimant that WRC is prohibited from funding services that are otherwise available to an individual from a generic resource or natural support, and supported this denial by stating that IHSS is considered a generic resource; WRC also cited section 4646.4, subdivision (a)(4), which requires WRC to consider a family's responsibility for providing similar supports for a

minor child without a disability. WRC stated the school closure is causing all families to “carry out the everyday responsibilities and supervision for minor children.” (Ex. 2, p. 3.) WRC encouraged Mother to transfer some of the IHSS hours to her respite provider so Mother could use that time to complete tasks she is not able to attend to while supervising Claimant.

7. On May 4, 2020, Claimant requested a fair hearing.

Claimant’s Behaviors and Service Needs

8. Claimant is a happy, energetic boy who likes to play with his older brother. Claimant enjoys books and reading, drawing and writing, math games, being active, and taking walks. When school was in session, Claimant enjoyed attending school, and enjoyed his classmates, though Claimant played on his own.

9. Claimant requires maximum assistance from Mother with his self-care and feeding. Claimant is mostly potty trained, but wears diapers at night and must be reminded to use the bathroom during the day, with some accidents. Claimant’s speech is improving, and he is now able to construct three- to four-word sentences. However, his speech is not clear, and he often does not answer the question posed. (Ex 6, p.3.)

10. When on walks, or even when the front door is opened, Claimant will elope and may walk into the street or other unsafe situations if not constantly attended to. Claimant tends to touch almost all things that he is around. In addition to the primary direct health reasons related to COVID-19, based on COVID-19’s contagion factor, Mother does not take Claimant on errands because of his propensity to touch things and to elope.

11. Mother testified that since the sheltering-in-place orders, Claimant's displays of physical aggression have increased, due to his efforts to get attention and his frustration with being limited to walks around his apartment complex. Claimant's tantrum behaviors include throwing himself on the floor, pulling Mother's hair, and kicking Mother or Claimant's brother to get attention. (Ex. 6, p. 4.)

12. Mother's sister, Claimant's aunt, is Claimant's respite provider. Mother is Claimant's IHSS provider. Mother is attentive to the legal guidelines defining respite care and IHSS and is careful to attend to Claimant's needs during her use of IHSS hours and to attend to her other responsibilities, or to rest, during her use of respite hours. Mother informed Ms. Delagnes that the changes in Claimant's IEP and IPP service provision caused by COVID-19, and the broader changes in the amount of time required for basic tasks due to shelter-in-place orders, are the basis for Claimant's request for an additional 25 hours of respite care services. Mother explained to Ms. Delagnes, and testified at hearing, that she must do everything for Claimant: she must act as Claimant's teacher, one-to-one aide, socialization service provider, and other service providers, while attending to Claimant's continuous IHSS needs and her other responsibilities. Based on Claimant's medical needs, Mother performs the IHSS services herself, rather than bringing other persons into the home, and only calls on her sister to fulfill respite hours. The increased burden is causing Mother significant fatigue, stress, and anxiety.

Mother's Proposed Use of Respite Hours

13. Through Service Agency's Exhibit 9, Claimant's Exhibit A, and Mother's testimony, Claimant established that Mother currently uses Claimant's 35 hours of respite care to attend to the following activities which are not IHSS services: approximately eight hours per month grocery shopping; four hours per month taking

care of her older son; 14 hours per month attending to household chores; and 16 hours per month napping and relaxing. If granted the additional 25 hours of respite services per month, Mother would use the respite services as follows: approximately 12 additional hours for shopping, which takes longer due to COVID-19; 13 additional hours preparing food for the family; and any remaining time would be used for self-care, including walking and attending temple.

Service Agency's Respite Guidelines and Needs Assessment

14. WRC used its Respite Guidelines to determine Claimant's need for respite hours. The Respite Guidelines both define respite services and evaluate the following aspects of a consumer: 1) Age; 2) Activities of Daily Living; 3) Mobility; 4) Communication; 5) School Program; 6) Medical Needs; 7) Behavioral Needs; 8) Family Situation; and 9) Safety and Supervision Needs. Each category is scored, and the total score determines the amount of respite hours awarded.

15. The Respite Guidelines define respite as "intermittent regularly scheduled temporary care and/or supervision of a child or adult with a developmental disability whose needs exceed that of an individual of the same chronological age without developmental disabilities." (Ex. 4.) The Respite Guidelines clarify that respite services are not intended to provide for all supervised care needs of a family and is not a day care, but rather serve as a supplement to a family's responsibility for care. Respite services typically include assisting family members to enable the consumer to stay at home; providing appropriate care and supervision to protect the consumer's safety in the absence of a family member; relieving family members from the constant and demanding responsibility of providing care; and attending to a consumer's basic self-help needs and other activities that would ordinarily be performed by a family member.

16. Claimant did not dispute WRC's total score of 29, which, by the Respite Guidelines, awarded Claimant 35 total hours per month of respite services. The increase was due to Claimant's higher score on category 5, school program. Previously Claimant scored 0 in this category because he attended school every day, but he now scores 4 in this category because there is no day program available due to COVID-19 caused school closures.

17. Though Claimant did not dispute Service Agency's tally, the evidence established by a preponderance of the evidence that Claimant's score on the assessment should be 30, rather than 29, as follows. As to category 9, Safety and Supervision, group 1, WRC checked the only box provided in the category 9, group 1 section, with a value of 3 points, identifying that Claimant "displays severe to profound behavior excess throughout the day in any environment (e.g. aggressive towards others potentially causing injury, self-injurious requiring implementation of crisis prevention strategies and/or requiring medical attention, serious property destruction. [sic]" (Ex. 4, p. 6.). However, category 7, assessing behavioral needs, has similar, if not less severe frequency of behavior or language, which, if checked, warrants a score of 5 in this category: "Individual displays severe behavioral excesses at least daily (e.g. aggressive towards others, severe self-injury)." (*Id.* at p. 4.) But in category 7, WRC did not score Claimant at a 5, but rather scored him at a 4, identifying that claimant's "[b]ehavioral excesses occur more often than weekly; require intervention and constant supervision." (*Id.*) Based on WRC identifying in category 9, group 1, that Claimant has severe to profound behavior excess throughout the day in any environment, Claimant similarly warrants a score of 5 in category 7, increasing Claimant's total score to 30.

18. A. A preponderance of the evidence further established that Service Agency did not fully consider the effects of COVID-19 when considering Claimant's

request for additional respite services. Under categories 5, 6, and 7, school program, medical needs, and behavioral needs, respectively, the Respite Guidelines require Service Agency to include an explanation on the respite assessment sheet as to why claimant's school has been closed, explaining claimant's frequent illnesses or condition requiring medical appointments, and an explanation of Claimant's behavior program and progress. However, Service Agency did not include any of this information on the Family Respite Needs Assessment Summary Sheet; rather, Service Agency only tallied Claimant's score.

B. The Respite Guidelines are an assessment tool WRC developed before COVID-19. As such, it does not account for the additional time it takes to complete what before was a most basic task, such as marketing; the Respite Guidelines do not account for Mother becoming the primary IPP service provider, while at the same time maintaining her responsibilities as mother to Claimant and her older son, and as wife, and as a daughter to her own mother.

C. However, the Respite Guidelines provide for exceptions and appeal rights: An exception to fund additional respite may be considered when there are extenuating family circumstances that warrant consideration for additional respite, such as a recent event impacting the ability of the primary caregiver to meet the care and supervision needs of the Claimant or the current resources not addressing Claimant's support needs. (Exhibit 5.) The Respite Guidelines provide that Service Agency may request from Claimant additional information to establish an exception warranting additional respite hours, including information to establish an additional medical condition of Claimant, or a recent event impacting the primary caregiver's ability to meet Claimant's care and supervision needs with current resources.

D. Mother clearly provided Service Agency with the more comprehensive information allowed for in an appeal of a respite hours determination, both in Exhibits 9 and A, and in her testimony. However, the evidence established that Service Agency only considered a very limited consequence of COVID-19, that Claimant's school is closed, and failed to consider the many deleterious and tangible impacts COVID-19 was having on Claimant's IPP service delivery, and his achievement of his outcome goals.

LEGAL CONCLUSIONS

Jurisdiction

1. The Lanterman Act governs this case. An administrative fair hearing to determine the rights and obligations of the parties is available under the Lanterman Act. (§§ 4700-4716.) Claimant requested a fair hearing to appeal Service Agency's denial of his request to have Service Agency fund an additional 25 hours of respite care. Jurisdiction was established. (Factual Findings 1-7.)

Burden and Standard of Proof

2. The party asserting a claim generally has the burden of proof in administrative proceedings. (See, e.g., *Hughes v. Board of Architectural Examiners* (1998) 17 Cal.4th 763, 789, fn. 9.) In this matter, Claimant bears the burden of proving, by a preponderance of the evidence, that Claimant requires the requested service. (Evid. Code, §§ 115, 500.)

Regional Center Responsibilities

3. The state is responsible to provide services and supports for developmentally disabled individuals and their families. (§ 4501.) Regional centers are “charged with providing developmentally disabled persons with ‘access to the facilities and services best suited to them throughout their lifetime’ and with determining “the manner in which those services are to be rendered.” (*Association for Retarded Citizens v. Department of Developmental Services* (1985) 38 Cal.3d 384, 389, hereafter *ARC*, quoting from § 4620.)

4. A regional center must provide specialized services and supports toward the achievement and maintenance of the consumer’s independent, productive, and normal life that allows the consumer to “approximate the pattern of everyday living available to people without disabilities of the same age.” (§ 4501.)

5. Regional centers are responsible for conducting a planning process that results in an IPP, which must set forth goals and objectives for the consumer. (§§ 4512, subd. (b), 4646.5, subd. (a).)

6. To achieve the stated objectives of a consumer's IPP, the regional center must supply the consumer with needed services and supports which assist the consumer in achieving the greatest self-sufficiency possible, and with exercising personal choices which allow the consumer to interact with persons without disabilities in positive, meaningful ways. (§ 4648, subd. (a)(1).)

7. Though regional centers have wide discretion in how to implement the IPP, “they have no discretion in determining whether to implement: they must do so.” (*ARC*, 38 Cal.3d at p. 390, citing § 4648, subd. (a).)

Service Requirements

8. The services to be provided to any consumer must be individually suited to meet the unique needs of the individual client in question, and within the bounds of the law each consumer's particular needs must be met. (See, e.g., §§ 4500.5, subd. (d), 4501, 4502, 4512, subd. (b), 4640.7, subd. (a), 4646, subds. (a) & (b), 4648, subd. (a)(1) & (a)(2).) The Lanterman Act assigns a priority to services that will maximize the consumer's participation in the community. (§ 4646.5, subd. (a)(2).)

9. Section 4512 provides the following:

A. Services and supports for persons with developmental disabilities means "specialized services and supports or special adaptations of generic services and supports directed toward the alleviation of a developmental disability" or toward the consumer's achievement and maintenance of an independent, productive, and normal life. (§ 4512, subd. (b).)

B. The IPP team determines a consumer's necessary services and supports on the bases of the consumer's needs and preferences, and must consider a range of service options proposed by IPP participants, the effectiveness of each option in meeting the IPP goals, and the cost-effectiveness of each option. (§ 4512, subd. (b).)

C. Services and supports may include respite services. (§ 4512, subd. (b).)

10. At the time of development or modification of a consumer's IPP, regional centers must ensure that generic services and supports are utilized when appropriate and that the family's responsibility for providing similar services and supports for a minor child without disabilities is considered, taking into account the consumer's need

for extraordinary care, services, supports and supervision, and the need for timely access to this care. (§ 4646.4, subd. (a)(2) & (4); Cal. Code Regs., tit. 17, § 54326, subd. (d)(1).)

Respite Services

11. “In-home respite services” are defined in the Lanterman Act as “intermittent or regularly scheduled temporary nonmedical care and supervision provided in a client’s own home for a regional center client who resides with a family member.” (§ 4690.2, subd. (a).) Subdivision (a) of section 4690.2 provides that respite services are provided to do the following:

- (1) Assist family members in maintaining the client at home.
- (2) Provide appropriate care and supervision in maintaining the client’s safety in the absence of family members.
- (3) Relieve family members from the constantly demanding responsibility of caring for the client.
- (4) Attend to the client’s basic self-help needs and other activities of daily living including interaction, socialization, and continuation of usual daily routines which would ordinarily be performed by family members.

12. IHSS supportive services are provided in every county to disabled persons “who are unable to perform the services themselves and who cannot safely remain in their homes or abodes of their own choosing unless these services are provided.” (§ 12300, subd. (a).) Supportive services include among other things, domestic services, heavy cleaning, personal care services, accompaniment for travel to health-related

appointments and protective supervision. (§ 12300, subd. (b).) Personal care services include assistance with bathing and hygiene, dressing, bowel and bladder care, and feeding. (§ 12300, subd. (c).)

Executive Order N-25-20

13. On March 4, 2020, Governor Gavin Newsom declared a State of Emergency in California as a result of the threat of COVID-19. On March 12, 2020, in Executive Order N-25-20, Governor Newsom identified the needs of individuals with developmental disabilities as paramount:

Whereas, many individuals who have developmental disabilities and receive services through regional centers funded by the Department of Developmental Services also have chronic medical conditions that make them more susceptible to serious symptoms of COVID-19, and it is critical that they continue to receive their services while also protecting their own health and the general public; [¶] . . . [¶]

IT IS HEREBY ORDERED THAT:

1. All residents are to heed any orders and guidance of state and local public health officials, including but not limited to the imposition of social distancing measures, to control the spread of COVID-19. [¶] . . . [¶]

10. To ensure that individuals with developmental disabilities continue to receive the services and support mandated by their individual program plans threatened by

disruptions caused by COVID-19, the Director of the Department of Developmental Services may issue directives waiving any provision or requirement of the [Lanterman Act] . . . and the accompanying regulations of Title 17, Division 2 of the California Code of Regulations. A directive may delegate to the regional centers any authority granted to the Department by law where the Director believes such delegation is necessary to ensure services to individuals with developmental disabilities.

Department of Developmental Disabilities Directives

14. The Director of the Department of Developmental Services (Director) has issued many directives pursuant to Executive Order N-25-20, all based on the Director's finding that to ensure the health, safety, and welfare of consumers and the general population, consumers, regional centers, and service providers will need flexibility to receive and provide services and supports. Relevant to Claimant's appeal, the Director issued Department Directive on Day Services for Consumers at High Risk for Serious Illness Due to COVID-19, and Department Directives 02-032520: Requirements Waived Due to COVID-19.

15. Though these Directives do not directly modify a regional center's respite guideline assessment tool to account for the change in respite needs due to COVID-19, these Directives do 1) direct regional centers to ensure that consumers who have a compromised immune system, who are more susceptible to respiratory illness, and who reside in the home, remain home, rather than attend a day service outside the home, and 2) in order to support consumers and families at home, waive the requirement under California Code of Regulations, title 17, (Regulations) section

56792, subdivision (e)(3)(A), for in-home respite workers to possess first aid and cardiopulmonary resuscitation training prior to employment. Further, Directive 01-033020: Additional Participant – Directed Services, highlights that the flexibility called for during the COVID-19 emergency includes that participant direction allows consumers the option to exercise more authority over how, and by whom, services are provided, including the coordination of respite services, and that the intent of Directive 01-033020 is to provide consumers the greatest flexibility to support consumers and their families.

Consideration of Costs

16. Although regional centers are mandated to provide a wide range of services to implement the IPP, they must do so in a cost-effective manner (§ 4640.7, subd. (b)), based on the needs and preferences of the consumer, or where appropriate, the consumer's family. (§§ 4512, subd. (b), 4646, subd. (a).)

17. When selecting a provider of consumer services or supports, the regional center and the consumer, or conservator, must, pursuant to the IPP, consider the following: a provider's ability to deliver quality services or supports that can accomplish all or part of the consumer's IPP; and a provider's success in achieving the objectives set forth in the IPP. "The cost of providing services or supports of comparable quality by different providers, if available, shall be reviewed, and the least costly available provider of comparable service, . . . who is able to accomplish all or part of the consumer's individual program plan, consistent with the particular needs of the consumer and family as identified in the individual program plan, shall be selected." (§ 4648, subd. (a)(6).)

18. If a needed service or support cannot be obtained from another source, a regional center must fund it. (*ARC, supra*, 38 Cal.3d at p. 390.) Generic resources shall be utilized first. A regional center is the provider of last resort. (*ARC, ibid.*)

Analysis

19. The following was established by a preponderance of the evidence.

A. Claimant has a compromised immune system, warranting his remaining at home, rather than receiving services outside of the home. Similarly, claimant's compromised immune system warrants Mother's limiting the participant's choice of IHSS and respite providers to family members, herself and her sister, Claimant's Aunt. (Factual Findings 4 & 10; Legal Conclusions 13-15.)

B. In addition to closure of his school, and despite Executive Order N-25-20, Claimant is not receiving multiple services provided for in his IPP due to COVID-19. (Factual Finding 4.) Rather, due to school closures and Claimant's need to remain in the home, he is not receiving the totality of his IPP services. To the extent Claimant is receiving IPP services, including his FAPE, Mother is the direct provider, e.g., the sole individual assisting Claimant in-person with online programming, behavior modification, and socialization skills. (Factual Findings 8-12.) Further, the evidence established, and the Executive Order and Department Directives clarify, that were Claimant's request for additional respite hours granted, the additional 25 hours per month would not supplant Claimant's family's responsibility for providing similar services and supports for a minor child without a disability, but would rather meet the Directive's call for flexibility in the provision of services during the COVID-19 emergency when the traditional modes of IPP service delivery are not available.

C. In the NOPA, Service Agency encouraged Mother to transfer some of the IHSS hours to a respite provider so Mother could use that time to complete tasks she is not able to attend to while supervising Claimant. (Factual Finding 6.) This suggests that if Mother were to have someone else perform some of Claimant's IHSS hours, Mother may not need the amount of respite Claimant is requesting, because she would not be fatigued and she would have extra time to attend to other responsibilities. However, Claimant's respite and IHSS services are not interchangeable, and Claimant's IHSS services are not a generic resource to be used to address Claimant's request for additional respite hours. Moreover, based on the Executive Order and Directives, Mother may determine who, if anyone, she may introduce into Claimant's and the family's environment. (Factual Findings 8-13; Legal Conclusions 11-15.)

D. Though the Respite Guidelines provide Service Agency with discretion to consider information significantly impacting Claimant and his family, Service Agency failed to factor the following into its determination of respite hours: Claimant's discretion to choose who provides IHSS and respite services; the fact that Claimant is not receiving all of his IPP services; nor the physical and emotional impact parenting Claimant during the COVID-19 emergency is having on Claimant, Mother, and Claimant's family. During the COVID-19 emergency, Mother is the least costly available provider of comparable services, who is able to accomplish all or part of the Claimant's IPP, consistent with his and his family's particular needs as identified in the IPP. (Factual Findings 3-20.)

20. Neither the Lanterman Act, nor the Regulations or COVID-19 related Executive Orders or Department Directives, prohibit Service Agency from providing Claimant the requested 25 hours of respite services per month. Due to the COVID-19

emergency, Service Agency is not implementing Claimant's IPP, though it must do so. Within the bounds of the law, Claimant's particular needs must be met. Executive Order N-25-20, the cited Department Directives, and the Respite Guidelines provide the discretion to award Claimant the requested 25 hours of respite services per month. Claimant established by a preponderance of the evidence that provision of the requested additional 25 hours of respite services per month during the school closures caused by the COVID-19 emergency is necessary to meet Claimant's needs as identified in his IPP and is required for Service Agency to meet its responsibilities under the Lanterman Act. (Factual Findings 3-20.) Claimant's appeal is granted.

ORDER

Claimant's appeal is granted. Service Agency is ordered to provide Claimant an additional 25 hours of respite services during the duration of school closures due to the COVID-19 emergency, for a total of 60 hours of respite services per month.

DATE:

CHANTAL M. SAMPOGNA
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 90 days.