

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

**In the Matter of:**

**CLAIMANT**

**and**

**FRANK D. LANTERMAN REGIONAL CENTER, Service Agency**

**DDS No. CS0020736**

**OAH No. 2024090802**

**PROPOSED DECISION**

Thomas Lucero, Administrative Law Judge, Office of Administrative Hearings, State of California, heard this matter by videoconference on April 1 and 2 and June 25 and 26, 2025.

On April 1 and 2, 2025, Megan Mendes, Associate Director, appeared on behalf of the Service Agency, the Frank D. Lanterman Regional Center (FDLRC), and Mother appeared on behalf of Claimant. On June 25 and 26, 2025, Jessica Glassman, Attorney at Law, appeared on behalf of the Service Agency and Henry Tovmassian, Attorney at Law, appeared on behalf of Claimant.

To preserve privacy, names of family members are not used. The parties were assisted by Korean interpreters.

This matter is governed by the Department of Developmental Services (DDS) and the Lanterman Developmental Disabilities Services Act, Welfare and Institutions Code sections 4500 through 4885 (Lanterman Act), and by implementing regulations. Each regulation cited below is a section of title 17 of the California Code of Regulations.

To avoid confusion with the Service Agency's numbered exhibits, Claimant's numbered exhibits were redesignated alphabetically as follows: Exhibit 1, pages B10 to B13: Exhibit A; Exhibit 2, pages B14 to B19: Exhibit B; Exhibit 3, pages B21 to B34: Exhibit C; Exhibit 4, pages B36 to B42: Exhibit D; Exhibit 5, pages B44 to B70: Exhibit E; Exhibit 6, pages B72 to B86: Exhibit F; Exhibit 7, pages B89 to B114: Exhibit G; Exhibit 8, pages B116 to B120: Exhibit H; Exhibit 9, pages B122 to B127: Exhibit I; Exhibit 10, pages B129 to B132: Exhibit J; Exhibit 11, pages B134 to B140: Exhibit K; Exhibit 12, pages B142 to B148: Exhibit L; Exhibit 13, pages B150 to B155: Exhibit M; Exhibit 14, pages B157 to B161: Exhibit N; Exhibit 15, pages B163 to B169: Exhibit O; Exhibit 16, pages B171 to B175: Exhibit P; Exhibit 17, pages B177 to B179: Exhibit Q; Exhibit 18, page B181: Exhibit R; Exhibit 19, pages B183 to B185: Exhibit S; Exhibit 20, pages B187 to B188: Exhibit T; Exhibit 21, pages B190 to B202: Exhibit U; and Claimant's final, unnumbered exhibit, pages B203 to B224: Exhibit V.

The record was held open until July 18, 2025, for each party's closing brief, and until July 25, 2025, for reply briefs. The parties timely submitted closing briefs, Claimant's brief, pages B225 to B235, was marked for identification Exhibit W; the Service Agency's brief, pages A434 to A449, was marked for identification Exhibit 31.

At the start of the hearing Claimant submitted a written opening statement, pages B1 to B7, marked for identification Exhibit X.

Documents and testimony were received in evidence. The record closed and the matter was submitted for decision on July 25, 2025.

## **STATEMENT OF THE CASE**

Claimant, a participant in the Self Determination Program (SDP), contends funding for 244 hours of Adaptive Skills Training (AST) should be included in his current budget. The Service Agency contends it should fund Applied Behavior Analysis (ABA) services because ABA better suits Claimant's maladaptive behaviors and ABA includes AST.

## **FINDINGS OF FACT**

1. The Service Agency sent Claimant a Notice of Action (NOA) on August 16, 2024, denying Claimant's request for 244 hours per month of AST. On September 12, 2024, Mother timely filed Claimant's appeal request.

2. On October 21, 2024, Mother filed a "Supplemental Appeal Regarding the Lack of IPP [Individual Program Plan] Provision." She wrote that in addition to the dispute over AST, she believed the Service Agency violated Claimant's rights by failing to provide updates to Claimant's IPP for years. The Service Agency deemed this a complaint under Welfare and Institutions Code section 4731 and responded accordingly. Complaints under this statute are not within the purview of a fair hearing and Mother's October 21, 2024 letter is not further discussed here.

3. On September 23, 2024, Mother and a Service Agency manager, Syuzanna Mejlumyan, participated in an informal meeting regarding funding for 244 hours of AST. Manager Mejlumyan considered the FBA, described below, among other things, and wrote, Exhibit 5, page A21, "[Claimant] does not require additional AST hours as part of his Year 3 SDP budget since that funding would not reflect the cost-effective use of public resources as well as will duplicate existing services, ABA [DDS service Code 620, Behavior Management Consultant -Direct Intervention, and 612, Behavior Analyst] as well as ILS that is intended to support [Claimant] with the development of independence, self-advocacy, etc."

4. In April 2025 the Service Agency served Claimant its Position Statement, required by law, stating in part, Exhibit 28, page A425:

Claimant's Conservator asked the Regional Center to authorize funding for 155 hours per month of Behavior PAS and 244 hours per month of . . . AST services instead of 399 hours per month of Behavior PAS. This would increase Claimant's Individual Budget amount by \$84,882.72 per year. The Parties agreed to include 155 hours per month of Behavior PAS in Claimant's Year 3 Individual Budget. However, the Regional Center did not agree to include funding for 244 hours per month of AST services because the Regional Center could not certify that this funding would have been authorized regardless of his participation in SDP, as required by Welfare and Institutions Code Section 4685.8 [subdivision] (m)(1)(A)(ii)(II).

## Background

5. Mother is conservator for Claimant, who is 37 years old and eligible for regional center services based on diagnosis of moderate intellectual disability (ID), seizure disorder. He has also been diagnosed with psychosis. Claimant, who lives at home with his father and Mother, has been a participant in the SDP since September 1, 2022.

6. Developing a Person Centered Plan (PCP) enables a consumer to be a participant in the SDP. Benefiting both participant and Service Agency, the PCP enables the Service Agency to understand a participant's goals, both short- and long-term, and the services needed to achieve them. An independent facilitator supports a participant in developing a PCP, an Individual Budget, and a spending plan. The PCP is used by the Service Agency, the participant, and the participant's family to develop an IPP. As stated in Welfare and Institutions Code section 4646, subdivision (b), the IPP is "developed through a process of individualized needs determination."

7. In this case there were several meetings in trying to develop Claimant's IPP. An IPP meeting took place on August 9, followed by the Service Agency's preparing a draft IPP by August 15, 2024. Mother did not sign or approve this draft, but sent back a copy with handwritten comments written on it. The comments are extensive, as shown in Claimant's Exhibit 11, redesignated Exhibit K, pages B134 to B140. A later IPP, shown in Claimant's Exhibit 13, redesignated Exhibit M: IPP report, year 3, pages B150 to B155, shows that after August 9, 2024, there were IPP meetings on: October 3 and 29, 2024, January 13 and 23, and February 6, 2025. Mother did not sign or approve any of the draft IPP's that resulted from these meetings.

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## **ABA Services**

8. At the hearing, Lisa Pirruccello, Board-Certified Behavioral Analyst (BCBA), and Autism Coordinator at FDLRC for the past 10 years, explained the concepts and uses of ABA services, such as the Service Agency is proposing to fund in Claimant's year 3 Individual Budget. The Service Agency has employed BCBA Pirruccello for 24 years. She has worked as a Qualified Intellectual Disabilities Professional (QIDP), understanding and assisting people with intellectual and developmental disabilities. She worked in quality assurance for the Service Agency for 14 years. BCBA Pirruccello is the central contact for the Service Agency's autism team. She acts as liaison with providers of ABA services. She reviews the qualifications of those seeking vendorization relating to ABA and provides training to the community and to others at the Service Agency on evidence-based practices. BCBA Pirruccello regularly participates in clinical team meetings. She is familiar with Claimant based on her review of records and clinical discussions regarding him.

9. BCBA Pirruccello explained that ABA seeks to change socially significant behaviors, focusing on teaching and reducing harmful or unwanted behaviors. Its methods are scientific in that they are based on evidence of what has been effective in the past in reaching goals that are measurable in objective terms, using data that allows evaluation in deciding the effectiveness of intervention.

10. Different DDS service codes are applied to AST, service code 605, and ABA, service code 612, because they are distinct services employing distinct methods. AST teaches daily living skills and how to adapt to practical difficulties, whereas ABA services are at a higher level, overseen by a professional, a BCBA, with specialized training and expertise. ABA can, as AST cannot, address and improve maladaptive behaviors as well as teach skills of many kinds, for communicating, engaging with

society, the ability to adapt, enjoying leisure and play, and learning a vocation, among others. To provide appropriate services, a Functional Behavior Analysis (FBA) is performed to measure the frequency and severity of maladaptive behaviors, assess skills and deficits. ABA formulates goals that are individualized, based on what is important to the recipient, to ensure meaningful outcomes. An FBA will thus make recommendations on the effective delivery of services and the collection of data in the recipient's natural environment, allowing later assessment of progress and whether it is proceeding as planned.

11. BCBA Pirruccello reviewed and commented at length on the FBA described in the paragraph below, noting that the BCBA who prepared the FBA did not directly observe maladaptive behaviors, using rather the Functional Assessment Screening Tool (FAST) and completing the Assessment of Functional Living Skills (AFLS), but both are indirect, based on interviews with parents or caregivers.

## **June 2024 Functional Behavior Assessment**

12. On July 8, 2024, Claimant's Independent Facilitator emailed his Service Coordinator a copy of an FBA dated June 6, 2024, completed by Marshal Gau, MS, BCBA, Applied Behavioral Alternatives, Inc. The FBA states, Exhibit 10, page A57, Mother had "concerns related to maladaptive behaviors in the form of Physical/Verbal Aggressions (P.AGG, V.AGG), Property Destruction (PD), Elopement behavior (ELP) as well as adaptive skills deficits, and language/communication deficits." BCBA Gau recommended in the FBA that a Registered Behavior Therapist (RBT) provide Claimant 140 hours per month of one-on-one ABA services, with a BCBA's supervision for 20 hours per month, and 12 hours per month of training for caregivers and support team members.

13. On July 10, 2024, Mother, the Service Coordinator, and Associate Director Mendes met to discuss the FBA and the 2024 IPP. FDLRC informed Mother the FDLRC Clinical Services team must review the FBA and its recommendations for services and supports. The team did so at a Behavior Planning Meeting on July 22, 2024, summarized in a memorandum by SC Sara Choi and signed by her and four other members of the team: (i) Associate Director Mendes; (ii) Clinical Specialist Jean Johnson, BCBA-D; (iii) Clinical Specialist Mandy Moradi, Psy.D.; and (iv) Autism Coordinator, Lisa Pirruccello. Leslie Richard, MD, FAAP, also attended the meeting.

14. SC Choi noted, Exhibit 11, page A72, problems with the FBA. At hearing, Associate Director Mendes testified that the Service Agency had problems with the FBA owing to a lack of clear data:

Per assessment, client exhibits problematic behaviors including aggression, verbal aggression, and elopement. Information regarding behavior descriptions and reports of frequency are estimates based on parent report. Problematic behaviors have not been directly observed or measured by the BCBA assessor completing the assessment. Reports of client's adaptive skills are based on checklists completed via parent report. Adaptive skills have not been described or assessed directly by the BCBA assessor completing the assessment.

SC Choi wrote further that she had recently spent an hour and a half with Claimant and Mother while preparing an Annual Review. SC Choi did not observe problematic behaviors such as the FBA and Mother had described. No staffing support personnel were present and their assistance did not appear necessary, as Claimant, according to



SC Choi's memorandum, waited patiently during the meeting, or answered questions when asked, or paid attention to his cell phone. There was a follow-up meeting at the family home, and again in observing Claimant SC Choi saw no problematic behaviors.

15. In her Annual Review memorandum, however, SC Choi wrote, Exhibit 7, page A45, "[Claimant] still demonstrates challenging behaviors when he is frustrated or upset, such as throwing objects, tantrums, emotional outbursts, aggressive behavior towards his mother." The "challenging behaviors" SC Choi alludes to she did not directly observe, as indicated in her more general comments on Claimant's "Progress on IPP Outcomes", Exhibit 7, page A47:

[Claimant] wants to continue living with parents until he is able to support himself independently. Parents have been providing care and supportive for [Claimant's] well-being and independent. [Claimant] is ambulatory and verbal. Mother usually prompts and guides him in expressing his thoughts. [Claimant] is attentive and can carry on a conversation, with limitation. He has hard time expressing his thoughts. He does have hard time sustaining casual conversations. Per mother, [Claimant] still demonstrates challenging behaviors when he gets angry, such as throwing objects, tantrums, emotional outbursts, aggressive behavior toward his mother and hitting the bed or chair with his sheen [*sic*]. Per mother, [Claimant] tends to elope when he gets upset as well, not knowing whether it is daytime or nighttime, so he needs constant supervision. Mother reported that [Claimant] requires a great deal of

encouragement, promptings and physical assistance with his self-care needs and ADLs [activities of daily living] such as taking a shower, brushing his teeth, dressing, grooming, and personal hygiene. [Claimant] presented himself as well-groomed and has proper hygiene at the meeting.

16. Because SC Choi had observed no problematic behaviors, the Clinical Services team had trouble reconciling the concerns expressed by Mother and the FBA with SC Choi's observation of Claimant in his natural environment. The team nonetheless agreed that the recommended positive behavior support plan and AST were clinically appropriate. Because there was no clear data on maladaptive behaviors in the report to support the recommended plans, the team developed recommendations, including, as set out in SC Choi's memorandum, Exhibit 11, page A73:

1. [C]omprehensive Direct ABA Therapy (BT/RBT), 35 hrs./wk. plus Behavior Intervention Supervision (BCBA/BCaBA [Board Certified Assistant Behavior Analyst]) 20 hrs./mo., and Caregiver/Support Team Training 12 hrs./mo. for a period of 3 mos. Service provider is asked to complete assessment report with baseline data on problematic behaviors and adaptive skills collected via direct observation and using principles consistent with behavioral measurement as defined in the field of applied behavior analysis. ABA services are recommended as the priority intervention to address concerns regarding behaviors and adaptive skills developments, and are not

considered clinically interchangeable with other services being sought or provided.

2. Comprehensive ABA services are recommended in substitution for and not in addition to adaptive skills training services currently received.

17. On August 7, 2024, FDLRC sent Mother a draft Year 3 budget that included recommended services and supports. To formulate the draft budget the Service Agency used a standardized form, the Individual Budget Tool, designed to prompt those who use the form to provide all pertinent information. The form requires the Service Agency's certification, required under Welfare and Institutions Code section 4685.8, subdivision (m)(1)(A)(ii)(II), that the Service Agency's expenditures in the Individual Budget, including any adjustment, would have occurred regardless of participation in the SDP.

18. FDLRC agreed to authorize 80 hours per month of training in Independent Living Skills (ILS), 399 hours per month of Behavior Personal Assistance Services (PAS), and social recreational activities. Associate Director Mendes and Stephanie Ruiz, the FDLRC SDP specialist, signed the completed form on August 9, 2024. Mother signed it on August 14, 2024, adding a note that parents sought a total of 399 hours per month of AST.

19. The 80 hours per month of ILS, services Claimant had received in previous years, are to help him meet goals in his PCP: living independently with a roommate, horseback riding lessons, golf, instrument lessons, and a gym membership, and social recreation.

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20. On August 9, 2024, Mother, the Service Coordinator, and Associate Director Mendes met again regarding the 2024 SDP IPP. There, Mother stated she disagreed with the proposed hours of Behavior PAS. She asked that FDLRC fund at least 244 hours per month of AST (\$201,095.04 total annual funding). The request was not approved during the meeting. The NOA issued, stating,

[T]here are no assessments that indicate that [Claimant] would benefit from 244 hours per month of Adaptive Skills Training and that the proposed ABA services are sufficient to meet [Claimant's] needs. Further, Regional Centers are obligated to utilize public resources in a "cost-effective" manner. (WIC [Welfare and Institutions Code section] 4646 [subdivision] (a)) This cost-effective use precludes FDLRC from duplicating services that are already in place and funded which are supported by appropriate need and assessments.

21. Associate Director Mendes testified convincingly to the need for Behavior PAS. Under the old system with vendors, Behavior PAS is provided along with ABA services as a supplemental support service that does not provide the consumer intensive training services but is funded at a higher rate because providers must receive additional training and have experience using behavior techniques. Behavior PAS providers can thus generalize skills in a comprehensive ABA program, making it appropriate for supporting Claimant's AST apart from ABA direct intervention services. Behavior PAS services would support Claimant's church attendance, travel, community activities, and completing ADL's.

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22. Elia Lonestar Wilds, MEd, BCBA, prepared a Person-Centered Plan Comprehensive Re-Assessment in November 2024 (November 2024 Re-Assessment. This re-assessment states, and BCBA Wilds testified at the hearing, that she interviewed Parents on October 30, November 6, November 8, and November 14, 2024. She also observed Claimant at home and in the community on November 12, 2024.

23. BCBA Wilds used the AFLS, describing in the October 2024 Re-Assessment, Exhibit 12, page A82, its "six individually available assessment protocols (Basic Living Skills, Home Skills and Community Participation, School Skills, Independent Living Skills, and Vocational Skills)." BCBA Wilds also used the Questions About Behavioral Function (QABF) Assessment, described in the October 2024 Re-Assessment, Exhibit 12, page A83, as "a reporter-based, standardized test that helps mental health professionals assess the function of challenging behaviors in people with developmental disabilities. The QABF consists of 25 items that ask questions about an individual's behavior. The QABF produces scores in five categories: attention, escape, physical, tangible, and non-social."

24. Based on the interviews and the results of the AFLS and QABF, BCBA Wilds recommended, Exhibit 12, page A85:

To improve [Claimant's] appropriate self-care skills while reducing challenging behaviors, the treatment team recommends [Claimant] receive specialized adaptive skills training with behavioral management components to prioritize structured, skill-building and systematic prompt-fading strategies, and the generalization of [Claimant's] independence with caregivers through caregiver coaching.

Additionally, [Claimant's] adaptive behavior program should simultaneously prioritize the teaching of functional communication skills, (e.g., "I need help with this," or "Can I take a break?") along with engagement in coping strategies throughout less-preferred routines.

BCBA Wilds had this further recommendation, Exhibit 12, page A92:

[Claimant] needs a more comprehensive level of support, which is often observed in adaptive skills program and/or applied behavior analysis services, both of which should be conducted by trained staff and/or caregivers and overseen by a qualified health professional . . . .

Associate Director Mendes testified that the Service Agency reviewed and considered the October 2024 Re-Assessment and found that it did not recommend, indeed no assessment recommended, AST in addition to a comprehensive ABA program.

25. SC Choi wrote a memorandum regarding a meeting on December 26, 2024 to consider the November Re-Assessment. The Clinical Services team remarked, Exhibit 14, page A128:

Clear descriptions of client current services and supports are not provided. Distinction between client support needs and clinical intervention needs is not discussed. This Elia Cares report is prepared by a BCBA but does not purport to be a functional behavior assessment. Direct observation, and environmental analysis of actual behavioral occurrences to further inform client behavior intervention needs based

on environmental variables (antecedents and consequences) are not included. Clinical recommendations for ABA intervention or other intervention(s) are not clearly stated.

26. Some matters in the November Re-Assessment were not clearly described, such as BCBA Wilds's reference, Exhibit 12, page A79, to "emergency psychiatric intervention." BCBA Wilds provides no details, but associates the emergency with a period of several months when she wrote that services were not provided Claimant. Thus at page A79 she wrote, "Per parent report, due to a budget/spending plan issue, all services were halted in June 2024 through August 2024." At page A84 she referred to a "discontinuation of services" in the period, and at page A85 she referred to a "cessation [of] services" in the period. The Clinical Services team recommended obtaining information, including medical records, with respect to the emergency and to work with the family to assess what was needed for Claimant's mental health. Similarly BCBA Wilds's November Re-Assessment listed Claimant's diagnoses: moderate intellectual disability, epilepsy, anger dysregulation, and psychosis NOS [Not Otherwise Specified] but cited no source material, so that the team recommended obtaining up to date medical and mental health records regarding anger dysregulation and psychosis NOS."

27. At page A88, the November Re-Assessment, Exhibit 12, referred to "Critical Service Gaps," including "Social/Peer Support, [¶] Parent Personal Assistant [¶] Sleep Specialist [¶] Job Training/Vocational Development [¶] Transportation/Driving Skills [¶] Speech/Language/Communication, [and] Home and community environmental adaptations including technology devices." SC Choi notes that the Clinical Services team recommended formal assessments of areas of the perceived

critical service gaps, as well as clarification of what BCBA Wilds meant by “Parent Personal Assistant,” among the listed service gaps. The team did not disagree with BCBA Wilds’s stated priorities and goals, but as SC Choi wrote, Exhibit 14, page A130: “Given that [a] comprehensive ABA program will address adaptive skills development needs, an additional adaptive skills training program is not understood, and may be considered duplicative in nature and possibly could interfere with training methods prescribed by the ABA program.” Other recommendations were similar to those described by SC Choi in her memorandum regarding the July 22, 2024 Behavior Planning Meeting. In addition to SC Choi, the memorandum regarding the December 26, 2024 meeting was signed by Clinical Specialist Jean Johnson, BCBA-D, Clinical Specialist Mandy Moradi, Psy.D., Regional Manager Andrea Villalobos, and Assistant Director, CFS (Coordinated Family Support), Katy Granados. Associate Director Mendes attended the meeting.

28. BCBA Wilds’s last report in evidence, Exhibit V, pages B203 to B224, recommended for the year ending December 2024, 241 hours per month of AST, with 48 hours per month of professional supervision of the AST program and 8 hours per month of a professional’s structured coaching of caregivers for AST. It is unclear how such a program, lacking ABA, would be adequate for the treatment of Claimant’s maladaptive behaviors.

## **LEGAL CONCLUSIONS**

1. The party advocating a change in government benefits or in the status quo has the burden of proof. That party in this case is the Service Agency, as it seeks to change previously approved AST and replace it with ABA. Under Evidence Code



sections 115 and 500, the standard of proof the Service Agency must meet is proof by a preponderance of the evidence.

2. The SDP is a few years old. Before the SDP, the Lanterman Act required that a Service Agency work through and provide funds to vendors of services and supports for the developmentally disabled, or to identify and arrange for services and supports paid by insurance or by generic resources, the institutions and organizations, such as public school districts, that offer public benefits. Welfare and Institutions Code section 4646, subdivision (d), is concerned with “services and supports that will be . . . purchased by the regional center or obtained from generic agencies . . . .”

3. Under Welfare and Institutions Code section 4685.8, the SDP provides consumers, called participants if they decide to participate in the SDP, more flexibility than the old model of vendored services. The participant may choose a provider other than a vendor approved by the Service Agency. Still, under subdivision (d)(3)(B) of section 4685.8: “The participant shall utilize the services and supports available within the Self-Determination Program only when generic services and supports are not available.”

4. As before the SDP, in order to be cost-effective and conserve public funds, a Service Agency was and continues to be, as provided in Welfare and Institutions Code section 4659.10, the “payer of last resort.” This means that in the SDP, as before the SDP was established, funds in an Individual Budget for services and supports may not be disbursed by a participant if there is available funding from a source other than the Service Agency.

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5. Under Welfare and Institutions Code section 4685.8, subdivision (j), the Service Agency, the participant, and the participant's family, use the "person-centered planning process to develop the IPP" and its "goals and objectives" for "health and safety."

6. Under Welfare and Institutions Code section 4685.8, subdivision (m)(1)(A)(i), Complainant's Year 3 Individual Budget was based on the budget from the previous year, his Year 2 Individual Budget. Under Welfare and Institutions Code section 4685.8, subdivision (o), the IPP team were to ascertain whether any circumstances or needs required a change to the annual Individual Budget. In this case the team agreed, based on information from Mother and the June 2024 FBA, that Claimant's needs had changed, that he needed ABA services to achieve the goals of his IPP. In consequence, the Service Agency was required to calculate a new Individual Budget.

7. Claimant argued that the new calculation was flawed because it was based on a flawed report, the June 2024 FBA. The flaws were minor, namely omitted information such as BCBA Gau's license number, as the Service Agency noted. The missing information did not obscure the main issue, whether there was a change in Claimant's circumstances owing to maladaptive behaviors that had recently become more significant and detrimental to his developmental progress. Mother did not dispute that change. She indeed brought the June 2024 FBA to the Service Agency's attention. The Service Agency then brought to bear its expertise, including that lent by two BCBA's employed by the Service Agency who evaluated the FBA and other pertinent information.

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8. The question is not at present a lack of information, but how to proceed in light of the emerging information on maladaptive behaviors. BCBA Wilds, like the other BCBA's who have examined Claimant's circumstances and needs, acknowledged that the maladaptive behaviors should have enhanced treatment. Her reports before 2025 have some vagueness, as the Service Agency noted, but she agreed on the main point, that it was time for different measures. BCBA Wilds's latest report, Exhibit V, pages B203 to B224, recommended 241 hours per month of AST, with 48 hours per month of professional supervision of the AST program and 8 hours per month of a professional's structured coaching of caregivers for AST, not the enhanced services of ABA, that the evidence shows, as proposed by the Service Agency, would be more beneficial to Claimant and more cost-effective.

9. The Service Agency carried its burden of proof. The weight of the evidence is that the treatment, therapy, or services proposed by the Service Agency will be more effective to ensure Complainant's health, safety, and well-being. His health is appropriately ensured by ABA. The Service Agency's witnesses persuasively testified that the ABA service hours proposed are well measured and appropriate. Claimant's safety will be ensured by his being watched over and instructed, including during ILS. There is attention in the Service Agency's proposed plans to Claimant's well-being, who will continue to enjoy golf, horse-riding, and other recreation. Altogether appreciably better than Mother's proposals, Claimant's Individual Budget as formulated and certified by the Service Agency authorizes funding for a comprehensive mix of services and supports that will assist her son with his goals and ensure his health and safety.

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## **ORDER**

Claimant's appeal is denied.

DATE:

THOMAS LUCERO

Administrative Law Judge

Office of Administrative Hearings

BEFORE THE  
DEPARTMENT OF DEVELOPMENTAL SERVICES  
STATE OF CALIFORNIA

In the Matter of:

Claimant

OAH Case No. 2024090802

Vs.

**DECISION BY THE DIRECTOR**

Frank D. Lanterman Regional Center,

Respondent.

ORDER OF DECISION

On August 8, 2025, an Administrative Law Judge (ALJ) at the Office of Administrative Hearings (OAH) issued a Proposed Decision in this matter.

The Proposed Decision is adopted by the Department of Developmental Services 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 4712.5, subdivision (a)(1), 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 August 27, 2025.

Original signed by:  
KATIE HORNBERGER for Director PETE CERVINKA  
Ombudsperson