

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

In the Matter of:

Claimant,

and

Frank D. Lanterman Regional Center,

Service Agency.

DDS No. CS0026333

OAH No. 2025050219

DECISION

Nana Chin, Administrative Law Judge, Office of Administrative Hearings, State of California, heard this matter on July 22, 2025, in Los Angeles, California, and by videoconference on August 1, 2025.

Frank D. Lanterman Regional Center (Service Agency or FDLRC) was represented by Cindy Lopez, Regional Center Appeals Coordinator. Claimant was represented by his mother. (Names are omitted and family titles are used to protect the privacy of Claimant and his family.)

Documents were marked and testimony was received into evidence. The record was held open for additional evidence as addressed below and was closed on September 5, 2025.

PRELIMINARY MATTERS

Procedural History

1. On July 22, 2025, after Service Agency presented its opening statement, Mother became ill and requested a continuance. By agreement of the parties, the hearing was to continued to August 1, 2025, and to be conducted by videoconference.

2. On July 30, 2025, Mother moved to continue the August 1 hearing, citing pain from a facial injury, a need for legal advocacy, caretaking responsibilities, and relocation due to fire damage. The request was denied on July 31, 2025, on the grounds that Mother had already agreed to the August 1 date, presented no medical documentation showing a change in condition since July 22, and failed to establish new circumstances warranting a continuance.

3. On August 1, 2025, Mother renewed her request. She was permitted to submit supporting documentation, consisting of two photographs (Exhibit A) and a July 8, 2025 surgical consult (Exhibit B) which indicated that surgery was not then recommended. The matter proceeded, but before testifying, Mother again requested a continuance, first citing her medical condition and later her caretaking duties. She ultimately agreed to submit a sworn written statement and any objections to Service Agency's exhibits by August 8, 2025. Service Agency was permitted until August 12, 2025, to file any rebuttal.

4. An order issued on August 1, 2025, which continued the matter to August 12, 2025, for evidence only. Mother did not file a statement or any objections to Service Agency's exhibits, and Service Agency did not request additional hearing time. On August 25, 2025, OAH issued an Amended Continuance Order clarifying that Service Agency's exhibits would be admitted absent objection.

5. Although the parties were not required to appear on September 5, 2025, a status conference was held on that date at their request. Service Agency reported that Mother had submitted additional documents and Mother stated she intended to provide a written statement and objections. The ALJ permitted submission of the documents and allowed Service Agency to raise objections, if needed. Mother did not submit a statement but lodged a blanket objection to Service Agency's exhibits, asserting irrelevance. (Exhibit L.) Claimant's documents were received and marked. Service Agency filed a letter (Exhibit 14), stating that it did not object to Claimant's exhibits. The record closed on September 5, 2025.

Exhibits

6. Service Agency's Position Statement and Exhibits 1 through 7 and 10 through 13 were admitted over Mother's objection. Mother's objection to Exhibits 8 and 9 were sustained and these exhibits were not considered.

7. The documents submitted by Mother are identified as follows: Exhibit A (Photograph); Exhibit B (Medical Consult dated July 8, 2025); Exhibit C (Mother's 8-8-25 Urgent Care Report); Exhibit D (Mother's 8-29-25 Optometrist Report); Exhibit E (Claimant's 8-8-25 Medical Report); Exhibit F (Individualized Education Plan (IEP) Advocate Document); Exhibit G (Pasadena Unified SELFPA IEP Amendment); Exhibit H (IEP Advocate Email re IEP Implementation); Exhibit I (Pasadena Unified SELPA Behavior

Intervention Plan); Exhibit J (IEP Parent Concerns & Requests); Exhibit K (Letter from LaTanya Smith 8-2025); and Exhibit L (Mother's Objection to Exhibits). Exhibits A through K are admitted without objection.

ISSUE

Whether Service Agency can reduce Claimant's In Home Support Services from 496 hours per month to 392 hours per month?

EVIDENCE RELIED UPON

Documents: Service Agency Position Statement, Exhibits 1 through 7 and 10 through 13; Claimant's A through K.

Witnesses: FDLRC Service Coordinator Ericka Pena.

FACTUAL FINDINGS

Claimant's Background

1. Claimant is a 15-year-old adolescent with a diagnosis of Autism Spectrum Disorder (ASD) who lives with his Mother.
2. On June 1, 2023, Claimant transferred from Westside Regional Center (WRC) to Inland Regional Center (IRC). Shortly after the transfer on July 10, 2023, an IRC service coordinator contacted Mother to schedule an annual individual program plan (IPP) meeting. Mother refused the request to meet, stating that an IPP meeting

had already been completed at WRC on January 25, 2023. IRC agreed to defer the next IPP until January 2024.

3. Mother later reported that she and Claimant had moved to Pasadena after being evicted from their Eastvale residence. At the time of Claimant's transfer to IRC, Claimant had 30 hours of routine respite per month authorized through Cambrian Homecare (Cambrian). As Cambrian was unable to staff the hours outside their catchment area, Mother was advised to use a friend or family member as a preferred provider respite worker, but the hiring process was not initiated.

4. On August 15, 2023, Claimant was transferred from IRC to Service Agency. Per the transfer paperwork on file, Exhibit 3, Claimant was made a dependent of the court, though he remained in Mother's physical custody.

In-Home Care Services

5. FDLRC's Purchase of Services Policy Statement, approved by the Department of Developmental Services (DDS) on November 19, 2025, mirror portions of the Lanterman Act in that Service Agency, before purchasing services, must pursue other available resources, including generic services such as school districts or In-Home Supportive Services (IHSS), and natural supports from family or community. (Welf. & Inst. Code, §§ 4646.5, subd. (a)(5), 4648, subd. (a)(8), & 4659.) Regional centers are generally prohibited from purchasing services available through these resources. In making determinations, Service Agency must consider the consumer's need for extraordinary care, timely access to supports, and the cost-effective use of public resources. (Welf. & Inst. Code, § 4646.4, subd. (a)(4).)

6. In November 2023, shortly after Claimant's transfer from IRC to Service Agency, Mother requested additional respite hours. Mother met with the Service

Agency on November 30, 2023. At that time, Claimant already had 30 hours per month of respite through Cambrian Homecare, set to expire August 31, 2024. Mother requested an additional 40 hours per week of respite, citing Claimant's lack of school placement and her efforts, with the assistance of an attorney, to identify an appropriate educational program, possibly at Frostig School.

7. Service Agency's Regional Manager Eduardo Guillen advised Mother that if additional hours were approved, they would be authorized as "in-home care," not respite, and only on a temporary basis to allow time to secure school placement. He requested consent forms to obtain school and medical records, but Mother declined, stating she would provide the records herself. She reported that Claimant received over 200 hours of IHSS per month but refused to provide the IHSS Notice of Action (NOA) or exact number of hours.

8. Although regional centers generally do not fund services during school hours, Service Agency made a temporary exception due to Claimant's lack of placement and Mother's representation that she was working with an attorney on educational advocacy. Accordingly, Service Agency authorized 40 hours per week of in-home care through Cambrian Homecare from December 1, 2023, through May 31, 2024. This was explicitly identified as a temporary measure intended to allow Mother time to secure Claimant's educational placement.

Individualized Program Plan

9. On February 8, 2024, an IPP meeting was held with Claimant, Mother, the Service Coordinator, and a Department of Children and Family Services (DCFS) social worker. Mother reported that Claimant is ambulatory but communicates mostly through sounds, with occasional words. She stated he requires assistance with all

activities of daily living, constant supervision due to limited safety awareness and risk of elopement, and monitoring to prevent overeating.

10. Mother further reported that Claimant had not attended school or received School District services for more than five years. He previously attended David Learning Center but stopped after an incident with a behaviorist. At the IPP, Mother stated she was working with an attorney to pursue an appropriate school placement and IEP and again requested additional in-home support be provided through Claimant's IPP.

11. To supplement IHSS, Service Agency authorized 30 hours per month of respite from September 5, 2023, through August 31, 2024, and continued the temporary in-home care authorization of 40 hours per week from December 1, 2023, through May 31, 2024.

Extension of In Home Care Hours

12. In May 2024, Mother reported she was no longer working with an attorney and requested 24-hour care. Although she had not scheduled any IEP meetings since November 2023, Service Agency extended in-home care at 16 hours per day (496 hours per month) for three months in August 2024, conditioned on her cooperation with the Service Agency's Special Education Law Clinic and scheduling of an IEP meeting. Mother declined to work with the Law Clinic but did attend an IEP meeting on October 3, 2024. Based on this effort, Service Agency authorized a final three-month extension of 16 hours per day from December 1, 2024, through March 31, 2025.

13. In January 2025, Mother provided a signed IEP dated December 4, 2024. Claimant's school district (School District) agreed to provide six hours per week of in-

home academic instruction, 13.5 hours per week of one-to-one behavior support, 45 minutes per week of speech therapy, 50 minutes per week of occupational therapy, and 90 minutes per year each of college and career awareness support. With the IEP in place and district services established, the temporary basis for the increased in-home hours was resolved.

Calculations

14. With School District's services in place, Service Agency recalculated the appropriate number of in-home care hours. Relying on Mother's estimate that Claimant receives approximately 200 IHSS hours per month (about 5.5 hours per day) and the IEP services averaging 2.5 hours per weekday, Service Agency determined that Claimant's needs could be met with 12 hours of in-home care per weekday and 14.5 hours per weekend day, for a total of 392 hours per month. The remaining time, approximately four hours per day, was identified as parental responsibility.

Appeal

15. On February 28, 2025, Service Agency issued a NOA notifying Mother that, effective April 1, 2025, Claimant's In-Home Care Services hours would be reduced from 496 hours per month to 392 hours per month.

16. On April 28, 2025, Mother appealed the NOA.

Claimant's Case

17. Mother did not submit sworn written testimony. In her appeal, however, she stated that on March 14, 2025, she sustained blunt head trauma resulting in a fractured orbital wall, partial herniation of the left inferior rectus muscle, and facial lacerations. She reported that she temporarily lost vision in her left eye, continues to

experience double vision and pain, and may require corrective surgery. She explained that she has been unable to pursue recommended medical and dental follow-up care because of her responsibility for Claimant's daily supervision and a lack of additional support.

18. Mother asserted that Service Agency denied her request for 24-hour in-home support in December 2024, instead authorizing 16 hours per day with the expectation that the balance would be covered through parental responsibility and crisis support. She claimed that Service Agency failed to implement crisis support recommendations, dismissed her concerns about fatigue, and did not schedule a required follow-up meeting in a timely manner.

19. Mother also described hardships following the Eaton Fire evacuation in January 2025, during which she requested emergency housing assistance. She reported that she was referred to 211 for hotel vouchers but was informed that such assistance was not available to her family. She explained that the displacement exacerbated Claimant's behaviors and disrupted school-related services.

20. In her appeal, Mother requested reconsideration of the denial of additional in-home support, citing her medical limitations, Claimant's behavioral needs, and the family's disrupted circumstances. She asserted that the Service Agency's position left her responsible for more than 14 hours of daily care despite her health condition, jeopardizing both her recovery and her ability to care for Claimant.

21. In support of her appeal, Mother submitted an August 8, 2025 urgent care report (Exhibit C), which documented her ongoing pain but noted an unremarkable neurological exam and recommended follow-up with her primary care physician. Mother also submitted documents regarding Claimant's educational

services. These included a September 2, 2025 letter from Claimant's Special Education Advocate Cecily Marrable, summarizing Claimant's October 2, 2024 Transition IEP and subsequent implementation of Home Hospital Instruction (HHI). Under that IEP, the District agreed to provide 300 minutes per week of Specialized Academic Instruction, 45 minutes per week of speech therapy, 50 minutes per week of occupational therapy, and annual college and career awareness services. Mother consented to the IEP on December 4, 2024, while identifying certain services she considered "stay put," including behavior intervention and intensive individual services.

22. Additional submissions included: (1) a document listing Mother's concerns and requests related to the November 20, 2024 IEP; (2) a copy of the IEP; (3) the School District's Behavior Intervention Plan; and (4) emails in which Mother objected that a teacher attempted to provide specialized instruction without ABA-trained aide support.

23. Finally, Mother submitted an August 3, 2025 letter from LaTanya Smith, a licensed elementary school teacher and Claimant's tutor. Ms. Smith described Claimant as profoundly autistic but also a "bright young man" who had made notable progress. She noted Claimant is five feet, 10 inches tall and weighs 240 pounds. His physical size requires intensive assistance that is difficult for one individual to provide effectively. She recommended increased services to support his learning.

LEGAL CONCLUSIONS

Jurisdiction

1. The Lanterman Developmental Disabilities Services Act (Lanterman Act) governs this case. (Welf. & Inst. Code, § 4500 et seq.) An administrative hearing to

determine the rights and obligations of the parties is available under the Lanterman Act to appeal a contrary regional center decision. (Welf. & Inst., §§ 4700-4716.) Claimant requested a hearing to contest Service Agency's determination to reduce In Home Care services. Therefore, jurisdiction for this appeal has been established.

Applicable Law

2. In enacting the Lanterman Act, section 4500 et seq., the Legislature accepted responsibility to provide for the needs of developmentally disabled individuals and recognized that services and supports should be available to enable persons with developmental disabilities to approximate the pattern of everyday living available to people of the same age without disabilities. (Welf. & Inst. Code, § 4501.)

3. The consumer's needs are determined through the IPP process. (Welf. & Inst. Code, § 4646.) "Individual program plans shall be prepared jointly by the planning team. Decisions concerning the consumer's goals, objectives, and services and supports that will be included in the consumer's [IPP] and purchased by the regional center or obtained from generic agencies shall be made by agreement between the regional center representative and the consumer or, where appropriate, the parents, legal guardian, conservator, or authorized representative at the program plan meeting." (Welf. & Inst. Code, § 4646, subd. (b).)

4. The IPP must set forth goals and objectives for the consumer, contain provisions for the acquisition of services (which must be provided based upon the consumer's developmental needs), and reflect the particular desires and preferences of the consumer and the family when appropriate. (Welf. & Inst. Code, §§ 4646, 4646.5, subds. (a)(1), (a)(2), and (a)(4), 4512, subd. (b), and 4648, subd. (a)(6)(E).)

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5. Pursuant to Welfare and Institutions Code section 4646, subdivision (a), a regional center's provision of services to consumers and their families must "reflect the cost-effective use of public resources." When purchasing services and supports for a consumer, a regional center shall ensure, among other things, "[c]onformance with the regional center's purchase of service policies, as approved by the [Department of Developmental Services] pursuant to subdivision (d) of Section 4434," and "[u]tilization of generic services and supports when appropriate." (Welf. & Inst. Code, § 4646.4, subd. (a)(1) and (2).) Regional center funds "shall not be used to supplant the budget of any agency that has a legal responsibility to serve all members of the general public and is receiving public funds for providing those services." (Welf. & Inst. Code, § 4648, subd. (a)(8).)

Analysis

6. Here, the IPP process recognized that Claimant lacked a school placement, and as a temporary exception, Service Agency authorized 496 hours of in-home care per month to ensure safety and supervision while Mother pursued educational advocacy. That authorization reflected Claimant's needs at that time, but it was explicitly tied to the absence of school district services. Once School District developed and implemented Claimant's IEP in December 2024, providing academic instruction, behavior support, and related therapies to Claimant, the circumstances underlying the temporary increase in in-home care no longer applied.

7. Mother's appeal focuses on her own medical limitations and the challenges she faced following the Eaton Fire evacuation. While these circumstances were difficult, she did not submit any documentation regarding any ongoing challenges tied to the Eaton Fire and the medical documentation she submitted does not substantiate the severity of impairment she described. Mother also had concerns

regarding School District's implementation of the IEP; these concerns, however, are not within the scope of this proceeding. Disputes regarding educational services must be addressed through the special education due process system, not through the Lanterman Act fair hearing process.

8. Under section 4646, the Service Agency must ensure that purchased services reflect both Claimant's developmental needs and the cost-effective use of public funds, while also requiring the use of generic resources where appropriate. Claimant's current needs are partially met through IHSS and School District services identified in the IEP. Based on these resources, Service Agency appropriately determined that 392 hours of in-home care per month provides adequate support to Claimant while allocating four hours per day to parental responsibility.

9. Mother has not provided evidence or rationale demonstrating why continuation of the exceptional 496 hours is necessary now that Claimant has an IEP in place and access to generic services. Consistent with the statutory framework, the reduction to 392 hours appropriately balances Claimant's developmental needs, the use of generic resources, and the cost-effective use of public funds.

ORDER

Claimant's appeal is denied.

DATE:

NANA CHIN

Administrative Law Judge

Office of Administrative Hearings

NOTICE

This is the final administrative decision. Each party is bound by this decision. Either party may request reconsideration pursuant to subdivision (b) of Welfare and Institutions Code section 4713 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.

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

In the Matter of:

CLAIMANT

and

FRANK D. LANTERMAN REGIONAL CENTER,

Service Agency.

DDS No. CS0026333

OAH Nos. 2025050219

ORDER DENYING CLAIMANT'S APPLICATION FOR RECONSIDERATION

An Administrative Law Judge (ALJ) from the Office of Administrative Hearings (OAH) issued a final decision in this matter on September 19, 2025.

On October 6, 2025, Claimant's authorized representative applied to OAH for reconsideration of the decision under Welfare and Institutions Code section 4713 (application). (All further references are to the Welfare and Institutions Code, unless otherwise designated.) The application was timely submitted. Frank D. Lanterman Regional Center (FDLRC) was notified of the application, as was the Department of Developmental Services.

The undersigned hearing officer, who did not hear the matter or write the decision for which reconsideration is requested, was assigned to decide the application.

Pursuant to section 4713, subdivision (b), a party may apply for reconsideration to correct a mistake of fact or law or a clerical error in the decision, or to address the decision of the original hearing officer not to recuse themselves following a request pursuant to section 4712, subdivision (g).

In the decision, the ALJ denied Claimant's appeal of FDLRC's reduction of Claimant's in home care services from 496 hours per month to 392 hours per month. In the application, Claimant requests a reconsideration of the decision because the ALJ denied Claimant's July 30, 2025, request for continuance of the hearing. Claimant asserts that the denial of continuance forced his authorized representative to attend the hearing on August 1, 2025, even though she suffered from pain and dizziness from ongoing injuries. Claimant further asserts that he was denied a fair hearing due to the inadequate representation and that the ALJ's denial of the continuance was "prejudicial error." FDLRC did not file any response to the application.

The application does not specify a particular "mistake of fact or law." It does not identify any factual findings or legal conclusions in the decision in which any mistake purportedly occurred.

ANALYSIS

Section 4713, subdivision (b), allows reconsideration "for a correction of a mistake of fact or law." Pursuant to section 4713, subdivision (d), the application for reconsideration must be decided within 15 days of receipt; the hearing office

responsible for deciding the application may deny it, grant it and modify the decision, or grant it and set the matter for another hearing.

The wording of section 4713, subdivision (b), as well as the expedited deadline for deciding an application set by section 4713, subdivision (d), make clear that the mistake of fact or law in question must be apparent from the decision, such as an obvious mathematical error in calculating hours of service, an order that fails to accurately encompass the legal conclusions, citation to the wrong statute, or reliance on a law that is no longer in effect. In such instances, the hearing officer can either correct the mistake if the resolution is apparent from the decision, or order the matter to be reheard if the resolution is not apparent.

In this case, Claimant fails to identify any such mistake of fact or law in the decision. Instead, Claimant raises issues of adequacy of representation, denial of a fair hearing, and prejudicial error based on the ALJ's denial of a continuance motion. Code of Civil Procedure, section 1094.5, subdivision (b), provides that inquiries for writ of administrative mandamus "shall extend to the questions. . . [of] whether there was a fair trial; and whether there was any prejudicial abuse of discretion." Therefore, the issues raised by Claimant are properly addressed through a writ of administrative mandamus for judicial review by the Superior Court, rather than an application for reconsideration under section 4713, subdivision (b).

For these reasons, the application must be denied.

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ORDER

Claimant's application for reconsideration of the final decision is DENIED.

DATE:

JI-LAN ZANG

Administrative Law Judge

Office of Administrative Hearings