BEFORE THE
OFFICE OF ADMINISTRATIVE HEARINGS
STATE OF CALIFORNIA

In the Matter of:

CLAIMANT

and

INLAND REGIONAL CENTER, Service Agency

DDS Nos. CS0027787, CS0028456, CS0028909, CS0028915, CS0028918, CS0029246

OAH Nos. 2025060937, 2025070597, 2025080316, 2025080319, 2025080332, 2025080631

DECISION

Kimberly J. Belvedere, Administrative Law Judge (ALJ), Office of Administrative Hearings (OAH), State of California, heard this matter by videoconference on July 31, 2025; August 12, 2025; and September 24 and 25, 2025.

Keri Neal, Fair Hearings Representative, Fair Hearings and Legal Affairs, represented Inland Regional Center (IRC).

Claimant's mother represented claimant, who did not appear.

Oral and documentary evidence was received. The record was closed, and the matter was submitted for decision on September 25, 2025.

ISSUES

When a case challenging an action taken by a regional center is brought before OAH, the case is initiated when a regional center issues a notice of action (NOA). (Welf. & Inst. Code, § 4701, subd. (a).) The NOA is the jurisdictional basis for the hearing; it informs the ALJ what action a regional center took and why. A claimant then files an appeal explaining why he or she disagrees with the action the regional center took. (Welf. & Inst. Code, § 4710.5.) In that respect, the appeal is simply a response to the regional center's action. The appeal does not set the issues to be decided; it merely explains claimant's position on the appealable issue contained in the NOA. Claimant cannot appeal or add more issues to the appeal that has not been noticed in the corresponding NOA, absent a regional center's agreement.

The issues raised in each NOA in this case are somewhat duplicative because claimant's mother continuously raised the same issues across the different appeals within days of each other, cut and pasted the same language from one appeal to another without regard to what was contained in each NOA, and did so on at least one occasion while administrative hearings were already pending in multiple matters on the same issues. Claimant's mother also raised issues in some of the appeals that either augmented the issues in the corresponding NOA, or did not respond to the issues in the corresponding NOA. As such, the issues to be decided in each case were determined by the denials and actions noted in each respective NOA (as explained below).

NOA dated July 1, 2025 [OAH No. 2025060937 (CS0027787), Case Center Nos. A64, A146]

1) Did IRC fail to timely and properly complete and implement claimant's Individual Program Plan (IPP)?[1]

2) Is claimant eligible for regional center services under the Lanterman Developmental Disabilities Services Act (Lanterman Act) as a result of a substantial disability attributable to autism spectrum disorder (autism)?

3) Is claimant eligible for regional center services under a diagnosis of epilepsy (or seizure disorder)?

4) Did IRC fail to conduct a proper reassessment of claimant's personal assistance (PA) services hours or preferred provider respite hours?

NOA dated July 10, 2025 [OAH No. 2025070597 (CS0028456), Case Center Nos. A251, A2295, A2328])

Claimant's appeal in response to this NOA raised issues that did not correspond with the eligibility denials listed in the NOA. As the sole issues in the July 10, 2025,

---

[1] In claimant's appeal, she asserted the IPP was developed without incorporating documents from WRC and "reused" WRC authorizations for PA and respite "currently under dispute in a separate hearing." However, when claimant transferred to IRC, any hearings pertaining to WRC were dismissed. Thus, these two issues in claimant's appeal were considered under the broad subject of whether IRC properly and timely completed claimant's IPP.

NOA were eligibility under epilepsy (or seizure disorder) and autism, those are the only jurisdictionally proper issues ripe for consideration. As such, the issue to be determined in this case is:

Is claimant eligible for regional center services under the Lanterman Act as a result of a substantial disability attributable to autism or epilepsy (or seizure disorder)?

NOA dated July 15, 2025 [OAH No. 2025080316 (CS0028909), Case Center No. A530]

Claimant's appeal did not correspond to the denials listed in the July 15, 2025, NOA. Claimant raised the issue of "Exceptional Minds" services being denied, PA services not being adequate, and transportation services being denied for all medical appointments. Claimant's mother also demanded IRC "immediately allow" claimant transition into the Self-Determination Program (SDP). As the sole issue in the July 15, 2025, NOA was the denial of Independent Living Services (ILS) and Supportive Living Services (SLS), all other issues raised in claimant's appeal are not jurisdictionally proper issues ripe for consideration. As such, the issue to be determined in this case is:

Must IRC fund ILS and SLS for claimant?

NOA dated July 2, 2025 [OAH No. 2025080319 (CS0028915), Case Center Nos. A500, 562]

Claimant's appeal raised issues that did not correspond with the eligibility denials listed in the July 2, 2025, NOA, and also again demanded IRC "immediately allow" claimant transition into SDP. However, SDP was not raised in the NOA dated July 2, 2025. The only services denied in the July 2, 2025, NOA were PA services and

transportation. As such, the only issues properly raised under this case number were PA services and transportation. The issue to be determined in this case is:

Must IRC fund an increase in PA services to 377 hours per month for medical appointments or provide other transportation services so claimant can have 1:1 service for transportation to and from medical appointments?

NOA dated July 21, 2025 [OAH No. 2025080332 (CS0028918), Case Center No. A562]

Was it correct for IRC to deny funding any further services (other than PA or respite currently approved) until claimant and her mother attend an IPP meeting and complete the IPP process?

Appeal dated August 7, 2025 [OAH No. 2025080631 (CSCS0029246)]

Claimant's appeal in OAH No. 2025080631 was filed with OAH but did not have an NOA attached to it. However, the issues in that case pertain to issues that were raised in other NOAs listed above, IRC did not object to its acceptance (and filed the request to set with only the appeal) because the issue was intertwined with other cases already being heard. As such, the issue to be decided in this case is:

Has IRC failed to continue the PA or respite hours claimant is authorized to receive or underfunded vendors resulting in underpayment to those providing services (with respect to respite and PA services)?

SUMMARY

Claimant is not eligible for regional center services under a diagnosis of autism, epilepsy, or seizure disorder. She remains eligible for services under a diagnosis of intellectual developmental disorder (IDD).[2] A preponderance of the evidence did not establish the PA hours or respite hours being provided are insufficient to meet claimant's needs. Claimant also did not establish any error with respect to PA or respite vendor payments. Claimant did not establish that she is eligible for transportation services, ILS, or SLS at this time. All other service requests (pertaining to the over 40 requests that prompted IRC's blanket NOA denying consideration of any further services until claimant completes the IPP process) are denied. Claimant failed to show a need for any specific service, did not complete the IPP process, and has not made herself available to IRC for them to determine what services might benefit her.

Additionally, claimant's participation in SDP was not raised in any NOA as it has not been denied, so it is not an appealable issue. Claimant is, in fact, currently

---

[2] 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, as well as all admissible documentary evidence, "mental retardation," "intellectual disability," and "IDD" mean the same thing.

transitioning into SDP, but that transition is not yet complete. Claimant remains eligible for services under the traditional method of funding, but she needs to complete the IPP process and make herself available to IRC so IRC can determine what services are appropriate to alleviate the symptoms of her IDD. IRC is not required to fund any services relating to autism or epilepsy (as she is not eligible under these conditions), or conditions that are solely psychiatric in nature, physical in nature, or a learning disability, which is prohibited by applicable law.

Claimant's appeals are denied. IRC is not required to fund any services other than the 214 hours of PA services and 165 hours of respite claimant is currently receiving, unless and until claimant makes herself available to IRC for an IPP meeting, the IPP team determines additional services are required, and claimant agrees to – and signs – her IPP allowing it to be implemented.

FACTUAL FINDINGS

Pre-Hearing Motions

CLAIMANT'S MOTION FOR A PROTECTIVE ORDER

1. On July 10, 2025, claimant's mother filed a motion entitled, "Request for Protective Order to Preserve Due Process and Prevent Interference." The motion seeks to "preserve due process rights and ensure that neither Department of Developmental Services (DDS) oversight findings nor actions taken by Westside Regional Center (WRC) in previous hearings are misused to dismiss, delay, or otherwise interfere with the pending fair hearing scheduled for July 31, 2025." Claimant's mother requested an order prohibiting IRC from relying on DDS oversight findings or actions taken by WRC as grounds for dismissal or limitation of the pending hearing" and requiring that no

dismissal or significant modification of the hearing may occur within 10 calendar days of the scheduled hearing date without express judicial review and an opportunity for objection by the claimant." IRC did not file a response.

2. The appeal process is governed by Welfare and Institutes Code section 4710 et seq. Welfare and Institutions Code section 4712, subdivision (i)(2), provides that the hearing "need not be conducted according to the technical rules of evidence and those related to witnesses. Any relevant evidence shall be admitted." Any prior actions taken by WRC or DDS pertaining to claimant are relevant for background purposes, procedural purposes, and to show what transpired from the time claimant was a consumer at WRC until her transfer became effective at IRC on May 1, 2025. Although documents from WRC and DDS oversight findings were admitted for those purposes, they were not used to "dismiss, delay, or otherwise interfere" with the issues set forth in the various NOAs to be decided in this case. The motion is denied.

CLAIMANT'S MOTION TO STRIKE

3. On July 15, 2025, claimant's mother filed a document entitled, "Motion to Strike Defective IPP and Request Findings of Fact." In the motion, claimant's mother requested the ALJ "strike" claimant's IPP as "procedurally defective" and issue "findings of fact that [IRC] failed to comply with statutory requirements resulting in denial of necessary services." IRC did not file a response.

4. As noted in multiple NOA's in this case, one of the issues to be resolved in this case is whether IRC failed to properly complete claimant's IPP. There is no provision in the Lanterman Act for a pre-hearing determination on an issue that is to be resolved at hearing. There is also no authority for an ALJ to "strike" an IPP. The

creation of IPPs are strictly governed by Welfare and Institutions Code section 4646 et seq. Accordingly, the motion is denied.

Background and Jurisdictional Matters

5. Claimant[3] is a 20-year-old female who resides in her family home. She is not conserved. Claimant is smart, loving, and expressive. Claimant can communicate her wants and needs. Claimant can tend to her self-care although sometimes needs to be reminded. She struggles at times to gather her thoughts and sometimes slurs her speech. Claimant struggles with anxiety which can cause seizure activity, but medications help control both. Claimant graduated high school and would like to explore a career in 3D art. She enjoys watching YouTube, listening to music, and working on her 3D art. Claimant rarely goes out into the community. Claimant created her own Etsy store to sell customized clothing that depicted her 3D artwork.

6. WRC found claimant eligible for services under mild IDD on October 22, 2024. WRC held claimant's first IPP meeting on January 7, 2025. According to extensive consumer ID notes from WRC, claimant was actively involved in the IPP process while her case was at WRC. During a phone conversation with WRC on January 27, 2025, claimant's mother informed the service coordinator at WRC that she would like to start traditional services while she "begins the transition into the self-determination program." Claimant's mother attended an orientation regarding SDP, which is the first step in the transition process. She provided the certificate of completion to WRC. However, that is not completion of entry into SDP; it is just the orientation.

[3] General information regarding claimant was derived from her IPPs completed at WRC and IRC, and other pertinent documents, which were received in evidence.

7. Consumer ID notes from WRC beginning in March of 2025 show WRC started experiencing difficulty in their communications with claimant's mother. Specifically, a consumer ID note dated March 12, 2025, stated:

> I received another call from Social Security [which was seeking to verify information regarding claimant]. It appears that [claimant's mother] contacted them to express concerns that claimant requires additional assistance. However, Social Security was informed that claimant is non-verbal, which is inaccurate, as I have personally met claimant and she communicates very effectively. The representative mentioned that this seems to be a recurring issue with [claimant's mother], who frequently changes her stance and becomes upset.

8. On March 24, 2025, a consumer ID note memorialized further communications between claimant's mother and claimant's consumer services coordinator at WRC:

> [Claimant's mother] reached out to discuss the current status of claimant's case. It seems there was some miscommunication. When I initially met with claimant and her mother, they expressed that they did not want traditional services and preferred to wait for a transition to the Self Determination Program. However, over the next few weeks, claimant's mother changed her perspective and raised different concerns. She seemed to think that the Self Determination Program would allow claimant to receive

> direct payment for all her services. Once I clarified that is not how it operates, she became upset and made inappropriate remarks such as, "I'm not helping her because I am not African-American." I allowed her to express her feelings and then reassured her that I am here to assist her. She subsequently inquired whether she could receive traditional services while transitioning to the Self Determination program. I agreed and stated that I would work on [it].

9. On March 24, 2025, WRC conducted an IPP meeting with claimant and claimant's mother. On that same date, WRC authorized claimant for 14 hours of respite per month and 84 hours of PA services. Within a few days of those services being authorized, claimant's mother contacted WRC to contest the number of hours for respite and PA services. WRC informed claimant's mother that claimant is verbal, mobile, able to feed herself, and can toilet independently, so the services provided were sufficient. Consumer ID notes dated March 31, 2025, show WRC considered adding 138 additional PA hours due to claimant not participating in a day program.

10. On April 4, 2025, claimant's mother again contacted WRC, and consumer ID notes document she was "disrespectful" during the conversation, and requested an increase beyond the 84 hours of PA services and the additional 138 hours being considered. Claimant's mother also requested "back pay" for services dating back to when claimant was first approved for regional center services in October of 2024. These issues were never resolved because on April 8, 2025, claimant's mother informed WRC that she had moved to IRC's catchment area (necessitating a transition

to IRC). WRC held an IPP meeting on April 14, 2025, but claimant's mother did not sign the IPP prior to claimant's case being transferred to IRC.

11. On April 25, 2025, the unsigned IPP, claimant's Client Development Evaluation Report (CDER), and other transfer documents were transmitted from WRC to IRC. According to the Inter Regional Center Transmittal document (transmittal form) dated April 25, 2025, at the time of transfer, claimant was, receiving 35 hours of preferred provider respite and 214 hours of PA hours from WRC. Those were the only services in place at the time of transfer.

12. According to Cathy Brubaker, claimant's first consumer services coordinator at IRC, claimant had two pending appeals against WRC before OAH challenging the amount of respite and PA hours claimant was receiving from WRC, among other things. Emails and testimony also established that claimant's mother filed numerous complaints against WRC pursuant to Welfare and Institutions Code section 4731 (4731 complaints), none of which are the subject of this proceeding. The two appeals that were pending before OAH were appropriately dismissed by OAH when claimant moved out of WRC's catchment area.

13. The transmittal form IRC received from WRC reflects that claimant's medical insurance was Medi-Cal and claimant was not in SDP. Thus, at the time of her transfer to IRC, claimant was receiving the PA services hours and preferred provider respite services through the traditional funding method. Welfare and Institutions Code section 4643.5, subdivision (c), requires existing services to continue when a consumer transfers into a new catchment area, pending the development of a new IPP.

14. Claimant's transfer to IRC became effective at IRC on May 1, 2025. On May 12, 2025, Ms. Brubaker contacted claimant's mother to schedule an initial IPP

meeting. In an email from claimant's mother to Ms. Brubaker dated May 19, 2025, claimant's mother stated that she wanted to discuss PA, respite, assistive technology, day programs, protective supervision, and retroactive "PCA" hours (but did not define what that was). Claimant's mother also wrote: "[Claimant] began the SDP process in January while at [WRC]. I would like to confirm what steps [IRC] needs to take to continue or transfer her progress in this program, including IF support and budget setup." The IPP meeting was scheduled for May 21, 2025, in-person.

15. The May 21, 2025, IPP meeting was originally scheduled to be held in-person, however, claimant's mother told Ms. Brubaker that she had seven giant dogs and it would be stressful to do it at the family home, she would prefer to have the IPP meeting recorded, she had pending appeals with WRC and wished to have a "clear record" of everything, and claimant "has multiple complex medical conditions, and minimizing unnecessary in-person interactions is important for her health and safety." That IPP meeting was conducted by videoconference on May 21, 2025, and while claimant's mother attended, claimant did not. Ms. Brubaker requested claimant be present, and claimant's mother stated that claimant was sleeping.

16. During the May 21, 2025, IPP meeting, claimant's mother and Ms. Brubaker discussed increasing claimant's respite hours, claimant's need for PA, ILS, and transitioning to the SDP, as that process was not complete and there was no signed IPP on file, because claimant's mother had not signed the IPP prior to the transfer from WRC. Claimant's preferred provider respite was increased by an additional 30 hours to 65 hours per month effective immediately, and claimant's 214 hours of PA services that she came with from WRC was continued.

17. On June 2, 2025, claimant's mother sent an email to Ms. Brubaker, stating that "because responses have taken several days, I am sending this all at once in hopes

of avoiding further back-and-forth." It is noted that, at this time, the IPP draft was still being completed (being sent through IRC to obtain required signatures).

18. On June 3, 2025, claimant's mother emailed Ms. Brubaker and requested an "emergency" IPP meeting be held "to ensure critical services are implemented without further delay." Ms. Brubaker promptly emailed claimant's mother on June 4, 2025, asking if she wanted to schedule that "emergency" meeting. Claimant's mother replied that an "emergency meeting will not be necessary if services are going to be put in place as discussed." After claimant's mother sent that email, she sent another email 15 minutes later stating that claimant had been accepted into the "Exceptional Minds" program for children with autism, and would be attending the program online. Claimant's mother asked a barrage of questions regarding what services would be implemented. At this time, the IPP was still being drafted and approved at IRC.

19. On June 12, 2025, IRC sent claimant's mother the IPP draft that contained all required signatures of IRC personnel. Claimant's mother told Ms. Brubaker she would review it, which she did, and then she refused to sign it. Claimant's mother told Ms. Brubaker she disagreed with the IPP because it did not say that claimant had autism or seizures. Claimant's mother also was unhappy with the descriptions of claimant's behaviors and functional skills, among other things.

20. On June 13, 2025, claimant's mother again requested to have an emergency IPP meeting, and when IRC attempted to schedule the meeting, claimant's mother withdrew the request.

21. On June 15, 2025, an email from claimant's mother indicated she had filed a 4731 complaint against IRC regarding her "IPP disagreement" and the fact that she had not yet been authorized to receive an increase in PA hours, was not funded to

enter "Exceptional Minds" (which is geared towards individuals with autism), claimant's autism diagnosis was not included in claimant's IPP, "behavioral supports" were not being provided, and "accurate, person-centered language" was not used in the IPP.

22. Thereafter, claimant's mother filed additional 4731 complaints regarding various services and noted her disagreement with the process. IRC responded to the complaints. To date, DDS has not sustained any complaint relevant to this case.

23. IRC continued trying to schedule an IPP meeting with claimant and her mother to resolve any IPP disagreements and complete the IPP. On June 18, 2025, Ms. Brubaker sent an email to claimant's mother checking her availability. On June 20, 2025, claimant's mother sent the following response:

> At this point, I am waiting for the fair hearing rather than continuing to waste the time of myself or my daughter. I am actively protesting all service authorizations currently on file — including those submitted through Westside Regional Center — since I do not know what has or hasn't been fully implemented. Once [claimant's] Self-Determination Program is fully started, I expect all further communication to be handled by NeuroNav. No emergency IPP is needed, as I no longer trust that [IRC] will accurately reflect what is being requested . . . .

24. On June 23, 2025, Ms. Brubaker sent a Microsoft Teams invitation to claimant's mother for an emergency IPP meeting. In response, claimant's mother sent an email stating she would not be participating in any further emergency IPP meetings.

25. On July 1, 2025, claimant's mother sent an email to Brandie Parhm, a Program Manager at IRC. The lengthy email detailed claimant's mother's complaints regarding services she felt were not being provided, contending claimant needed transportation services (for which no insurance denial had yet been provided), additional PA hours, and 24/7 care, among other things. Ms. Parhm had already told claimant's mother that she needed to sign the IPP or attend an IPP meeting to resolve any objections in order to obtain a completed and signed IPP that embodied claimant's needs, so IRC could properly determine what supports and services would be appropriate. Claimant's mother responded:

> "[Claimant] has already undergone reassessment and appealed her case to the highest level. She is currently approved for 129 hours/month [of In Home Supportive Services (IHSS)] but her documented 24-hour care needs remain unmet. . . . IRC is legally obligated . . . to supplement what IHSS does not cover."[4]

26. Thereafter, claimant's mother sent IRC personnel a barrage of emails on an almost daily basis asserting claimant's needs were not being met. IRC attempted to meet with claimant's mother to resolve the IPP disagreements so a signed IPP could be obtained and implemented (again, as evidenced by countless emails), but to date, claimant's mother has refused to attend an IPP meeting (canceling any meeting that was scheduled) and has still not agreed to the IPP. Thus, there is still no completed IPP in place for claimant that can be implemented. During this time period, claimant's

[4] It is noted that this is an incorrect assertion. No regional center is "obligated" to supplement hours IHSS does not cover.

mother also told IRC she no longer wanted Ms. Brubaker to be claimant's consumer services coordinator, so Ms. Parhm assigned Ileane Hernandez to be claimant's consumer services coordinator.

27. Because claimant's mother was requesting services relating to autism and epilepsy or seizures, IRC convened an eligibility team to review claimant's records. On July 9, 2025, an eligibility team, comprised of a medical doctor, program manager, and psychologist, met and discussed claimant's case. Based on the records provided, which were received in evidence, the eligibility team concluded:

> Consumer was [diagnosed] with [autism] by UCLA psychologist on 6/6/24. However, no [autism]- specific measures were used during evaluations. [Autism] was ruled out via comprehensive psychological evaluation completed on 8/19/24. Consumer was [diagnosed] with IDD, mild. Consumer was made eligible for services at [WRC] on 10/9/24 under IDD, Mild. Documents provided do not warrant further evaluation to [rule out autism]. No report of cerebral palsy. History of absence epilepsy, Chiari I malformation.[5] Medical records not sufficient to determine eligibility under epilepsy.

[5] Chiari I malformation is a structural defect where brain tissue extends into the spinal canal, causing pressure on the brain and spinal cord. [Claimant] underwent surgery for this condition. The impact of the condition varies widely from person to

28. Following receipt of additional records, the eligibility team met again on July 22, 2025. On this occasion, they reaffirmed that claimant was not eligible for regional center services under a diagnosis of autism, and noted that while there is a history of absence epilepsy, nothing showed that the condition was substantially disabling in three or more areas of a major life activity. Claimant remained eligible under mild IDD, and as of the date of this hearing, would continue to receive 165 hours of preferred provider respite and 214 hours of PA services.[6]

29. Ms. Parhm testified that claimant's mother, and claimant, need to participate in an IPP meeting to complete an IPP, resolve disagreements, and obtain signatures, prior to any services being implemented. Ms. Parhm testified that even if claimant's mother were to sign the IPP resolving disagreements, claimant is not a conserved adult and this is claimant's life; IRC needs to meet claimant to complete the IPP process.

30. Claimant's mother made many additional requests on claimant's behalf, prompting IRC to issue the NOAs noted above. The NOA in OAH No. 2025080332 was issued by IRC in response to a July 12, 2025, letter (contained in an email) to IRC that demanded IRC fund over 40 services going forward, and reimbursement be provided for funding of those same 40 services dating back to the date claimant became eligible

---

person, but can include headaches, dizziness, nausea, balance issues, cognitive issues. Claimant experiences anxiety, memory problems, and occasional physical instability.

[6] Authorizations received in evidence show IRC approved both of those service funding requests.

for regional center services. Claimant's mother also provided an extensive list and estimate of cost for each requested service, as follows:

Personal Assistant (PA) hours – 5,052 hours - $101,040

Respite Care - 520 hours - $9,360

ABA Therapy – 64 hours - $8,000

Wraparound Services – 64 hours - $8,000

Exceptional Minds Tuition (w/aide) – 8 months - $22,400

Portfolio Assessment Fee – 1 time - $350

High-Performance Workstation Setup – 1 package - $7,500

Professional 3D Printer Bundle – 1 package - $4,500

Revopoint Advance 3D Scanner – 1 device - $3,000

Technical Support Contract – 1 year - $2,500

YMCA Membership for claimant and an aide – 8 months - $4,800

San Diego Zoo Annual Pass (claimant and aide) – 1 year - $220

San Diego Safari Park Annual Pass (claimant and aide) – 1 year - $220

Disneyland DAS Program (claimant and aide) – 1 year - $1,500

Electric Scooter with Dual Seat – 1 device - $5,000

SMP Training Program (w/aide) - $7,500

Cooking Classes for Life Skills (w/aide) – 8 months - $1,500

Art Therapy Sessions (w/aide) – 8 months - $3,200

Transportation (Mileage Reimbursement) – 500 miles per month x 8 -$2,620

Job Coaching & Mentorship – 32 hours - $2,720

Cognitive Therapy – 64 hours - $9,600

Embrace 2 Seizure Watch – 1 device - $1,500

Medical Alert System (w/fall detection) – 1 device - $600

Pulse Oximeter – 1 device - $300

Ergonomic Eating Supports (for TMJ) – 1 package - $500

Neurofeedback Therapy – 40 sessions - $7,000

Time Timer Watch PLUS – 1 device - $100

Speech Therapy Apps – 1 year $200

Compression Weighted Vest – 1 vest - $300

Sound Panels for Room – 1 set - $1,500

Portable Sensory Tent – 1 tent - $800

Light Filtering Glasses – 1 pair - $200

Community Support Staff for Outings – 5 hours per week - $7,800

Private Transportation Budget – 1 year - $3,000

Pro Workstation Bundle Upgrade (w/warranty and peripherals) – $5,000

Animation/3D Software Licenses (Maya, ZBrush, Adobe) – 1 year - $7,500

Overnight Supervision Support – 2 hours per night x 240 nights - $9,600

Additional Transportation for Community Integration – 1 year - $4,500

Second Vocational Training Program – 1 program - $10,000

Claimant's mother contended generally that all these listed services and items were "unmet needs" and "necessary" for claimant's "independence, health, and safety." She did not provide anything with the request that showed how these things were needed to alleviate the symptoms of claimant's mild IDD.

31. Claimant's mother appealed the NOAs listed above, which were consolidated into one hearing due to overlapping issues and common questions of law and fact. This hearing followed.

Autism Spectrum Disorder

32. The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR) identifies criteria for the diagnosis of autism spectrum disorder. The diagnostic criteria include persistent deficits in social communication and social interaction across multiple contexts; restricted repetitive and stereotyped patterns of behavior, interests, or activities; symptoms that are present in the early developmental period; symptoms that cause clinically significant impairment in social, occupational, or other important areas of function; and disturbances that are not better explained by intellectual disability or global developmental delay. An individual

must have a DSM-5-TR diagnosis of autism spectrum disorder to qualify for regional center services based on autism.

Intellectual Developmental Disorder

33. The DSM-5-TR contains the diagnostic criteria used for IDD. The essential features of IDD are deficits in general mental abilities and impairment in everyday adaptive functioning, as compared to an individual's age, gender, and socio-culturally matched peers. Intellectual functioning is typically measured using intelligence tests. Individuals with IDD typically have IQ scores in the 65-75 range (unless an individual is African American, in which case IQ results are not considered). In order to have a DSM-5-TR diagnosis of IDD, three diagnostic criteria must be met. The DSM-5-TR states in pertinent part as follows:

> [IDD] is a disorder with onset during the developmental period that includes both intellectual and adaptive functioning deficits in conceptual, social, and practical domains. The following three criteria must be met:
>
> A. Deficits in intellectual functions, such as reasoning, problem solving, planning, abstract thinking, judgment, academic learning, and learning from experience, confirmed by both clinical assessment and individualized, standardized intelligence testing.
>
> B. Deficits in adaptive functioning that result in failure to meet developmental and sociocultural standards for personal independence and social responsibility. Without ongoing support, the adaptive deficits limit functioning in

one or more activities of daily life, such as communication, social participation, and independent living, across multiple environments, such as home, school, work, and community.

C. Onset of intellectual and adaptive deficits during the developmental period.

Epilepsy

34. No medical excerpts or evidence were provided regarding diagnostic criteria for epilepsy. However, through one of IRC's experts, Desiree Nycholat, M.D., the following definition was provided: Epilepsy or seizure disorder is an abnormal release of electrical activity in the brain, and the effect of that release can affect people in different ways. Not all seizures can result in functional impairment and not all seizures are substantially handicapping. Medications can help control seizures and the effect of the same.

Substantial Disability Determination

35. In addition to having a qualifying developmental disorder, a person seeking eligibility must also be substantially disabled as a result of that qualifying condition. California Code of Regulations, title 17, sections 54000 and 54001, set forth the criteria for substantial disability. Under the regulations, in order to have a substantial disability for eligibility purposes, a person must have a significant functional limitation in three or more areas of a major life activity, as appropriate for the person's age, in the areas of: communication (must have significant deficits in both expressive and receptive language), learning, self-care, mobility, self-direction, capacity for independent living, and economic self-sufficiency.

36. ARCA published clinical recommendations to be of assistance in making substantial disability determinations within the meaning of applicable law.

- Regarding self-care, a person must have significant functional limitations in the ability to acquire or perform basic self-care skills such as personal hygiene, grooming, and feeding (chewing and swallowing, eating, drinking, use of utensils).

- Regarding receptive and expressive language, a person must have significant limitations in both the comprehension and expression of verbal and/or nonverbal communication resulting in functional impairments. There also must be impairment in both receptive and expressive communication, not just one area. Some factors to consider are whether the person has: significant difficulty understanding a simple conversation; needing information to be rephrased to a simpler level in order to enhance understanding; significant difficulty following directions (not due to general noncompliance); significant difficulty understanding and interpreting nonverbal communication (i.e. gestures, facial expressions); significant difficulty communicating information; significant difficulty participating in basic conversations (following rules for conversation and storytelling, tangential speech, fixation on specific topics); atypical speech patterns (jargon, idiosyncratic language, echolalia, significant impairment of the ability to communicate).

- Regarding learning, a person must be substantially impaired in the ability to acquire and apply knowledge or skills to new situations even with special intervention. Things to consider include: a person's general intellectual ability; academic achievement levels, retention (short and/or long-term

memory); and reasoning (the ability to grasp concepts, to perceive cause and effect relationships, ability to generalize information and skills from one situation to another).

- Regarding mobility, a person must have significant limitations with independent ambulation. Things to consider include: the need for crutches, a walker or wheelchair; gait abnormalities; coordination problems (unable to walk long distances due to fatigue from the significant effort involved in ambulating, difficulty negotiating stairs or uneven ground).

- Regarding self-direction, a person must have significant impairment in the ability to make and apply personal and social judgements and decisions. Things to consider include: emotional development (routinely has significant difficulty coping with fears, anxieties, or frustrations, severe maladaptive behaviors, such as self-injurious behavior); interpersonal relations (has significant difficulties establishing and maintaining relationships with family or peers, social immaturity, marked difficulty protecting self from exploitation); and personal independence (significant difficulty maintaining daily schedules, responding appropriately in an emergency, taking medications as directed).

- Regarding capacity for independent living, a person must be unable to perform age-appropriate independent living skills without the assistance of another person. Things to consider include: significant difficulty performing age-appropriate household tasks; significant difficulty managing domestic activities (grocery shopping, laundry, home repair, etc.); significant need to be supervised; significant difficulty with money management (using bank accounts, making purchases, and budgeting); and significant difficulty taking

the basic steps necessary to obtain appropriate health care (obtaining medication refills, obtaining medical attention when needed).

- Regarding economic self-sufficiency, a person must lack the capacity to participate in vocational training or obtain and maintain employment without significant support.

Summary of Pertinent Records

37. Hundreds of pages of documents (medical records, letters, assessments, etc.) were received in evidence. The following is a summary of pertinent records and/or portions of those records.

LETTER FROM CLAIMANT'S DOCTOR

38. A letter dated February 28, 2024, from Ian Lam, D.O., states simply that claimant was currently under his care and claimant's family decided to move to California to obtain services for claimant's care. The letter does not state anything about claimant's medical conditions, what she was being treated for, and contains no assessments or medical records.

UCLA MEDICAL RECORDS

A psychiatric consult note from the Ronald Reagan University of California Medical Center (UCLA Medical Center) dated June 6, 2024, was received in evidence. Claimant was 18 years old at the time. According to a summary in the psychiatric consult note, claimant had a fall with a head injury in October 2023, which resulted in persistent headaches. On March 4, 2024, claimant presented to UCLA Medical Center with a headache, back pain, neck pain, and weakness. Neurosurgery was consulted for management and the patient was recommended follow-up on an outpatient basis.

Claimant underwent brain surgery (suboccipital craniectomy, C1 laminectomy, and pericranial autograft) on May 28, 2024. Following her surgery, claimant had several episodes of confusion and delirious statements, but her mental status quickly recovered by June 6, 2024, when the psychiatric consult occurred. Claimant was noted during the consult to be fully alert and oriented.

The first page of the consult note states, "Consults by Natacha D. Emerson at 06/06/24." The note states that claimant has a history of "Chiari malformation, absence seizures in 2011, asthma, and anxiety." The record showed claimant's family was moving from Nevada to California and wanted an assessment to see if claimant could obtain a diagnosis of autism. The consult consisted only of an interview with claimant and her mother. Claimant's mother reported to the UCLA doctors that claimant has restricted interests (graphics and 3D design) and has been independent, but has not had any meaningful social connections. Claimant's mother reported:

> She taught herself 3D graphic design through YouTube at age 16 and has since created and sold NFTs of her art for cryptocurrency, attending crypto and NFT conferences, which she described as her favorite vacation. She is currently taking several online courses in 3D graphics and design, sells t-shirts featuring her designs on Etsy, and aspires to incorporate her designs into video game development. She is also passionate about dogs, currently taking care of six dogs and having had nine at one point. She becomes very concerned with their care and fights with her cousins when they do not take care of the dogs

> properly. She also wants to incorporate her dogs into her 3D graphic designs and video games. . . .

Regarding repetitive behaviors, claimant's mother repeated the same things noted above, and noted that claimant reacts "strongly" to spontaneous changes, is a picky eater, and insists on sameness in her schedule.

Regarding sensory perception, claimant's mother reported claimant is sensitive to sound and "needs to wear sound-canceling headphones when outside the home," and sometimes inside when her brothers and cousins are talking. Claimant's mother also reported anxiety, irritability, depression, and history of self-injurious behavior.

Regarding education, it was reported that claimant had always been in a general education classroom and performed well. Claimant was taking graphic design, computer science, and 3D modeling courses online.

The evaluator reported claimant was very kind when she entered the room. She was able to build rapport with claimant quickly. Claimant asked for privacy while she used the restroom. Claimant responded calmly to questioning and allowed provider to have conversation with mother in front of her. Occasionally claimant became irritable when discussing the behaviors her cousins engage in that frustrate her. Otherwise she was very cooperative and engaged. Claimant's "assets and strengths" are identified as "loving and supportive family, good insight into her own challenges, excelling in areas of interest, practicing several coping skills, sense of purpose, and resilience." Claimant's intellect was described as average, she was noted to have good judgement as evidenced by daily decision making, and displayed good insight. Claimant was observed to stim when excited while talking about her dogs. In marked contrast to the above behaviors, the report noted claimant exhibited "delayed echolalia, poor eye

contact, a rehearsed and repetitive laugh, limited facial expressions, and incongruent hand gestures." Claimant "clapped and cheered" when the evaluator told her she was diagnosed with [autism].

No autism screening tests were conducted. No cognitive testing was conducted. No objective autism testing was conducted. No adaptive testing was conducted. The evaluator nonetheless gave claimant a diagnosis of autism, but did not explain, by way of objective testing or standardized measures, how this conclusion was reached. That conclusion appears to have been reached by Kalen Kennedy, a psychology resident, who was being supervised by Natacha Emerson, Ph.D. It is unknown what role Dr. Emerson had in the consult (i.e. whether she participated and observed all aspects of the consult or simply reviewed the psychology resident's notes after the consult was complete and concurred in her conclusions based on those notes).

PSYCHOLOGICAL ASSESSMENT CONDUCTED FOR WRC

39. In July and August of 2024, a psychological assessment was conducted specifically to determine whether claimant had a condition that qualified her for regional center services. Claimant was 19 years old.[7] This assessment was conducted at the request of WRC, and was performed by Kristen M. Prater, Psy.D., a psychological associate, supervised by Rebecca Dubner, Psy.D., who is a licensed clinical psychologist. The assessment was comprehensive, and included an interview with claimant; an interview with claimant's mother; the Wechsler Adult Intelligence Scale,

[7] The report erroneously states claimant was 18 years old. The testing took place on July 30, 2024, and August 19, 2024, and claimant turned 19 before the testing was complete. Thus, the report should have stated claimant was 19, not 18.

Fourth Edition (WAIS-4); the Wide Range Achievement Test – Fifth Edition (WRAT-5; the Vineland Adaptive Behavioral Scales, Third Edition (Vineland); the Childhood Autism Rating Scale, Second Edition, High Functioning (CARS-2-HF); and the Autism Diagnostic Interview – Revised (ADIR). There was also a review of prior assessments and testing done.

The review or prior tests showed claimant generally functions at the average level in virtually every area of cognitive and adaptive functioning, although with respect to memory, her scores varied widely.

Behaviors observed by Dr. Prater were documented as follows: Claimant's physical presentation was good. She was well-groomed. Claimant sat quietly in the examination room sitting with her mother. When Dr. Prater came to greet her, claimant responded by "saying hello and smiling." Claimant engaged in "small talk" with the examiner, and "willingly answered questions asked of her." Claimant transitioned without issue into the examination room. Claimant's conversations were "circular and her answers lacked adequate contact." Her conversations often trailed off and she provided details that were not easily connected to the question. Claimant's eye contact was inconsistent. Claimant had an absent seizure during the first session, so cognitive testing could not be completed. On the second day of testing, claimant was social, focused, and responsive. Claimant would become upset of she felt she was being perceived as not answering questions properly.

During the interview with claimant's mother, it was reported that claimant attended school in-person until high school, and then she transitioned to an online program starting with the pandemic, and continued with that mode of learning due to preference. Claimant was purportedly first assessed for an Individualized Education Program (IEP) in third or fourth grade under "Other Health Impairment." Claimant's

"accommodations" were to support her memory deficits. Claimant's mother did not report there was ever any concern regarding autism during claimant's developmental years. Autism was not mentioned, per the psychological assessment, until UCLA Medical Center suggested claimant be evaluated for autism following her brain surgery in May of 2024.

Following all of the other cognitive and adaptive testing conducted by Dr. Prater, claimant's scores placed her in the extremely low range of intellectual ability and adaptive challenges. Claimant was found to have significant deficits in expressive language, learning, self-direction, and capacity for independent living. Regarding autism, claimant tested outside the range for autism on the CARS-2 HF, and after discussing the various behaviors and characteristics of autism on the ADIR, the examiner concluded:

> [Claimant's] behaviors were explicitly assessed as they related to [autism]. [Claimant] was observed communicating socially and reciprocally with this examiner and her mother. [Claimant] did not display odd vocal prosody or tone when she spoke. There was no evidence of repetitive or restrictive behaviors during her interview and testing. When her behaviors were analyzed using both the CARS-2-ST and the ADI-R, Akeya did not show deficits that would indicate a diagnosis of [autism]. Therefore, she does not meet the diagnostic criteria for [autism].

Following the assessment, claimant was diagnosed with mild intellectual disability.

SEPTEMBER 20 AND 24, 2024, MEDICAL RECORDS

40. A medical record from an unknown facility indicates that on September 20, 2024, an Electroencephalogram (EEG) was conducted and the technologist entered a note that read: "claimant's EEG is consistent with generalized epilepsy. Clinical correlation is suggested." There is no further clinical correlation discussed in that record. The record also makes mention of claimant's autism diagnosis, but it appears to be a notation based on history or reporting by another person, as no diagnostic testing or discussion was completed on either September 20 or 24, 2024, for autism.

GARRETT B. LONG, D.O. RECORDS

41. Garrett B. Long, M.D., is claimant's primary care physician at UCLA Health Culver City Family Medicine, Internal Medicine, Pediatrics. Claimant's mother attached the records to one of claimant's appeals, stating they were a "full set of medical records documenting [claimant's] autism, seizure disorder, intellectual disability, and associated safety concerns." While the records mention autism, the various mentions of the condition were not supported by any testing. The mention of autism appears to be by history or oral report, without support. The following are notes from his records.

42. A note dated November 23, 2024, by Dr. Long reported:

> [Claimant] is a 19 y.o. right-handed female with PMH autism (diagnosis made as inpatient by psychiatry), anxiety, depression, seizures, and persistent headache whom I first met on 6/14/24 for evaluation of seizures. She underwent suboccipital craniotomy, C1 laminectomy and pericranial autograft for Chiari 1 malformation on 5/28/24 and new onset slurred speech on POD 10 leading to extensive

> workup in hospital. At her last appointment, I was concerned that she was having behavioral side effects on topiramate and I recommended a slow titration to decrease topiramate and to start lamotrigine. No seizures since last appointment. Mom thinks that she is doing a little better in terms of behavioral symptoms but there are still frequent meltdowns in which she will break or throw things. [Claimant] feels she is doing a lot better with med change, feels less jittery and is sleeping better. She thinks that meltdowns are autism related and that her mom doesn't understand that she needs to be alone. She is scheduled to be evaluated at the regional center in January 2025. She does not want to see a psychiatrist (her mom wants her to) and this is a source of contention. No headaches since last appointment.

43. A record from an examination dated February 10, 2025, documents the following "active" diagnoses: Moderate persistent asthma without complication; absence seizure; anxiety; Chiari malformation type I; seizure; neural foraminal stenosis of lumbar spine; thyroid nodule. Prior diagnoses, by history, were: anxiety; asthma; depression; hyperthyroidism; and memory loss.

44. Email communications in Dr. Long's records from claimant's mother report claimant experienced anxiety in April of 2025. In an email from claimant's mother dated April 11, 2025, documented "falls," coughing, nausea, and fluid build up around a "surgical site." Dr. Long, in response to the concerns regarding anxiety, recommends claimant see psychiatry.

45. A note dated April 15, 2025, states (reproduced as written):

> Sp suboccipital craniectomy and surgical ressection posterior arch of c1 with associated csf dense fluid collection . . . compatible with postoperative pseudomeningiocele. . . . Spoke with neurosurgery who say she has likely low CSF pressure secondary to her Chiari surgery. This is a known complication of the surgery. They said she was not need an MRI.

46. On April 24, 2025, claimant saw Dr. Long, as documented in his report, for:

> Today, the patient reports experiencing persistent headaches, hearing "noise" at the back of the head when turning her neck, and being more forgetful as of lately. Per mother, the patient is increasingly fatigued, forgetful, and frequently complains of head/neck pain which are similar to her pre-operative symptoms. Per mother, the patient previously had a fall in Feb/March of 2025. The patient denies symptom improvement when laying down.

47. Primary diagnoses from a visit dated July 13, 2025, include: bilateral hip pain; family history of rheumatoid arthritis; family history of systemic lupus erythematosus; and a family history of Sjogren disease. Claimant's "problem list" that day was listed as moderate persistent asthma without complication, anxiety, Chiari malformation type I, seizure, neural foraminal stenosis of the lumbar spine, and a

thyroid nodule. Claimant's "chief complaint" on her July 13, 2025, visit, had to do with bilateral hip pain only. Dr. Long wrote:

> "Bilateral hips, points internally . . . Woke up with the pain 1 month ago, has been daily since . . . Exacerbated by normal ADLs . . . Has not yet tried exercising due to the pain . . . Improved with stretching, but she otherwise is not sure . . . FH: mother had hip replacement at a young age, as well as her aunt and grandmother; history of congenital hip disorder."

48. Nothing in Dr. Long's notes supports a finding that claimant meets the DSM-5-TR criteria for autism or that she is substantially disabled as a result of autism or seizures.

LETTER FROM DR. DUBNER

49. A letter dated October 9, 2024, signed by Dr. Dubner and Dr. Prater to an unknown person (not identified):

> [Claimant] is significantly impacted by her experience with seizure disorders. She is not able to anticipate the onset of these episodes and is often unaware when they are occurring, leaving her unable to safely care for herself. [Claimant] is unable to discern from safe and unsafe social situations and could be easily manipulated by others. [Claimant] needs constant supervision and support to ensure her safety and execute her daily needs. It is my

> recommendation that [claimant] be eligible for this type of support to ensure her safety.

The letter refers to the previous psychological assessment that had been conducted under Dr. Dubner's supervision, but did not explain why these conclusions were not noted in the previous psychological assessment, or how they reached the conclusion that claimant requires extensive supervision when her IDD was deemed mild.

LETTER REGARDING GENERALIZED ANXIETY DISORDER

50. A letter dated August 28, 2024, from a licensed marriage and family therapist stated claimant was receiving mental health services for generalized anxiety disorder.

IHSS DOCUMENT

51. A document entitled, "Assessment of Need for Protective Supervision for In-Home Supportive Services (IHSS)," dated April 17, 2025, shows claimant applied for IHSS services. The document appears to contain the signature of Garrett B. Long, D.O., and references claimant has autism, seizure disorder, and Chiari I malformation. The document contains statements such as "unable to manage meds, meals, due to autism and seizure disorder" and "moderate impairment due to autism, medicine side effect." However, no documents are attached to the IHSS document to support those diagnoses.

Testimony of IRC Experts Pertaining to Autism and Epilepsy

TESTIMONY OF SANDRA BROOKS, PH.D., REGARDING AUTISM

52. Dr. Brooks is a licensed clinical psychologist. She obtained her Ph.D. in clinical psychology in 2006 from Loma Linda University. She also has a Bachelor of Arts in English and Psychology and a Master of Science in Experimental Psychology. Dr. Brooks has been a staff psychologist at IRC since 2010, where she specializes in the assessment and diagnosis of persons for the purpose of determining eligibility for regional center services. She previously served as a psychological assistant at IRC from 2007 to 2009. Prior to that, she served in multiple positions across the country. She has been involved with many professional presentations in the field of psychology, and attended countless trainings and workshops in her field. Dr. Brooks is an expert in the assessment of individuals for regional center services.

Dr. Brooks reviewed the documents received in evidence. She also correctly recited the eligibility criteria for regional center services under a diagnosis of autism, as well as the diagnostic criteria present in the DSM-5-TR that is required for a person to be diagnosed with autism.

Regarding the February 28, 2024, letter from Dr. Lam, Dr. Brooks pointed out it is simply a one-page letter that states claimant's family is moving to California to seek resources for her care. However, it does not contain any information regarding autism.

Regarding the June 6, 2024, psychological consult conducted at UCLA Medical Center, Dr. Brooks explained that it appeared to have been conducted by a psychology resident, and there was no testing conducted for autism. No adaptive testing was conducted. It appears to be just a note – there is no information concerning how the resident reached the conclusion she did. When a psychologist is going to give

someone an autism diagnosis, best practices require testing utilizing multiple sources. This was not done.

Regarding the psychological assessment conducted by Dr. Prater for WRC in July and August of 2024, it was conducted utilizing multiple sources, namely, the CARS 2 HF and ADIR. On both measures, claimant was found to be outside the cutoff for autism.

Other documents reviewed, such as the IHSS letter and other medical records, show claimant has anxiety, and this is not a condition that renders someone eligible for regional center services. It is also possible that people can qualify for things like IHSS under certain categories (like autism) but not be eligible for regional center services under the same category because regional center uses the Lanterman Act.

Dr. Brooks concluded that the records reviewed do not show claimant was ever diagnosed with autism prior to the age of 18, or that she is substantially disabled as a result of autism. The only diagnosis of autism occurred when claimant was 18 and receiving treatment at UCLA Medical Center for other medical conditions; that consult was completed by a psychology resident but did not contain any records or testing to support the diagnosis. No records showed claimant ever received special education services for autism. Autism is a condition that is present from birth. No records substantiate the presence of autistic symptoms in claimant during her developmental years.

Dr. Brooks concluded claimant is not eligible for regional center services under a diagnosis of autism and there is no need to conduct further evaluations of claimant; the records simply do not support a diagnosis of autism.

TESTIMONY OF DESIREE NYCHOLAT, M.D, REGARDING EPILEPSY

53. Desiree Nycholat, M.D., is part of the eligibility team at IRC that evaluates individuals for epilepsy and cerebral palsy. Dr. Nycholat has been a consulting physician for IRC for seven and a half years. Dr. Nycholat obtained her Doctor of Medicine degree from, and completed her pediatric residency at, Loma Linda University School of Medicine. Dr. Nycholat has been licensed since 2015 and is board-certified in pediatrics. She specializes in caring for children from birth to age 18. Dr. Nycholat is currently an attending physician and part of the faculty at Loma Linda University Medical Group. Dr. Nycholat is an expert in pediatrics and in determining whether a person is eligible for regional center services based on a diagnosis of epilepsy/seizure disorder.

Dr. Nycholat reviewed the documents received in evidence. She also correctly recited the eligibility criteria for regional center services under a diagnosis of epilepsy or seizure disorder. Dr. Nycholat defined epilepsy as a condition where people have abnormal releases of electricity in the brain that causes changes to how a person thinks and moves, among other things. The condition can present in many different ways, but it is at its worst when the seizures happen on an ongoing basis. Seizures can be controlled with medication, but the ability to control them can vary. The condition itself can also vary; not all types of epilepsy/seizure disorder are substantially disabling.

The records do show a history of absence seizures that started in 2011. Absence seizures are the kind of seizure where someone has a "space out moment" but they come back right away. It is a very brief pause. However, the records do not show how often claimant's occur. The records do show they are well controlled with medication. There is nothing noted between 2011, when claimant had an absence seizure, and

2020, when she stopped her medication for seizures because she thought it caused weight gain. There is no documented report of seizures between 2020 and 2024. In 2024, there is documentation that claimant started a different medication for seizures and they are under control. The records do not show claimant is substantially disabled as a result of absence seizures.

Dr. Nycholat concluded that claimant does not have epilepsy, although she does have a documented history of seizures. Nonetheless, the records do not show claimant has significant functional limitations as a result of absence seizures. Claimant does have a number of other medical conditions, like Chiari malformation type I, which can cause headaches, and back pain, among other things. Claimant's other medical conditions documented throughout the records (asthma, TMJ, etc.) appear to cause her challenges but they are not regional center eligible conditions. These other medical conditions explain most of the mobility or functional issues claimant has; her absence seizures do not.

Dr. Nycholat concluded claimant is not eligible for regional center services under a diagnosis of epilepsy or seizure disorder because even though she has seizures, she does not have significant functional limitations attributable to seizures.

Testimony of IRC Staff Regarding Services and Other Issues

TESTIMONY OF CATHY BRUBAKER

54. Cathy Brubaker's testimony (other than the testimony already noted above) is summarized as follows: Ms. Brubaker has been a consumer services coordinator at IRC for 12 years. Her duties include attending IPP meetings, attending IEP meetings, assisting consumers with securing services, referring consumers to generic resources, and documenting pertinent information. Regarding the IPP process,

a consumer services coordinator works with the consumer to finalize it so services and supports that meet the consumer's needs can be implemented.

Ms. Brubaker testified extensively, as previously documented above and supported by email communications, concerning IRC's attempts to get a completed IPP implemented for claimant.

To date, Ms. Brubaker has never spoken to claimant, never met claimant, and never had any interactions with claimant. Ms. Brubaker tried many times to convene emergency IPP meetings once claimant's mother disagreed with the draft IPP, but claimant's mother has either canceled the meetings or otherwise refused to participate. Claimant's mother has refused to sign the IPP or participate in the process, and because no IPP is in effect, services cannot be provided. The only reason IRC is providing the PA services and respite services is because those services transferred over with claimant. IRC has also augmented the respite hours from the original amount of 35 hours per month to 165 hours per month based on a demonstrated need, according to claimant's mother's representations.

Claimant's mother has sent complaints to IRC, DDS, and filed appeals, and IRC has continuously tried to resolve her complaints. Claimant's mother sends so many emails that any disagreements need to be resolved in person; there are simply too many things claimant's mother is raising to resolve. The parties need to sit down and go over everything one by one to work out agreements. Because claimant's mother has thus far refused to resolve anything, Ms. Brubaker stopped scheduling meetings. Claimant's mother also "fired" her and requested a new consumer services coordinator just prior to the administrative hearing.

The bottom line, according to Ms. Brubaker, is that a signed and completed IPP needs to be in place. Until that happens, service planning cannot occur.

TESTIMONY OF BRANDIE PARHM

55. Brandie Parhm's testimony (other than the testimony already noted above) is summarized as follows: Ms. Parhm is a program manager at IRC in the Transition Unit for ages 14 to 22. Ms. Parhm has worked at IRC for 20 years, and has held various positions.

Ms. Parhm echoed the testimony of Ms. Brubaker regarding the IPP process and difficulties IRC has had with claimant's mother. Ms. Parhm also confirmed IRC has never met claimant. Ms. Parhm explained that it is important to meet with claimant because the consumer needs to participate in the IPP process. It is fine if she wants to have a representative present, but a representative is not a conservator. Even if claimant's mother helps discuss IPP issues throughout the process, IRC would still need to meet claimant before the IPP can be completed.

Claimant's mother refused to continue with the IPP process because of the numerous disagreements. Claimant's mother "fired" Ms. Brubaker, and Ms. Parhm appointed Ms. Hernandez to be claimant's new consumer services coordinator.

When claimant transferred from WRC, she already had the PA services and respite hours in place. Thus, IRC continued those services (and has increased the hours available for respite). The authorizations show as much. IRC has funded the authorizations.

IRC has nothing to do with payment of service providers. When claimant's mother raised issues with payment for services, IRC communicated with the vendor

and obtained documentation. It shows service hours are being paid, but there are some disputes regarding certain days. Ms. Parhm explained that claimant needs to resolve those disputes with the vendor. Ms. Parhm also explained that normally family members are not allowed to provide PA services under the traditional method of funding; however, they made an exception for claimant because she is transitioning to SDP, which would allow family members to provide those services.

Ms. Parhm has had regular communication with claimant's mother. Ms. Parhm even offered to create a new IPP "from scratch." That offer was declined. IRC also reached out to WRC to ensure that IRC has all the records WRC had (because claimant's mother contended IRC did not have all the records). WRC confirmed IRC does have all the records.

IRC cannot consider any additional services being requested until the IPP is complete. The purpose of the IPP is to help a regional center evaluate what services are appropriate. A regional center also needs to make sure generic resources have been exhausted. But, they have been unable to do that since there has been no agreement. There are ways to still agree to some things in an IPP but not others. But, claimant's mother has not agreed to anything and claimant, who is not conserved, has not agreed. Thus, the option is to have an IPP so agreements can be reached. IRC cannot even clarify medical and behavioral needs until further IPP meetings are held.

IRC is a payor of last resort. Regarding some of the requests claimant's mother has made (like transportation to and from medical appointments), IRC has not received a denial from claimant's medical insurance. That would be needed before any transportation could be provided, even if claimant had a completed IPP. IRC even offered to meet with claimant's insurance company but that offer was not accepted.

Regarding the request for Exceptional Minds, Ms. Parhm said it is a program designed to help individual obtain vocational skills and independence. It is held out as being for individuals who have autism, and IRC does not agree claimant has autism. Moreover, Exceptional Minds is not an IRC vendor. Thus, services cannot be provided even if the IPP were complete. IRC has not yet sent out an NOA, however, because whether claimant has autism is the subject of this hearing.

Regarding the request for ILS and SLS, claimant does not qualify for SLS because SLS is supportive living services outside the home. Claimant lives in the family home. Claimant may qualify for ILS, which is designed to help individuals become independent and transition to SLS. Again, an evaluation needs to be done and because claimant's mother refuses to complete the IPP and IRC has not met claimant, they cannot complete that evaluation.

Many of the 40 services requested also overlap, and can be provided by generic resources. However, for the same reasons noted above, IRC has been unable to assess claimant's needs for each requested service due to non-participation.

Claimant receives 109 hours of IHSS, a generic resource. 283 hours is the maximum number of hours a person can receive, so, claimant can request more IHSS hours as well. Claimant's mother requested 751 hours of PA services to "supplement" hours not being provided by IHSS. But, 751 hours exceeds 24 hours a day in a 30-day calendar month. Thus, claimant's mother is requesting just that service which already exceeds the hours that exist in a day, yet also requesting all the other services, which causes overlap. IRC cannot fund overlapping or duplicative services.

Some of claimant's mother's requests were for payment for services that should have been provided dating back to October 2024 when she became a consumer at

WRC. Claimant has only been a consumer at IRC since May 1, 2025, so claimant would not be entitled to anything dating back to the time she was a WRC consumer. Regardless, retroactive reimbursement is not allowed.

Ms. Parhm testified about several other specific services, like a day program, social recreation, increases in PA services and respite, among others. But, again, none of those services could be assessed for the same reasons already discussed.

Finally, although SDP is not an issue in this hearing, Ms. Parhm testified that IRC has not sent out an NOA denying SDP because claimant is transitioning to SDP, but that transition is not yet complete. The documents support Ms. Parhm's testimony that claimant is still in the traditional program and not SDP. Claimant has no budget. Claimant has no spending plan. No effective date has been set. There are still several steps to complete before claimant can complete the transition into SDP.

Testimony of Claimant's Mother

56. Claimant's mother's testimony is summarized/paraphrased as follows: Claimant was diagnosed with autism by UCLA Medical Center in 2024. IRC erred by relying on the outdated psychological assessment conducted by Dr. Prater when claimant was evaluated for services at WRC. At the time of claimant's transfer from WRC to IRC, claimant's mother was disputing WRC's omission of autism and seizure disorder from claimant's IPP at WRC. When claimant transferred to IRC, she wanted IRC to conduct a new psychological assessment. Claimant's mother believes IRC did not properly rule out autism or epilepsy because they did not conduct new evaluations. She referred to the April 17, 2025, IHSS document signed by Garrett Long, D.O, which mentions autism and seizure disorder as evidence that claimant has those diagnoses. If IRC does not want to believe the autism and seizure disorder diagnoses

claimant has, then IRC should conduct evaluations to rule them out. Claimant's mother also believes IRC should have worked harder to obtain medical records, and offered to sign medical releases as needed. Claimant's mother denied IRC's assertion that they ever asked her for additional medical records. When she was referred to an email in evidence that showed claimant's consumer services coordinator, in fact, did ask her for records and she refused to provide either additional records or a release, claimant's mother said she did not recall sending the email. IRC was wrong to conclude claimant does not have autism or seizure disorder and also wrong to omit those diagnoses from claimant's IPP.

Claimant's mother feels she has tried to do things right. IRC is wrong to rely on outdated information from WRC. Claimant needs many services to prevent harm. Claimant's mother referred to a "transcript" of the IPP meeting that took place between IRC and claimant's mother on May 25, 2025, as evidence of a "promise," however, the document is not a transcript – it merely contains typed statements claimant's mother purportedly typed from a recording of the IPP meeting. There is also no evidence of a "promise," so this testimony was unclear. Moreover, the actual recording was not introduced, and, even if it had been, discussions during an IPP are not a "promise," but rather intended to be discussions of needs and services.

Regarding respite services, claimant's mother said IRC has not authorized the hours they say they have because when she "puts hours into the vendor," the vendor says they are not authorized. The same with PA services. When referred to numerous authorizations and documents showing that the full amount of respite and PA services were authorized, and hours had been paid to both claimant's mother and claimant's brother, claimant's mother said all she knows is she cannot claim hours.

Regarding ILS and SLS, claimant's mother feels claimant needs these services. She believes IRC needs to assess claimant for those services. Claimant's mother said claimant needs services for "safety issues." Generally, claimant's mother wants 24/7 supervision and "full care." Claimant has "urgent health needs" due to her autism and cannot wait for the "standard" IPP process. IRC continues to delay the IPP process so claimant can get needed services. Claimant's behaviors and health conditions are unmanaged. IRC cannot deny services because of "procedural" issues. IRC has suggested claimant's mother is the problem but IRC is the problem. Services cannot be denied or delayed because an IPP is not signed. Delaying services because of "paperwork is harming [claimant's] safety." Claimant's safety risks are due to "meltdowns." IRC "waiting" to have the IPP signed violates claimant's rights. Claimant needs the 40 services identified to IRC and claimant's mother submitted a comprehensive budget for those services. Claimant is being denied transportation she needs to obtain "life-saving medical care" at UCLA Medical Center. IRC has all they need to evaluate what services would be appropriate for claimant. Claimant's mother also said she was never informed that IRC needed to meet claimant before completing her IPP. Delaying services until completion of the fair hearing process violates claimant's rights.

Claimant's mother was adamant that claimant was approved for SDP by WRC and is currently in SDP. It is important for claimant to be in SDP because Exceptional Minds is a program relating to claimant's joy of art and cannot be paid for if services are funded through the traditional method of funding. Claimant's mother asserts she did not attend any further IPP meetings because an IPP is not needed for SDP and, since claimant was already in SDP, she would prefer to deal with the independent facilitator.

Claimant's mother feels IRC has not acted in good faith. Claimant has been effectively "confined at home and segregated" because IRC will not fund the requested services and supports. Claimant's mother will not agree to or sign claimant's IPP if it does not include her autism and seizure disorder diagnoses. Claimant's dream is to be a 3D artist and IRC is denying claimant the ability to do her chosen job. Claimant's mother believes the message from IRC is clear: IRC will not fund claimant's future.

57. Claimant's mother submitted a statement summarizing her position and echoing her testimony at hearing:

> [Claimant's] conditions require constant supervision and guidance. She experiences daily seizures, severe memory loss, and meltdowns that often leave her feeling isolated and frustrated. She frequently shares with me that she feels like she has no friends she can truly relate to. Despite these challenges, [claimant] has remarkable potential. At 16, she taught herself 3D art and animation software, spending countless hours creating and designing on her own. Her dream is to attend Exceptional Minds and further develop her skills in digital media. Exceptional Minds would not only nurture her artistic growth but also provide her with a supportive peer community where she could connect with others who share similar interests and experiences, helping her feel less alone. The program's option for online participation would also allow [claimant] to attend in different settings when her medical needs make it difficult for her to be in person.

> [Claimant] continues to be under the care of neurology and her neurosurgeon, with ongoing follow-ups and MRIs to monitor her condition. These medical needs, combined with her high daily support requirements, make it essential for her to have services that allow her to safely engage in programs like Exceptional Minds. Respite and one-on-one support are critical for enabling her participation in these activities and ensuring she has the opportunity to socialize, explore her interests, and build independence.
>
> I have devoted myself fully to supporting [claimant] in every way possible, ensuring her safety, guiding her through daily routines, and helping her manage her emotional and behavioral needs. As much as I have been present for her and worked tirelessly to meet her high needs, I recognize that she requires additional resources beyond what I alone can provide. These supports are essential not only for her safety and well-being but also to give her opportunities to thrive. . . .

58. Most of the documentary evidence provided by claimant was argument or duplicative of evidence already submitted by IRC, and did not contain anything substantive to help resolve any of the issues in this hearing. For example, claimant's mother provided a "transcript" of an IPP meeting that took place between her and IRC, however, it was not a transcript; it was a typed document with statements claimant's mother picked out of either a video or document and did not contain the entire IPP meeting (nor was it certified). Thus, the "transcript" was not helpful, and was

considered argument. Claimant's mother provided a lot of documentation on complaints against WRC, which are not the issue in this case. She provided email communications purportedly to show the difficulty she claimed she has had in trying to get claimant the services and supports she believes claimant needs, however, the emails provided actually showed IRC's continued attempts to resolve claimant's incomplete IPP to no avail. Claimant's mother submitted a document she referred to as "payment and timesheet discrepancies," however, the records were partial medical records only. Claimant's mother submitted arguments relating to SDP, which were of little assistance, because this matter was not about SDP. Finally, claimant's mother cited a Supreme Court case relating to ADA law, which is not an issue in this case.

59. Notably, during the testimony of Ms. Parhm, where Ms. Parhm was explaining why it was important to involve claimant in her own IPP process and noted the fact that IRC, to date, had not yet met claimant, claimant's mother spontaneously blurted out "And you never will." When questioned about the impropriety of that spontaneous statement, claimant's mother offered no explanation for why she would refuse to make claimant available to IRC, claimant's mother responded only that she was sorry because she thought she was on mute.

LEGAL CONCLUSIONS

Applicable Law

1. The purpose of the Lanterman Act is 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." (Welf.& Inst. Code, § 4501; Association of Retarded Citizens v. Department of Developmental Services (1985) 38 Cal.3d 384, 388.)

2. The Lanterman Act enumerates legal rights of persons with developmental disabilities. A network of 21 regional centers is responsible for determining eligibility, assessing needs and coordinating and delivering direct services to individuals with developmental disabilities and their families within a defined geographical area. Designed on a service coordination model, the purpose of the regional centers is to "assist persons with developmental disabilities and their families in securing those services and supports which maximize opportunities and choices for living, working, learning, and recreating in the community." The Department of Developmental Services allocates funds to the centers for operations and the purchasing of services, including funding to purchase community-based services and supports. (*Capitol People First v. Department of Developmental Services* (2007) 155 Cal.App.4th 676, 682-683.)

3. The Lanterman Act is set forth at Welfare and Institutions Code section 4500 et seq.

4. Welfare and Institutions Code section 4501 states:

> The State of California accepts a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. Affecting hundreds of thousands of children and adults directly, and having an important impact on the lives of their families, neighbors and whole communities, developmental disabilities present social,

> medical, economic, and legal problems of extreme importance . . . .
>
> [¶] . . . [¶]
>
> An array of services and supports should be established which is sufficiently complete to meet the needs and choices of each person with developmental disabilities, regardless of age or degree of disability, and at each stage of life and to support their integration into the mainstream life of the community. To the maximum extent feasible, services and supports should be available throughout the state to prevent the dislocation of persons with developmental disabilities from their home communities.

5. Welfare and Institutions Code section 4512, subdivision (a), defines "developmental disability" as follows:

> "Developmental disability" means a disability which originates before an individual attains age 18, continues, or can be expected to continue indefinitely, and constitutes a substantial disability for that individual. As defined by the Director of Developmental Services, in consultation with the Superintendent of Public Instruction, this term shall include mental retardation, cerebral palsy, epilepsy, and autism. This term shall also include disabling conditions found to be closely related to mental retardation or to require treatment similar to that required for mentally retarded individuals,

but shall not include other handicapping conditions that are solely physical in nature.

6. Welfare and Institutions Code section 4512, subdivision (b) defines "services and supports" 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.

7. In order to comply with its statutory mandate, DDS 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.)

8. Welfare and Institutions Code section 4646 requires that the IPP and provision of services and supports be centered on the individual and take into account the needs and preferences of the individual and family. Further, the provision of services must be effective in meeting the IPP goals, reflect the preferences and choices of the consumer, and be a cost-effective use of public resources.

9. 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.

10. A regional center is authorized to purchase services and supports for a consumer pursuant to vendorization or a contract in order to best accomplish all or any part of the IPP. (Welf. & Inst. Code, § 4648, subd. (a)(3); Cal. Code Regs., tit. 17, § 50612, subd. (a).)

11. 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 regulation, and when purchasing services and supports, ensures conformance with the regional center's purchase of service policies.

12. The regional center is required to consider all the following when selecting a provider of consumer services and supports: a provider's ability to deliver

quality services or supports to accomplish all or part of the consumer's individual program plan; provider's success in achieving the objectives set forth in the individual program plan; the existence of licensing, accreditation, or professional certification; cost of providing services or supports of comparable quality by different providers; and the consumers, or, where appropriate, the parents, legal guardian, or conservator of a consumer's choice of providers. (Welf. & Inst. Code, § 4648, subd. (a)(6).)

13. Welfare and Institutions Code section 4512 (l)(1) defines "substantial disability" as:

> [T]he existence of significant functional limitations in three or more of the following areas of major life activity, as determined by a regional center, and as appropriate to the age of the person:
>
> (A) Self-care.
>
> (B) Receptive and expressive language.
>
> (C) Learning.
>
> (D) Mobility.
>
> (E) Self-direction.
>
> (F) Capacity for independent living.
>
> (G) Economic self-sufficiency.

14. California Code of Regulations, title 17, section 54000 provides:

(a) “Developmental Disability” means a disability that is attributable to mental retardation, cerebral palsy, epilepsy, autism, or disabling conditions found to be closely related to mental retardation or to require treatment similar to that required for individuals with mental retardation.

(b) The Developmental Disability shall:

(1) Originate before age eighteen;

(2) Be likely to continue indefinitely;

(3) Constitute a substantial disability for the individual as defined in the article.

(c) Developmental Disability shall not include handicapping conditions that are:

(1) Solely psychiatric disorders where there is impaired intellectual or social functioning which originated as a result of the psychiatric disorder or treatment given for such a disorder. Such psychiatric disorders include psycho-social deprivation and/or psychosis, severe neurosis or personality disorders even where social and intellectual functioning have become seriously impaired as an integral manifestation of the disorder.

(2) Solely learning disabilities. A learning disability is a condition which manifests as a significant discrepancy between estimated cognitive potential and actual level of

educational performance and which is not a result of generalized mental retardation, educational or psycho-social deprivation, psychiatric disorder, or sensory loss.

(3) Solely physical in nature. These conditions include congenital anomalies or conditions acquired through disease, accident, or faulty development which are not associated with a neurological impairment that results in a need for treatment similar to that required for mental retardation.

15. California Code of Regulations, title 17, section 54001, subdivision (a), also defines "substantial disability" and requires "the existence of significant functional limitations, as determined by the regional center, in three or more of the . . . areas of major life activity" listed above.

Burdens and Standards of Proof

16. In a proceeding to determine eligibility the burden of proof is on the claimant to establish he or she meets the eligibility criteria. (Evid. Code, §§ 115; 500.)

17. In a proceeding to determine whether a consumer is eligible for services, the burden is on claimant to show by a preponderance of the evidence that the requested service is needed to alleviate the symptoms of the qualifying condition or otherwise necessary to meet the consumer's needs. (Evid. Code, §§ 115; 500.) Even if a claimant shows a service is needed, the service may still be denied if a regional center shows the requested service is prohibited by law, is not cost effective, or the claimant has not exhausted all other generic resources such that a regional center is the payor of last resort.

Evaluation

18. The central issue in this case is the incomplete IPP. The IPP is what drives the services and supports made available to a consumer. Although claimant's mother and IRC met and developed a draft IPP, claimant's mother refused to sign the finalized document, and thus, it remains just a draft.

19. Another, more concerning issue in this process is that IRC has not met claimant, an adult who is not conserved. Meeting claimant is an essential step in completion of her IPP. Claimant graduated high school, developed her own online Etsy store to sell her 3D artwork, and independently performs many activities of daily living. Records from her medical providers contradict the claims about her condition her mother makes. Although she may desire to have her mother assist throughout the IPP process, given the overwhelming evidence showing claimant's ability to think for herself – and the fact she is not a conserved adult – claimant needs to be involved in the IPP process that will affect her future. At the very least, IRC needs to meet with her. Otherwise, the process is nothing more than IRC providing what claimant's mother demands for her adult daughter, without regard to what claimant actually needs or wants for her own life. This is squarely at odds with the Lanterman Act; the very purpose of the Lanterman Act is for a consumer to make decisions regarding their "personal future . . . and program planning and implementation." (Welf. & Inst. Code, § 4502, subd. (b)(10).)

20. IRC has gone to great lengths to communicate with claimant's mother to schedule IPP meetings, even conducting the original meeting by video, but claimant's mother has impeded it every step of the way by canceling meetings and not making claimant available. Even during testimony, when Ms. Parhm stated IRC needs to meet claimant, claimant's mother blurted out that was never going to happen. The

relationship between a regional center and its consumers is a collaborative one; regional centers guide the consumers through the process in order to develop services and supports that meet a claimant's needs. The parties need to meet and finalize claimant's IPP, with claimant in attendance and in agreement, prior to IRC implementing any services.

21. Additionally, a preponderance of the evidence did not establish that claimant is eligible for regional center services under the Lanterman Act as a result of autism or epilepsy (or seizure disorders) for the reasons discussed below. Given the fact claimant is not eligible under these conditions, IRC is not obligated to provide services and supports designed to alleviate the challenges of those conditions. Regional center services and supports are provided only to alleviate the challenges of qualifying conditions. In claimant's case, that condition is mild IDD.

22. Accordingly, the following are the dispositions for each issue within the consolidated cases.

NOA DATED JULY 1, 2025 [OAH NO. 2025060937 (CS0027787)]

1) Did IRC fail to timely and properly complete and implement claimant's Individual Program Plan (IPP)?

23. IRC did not fail to timely and properly complete claimant's IPP. The evidence established that IRC met with claimant's mother to complete the IPP, but claimant's mother objected to various aspects of it. Claimant's mother requested several "emergency" IPP meetings when no emergency actually existed, but IRC nonetheless entertained each request and tried to schedule a meeting to resolve any dispute concerning the IPP. To date, claimant's mother has either canceled or withdrawn her request for an IPP meeting.

24. Further, given the high volume of emails IRC continuously receives from claimant's mother concerning service requests (which often provide no objective documented reason why the various services are needed and provide only an aspirational desire with a generalized comment that it is for claimant's safety or to access the community), and conflicting information concerning claimant's functional abilities (for example, claimant's mother telling the Social Security Administration that claimant is non-verbal, but WRC consumer ID notes and countless other documents indicate claimant functions quite well), IRC must meet claimant to finalize her IPP.

25. A preponderance of the evidence did not establish that IRC is improperly delaying implementation of claimant's IPP.

2) Is claimant eligible for regional center services under the Lanterman Developmental Disabilities Services Act (Lanterman Act) as a result of a substantial disability attributable to autism?

26. The only expert who testified concerning regional center eligibility for autism was Dr. Brooks. No competent or credible psychological or medical evidence contradicted Dr. Brooks's conclusion that claimant is not eligible for regional center services based on autism. In fact, the documentary evidence shows the opposite.

27. The record is completely devoid of any evidence that claimant was ever diagnosed with autism (or that autism was ever even mentioned as a possibility) prior to the age of 18, which is a requirement to be eligible for services under the Lanterman Act. In fact, the only time claimant was actually diagnosed with autism was during a psychiatry consult at UCLA Medical Center in June of 2024, nine days after claimant underwent brain surgery that resulted from a fall she had in October of 2023.

Claimant was already 18 years old at that time. This psychiatric consult consisted only of an interview with claimant and her mother. The consult note did not show the evaluator conducted any standardized testing specifically designed to assess individuals for autism.

28. Although there were some sensory sensitivities and restricted interests reported by claimant's mother (claimant not liking bright light or loud noise and being interested in 3D art), there was nothing unusual about these sensitivities or interests that indicate they are attributable to autism, as opposed to some other condition. Claimant was reported to be very kind, asked for privacy while she used the restroom, built rapport with the evaluator, responded calmly to questioning, participated in conversation, and was cooperative and engaged. Claimant also communicated her feelings (noting behaviors her cousins engaged in that she did not like and expressing happiness when talking about her dogs). Claimant was observed by the evaluator to have a good insight into her own challenges, excelling in areas of interest, a sense of purpose, and resilience. These are not behaviors typical of a person who has autism, and stand in stark contrast to that ultimate diagnosis. Thus, the manner in which the consult was conducted, the setting and circumstances under which it was conducted, the lack of standardized or even any testing specific to autism, and the general behaviors exhibited by claimant during the consult, do not support the diagnosis of autism.

29. The most recent psychological assessment that was conducted specifically for autism was the psychological assessment conducted by Dr. Prater (supervised by Dr. Dubner) at the request of WRC to determine whether claimant qualified for regional center services. That comprehensive psychological assessment was conducted in July and August of 2024 when claimant was 18 years old. Claimant's

scores on autism-specific measures not only placed her outside the range for autism, but her behaviors during the assessment did not demonstrate classic features of autism. Claimant's mother told Dr. Prater that claimant did have an IEP during her educational years for "Other Health Impairment," which does not include autism. There is no evidence claimant ever received special education services for autism. Even if she did, a school providing services to a student under an autism disability is insufficient to establish eligibility for regional center services. Schools are governed by California Code of Regulations, Title 5 and regional centers are governed by California Code of Regulations, Title 17, which have eligibility requirements for services that are much more stringent than those of Title 5.

30. The records as a whole note that claimant has had other mental health conditions (anxiety and depression), in addition to conditions that are physical in nature (Chiari I malformation, seizures, etc.). It is clear that claimant may have challenges as a result of those non-qualifying mental health conditions and/or her physical conditions. The records do not indicate autism was ever mentioned until (as claimant's mother told Dr. Prater), the UCLA Medical Center suggested claimant be evaluated after her surgery in May of 2024, when claimant was already 18 years old.

31. Dr. Brooks, the only expert who testified regarding claimant's eligibility, reviewed all applicable evidence. Based on the above, her uncontroverted expert opinion was that claimant is not eligible for regional center services under a diagnosis of autism. The records also do not support a conclusion that claimant is substantially disabled as a result of autism.

32. A preponderance of the evidence did not establish claimant has significant functional limitations in three or more areas of a major life activity

attributable to autism. Claimant is not eligible for regional center services under a diagnosis of autism.

3) Is claimant eligible for regional center services under a diagnosis of epilepsy (or seizure disorder)?

33. Claimant is not eligible for regional center services based on epilepsy or seizures. Dr. Nycholat's uncontroverted credible testimony showed that, while claimant has suffered a few absence seizures in 2011, they are easily controlled with medication. Nothing shows any seizure activity between 2011 and 2020, when claimant apparently went off her medication due to weight gain. There is no recent history of seizures that are substantially disabling; to the extent claimant has mobility or other challenges, they are attributable to her many other medical conditions, none of which are regional center eligible conditions. The records support Dr. Nycholat's conclusion.

34. A preponderance of the evidence did not establish claimant has significant functional limitations in three or more areas of a major life activity attributable to epilepsy or seizure disorder. Claimant is not eligible for regional center services under a diagnosis of epilepsy or seizure disorder.

4) Did IRC fail to conduct a proper reassessment of claimant's PA hours or respite hours?

35. When claimant transferred to IRC from WRC in April of 2025, claimant was authorized to receive PA services and respite. The hours listed on the transition form were 35 hours of preferred provider respite and 214 hours of PA services. Claimant was authorized to receive those hours effective May 1, 2025. Because IRC was obligated to continue those services upon transfer and pending completion of a new IPP, IRC not only made those services effective May 1, 2025, but also funded them

through the vendor. IRC has also granted additional hours while this matter has been pending, even though it was not obligated to do so. Claimant's respite was increased to 65 hours per month effective May 1, 2025, and again on July 1, 2025. Claimant is now receiving 165 hours of preferred provider respite. Claimant's PA hours, 214 per month, remain the same as when she transferred to IRC from WRC.

36. The documentary evidence is replete with emails where IRC and claimant's mother discuss every aspect of claimant's needs. What is lacking is any evidence that shows the above-referenced hours are not sufficient to meet claimant's needs. Notably, claimant does not receive the maximum number of hours of IHSS, a generic resource. Claimant's mother is her IHSS and respite provider. Respite is meant to be a temporary break from caring for an individual who is developmentally disabled. 165 hours per month of respite is 5.5 hours per day in a 30-day month. That is more than sufficient to give claimant's mother a temporary break. Claimant has not shown any need for an increase in respite hours. In fact, it was questionable if even the current level is needed.

37. Nor did the documentary (or testimonial) evidence show claimant needs additional PA services. Ms. Parhm testified that normally family members are not even allowed to provide PA services, but in this case, they made an exception for claimant's mother because of the transition to SDP (where she would be able to provide PA services). Ms. Parhm explained that because claimant has not attended any IPP meetings and because they have been unable to confirm claimant's needs, there is no additional information on which to base additional PA services. Service planning requires clarification of behavioral and medical needs. Until that happens, the 214 hours being received is sufficient.

38. A preponderance of the evidence did not show IRC failed to properly assess claimant's needs for PA services and respite hours. The current levels for both services is sufficient to meet claimant's needs.

NOA DATED JULY 10, 2025 [OAH NO. 2025070597 (CS0028456)]

Is claimant eligible for regional center services under the Lanterman Act as a result of a substantial disability attributable to autism spectrum disorder (autism) or epilepsy?

39. No. A preponderance of the evidence did not establish that claimant is eligible for regional center services under the Lanterman Act as a result of a substantial disability attributable to autism or epilepsy for the reasons discussed above in OAH No. 2025060937.

NOA DATED JULY 15, 2025 [OAH NO. 2025080316 (CS0028909)]

Must IRC fund ILS or SLS for claimant?

40. No. IRC is not required, at this time, to fund either service. Claimant does not qualify for SLS, which are services designed to support a person living outside the family home. Claimant resides in the family home. Regarding ILS, claimant may be eligible to receive those services, which are designed to help a person learn independent living skills with the goal of eventually moving them to SLS when they move outside the family home. However, IRC has been unable to assess claimant's eligibility for this service, as with every other service, because claimant has not attended any IPP meeting and claimant's mother remains in disagreement with the IPP draft. Without an IPP, services cannot be provided. As with other services, there is also

conflicting information that needs to be resolved. For example, claimant's mother has requested 24/7 supervision for claimant. But, as Ms. Parhm noted, a person that requires 24/7 care is not independent; as such ILS would not be appropriate. Further, in the matter where claimant's mother requested over 40 services (OAH No. 2025080332, below), more services are being requested than hours that exist in a given month. Many of the services requested duplicate each other and have no stated reason why the specific service is needed. It is for reasons like this that it is paramount that IRC meet claimant and be permitted to properly develop her IPP so it can be implemented.

41. A preponderance of the evidence did not establish that IRC needs to fund ILS or SLS services for claimant at this time.

NOA DATED JULY 2, 2025 [OAH NO. 2025080319 (CS0028915)]

Must IRC fund an increase in PA services to 377 hours per month for medical appointments or provide other transportation services so claimant can have 1:1 service for transportation to and from medical appointments?

42. No. IRC is not required to fund an increase in PA services to 377 hours per month for medical appointments or provide other transportation services so claimant can have 1:1 service for transportation to and from medical appointments.

43. Medical insurance is a generic resource that typically covers things like transportation to and from medical appointments. To date, IRC has not been provided with a denial from claimant's medical insurance stating that it will not fund transportation. Claimant needs to exhaust generic resources and obtain a denial from

her insurance before IRC, as the payor of last resort, can consider funding any level of transportation to and from medical appointments.

44. A preponderance of the evidence did not establish claimant's PA hours should be increased to 377 hours per month to encompass transportation to and from her medical appointments or that IRC should fund any other transportation for claimant to have 1:1 service to and from medical appointments

NOA DATED JULY 21, 2025 [OAH NO. 2025080332 (CS0028918)]

Was it correct for IRC to deny funding any further services (other than PA or respite currently approved and discussed above) until claimant and her mother attend an IPP meeting and complete the IPP process?

45. The record reflects email after email from claimant's mother demanding services for conditions unrelated to developmental disorders (i.e. Chiari I malformation, anxiety, etc.). A regional center is only required to fund those services needed to alleviate symptoms of the *qualifying* condition. A regional center is not required to fund all medical needs, vocational aspirations, and recreational pursuits. Services funded must be related to the developmental disability in question. Put another way, just because a person qualifies for regional center services, it does not mean a regional center is obligated to fund every aspect of that person's life. Based on the hundreds of emails reviewed, as well as the $265,930 in services and supports requested in claimant's July 12, 2025, letter to IRC, virtually all of the services and supports are completely unrelated to IDD, and even if some of them are, they can be obtained from generic resources. Regional centers must make decisions that are fiscally responsible.

Whether claimant is in SDP or the traditional program, the laws requiring that fiscal responsibility are still in place.

46. The July 12, 2025, letter to IRC listed things relating to a home workstation, various types of computer software, technical support, and a professional 3D printer bundle. Things of this nature are not related to alleviating the symptoms of IDD. Moreover, things like ABA Therapy, wraparound services, Exceptional Minds Tuition, sound panels for claimant's bedroom, portable sensory tent, and light filtering glasses are related to autism, and claimant is not eligible to receive services and supports under autism (due to the discussion above). Things like a compression weighted vest, a YMCA membership, and passes to the San Diego Zoo and San Diego Safari Park constitute social recreation, which can only be provided based on an evaluation of claimant's needs, which has not occurred. Things like seizure watches, a pulse oximeter, and transportation to and from medical appointments, if truly needed, can be obtained from medical insurance (no denials have been provided). Things like job coaching and vocational training programs can be provided through the Department of Rehabilitation (DOR), a generic resource, which has not been explored (no evidence of a denial from DOR). Further, as Ms. Parhm noted, all the other things requested (for example, neurofeedback therapy, ABA therapy, and other hourly services), add up to more hours than those that exist within a given month. Many of the services are also incompatible with each other or duplicative, which means IRC is prohibited from funding many of the requests.

47. In sum, no evidence supported the request for any services or supports beyond the PA services claimant already receives, and the respite services she was receiving when she transferred to IRC from WRC (35 hours). IRC nonetheless increased the respite in good faith. Given the fact that many of the requested services are

dependent on whether claimant is eligible under a diagnosis of autism and/or seizure disorder, it was not improper for IRC to wait until the outcome of this hearing – which was set to consider eligibility under those conditions – before IRC considered any of the services and supports listed in the July 12, 2025, letter or any other requests contained throughout the voluminous correspondence that has taken place between claimant's mother and IRC.

48. A preponderance of the evidence did not establish that IRC must fund any services and supports requested in any document in this case, and denying consideration of any further services and supports until the outcome of the hearing was appropriate.

APPEAL DATED AUGUST 7, 2025 [OAH NO. 2025080631 (CSCS0029246)]

Has IRC failed to continue the PA or respite hours claimant is authorized to receive or underfunded vendors resulting in underpayment to those providing services (with respect to respite and PA services)?

49. No. IRC has not failed to continue the PA or respite hours claimant is authorized to receive or underfunded vendors resulting in underpayment to those providing services, for the reasons discussed above in OAH No. 2025060937. Authorizations show the vendor was secured and payments have been made. The vendor provided a spreadsheet to IRC showing as much. The problems that arose with payment to providers (claimant's mother and brother) had to do with canceled shifts, overlapping shifts, and hours claimed in excess of what was authorized). When a vendor sees such errors, it will cancel the shift or put payment on hold until the issue

can be resolved with the family directly. This is not an IRC issue; it is an issue that claimant's mother needs to resolve with the vendor. Nonetheless, when notified by claimant's mother that the vendor was not paying for services, IRC intervened and obtained documentation (such as the spreadsheet mentioned above) to verify the vendor had the authorized hours for PA and respite. In sum, IRC is responsible to ensure the vendor has the correct number of hours and authorizing the funds to be made available to the vendor; the vendor is responsible for payments to service providers.

50. A preponderance of the evidence did not establish IRC failed to continue the PA or respite hours claimant is authorized to receive (165 hours of respite and 214 hours of PA services) or underfunded vendors resulting in underpayment to service providers.

Note Regarding the Self-Determination Program

51. Claimant's mother contended during the hearing that claimant was in the SDP, that SDP "was an issue," and she was deprived from asking questions or presenting her case with respect to that issue. Claimant is incorrect; SDP was never an appealable issue in this case.

52. At the commencement of this hearing, which initially included five consolidated cases, the order in which the cases would be heard and the issues to be litigated were discussed. At that time, because of language in some of claimant's mother's appeals mentioned SDP, it was thought SDP might be an issue. Claimant's mother insisted that it was. IRC disagreed, noting that no NOA had ever been provided with respect to self-determination, and also explained that claimant was, in fact, in the process of transitioning to self-determination. The parties were advised that any issues

concerning SDP would be discussed last, after everything else had been concluded, since it appeared there was a disagreement regarding whether it was an appealable issue.

53. Until the exhibits that contain the applicable notices of action and appeals (jurisdictional documents) are properly offered and received in evidence - and reviewed - the issues to be resolved at hearing are not certain. Although claimant's mother raised frustrations with the self-determination process in several of her appeals (cut and pasted the same language), no NOAs had ever been issued denying claimant's participation in SDP or otherwise having anything to do with SDP. Accordingly, there was no SDP issue to resolve.

54. Post-hearing, claimant's mother submitted a document to OAH seeking to "preserve" objections regarding not being able to ask her self-determination questions. Although the post-hearing document was rejected, claimant's mother made a similar argument at the hearing (and in her exhibits) regarding constructive denial. Claimant's mother cited Welfare and Institutions Code section 4702.5, subdivision (b), and California Code of Regulations, title 17, section 50901, subdivision (k), as she also did in her appeal in OAH No. 2025080332, arguing that those authorities provide her the ability to argue "constructive denial" of self-determination. Neither of those authorities exist. And, given the fact that claimant is transitioning to SDP and no NOA denying SDP has ever been issued, there is no appealable issue jurisdictionally proper before OAH concerning SDP.

ORDER

Claimant's appeals from IRC's determinations in OAH Case Numbers 2025060937, 2025070597, 2025080316, 2025080319, 2025080332, and 2025080631 are denied. The following orders are made:

Claimant is not eligible for regional center services under a diagnosis of autism or epilepsy (or seizure disorder). IRC is not required to fund services directed at alleviating symptoms of these conditions or list them in claimant's IPP. IRC may list the fact that claimant has had absence seizures in the past, but that they are controlled with medication and do not constitute a substantial disability.

IRC is not required to fund any services for claimant other than PA services (214 hours per month) and respite services (165 hours per month) that claimant currently receives. This order does not prohibit IRC from adjusting those hours if determined to be appropriate, provided that if IRC reduces the hours received and claimant disagrees, IRC issues an NOA.

IRC shall attempt to convene an IPP meeting within the next 30 days, and meet and confer with claimant's mother to arrange for both herself and claimant to attend (virtually or in-person). IRC is not obligated to implement the IPP without first meeting claimant and ensuring claimant, and not just claimant's mother, agrees with claimant's IPP. This is required to complete the IPP process and implement claimant's IPP.

DATE: October 8, 2025

KIIMBERLY J. BELVEDERE
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 a reconsideration under 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.

BEFORE THE
OFFICE OF ADMINISTRATIVE HEARINGS
STATE OF CALIFORNIA

In the Matter of:

CLAIMANT

and

INLAND REGIONAL CENTER, Service Agency

DDS Nos. CS0027787, CS0028456, CS0028909, CS0028915, CS0028918, CS0029246

OAH Nos. 2025060937, 2025070597, 2025080316, 2025080319, 2025080332, 2025080631

ORDER ON APPLICATION FOR RECONSIDERATION

An Administrative Law Judge (ALJ) from the Office of Administrative Hearings (OAH) issued a decision in these matters on October 8, 2025. On October 9, 2025,[1] OAH received claimant's request for reconsideration under Welfare and Institutions Code section 4713, subdivision (b). OAH forwarded the request to Inland Regional

[1] The application was electronically filed after the close of business on October 8, 2025.

Center (IRC), which did not submit a response. The undersigned hearing officer did not hear the matter or write the decision for which reconsideration is requested.

Under this section a party may request 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 Welfare and Institutions Code section 4712, subdivision (g). The request for reconsideration is to be heard by an ALJ who did not write the decision for which reconsideration is requested. (Welf. & Inst. Code, § 4713, subd. (c).)

The October 8, 2025 decision addresses the following consolidated issues:

- Under OAH No. 2025060937 (CS0027787), the issues to be decided are: 1) Did IRC fail to timely and properly complete and implement claimant's Individual Program Plan (IPP)? 2) Is claimant eligible for regional center services under the Lanterman Developmental Disabilities Services Act (Lanterman Act) as a result of a substantial disability attributable to autism spectrum disorder (autism)? 3) Is claimant eligible for regional center services under a diagnosis of epilepsy (or seizure disorder)? 4) Did IRC fail to conduct a proper reassessment of claimant's personal assistance (PA) services hours or preferred provider respite hours?

- Under OAH No. 2025070597 (CS0028456), the issue is identified as: Is claimant eligible for regional center services under the Lanterman Act as a result of a substantial disability attributable to autism or epilepsy (or seizure disorder)?

- Under OAH No. 2025080316 (CS0028909), the issue to be decided is must IRC fund ILS and SLS for claimant?

- Under OAH No. 2025080319 (CS0028915), the issue to be determined in this case is: Must IRC fund an increase in PA services to 377 hours per month for medical appointments or provide other transportation services so claimant can have 1:1 service for transportation to and from medical appointments?

- Under OAH No. 2025080332 (CS0028918), the issue is identified as: Was it correct for IRC to deny funding any further services (other than PA or respite currently approved) until claimant and her mother attend an IPP meeting and complete the IPP process?

- Under OAH No. 2025080631 (CSCS0029246), the issue is identified as: Has IRC failed to continue the PA or respite hours claimant is authorized to receive or underfunded vendors resulting in underpayment to those providing services (with respect to respite and PA services)?

The decision denying claimant's appeals found that claimant is not qualified for regional center services under a diagnosis of autism, IRC is not required to fund services directed at alleviating symptoms of these conditions or list them in claimant's IPP; and IRC is not required to fund any services for claimant other than personal assistance services at 214 hours per month and respite services at 165 hours per month that claimant currently has been receiving. The decision orders IRC to attempt to convene an IPP meeting within the next 30 days, and meet and confer with claimant's mother to arrange for both herself and claimant to attend.

In her reconsideration request, claimant makes numerous arguments relating to how the hearing was conducted, and rulings the ALJ made that she believes prejudiced her, including denial of claimant's requests for continuances and granting IRC's

continuance request. In summary, claimant asserts that the decision denying claimant's fair hearing requests was the result of "a continuing pattern of procedural imbalance and adjudicative bias. The ALJ restricted the case's scope, excluded controlling evidence, relied on outdated testing, and ignored official DDS findings."

A careful review of claimant's arguments does not support granting her reconsideration request.

The rulings claimant disagrees with involve the admission and exclusion of evidence, including excluding evidence relating to claimant's participation in the Self-Determination Program (SDP). While claimant disagrees with these rulings, they are not mistakes of fact or law or clerical errors in the decision. (Welf. & Inst. Code, § 4713.)

Claimant, in addition, disagrees with certain factual findings in the decision based on the evidence at the hearing. Specifically, claimant argues that the ALJ improperly relied on Dr. Prater's 2024 report and improperly rejected a report from UCLA. Although claimant disagrees with the decision's conclusions and the ALJ's determination of what weight was afforded to Dr. Prater's and UCLA's reports and assessments, these are not errors in fact or law in the decision.

Finally, with regard to claimant's arguments that language in the decision reflects a bias against claimant, a review of the decision itself does not support claimant's contention and is not a basis for reconsideration under Section 4713.

For these reasons, the application for reconsideration must be denied

ORDER

The application for reconsideration is DENIED.

DATE: October 24, 2025

ABRAHAM M. LEVY

Administrative Law Judge

Office of Administrative Hearings