

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

In the Matter of:

CLAIMANT

and

INLAND REGIONAL CENTER, Service Agency

DDS No. CS0015593

OAH No. 2024040636

PROPOSED DECISION

Kimberly J. Belvedere, Administrative Law Judge, Office of Administrative Hearings, State of California, heard this matter by videoconference on August 19, 2024.

Claimant's mother represented claimant.

Hilberto Echeverria, Jr., Fair Hearings Representative, Fair Hearings and Legal Affairs, represented Inland Regional Center (IRC).

Oral and documentary evidence was received. The record was closed, and the matter was submitted for decision on August 19, 2024.

ISSUE

Is IRC required to increase claimant's Self-Determination Program (SDP) budget by \$6,000 so claimant can get braces for his teeth (orthodontic treatment)?

SUMMARY

Claimant did not establish by a preponderance of the evidence that his SDP budget should be increased by \$6,000 (or any amount) so he can receive comprehensive orthodontic treatment (braces or Invisalign). The mandate of regional centers is to fund those services related to Individualized Program Plan (IPP) goals that are developed to assist the consumer with the challenges posed by qualifying conditions. Orthodontic treatment does not relate to the developmental disabilities that qualify claimant for regional center services, are not needed to help claimant meet the goals stated in claimant's IPP, and are not medically necessary. As such, applicable law bars IRC from funding claimant's request.

FACTUAL FINDINGS

The Self-Determination Program

1. In 2013, the Legislature passed Welfare and Institutions Code section 4685.8, which required the Department of Developmental Services (department) to implement a statewide self-determination program to provide participants and their families, within an individual budget, increased flexibility and choice, greater control over decisions, resources, and needed and desired services and supports to implement their IPP. The department began pilot programs in certain regional centers, including

IRC, and oversaw statewide working groups from various regional centers and consumer groups to develop policies and procedures to implement the program. After completion of that pilot program, the SDP became available to all regional center consumers who wished to use it, effective July 1, 2021.

2. The individual SDP budget is calculated as specified in applicable law. The SDP budget must be the total amount of the most recently available 12 months' purchase of service expenditures for the consumer. (Welf. & Inst. Code, § 4685.8, subd. (m)(1)(A)(i).) The regional center may adjust this amount if the IPP team determines that an adjustment is necessary due to the consumer's changed circumstances, needs, or identifies prior needs that were not addressed in the IPP. The team must document the specific reason for the adjustment in the IPP. The regional center must certify on the individual budget document that regional center expenses for the individual budget, including any adjustment, would have occurred regardless of the individual's participation in the SDP. (Welf. & Inst. Code, § 4685.8, subd. (m)(1)(A)(ii).)

3. Each consumer in the program must develop an individual spending plan to use their available individual budget funds to purchase goods, services, and supports necessary to implement his or her IPP. The spending plan must identify the cost of each good, service, and support that will be purchased with regional center funds. The total amount of the spending plan cannot exceed the total amount of the individual budget. A copy of the spending plan must be attached to the consumer's IPP. (Welf. & Inst. Code, § 4685.8, subd. (c)(7).)

4. Each item in the spending plan must be assigned to uniform budget categories developed by the department and distributed according to the anticipated expenditures in the IPP in a manner that ensures that the participant has the financial resources to implement the IPP throughout the year. (Welf. & Inst. Code, § 4685.8,

subd. (m)(3).) 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. (Welf. & Inst. Code, § 4685.8, subd. (r)(6).) Every consumer in the SDP must use a Financial Management Service (FMS) to assist the consumer to manage and direct distribution of funds contained in the individual budget. (Welf. & Inst. Code, § 4685.8, subd. (d)(3)(B).) The FMS assists with managing the budget, pays workers, and ensures that all applicable employment laws are followed, helps to make sure that workers have the required licenses, certificates, and training to provide the services that they are hired to do, and assists with criminal record background checks where required by law or where the consumer requests one. The regional center must provide payment to the FMS provider for spending plan expenses through a not less than semi-monthly pay schedule. (*Id.* at subd. (r)(10).)

5. A consumer may elect to use the services of an independent facilitator to help the consumer make informed decisions about the budget and spending plan, locating, accessing, and coordinating the services and supports. (Welf. & Inst. Code, § 4685.8, subd. (c)(2).) The amount of the individual budget may not be increased to cover the cost of the independent facilitator or the FMS. (Welf. & Inst. Code, § 4685.8, subd. (m)(1)(A)(iii).)

Claimant's Background, SDP Budget, and Spending Plan

6. Claimant is a 14-year-old boy that qualifies for regional center services under the categories of autism spectrum disorder (autism) and moderate intellectual

developmental disorder (IDD).¹ Claimant lives in the family home with his parents and younger sibling. Claimant receives a variety of services and supports from the government and IRC, including 283 hours per month of in-home-supportive services (IHSS), applied behavioral analysis, and respite.

7. Claimant's most recent IPP, dated November 6, 2023, is summarized as follows: Claimant is a happy child who is friendly and talkative when it comes to topics that he enjoys. Claimant's family would like claimant to learn how to become independent with his personal care tasks, learn how to develop appropriate communication skills, work on learning how to decrease challenging behaviors, learn how to be safe while out in the community, and learn how to make meaningful friendships.

8. Claimant's current SDP budget, which is designed to help claimant meet his IPP goals, was prepared on March 18, 2024. The \$87,027.27 spending plan allocates funds for respite services, community integration support, individual training and education, a massage therapist, an independent facilitator, and other participant-

¹ The Lanterman Act was amended long ago to eliminate the term "mental retardation" and replace it with "intellectual disability," as reflected in the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* (DSM-5). The more current DSM-5, text revision (DSM-5-TR) no longer uses the term "intellectual disability" and instead refers to the condition as IDD. Many of the regional center forms have not been updated to reflect this change, and during testimony, all of the terms were used interchangeably. Accordingly, for purposes of this decision, the terms "mental retardation," "intellectual disability," and "IDD" mean the same thing.

directed goods and services. Claimant's mother agreed to and signed the SDP budget on April 8, 2024. Claimant's SDP Budget and spending plan in previous years was directed towards similar spending categories.

IRC's Notices of Proposed Action and Claimant's Appeal

9. On September 20, 2023, claimant received an estimate from his dentist for comprehensive orthodontic treatment, including the removal of four teeth and "full treatment Invisalign." Invisalign aligners are clear, removeable, customized mouthpieces for upper and/or lower teeth, designed to straighten them. The cost estimate for claimant's orthodontic treatment, including the Invisalign, was, at the time of the estimate, \$6,750. Delta Dental estimated they would pay \$1,628.50. On October 24, 2023, claimant's Medi-Cal benefits denied coverage of the orthodontic treatment. The remaining cost to claimant is approximately \$5,121.50. Claimant's mother did file an appeal with the Department of Social Services (CDSS) regarding its denial of coverage for claimant's comprehensive orthodontic treatment.

10. At some point after claimant received the September 20, 2023, estimate for comprehensive orthodontic treatment, claimant requested IRC increase the SDP budget by \$6,750 for those services. On October 16, 2023, IRC prepared a Notice of Action (NOA) denying claimant's request. On November 29, 2023, claimant's mother appealed that request.

11. On December 14, 2023, claimant's mother and representatives from IRC including Independent Facilitator Evelyn Rodriguez, Consumer Services Coordinator Aldo Ibuado, Program Manager Felicia Valencia, and Fair Hearings Representative Hilberto Echeverria, met to discuss claimant's appeal. During the informal meeting, claimant's mother asserted that claimant's orthodontic needs should be included in

the SDP because food gets stuck in the gaps in between claimant's teeth when he eats, and claimant needs Invisalign instead of braces because braces are not recommended for people with sensory issues. Following the meeting, IRC adhered to its denial, indicating that "orthodontia care is not a regional center specialized service" needed to address claimant's IPP goals.

12. On December 31, 2023, claimant's mother requested an addendum to claimant's IPP, to express concerns regarding the condition of claimant's teeth. Claimant's mother asserted claimant has difficulty eating, has pain when he eats, needs four teeth removed, and needs an Invisalign aligner. Claimant's mother requested IRC pay for the out-of-pocket cost that her insurance would not cover.

13. Claimant's mother withdrew the November 29, 2023, appeal she filed subsequent to IRC's October 16, 2023, NOA, in order to first pursue an appeal with claimant's Medi-Cal insurance.

14. On February 26, 2024, claimant's mother's appeal to CDSS regarding Medi-Cal's denial of comprehensive orthodontic treatment was heard before an administrative law judge from that department. Claimant's mother testified at that hearing, and detailed documentary evidence concerning claimant's dental examinations and proposed treatment was reviewed by the administrative law judge. According to the decision in that case, orthodontic services would be covered if they met certain criteria and were deemed medically necessary. The decision found that, although claimant has poor oral hygiene and his mother claimed he struggled with eating, Medi-Cal properly denied coverage. There was no evidence from claimant's medical doctor or other licensed providers showing that claimant's behavior of removing partially chewed food from his mouth is due to overcrowding of the teeth or that comprehensive orthodontic treatment would correct or ameliorate that behavior.

There was also no evidence from a medical doctor or dental provider to show that claimant's mother's assertion that claimant has pain when eating is caused by overcrowding of the teeth or that orthodontic treatment will correct or ameliorate that claimed pain. The decision concluded that claimant's teeth showed no pathology (such as periodontal or soft tissue damage), claimant's occlusion (how the upper and lower teeth come together when chewing) was functional, and claimant's teeth did not exhibit a "handicapping" condition. As such, comprehensive orthodontic services (including Invisalign), were not medically necessary.

15. After the CDSS appeal was final, claimant's mother again requested IRC fund claimant's orthodontic services. On April 3, 2024, IRC issued an NOA denying claimant's request to increase his SDP budget for any orthodontic care, for the same reasons as stated in the earlier NOA that had been withdrawn. Specifically, the NOA stated:

IRC has denied the request to increase the Self-Determination Program (SOP) individual budget by \$6,000 under an unmet need in the following areas: Health and Safety Code 367 for comprehensive orthodontic treatment with Invisalign. Your request has been denied because orthodontia care is not a regional center specialized service or support. . . . IRC must consider whether funding the dental service is needed in order to meet services and supports identified in the IPP, cost-effectiveness, and whether medical needs are unavailable from generic resources such as Medi-Cal. . . . The SOP budget can only be increased if 1) The IPP team determines that an

adjustment is necessary due to a change in circumstances, needs, or resources that would result in an increase or decrease in purchase of services expenditures, or the IPP team identifies prior needs or resources that were unaddressed in the IPP, which would have resulted in an increase or decrease in expenditures, and 2) IRC certifies on the individual budget that expenditures, including any adjustment, would have occurred regardless of the participation in SDP.

16. On April 10, 2024, claimant appealed IRC's denial. Claimant's mother wrote in the appeal that claimant needed "emergency braces" because he is in pain and struggles to eat, and Medi-Cal would not pay for the orthodontic services. She requested IRC pay for her out-of-pocket costs, in the amount of "more than \$6,000."

17. This hearing followed.

IRC Efforts to Explore Funding and Basis for Determination

18. The following factual findings are derived from documentary evidence and the testimony of Aldo Ibuado, claimant's consumer services coordinator; Felicia Valencia, an IRC Program Manager; Alejandra Rivera, IRC SDP and Systems of Care Program Manager; and Rene Zambel, a registered dental hygienist and IRC vendor.

19. Mr. Ibuado explained how IRC worked with claimant's mother to try and assist her in options to cover claimant's desired orthodontic treatment. Mr. Ibuado suggested claimant's mother use insurance benefits, a generic resource, and also apply for Care Credit to help pay for the Invisalign that claimant desires. No evidence

showed whether claimant's mother applied for Care Credit to assist with costs of comprehensive orthodontic treatment.

20. Ms. Valencia explained that she signed the NOA ultimately denying claimant's request. The reason she did so was because the orthodontic treatment claimant seeks is not a specialized service needed to alleviate the symptoms of claimant's disability. Claimant has dental coverage through his insurance, which includes some basic orthodontic services, and it is a two-parent household with dual incomes. She also considered parental responsibility, as the cost of orthodontic services are normally something a parent with a non-developmentally disabled child would be responsible to cover. The ultimate decision to deny increasing the SDP budget to cover comprehensive orthodontic services (including Invisalign) was made after discussion with the clinical services team and SDP team.

21. Ms. Rivera confirmed that Mr. Ibuado and Ms. Valencia did consult with her when claimant's request was made, and added that IRC also consulted with the dental hygienist IRC uses to coordinate dental care (Ms. Zambel). She noted that she has never seen comprehensive orthodontic care provided as a service through IRC, noting that such a service would only be covered if there were no generic resources and the treatment was medically necessary. She finally pointed out that Invisalign is a cosmetic service, as opposed to regular braces, which are normally covered through insurance. Ms. Rivera referred to the definition of services covered under the SDP program, which indeed, requires the services to be "medically necessary."

22. Ms. Zambel is a vendor for IRC that provides dental care coordination. She is a registered dental hygienist and has worked with IRC for 21 years. She reviewed all the records applicable to claimant's case. Ms. Zambel explained that, when considering whether a service is medically necessary, she reviews the diagnosis,

treatment plan, applicable billing codes, claimant's medical history, claimant's insurance, and speaks with the consumer services coordinator to get an overall picture of claimant. If treatment is denied through insurance, she looks to see if there are any possible ways to fund it through IRC. Orthodontic services are usually denied, unless needed for a specific reason. Ms. Zambel explained that, to the extent regular braces might be uncomfortable or cause sensory issues, there are other resources – such as applied behavioral analysis or a person to help with claimant's dental hygiene – to help claimant with any discomfort. But here, there was no medically necessary reason to fund comprehensive orthodontic services, including Invisalign. Ms. Zambel pointed to the decision by the Department of Social Services, described above, which, like claimant's insurance company, found Invisalign not to be a medical necessity.

Claimant's Mother's Testimony

23. Claimant's mother's testimony, and pertinent documents she submitted, are summarized as follows: Claimant's mother believes claimant needs orthodontic services because his teeth are overcrowded and he has chewing issues. Claimant does not like brushing his teeth because of "sensory issues." The dentists do not want to remove any of claimant's teeth until they have a payment plan in place for the orthodontic services. Claimant complains about his teeth looking ugly and is losing self-confidence because of his teeth.

24. Claimant's mother referred to several letters from various individuals who did not testify at the hearing.

One letter, from Robert Gire, D.D.S., indicated the following diagnosis: Class I dental malocclusion; Class III skeletal tendency with high mandibular plan angle; Upper crowding and lower crowding; overbite; and poor oral hygiene, among other things.

Dr. Gire recommended “comprehensive extraction treatment” and alignment of teeth. He wrote that his “preference” would be to utilize “traditional braces.” However, due to the claimed sensory issues and autism, it “may” be beneficial to consider aligner therapy. Dr. Gire’s letter did not indicate that Invisalign was medically necessary, nor did the letter indicate that orthodontic treatment was medically necessary.

Another letter from Sohail Simjee, D.M.D., contained similar diagnoses to that of Dr. Gire, and a treatment plan to include Invisalign. Dr. Simjee’s letter did not indicate that Invisalign was medically necessary, as opposed to a cosmetic preference, nor did the letter indicate that orthodontic treatment was medically necessary.

A third letter from Payal Patel, D.D.S., was unremarkable and stated essentially the same thing as the above-referenced letters. Dr. Patel stated claimant “needs” orthodontic treatment, but nothing in her letter showed such treatment was medically necessary.

Finally, a letter from Henriette Langdon, a speech and language pathologist, indicated that she conducted a speech and language evaluation of claimant in March of 2024, and she “noticed” that his teeth are “not properly aligned” which “in part” is the cause of a noticeable lisp. Ms. Langdon also opined that claimant’s teeth and position of his jaw have been “causing him problems with biting and chewing foods.” Ms. Langdon therefore concluded claimant’s “challenges” warrant “dental and orthodontic intervention.” However, nothing in Ms. Langdon’s letter indicated what qualifications she has to opine that claimant’s teeth and position of his jaw are “causing him problems with biting and chewing foods,” and this information appears to have come from claimant or claimant’s mother. Nothing in the letter indicated that dental or orthodontic treatment was medically necessary.

25. Claimant's mother cited Welfare and Institutions Code section 4512, subdivision (b), which speaks about services and supports, including dental care, as being necessary to help claimant achieve an independent, productive, and normal life. She believes that section supports her request for orthodontic services. Claimant's mother concluded her testimony by saying that claimant needs braces to straighten his teeth so he can feel good about himself, Invisalign is not cosmetic, and it is necessary for claimant's well-being.

LEGAL CONCLUSIONS

Applicable Law

1. The Legislature enacted a comprehensive statutory scheme known as the Lanterman Developmental Disabilities Act (Lanterman Act) (Welf. & Inst. Code, § 4500 et seq.) 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. The purpose of the statutory scheme is twofold: To prevent or minimize the institutionalization of developmentally disabled persons and their dislocation from family and community, and to enable them to approximate the pattern of everyday living of nondisabled persons of the same age and to lead more independent and productive lives in the community. (*Assn. for Retarded Citizens v. Dept. of Developmental Services* (1985) 38 Cal.3d 384, 388.) Welfare and Institutions Code section 4501 outlines the state's responsibility for persons with developmental disabilities and the state's duty to establish services for those individuals.

2. The department is the public agency in California responsible for carrying out the laws related to the care, custody and treatment of individuals with

developmental disabilities under the Lanterman Act. (Welf. & Inst. Code, § 4416.) In order to comply with its statutory mandate, the department contracts with private non-profit community agencies, known as "regional centers," to provide the developmentally disabled with "access to the services and supports best suited to them throughout their lifetime." (Welf. & Inst. Code, § 4620.)

3. Welfare and Institutions Code section 4512, subdivision (b) defines "services and supports for persons with developmental disabilities" as:

[S]pecialized services and supports or special adaptations of generic services and supports directed toward the alleviation of a developmental disability or toward the social, personal, physical, or economic habilitation or rehabilitation of an individual with a developmental disability, or toward the achievement and maintenance of independent, productive, normal lives. The determination of which services and supports are necessary for each consumer shall be made through the individual program plan process. The determination shall be made on the basis of the needs and preferences of the consumer or, when appropriate, the consumer's family, and shall include consideration of a range of service options proposed by individual program plan participants, the effectiveness of each option in meeting the goals stated in the individual program plan, and the cost-effectiveness of each option . . . Nothing in this subdivision is intended to expand or authorize a new or different service or support for any

consumer unless that service or support is contained in his or her individual program plan.

4. A regional center's responsibilities to its consumers are set forth in Welfare and Institutions Code sections 4640-4659.

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

6. Welfare and Institutions Code section 4648 requires regional centers to ensure that services and supports assist individuals with developmental disabilities in achieving the greatest self-sufficiency possible and to secure services and supports that meet the needs of the consumer, as determined by the IPP. This section also requires regional centers to be fiscally responsible.

7. Regional centers are required to identify and pursue all possible sources of funding for consumers receiving regional center services, including governmental entities. (Welf. and Inst. Code, § 4659, subd. (a).) Regional centers are required to consider generic resources and the family's responsibility for providing services and supports when considering the purchase of regional center supports and services for its consumers. (Welf. & Inst. Code, § 4646.4.) Regional center funds cannot be used to supplant the budget of an agency that has a legal responsibility to serve all members of the general public and is receiving public funds for providing those services. (Welf. & Inst. Code, § 4648, subd. (8).)

8. Welfare and Institutions Code section 4685.8, subdivision (a), provides:

The department shall implement a statewide Self-Determination Program. The Self-Determination Program shall be available in every regional center catchment area to provide participants and their families, within an individual budget, increased flexibility and choice, and greater control over decisions, resources, and needed and desired services and supports to implement their IPP. . .

9. Welfare and Institutions Code section 4685.8, subdivisions (m)(1)(A)(i) and (ii), provide as follows:

(m) (1) Except as provided in paragraph (4), the IPP team shall determine the initial and any revised individual budget for the participant using the following methodology:

(A) (i) Except as specified in clause (ii), for a participant who is a current consumer of the regional center, their individual budget shall be the total amount of the most recently available 12 months of purchase of service expenditures for the participant.

(ii) An adjustment may be made to the amount specified in clause (i) if both of the following occur:

(I) The IPP team determines that an adjustment to this amount is necessary due to a change in the participant's circumstances, needs, or resources that would result in an increase or decrease in purchase of service expenditures, or the IPP team identifies prior needs or resources that were

unaddressed in the IPP, which would have resulted in an increase or decrease in purchase of service expenditures. When adjusting the budget, the IPP team shall document the specific reason for the adjustment in the IPP.

(II) The regional center certifies on the individual budget document that regional center expenditures for the individual budget, including any adjustment, would have occurred regardless of the individual's participation in the Self-Determination Program.

BURDEN AND STANDARD OF PROOF

10. In a proceeding to determine whether a regional center should fund certain services, the burden of proof is on the claimant to establish by a preponderance of the evidence that the regional center should fund the requested service. (Evid. Code, §§ 115, 500; *McCoy v. Bd. of Retirement* (1986) 183 Cal.App.3d 1044, 1051-1052.)

Evaluation

11. Under the Lanterman Act, specialized services and supports are intended to ameliorate the physical, cognitive, or psychosocial effects of an individual's developmental disability. Claimant's dental condition is not related to his autism or IDD. Claimant did not provide any evidence that his dental condition, teeth overcrowding, or any of the challenges that flow from those conditions, are characteristics of autism or IDD that require specialized services and supports. Most important, the evidence did not establish that the comprehensive orthodontic treatment claimant seeks (Invisalign) is medically necessary.

12. Claimant's existing SDP budget does not contain any funding of orthodontic services. None of claimant's prior SDP budgets contained any funding for orthodontic services. Claimant's IPP goals do not require an Invisalign or other orthodontic services to ameliorate the physical, cognitive, or psychosocial effects of claimant's autism or IDD. The fact that claimant's mother added an addendum to claimant's IPP indicating claimant struggles with eating or has sensory issues and pulls food out of his mouth does not render orthodontic services medically necessary, or mean that now IRC is required to fund orthodontic services since that information is in the IPP. The requested service must also meet applicable criteria for regional center services and the SDP.

13. As expressed by the decision in the CDSS case in which Medi-Cal denied coverage of his requested orthodontic treatment, no evidence has suggested that claimant's current behaviors of removing food from his mouth are due to overcrowding of teeth or sensory issues, or that removing four of claimant's teeth – and providing comprehensive orthodontic services of Invisalign - would alleviate those behaviors. The CDSS decision was based on a detailed review of claimant's dental records and treatment plans, and concluded claimant's teeth do not have a handicapping malocclusion or pathology. While certainly claimant's oral hygiene and the condition of his overbite and occlusion may present challenges, having certain challenges is not the same thing as being medically necessary. Even the letters submitted by claimant's mother from three different dentists and a speech and language pathologist do not demonstrate that the orthodontic care claimant seeks, including Invisalign, is medically necessary.

On this record, a preponderance of the evidence did not establish that an adjustment to claimant's SDP budget is necessary due to a change in circumstances,

needs, or resources that would result in an increase or decrease in existing purchase of services expenditures, that prior needs or resources that were unaddressed in the IPP that would have resulted in an increase or decrease in expenditures, or that the expenditure for orthodontic services would have occurred regardless of claimant's participation in the SDP. It is therefore inappropriate and inconsistent with applicable law to increase claimant's spending plan by any amount to cover comprehensive orthodontic services of any kind.

ORDER

Claimant's appeal of IRC's April 3, 2024, Notice of Action denying claimant's request to increase SDP budget by any amount to cover comprehensive orthodontic services, which includes Invisalign, is denied.

DATE: August 28, 2024

KIMBERLY J. BELVEDERE

Administrative Law Judge

Office of Administrative Hearings

BEFORE THE
DEPARTMENT OF DEVELOPMENTAL SERVICES
STATE OF CALIFORNIA

In the Matter of:

Claimant

OAH Case No. 2024040636

Vs.

DECISION BY THE DIRECTOR

Inland Regional Center

Respondent.

ORDER OF DECISION

On August 28, 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 submit an application for reconsideration to DDS pursuant to Welfare and Institutions Code section 4713, subdivision (b), within 15 days of receiving this 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 September 25, 2024.

Original signed by:

Pete Cervinka, Acting Director

BEFORE THE
DEPARTMENT OF DEVELOPMENTAL SERVICES
STATE OF CALIFORNIA

In the Matter of:

Claimant

OAH Case No. 2024040636

Vs.

**RECONSIDERATION ORDER,
DECISION BY THE DIRECTOR**

Inland Regional Center,

Respondent.

RECONSIDERATION ORDER

On August 28, 2024, the Department of Developmental Services (Department) received an application for reconsideration of a Final Decision in the matter referenced above, that was issued by the Director on September 25, 2024.

The application for reconsideration is denied. There are no changes to the Final Decision, and it remains effective as of September 25, 2024.

IT IS SO ORDERED on this day October 24, 2024

Original signed by:

Pete Cervinka, Acting Director