

**BEFORE THE
DEPARTMENT OF DEVELOPMENTAL SERVICES
STATE OF CALIFORNIA**

In the Matter of:

CLAIMANT

vs.

ALTA CALIFORNIA REGIONAL CENTER, Service Agency

Agency Case No. CS0010016

OAH No. 2023100302

PROPOSED DECISION

Hearing Officer Coren D. Wong, an Administrative Law Judge with the Office of Administrative Hearings, State of California, heard this matter by videoconference on October 30, 2023, from Sacramento, California.

Claimant's brother (Brother) represented Claimant.

Robin M. Black, Legal Services Manager, represented Alta California Regional Center (ACRC).

Evidence was received and the hearing concluded on October 30, 2023. The record was left open to allow the parties to submit written closing arguments. Claimant requested that the record remain open long enough for him to obtain a

written transcript of the hearing, and he waived his right to issuance of a proposed decision within the timeframe specified in Welfare and Institutions Code section 4712.5, subdivision (a)(2). The parties' closing arguments were received and marked as Exhibits Q (Claimant's) and 29 (ACRC's). The record was closed and the matter submitted for decision on January 5, 2024.

ISSUES

Is Claimant entitled to use funds from his Self-Determination Program (SDP) budget to pay for business consultation services, a business license, tax consultation/preparation fees, legal representation, non-attorney legal costs, manager's expenditures, and business operation costs?

FACTUAL FINDINGS

Background

1. Claimant is a 58-year-old gentleman. ACRC found him eligible for regional center services in 2011 under the "Fifth Category" (having a condition closely related to intellectual disability or requiring treatment similar to that required by individuals with intellectual disability). The etiology of his disability was a central nervous system infection at age 14 years.

2. Claimant lives at home in Placerville, California, with Brother as his primary caretaker. He requires support for all activities of daily living and constant supervision for his safety. Claimant is un-conserved, but he has a General Durable Power of Attorney naming Brother as his agent.

3. Claimant has received regional center case management and services since he was first determined eligible. He began receiving his services and supports through the SDP in October 2021. Laurence Padway is Claimant's financial management service (FMS) provider under the sole employer model.

The SDP

4. The California Legislature created the SDP, subject to federal funding, when it enacted Welfare and Institutions Code section 4685.8. "Self-determination" is:

[A] voluntary delivery system consisting of a defined and comprehensive mix of services and supports, selected and directed by a participant through person-centered planning, in order to meet the objectives in their IPP. Self-determination services and supports are designed to assist the participant to achieve personally defined outcomes in community settings that promote inclusion. The Self-Determination Program shall only fund services and supports provided pursuant to this division that the federal Centers for Medicare and Medicaid Services determines are eligible for federal financial participation.

(Welf. & Inst. Code, § 4685.8, subd. (c)(6).)

5. "Services and supports" are:

[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 an independent, productive, and normal life.

(Welf. & Inst. Code, § 4512, subd. (b).)

6. The Department of Developmental Services (Department) created a list of services and supports the federal Centers for Medicare and Medicaid Services (CMS) has determined are eligible for federal financial participation. Those services and supports are: (1) acupuncture services; (2) behavioral intervention services; (3) chiropractic service; (4) communication support; (5) community integration supports; (6) community living supports; (7) crisis intervention and support; (8) dental services; (9) employment supports; (10) environmental accessibility adaptations; (11) family support services; (12) family/consumer training; (13) financial management services; (14) home health aide; (15) homemaker; (16) housing access supports; (17) independent facilitator; (18) individual training and education; (19) lenses and frames; (20) live-end caregiver; (21) massage therapy; (22) non-medical transportation; (23) nutritional consultation; (24) occupational therapy; (25) optometric/optician services; (26) participant-directed goods and services; (27) personal emergency response systems; (28) physical therapy; (29) prevocational supports; (30) psychology services; (31) respite services; (32) skilled nursing; (33) specialized medical equipment and supplies; (34) hearing, and language services; (35) technology; (36) training and counseling services for unpaid caregivers; (37) transition/setup expenses: other services; and (38) vehicle modifications and adaptations.

7. "Participant-directed goods and services" include:

[S]ervices, equipment or supplies not otherwise provided through the SDP Waiver or through the Medicaid State plan that address an identified need in the IPP (including accommodating, improving and maintaining the participant's opportunities for full membership in the community) and meet the following requirements: the item or service would decrease the need for other Medicaid services; promote interdependence, and inclusion in the community, and increase the person's safety in the home environment; and the participant does not have the personal funds to purchase the item or service and the item or service is not available through another funding source. The participant-directed goods and services must be documented in the participant's Individualized Program Plan and purchased from the participant's Individual Budget. Experimental or prohibited treatments are excluded.

8. The services and supports a consumer needs are determined by a planning team. (Welf. & Inst. Code, § 4512, subd. (b).) The team includes:

[T]he individual with developmental disabilities, the parents or legally appointed guardian of a minor consumer or the legally appointed conservator of an adult consumer, the authorized representative, including those appointed pursuant to subdivision (a) of Section 4541, one or more regional center representatives, including the designated

regional center service coordinator pursuant to subdivision (b) of Section 4640.7, any individual, including a service provider, invited by the consumer, the parents or legally appointed guardian of a minor consumer or the legally appointed conservator of an adult consumer, or the authorized representative, including those appointed pursuant to subdivision (a) of Section 4541, and including a minor's, dependent's, or ward's court-appointed developmental services decisionmaker appointed pursuant to Section 319, 361, or 726.

(Welf. & Inst. Code, § 4512, subd. (j).)

9. The planning team documents the consumer's goals, objectives, and services and supports that will be purchased with SDP funds in an individual program plan (IPP). (Welf. & Inst. Code, §§ 4646, subds. (d) & (g), 4685.8, subd. (c)(4).) The team develops an individual budget outlining "the amount of regional center purchase of service funding available . . . for the purchase of services and supports" outlined in the IPP. (Welf. & Inst. Code, § 4685.8, subd. (c)(3).) The consumer creates a spending plan "to use their available individual budget funds to purchase goods and services necessary to implement their [IPP]." (Welf. & Inst. Code, § 4685.8, subd. (c)(7).) The regional center must "review the spending plan to verify that goods and services eligible for federal financial participation are not used to fund goods or services available through generic agencies." (*Id.*, subd. (r)(6).)

April 6, 2023 Planning Team Meeting

10. On April 6, 2023, a planning team consisting of Claimant, Brother, ACRC case management staff, and attorneys for both parties met to create Claimant's IPP for April 1, 2023, through March 31, 2024 (Year 2). Brother explained that during Year 1, Claimant used SDP funds to hire staff to provide 24-hour care and supervision. Claimant also used funds for a licensed vocational nurse to provide staff quarterly training on his needs and how to care for them.

11. Brother also explained Claimant "cannot take public transportation." Claimant is friendly and sociable and sometimes misses his bus stop because he is talking to someone and not paying attention. He also gets confused and gets off at the wrong stop. Claimant is vulnerable to strangers asking for money. He readily provides his personal information to anyone who asks, putting him at risk of identity theft. Brother said, "The most cost-effective and expedient method of transportation is by a caregiver."

12. Claimant has attended a day program for several years, which he really likes. He also enjoys going on walks with his caregivers.

13. The team agreed upon the following statement of goals for Claimant:

1. [Claimant] will receive his services and supports through the Self Determination Program.
2. [Claimant] will live independently in his community.
3. [Claimant] will continue to attend day program.

14. To help Claimant reach his goals, the team agreed on an annual budget of \$175,967.39. The funds were allocated amongst the following three budget categories: (1) Community Living Supports (Individual and Agency) (\$167,387.39); (2) Community Integration Supports (\$3,780); and (3) Non-Medical Transportation (\$4,800). Additionally, the team agreed to pay Mr. Padway \$150 per month using funds outside Claimant's SDP budget.

15. ACRC prepared an IPP documenting the planning team's agreements, the amount of Claimant's SDP budget, and the allocation of funds. Claimant and Brother signed the document agreeing to the services identified and authorizing ACRC to purchase them.

SDP Budget and Spending Plan

16. Claimant prepared an SDP Budget itemizing how he intended to spend the funds budgeted. He proposed:

SDP Service	Units	Unit Type	Rate	Annual Cost
Adult Development Center	9	Monthly	67.23	\$7,260.84
Transportation Companies	18	Monthly	37.96	\$8,199.36
Supported Living Services	405	Hourly	32.00	\$155,520
Transportation Additional				
Component	500	Monthly	0.62	\$3,720
Lifeline Emergency				
Monitoring	1	Annual	49.99	\$49.99

Registered Nurse 20 Annual 60.86 \$1,217.20

17. Claimant also prepared an SDP Spending Plan. He proposed spending \$13,535 per month for Community Living Supports (Individual & Agency), \$312.28 per month for Community Integration Supports, and \$400 per month for Non-Medical Transportation. ACRC certified Claimant's SDP Budget and approved his SDP Spending Plan the following week.

Proposed Addendum to IPP

18. On May 22, 2023, ACRC sent Claimant a proposed addendum to the IPP. The proposed change was based on the Department's increase in the rates payable to FMS providers from \$150 to \$840 per month. The addendum proposed paying Mr. Padway the increased amount retroactive to May 1, 2023.

19. Claimant responded to the proposed addendum by email. He indicated agreement to increasing Mr. Padway's rate. However, he also wanted the addendum to include authorization for spending \$600 per month for management services and \$300 per month for bookkeeping services and related costs. He proposed including the additional expenditures under the budget categories Community Living Supports or Residential Facility.

20. Claimant's email did not explain why the additional services were necessary or how they would help implement his IPP. Nor did he explain how the services qualified under either budget category identified. Therefore, ACRC did not agree to Claimant's proposed changes.

21. Claimant requested a planning team meeting to discuss amending his IPP. The team met July 5, 2023, during which Claimant proposed amending the goals in his IPP to the following:

- a. [Claimant] will direct his own life. [Claimant] will be empowered to make choices in all areas of his life.
- b. [Claimant] and his family will make the decision where [Claimant] will live, with whom he relates, the way he spends his time and pursues his personal life, as well as matters pertaining to education, employment, and leisure. Alta will respect as important the contributions of [Claimant's] parents and family members made in support of [claimant's].
- c. [Claimant] will remain out of institutionalization through participation in the Self-Determination Program. [Claimant] will live safely in his home in Placerville, through purchase of round-the-clock caregiving services and supports. As he sees fit, [Claimant] will continue to be integrated into the mainstream of life in Placerville, California.
- d. Sufficient services and supports will be provided so as to ensure [Claimant] lives a pattern of everyday living similar to that of people without disabilities of the same age.
- e. The needs of [Claimant's] family will also be considered during the IPP process.

f. [Claimant's] IPP process will be person centered, with [Claimant's] needs and preferences guiding the process. [Claimant] will direct the IPP team, and will have a leadership role in design of his services.

g. [Claimant] will have increased control over which services and supports best meet his needs and the IPP objectives. [Claimant] will manage all services and supports identified in his IPP. [Claimant] will exercise decision-making authority over workers who provide services to him. [Claimant] will exercise decision-making authority over his SDP budget.

h. [Claimant], who is operating a business that employs four caregivers, wants to purchase all goods and services any other business needs to purchase. This may include but is not limited to employment of a business manager, purchase of bookkeeping and tax preparation services, purchase of consultation or assistance with business advisors, purchase of attorney services, purchase of office equipment and supplies, postage, website costs, advertising, and other services and supports related to operation of a business.

i. [Claimant], who is developmentally disabled, needs and wants to be represented by an attorney when defending his rights under the Lanterman Act, or rights established in CMS waiver CA.1166.R01.00, or established in other pertinent Home and Community Based Services that are administered by Alta.

j. [Claimant] wants Alta to respond to his communication in no more than two calendar days.

k. [Claimant] wants Alta to ensure no gaps occur in the provision of services and supports to [Claimant].

l. [Claimant] wants Alta to ensure he has access to financial management services through which [Claimant] may operate under the co-employer model.

m. [Claimant] wants Alta to deliver services and supports sufficiently so as to demonstrate these have empowered [Claimant] and his family.

n. [Claimant] wants Alta to provide to him, on an annual basis, evidence that services provided have resulted in the empowerment of [Claimant] and his family, and have ensured a level of independence and productivity for [Claimant] that is similar to normal life. Mere delivery of services is insufficient evidence of this success.

22. Claimant also proposed adding the following services to the budget category Participant-Directed Goods and Services: (1) legal representation (\$15,000); (2) business management services (\$7,200); (3) non-attorney legal costs (\$3,000); (4) reimbursement of manager's expenditures (\$2,000); (5) reimbursement for business operation costs (\$2,000); and (6) business license (\$144). He further proposed adding the cost of business consultants (\$1,559.39) to the budget category Individual Training & Education and tax consultation and preparation (\$1,000) to Community Integration Supports.

23. Although Claimant identified some of his proposed goals that the additional services would purportedly help him accomplish, he did not identify any existing goals. Nor did he establish that the CMS determined any of the services eligible for federal financial participation. Finally, Claimant did not demonstrate how any of the proposed services would decrease his need for other Medicaid services, promote his interdependence and inclusion in the community, and increase his safety at home. He did not establish the services are unavailable through another funding source and he does not have the personal funds to purchase them.

24. Based on the parties' discussions, ACRC prepared a revised Spending Plan allocating the budgeted funds as follows:

Category	SDP Service	IPP Goal	Amount
Community Living Supports	In-Home		
	Caregivers	1, 2	\$114,384
Community Living Supports	Day Program	1, 3	\$16,224
Community Living Supports	Eric Nelson	1, 2, 3	\$7,200
Community Living Supports	Workers'		
	Compensation	1, 2	\$7,200
Non-Medical Transportation	Transportation	1, 2, 3	\$4,800
Skilled Nursing	Nurse Trainer	1, 2	\$1,600
Unallocated			\$24,559.39

25. ACRC also prepared an addendum to the IPP implementing the revised Spending Plan by revising Goal No. 1 to read: “[Claimant] will receive services through the self-determination program through March 31, 2024.” It amended Objective 1.1 to provide: “ACRC will fund FMS services through L. Padway as sole employer for up to \$840.00 per month.”

26. Finally, ACRC proposed allocating the budgeted funds as follows:

SDP Service	Service Provider	Amount	Start Date
Community Living			
Supports	TBD	\$114,384 per year	8/1/23
Community Integration			
Services	MORE Day Program	\$16,224 per year	8/1/23
Community Living Supports [Brother]		\$7,200 per year	8/1/23
Community Living Supports TBD – Workers’			
	Compensation	\$7,200 per year	
Non-Medical Transportation TBD		\$4,800 per year	
Skilled Nursing	TBD	\$1,600 per year	
FMS	L. Padway	\$840 per month	

27. Claimant disagreed with ACRC’s proposed addendum, Spending Plan, and SDP Budget and requested a second planning team meeting. The meeting was held September 13, 2023, and Claimant proposed the same additional services that he

previously proposed. He still did not identify any existing goal in his IPP that the services would allegedly help him reach. Nor did he establish that the CMS determined any of the services eligible for federal financial participation or that any qualifies under the budget category Participant-Directed Goods and Services.

Notices of Action and Claimant's Appeal

28. On September 15, 2023, ACRC issued three Notices of Action (NOAs) denying Claimant's requests to use SDP funds to pay for business consultation services, a business license, tax consultation/preparation fees, legal representation, non-attorney legal costs, manager's expenditures, and business operation costs. Claimant timely appealed the NOAs. He provided the following reasons for his appeal:

I have participated in SDP for two years and already have a budget awarded to me by the Hon. Danette C. Brown in OAH case No. 2022100425. Alta refuses to honor the spending plan I created even though it is 100% compliant with all authorities. Alta's notices attack piecemeal parts of my spending plan in a manner that is confusing. Alta fails to cite specific authorities and only list volumes of law, rules and definitions across 71 pages of attachments totaling 17,385 words. How am I supposed to know which authorities they are citing in support of their denials? WIC § 4701(a) requires Alta to state the "specific provision or provisions of law, regulation, or policy supporting the action" which they have not done. PLEASE SEE ATTACHED: (1) COMPLAINT WITH REQUESTS FOR ORDERS AND (2) POINTS & AUTHORITIES.

29. Claimant's Request for Orders seeks an order directing the Department of Health Care Services, the Department, and ACRC "to accept [Claimant's] spending plan."

Analysis

NEEDS AND GOALS IDENTIFIED IN OPERATIVE IPP

30. The IPP the planning team developed during the April 6, 2023 meeting is the operative IPP. It identifies only three goals for Claimant: "1. [Claimant] will receive his services and supports for the Self Determination Program; 2. [Claimant] will live independently in his community; and 3. [Claimant] will continue to attend day program."

31. Claimant did not identify any need or goal that will purportedly be met through his purchase of business consultation services, a business license, tax consultation/preparation fees, legal representation, non-attorney legal costs, manager's expenditures, or business operation costs. Nor did he explain how any of those services and supports will help alleviate his disability; help with his social, personal, physical, or economic habilitation or rehabilitation; or help him achieve and maintain an independent, productive, and normal life.

32. Claimant identified numerous goals that his proposed services and supports are designed to help accomplish. But none of those goals are identified in his operative IPP. Instead, they appear for the first time in a proposed addendum to the IPP, which the planning team did not adopt.

33. Additionally, none of the proposed services and supports would be provided directly to Claimant or for his direct benefit. Instead, they are for the

operation and benefit of a private business. But Claimant does not have an identified goal or objective of learning to operate a business.

34. Support with caregiving arrangements is available from FMS providers. Such providers are designed to perform “services or functions that assist the participant to manage and direct the distribution of funds contained in the individual budget, and to ensure the participant has financial resources to implement their IPP throughout the year.” (Welf. & Inst. Code, § 4685.8, subd. (c)(1).) Although Claimant’s current FMS provider provides only sole employer FMS services, the least amount of support available, he has the option of selecting another provider that will provide co-employer FMS services which include more support.

35. Claimant also has access to ongoing support from his ACRC service coordinator, ACRC’s participant choice specialist, and a paid independent facilitator. “The independent facilitator is available to assist in identifying immediate and long-term needs, developing options to meet those needs, leading, participating, or advocating on behalf of the participant in the person-centered planning process and development of the IPP, and obtaining identified services and supports.” (Welf. & Inst. Code, § 4685.8, subd. (c)(2).) Claimant has chosen to forgo the services of an independent facilitator and use Brother instead.

SERVICES AND SUPPORTS THE CMS HAS APPROVED MAY BE PURCHASED

36. Claimant may use his SDP funds to purchase only services and supports the CMS has approved for payment. None of his proposed services are included on DDS’s list of approved services. He did not demonstrate they qualify as “Participant-Directed Goods and Services” because he did not show how any would decrease his need for other Medicaid services, promote his interdependence and inclusion in the

community, and increase his safety at home. Nor did he establish he does not have the personal funds to pay for any of the services and supports and the services and supports are unavailable through an alternative funding source.

GENERIC RESOURCES

37. SDP funds may be used to purchase services and supports only after all potential generic resources have been exhausted. Claimant may have access to free legal representation from Disability Rights California, the Offices of Clients' Rights Advocacy at Disability Rights California, or Legal Services of Northern California. He produced no evidence that he explored obtaining legal services from each of those entities and was denied.

CLAIMANT'S PURCHASE OF THE PROPOSED SERVICES AND SUPPORTS WOULD LESSEN HIS AMOUNT OF IN-HOME CAREGIVING

38. Claimant argued at a previous fair hearing that he requires in-home caregiving during all waking hours. He further argued he cannot find qualified caretakers for less than \$30 per hour. He concluded he requires 405 hours per month of in-home caregiving. The Administrative Law Judge agreed with Claimant and ordered ACRC to include \$155,520 for in-home caregiving in his Year 2 SDP budget. The planning team ultimately agreed to allocate \$162,420 in the IPP.

39. Claimant's proposed addendum to the IPP allocated only \$114,384 for in-home caregiving so he has funds available to purchase his proposed services and supports. He is judicially estopped from taking a position contrary to that which he took at the prior fair hearing. (See, e.g., *Nist v. Hall* (2018) 24 Cal.App.5th 40, 48 ["[T]he doctrine of judicial estoppel . . . precludes a party from relying upon a theory in a legal proceeding inconsistent with one previously asserted"].)

JURISDICTION OF FAIR HEARING

40. ACRC sent Claimant three NOAs denying his requests to use funds from his SDP budget to pay for business consultation services, a business license, tax consultation/preparation fees, legal representation, non-attorney legal costs, manager's expenditures, and business operation costs. He appealed the denials. (Welf. & Inst. Code, § 4710.5, subd. (a) ["Any . . . recipient of services, or authorized representative of the . . . recipient, who is dissatisfied with the decision or action of the regional center . . . shall . . . be afforded an opportunity for . . . a fair hearing"].) The jurisdiction of fair hearing is limited to deciding the propriety of ACRC's denial of Claimant's requests to purchase those services and supports, and there is no jurisdiction to issue an order requiring the Department of Health Care Services, the Department, or ACRC "to accept [Claimant's] spending plan."

LEGAL CONCLUSIONS

Applicable Burden/Standard of Proof

1. Claimant has the burden of proving he is entitled to use funds from his SDP budget to pay for business consultation services, a business license, tax consultation/preparation fees, legal representation, non-attorney legal costs, manager's expenditures, and business operation costs. (*In re Conservatorship of Hume* (2006) 140 Cal.App.4th 1385, 1388 [the law has "a built-in bias in favor of the status quo," and the party asking a court to do something has the burden "to present evidence sufficient to overcome the state of affairs that would exist if the court did nothing"].) The applicable standard of proof is preponderance of the evidence. (Evid. Code, § 115.) This evidentiary standard requires Claimant to produce evidence of such

weight that, when balanced against evidence to the contrary, is more persuasive. (*People ex rel. Brown v. Tri-Union Seafoods, LLC* (2009) 171 Cal.App.4th 1549, 1567.) In other words, Claimant must prove it is more likely than not he is entitled to use funds from his SDP budget to pay for the above services and supports. (*Lillian F. v. Super. Ct.* (1984) 160 Cal.App.3d 314, 320.)

Applicable Law

2. In establishing the SDP, the Department of Developmental Services (Department) is required to address the following:

(A) Oversight of expenditure of self-determined funds in the achievement of participant outcomes over time.

(B) Increased participant control over which services and supports best meet the participant's needs and the IPP objectives. A participant's unique support system may include the purchase of existing service offerings from service providers or local businesses, hiring their own support workers, or negotiating unique service arrangements with local community resources.

(C) Comprehensive person-centered planning, including an individual budget and services that are outcome based.

[¶] . . . [¶]

(G) Innovation that will more effectively allow participants to achieve their goals.

(Welf. & Inst. Code, § 4685.8, subd. (b)(2).)

3. The Department must ensure the long-term viability of the SDP by:

(i) Requiring IPP teams, when developing the individual budget, to determine the services, supports and goods necessary for each consumer based on the needs and preferences of the consumer, and when appropriate the consumer's family, and the effectiveness of each option in meeting the goals specified in the IPP, and the cost effectiveness of each option, as specified in subparagraph (D) of paragraph (6) of subdivision (a) of Section 4648.

(ii) The department may review final individual budgets that are at or above a spending threshold determined by the department of all individual budgets and use information from its review in the aggregate to develop additional program guidance and verify compliance with federal and state laws and other requirements.

(Welf. & Inst. Code, § 4685.8, subd. (b)(2)(H).)

4. A regional center client is eligible to participate in the SDP if he: (1) has a developmental disability; (2) does not live in a licensed long-term health care facility; and (3) agrees to participate in a program orientation, use services and supports through the SDP only when generic services and supports are unavailable, purchase only those services and supports needed to implement his IPP, manage his services and supports within his budget, use a financial management services provider, use an independent facilitator or his service coordinator to help with his budget and

identifying and obtaining appropriate services and supports, and applies for Medi-Cal if eligible. (Welf. & Inst. Code, § 4685.8, subd. (d)(3)(A)–(G).)

Conclusion

5. Complainant did not meet his burden of demonstrating that any of his proposed services and supports is necessary to accomplish a goal or objective identified in his operative IPP. Furthermore, the CMS has not approved payment for any of the proposed services and supports. Also, he did not demonstrate he exhausted all possible generic resources for legal assistance. Finally, he is judicially estopped from allocating less than \$155,520 for in-home caregiving, absent ACRC's agreement. Therefore, Claimant's appeal should be denied.

ORDER

Claimant's appeal from Alta California Regional Center's September 15, 2023 Notices of Action denying his requests to use funds from his SDP budget to pay for business consultation services, a business license, tax consultation/preparation fees, legal representation, non-attorney legal costs, manager's expenditures, and business operation costs is DENIED. He may not use funds from his SDP budget to pay for any of those services and supports.

DATE: January 16, 2024

COREN D. WONG

Administrative Law Judge

Office of Administrative Hearings

BEFORE THE
DEPARTMENT OF DEVELOPMENTAL SERVICES
STATE OF CALIFORNIA

In the Matter of:

Claimant

OAH Case No. 2023100302

Vs.

DECISION BY THE DIRECTOR

Alta California Regional Center

Respondent.

ORDER OF DECISION

On January 16, 2024, an Administrative Law Judge (ALJ) at the Office of Administrative Hearings (OAH) issued a Proposed Decision in this matter.

The Department of Developmental Services (DDS) takes the following action on the attached Proposed Decision of the ALJ:

The Proposed Decision is adopted by DDS as its Decision in this matter. The Order of Decision, together with the Proposed Decision, constitute the Decision in this matter.

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

Attached is a fact sheet with information about what to do and expect after you receive this decision, and where to get help.

IT IS SO ORDERED on this day February 14, 2024.

Original signed by

Nancy Bargmann, Director