

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

In the Matter of:

CLAIMANT

and

INLAND REGIONAL CENTER, Service Agency

DDS Nos. CS0028586 and CS0029068

OAH Nos. 2025070908 and 2025080300

PROPOSED DECISION

Michelle C. Hollimon, Administrative Law Judge, Office of Administrative Hearings, State of California, heard these consolidated matters by videoconference on September 8, 2025.

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

Claimant's mother represented claimant, who was not present.

Oral and documentary evidence was received. The record was closed, and the matters were submitted for decision on September 8, 2025.

ISSUE

Should claimant's Self Determination Program (SDP) individual budget be amended to allow funding for 30 hours per month of Homemaker Services (service code 858), three hours per week of Housekeeping Services (service code 860) and/or 28 hours per month of one-on-one Supplemental Program Supports – Other (service code 111) as requested by claimant's mother?

FACTUAL FINDINGS

Background and Jurisdictional Matters

1. Claimant is a 12-year-old boy who resides in the family home with his mother, father and two siblings, ages 13 and 4. Claimant qualifies for regional center services based on a diagnosis of Autism Spectrum Disorder (ASD).

2. Claimant participates in the SDP. Claimant's SDP individual budget was certified on December 17, 2024, for calendar year 2025, in the amount of \$68,614.90. A proposed budget increase to \$69,161.80, to account for a non-medical transportation rate increase and an annual fee for a personal emergency response system, was recently certified.

3. Claimant's 2025 SDP budget includes 89 hours each month of respite care, as well as 30 hours each month of personal assistance. Claimant also receives 276.16 hours of In-Home Supportive Services (IHSS) per month.

4. On May 19, 2025, IRC issued a Notice of Action (NOA) denying claimant's mother's request to increase the SDP budget to include 30 hours per month of

Homemaker Services. The denial was based on the following: (1) no prior needs or resources were unaddressed in claimant's Individual Program Plan (IPP) justifying an increase of the SDP budget as requested; (2) no change in circumstances, needs, or resources justifying an increase of the SDP budget as requested; (3) existing services are in place to support claimant's domestic and personal care needs (IHSS hours); (4) adaptive skills training available through insurance funded Applied Behavior Analysis (ABA) services; and (5) IRC must take into account parental responsibility for and/or to teach household tasks.

5. On June 27, 2025, claimant's mother requested IRC send a corrected NOA to reflect Housekeeping and Supplemental Support Services using the new DDS descriptions and service codes.¹

6. On July 21, 2025, claimant's mother filed an appeal of the NOA issued by IRC on May 19, 2025.

7. On July 24, 2025, IRC issued a NOA denying claimant's mother's request to increase the SDP budget to include 3 hours per week of Housekeeping Services to assist with trash disposal and doing laundry and 28 hours per month of one-on-one Supplemental Program Supports to assist with behavioral support. The denial was based on the following: (1) no prior needs or resources were unaddressed in claimant's

¹ On December 27, 2024, the Department of Developmental Services (DDS) issued a directive that provided, in part, that Homemaker Services (service code 858) would no longer be used effective January 1, 2025, and new service descriptions were added, including Housekeeping Services (service code 860) and Supplemental Program Supports – Other (service code 111).

IPP justifying an increase of the SDP budget as requested; (2) no change in circumstances, needs, or resources justifying an increase of the SDP budget as requested; (3) IRC is the payor of last resort, all possible sources of funding, including generic resources, must be expended first, existing services are in place to support claimant's domestic and personal care needs (IHSS hours) and adaptive skills training to support development of daily living skills and address behavioral challenges is available through insurance funded ABA services; and (4) IRC must take into account parental responsibility for and/or to teach household tasks.

8. On August 4, 2025, claimant's mother filed an appeal of the NOA issued by IRC on July 31, 2025.

9. On August 6, 2025, IRC filed a motion to consolidate claimant's appeals as they involve a common question of law or fact. On August 15, 2025, IRC's request was granted, and the matters were consolidated. This hearing followed.

Evidence Presented by IRC

10. The following factual findings are based on testimony of the below-referenced witnesses and documentary evidence presented.

TESTIMONY OF MAGGIE FORBUSH

11. Maggie Forbush is a service coordinator at IRC. She holds a bachelor's degree in psychology. Ms. Forbush has been a service coordinator for approximately 13 years, and claimant's service coordinator since approximately May 2021.

12. Claimant's father works outside the home. Claimant's mother does not work outside the home and is claimant's IHSS provider. IHSS hours for claimant are currently approved at 276 hours and 16 minutes per month. Claimant has medical

insurance through his father with Anthem Blue Cross and additional Medi-Cal managed care through the Inland Empire Health Plan (IEHP). Claimant attends school full time and receives various special education services.

13. Ms. Forbush testified that in her role as a service coordinator, she is involved in coordinating IPP meetings, meeting with families, and drafting IPPs. Claimant's most recent IPP meeting took place on January 28, 2025. During IPP meetings, claimant goals are discussed, as well as services and supports available to assist claimants in progressing toward those goals. Ms. Forbush testified that she assists families in seeking generic resources to address various claimant needs.

14. Ms. Forbush testified that claimant qualifies for regional center services based on an ASD diagnosis. IHSS services are in place to maintain claimant in his home. Claimant does have behavioral challenges, including repetitive behaviors, some incidences of aggression, infrequent emotional outbursts, and self-injurious behaviors. Claimant was approved for ABA therapy through his medical insurance, but claimant is not participating at this time. Claimant's parents are privately paying a board certified behavior analyst (BCBA) to provide parent training.

15. Ms. Forbush testified that claimant was recently diagnosed by a nurse practitioner at Children's Hospital Orange County (CHOC) with incontinence. Medical records received by IRC are submitted to the clinic services department for review, and Ms. Forbush will be submitting all of the records she recently received for such review. At the time of claimant's most recent IPP (January 2025), claimant's mother had reported that claimant was having toileting accidents and that after implementation of a toileting schedule, there were no further incidents. Ms. Forbush testified that the bathroom log provided by claimant's mother covering the time period August 25, 2025, through August 31, 2025, had never been provided to IRC prior to it being

submitted as an exhibit in this matter, and there was never any discussion about this log before it was received.

TESTIMONY OF DAISY CASAS

16. Daisy Casas is an SDP participant choice specialist at IRC. She holds a bachelor's degree in political science. Ms. Casas has been employed at IRC for approximately nine years. As an SDP participant choice specialist, Ms. Casas is involved with budget development and reviewing individual spending plans and budgets for SDP participants. Ms. Casas reviewed claimant's budget in this matter.

17. Ms. Casas described SDP as a voluntary program that offers participants flexibility to choose their own providers. Claimant's representative develops a budget and spending plan, sometimes with the assistance of an independent facilitator (IF). IFs are not IRC employees, and SDP participants are not required to have them. IFs are funded through an SDP participant's annual budget.

18. A claimant's SDP budget is developed based on the services claimant would receive under the traditional service model. IRC reviews and must certify all participant budgets. There are funding limits under the SDP, including that generic resources are exhausted and have been approved by Centers for Medicare and Medicaid Services (CMS). A budget can be adjusted once approved if there is a change in circumstances and the service would have been funded under the traditional services model.

19. Claimant's 2025 budget was certified in December 2024 in the total amount of \$68,614.90. Claimant's spending plan covered 12 categories of services in total, including 89 hours of respite services per month and 30 hours of personal assistance services per month. Claimant's budget was recently increased due to rate

reform. Claimant's budget was recently certified, and IRC is awaiting claimant's updated spending plan.

TESTIMONY OF JONATHAN ECKRICH

20. Jonathan Eckrich is the Program Administrator of Children's Services for Riverside County. He oversees 14 case management units made up of approximately 315 employees, who provide case management services to approximately 15,000 clients in Riverside County. Mr. Eckrich previously worked at IRC as an early start service coordinator, program manager, training manager, and SDP trainer for the statewide pilot program. Mr. Eckrich reviewed claimant's IPP and other documents in this matter, and spoke with staff involved as well.

21. Mr. Eckrich testified that he is familiar with DDS rate reform efforts and the changes made to service codes pursuant to DDS's December 27, 2024, directive. One of the changes made was the elimination of Homemaker Services (service code 858) and the implementation of Housekeeping Services (service code 860).

22. Mr. Eckrich testified regarding the DDS service code definition for service code 860. Specifically, DDS requires that the vendor "employs, trains, and assigns personnel who maintain, strengthen, or safeguard the care of individuals in their homes." Claimant's mother's request for homemaker services was denied as the services provided to claimant under claimant's current SDP adequately meet this need.

23. With regard to Supplemental Program Supports (service code 111), Mr. Eckrich testified that these services are designed to be supplemental to a vendored program to help clients participate in non-residential, non-day program settings, to support daily living. Mr. Eckrich testified that claimant's mother's request for 28 hours per month of one-on-one Supplemental Program Supports was to provide daily

assistance in the family home to care and supervise claimant while he plays and does chores in the family home, such as taking out trash, laundry, and light cleaning. Claimant's mother's request would not be approved because it was for residential services.

24. Claimant is currently receiving personal assistance services to provide support and supervision to claimant while with a parent at home or in the community. In September 2024, IRC agreed to fund 30 hours per month of personal assistance services for claimant, beginning November 1, 2024, as part of an interim agreement in a separate appeal request filed by claimant's mother. Claimant's current SDP spending plan includes 30 hours per month of personal assistance services, and these services adequately meet claimant's need for assistance at home.

25. Mr. Eckrich testified that participation in the SDP does not negate the requirement that generic services must first be exhausted. Claimant currently receives 276.16 hours of IHSS per month. The maximum amount of IHSS hours allowed per month is 283 hours for recipients that qualify as "severely impaired." IHSS hours can be allocated for domestic services like laundry. IHSS hours have not been maximized for claimant. IHSS hours can be reassessed and if there is no agreement as to the number of hours, an appeal can be filed. No appeal has been filed by claimant's mother.

26. Mr. Eckrich testified regarding claimant's most recent ABA report, completed on April 4, 2025. According to the April 2025 ABA report, ABA services were provided by Behavior Health Works from January 2022 through August 2022, with claimant's mother reporting claimant made progress in "increasing expressive communication." ABA services were next provided by ACES, from April 2023 through November 2024, with the response to treatment noted as "progress in multiple domains including communication, socialization, and daily living skills" according to a

records review. Mr. Eckrich testified that the ABA report also notes no previous significant concerning behaviors were reported by claimant's parents.

27. There were two observations of claimant in March 2025 that were detailed in the April 2025 ABA report. The first observation occurred on March 5, 2025. The provider noted some maladaptive behaviors and vocal protests when denied access to preferred items. Claimant's parent identified maladaptive behaviors and socialization as concerns and primary areas of need to be addressed. Per claimant's parent, claimant's deficits are in the areas of communication, socialization and daily living skills. No maladaptive behaviors were noted at the second observation on March 12, 2025. No parent concerns or parent reported deficits were noted with the second observation either. A daily living skills treatment goal of "Domestic: Clean Up" was identified in the April 2025 ABA report, with a goal set for claimant to return items to their appropriate location at the end of an activity with the aid of a verbal prompt 80 percent of the time across 10 consecutive sessions.

28. Additionally, Mr. Eckrich testified that the April 2025 ABA report recommended 12 hours weekly of direct ABA services, 6 hours a month of mid-tier supervised services, and 3 hours a month of BCBA supervised services. If claimant's family is dissatisfied with the ABA provider, a different provider from claimant's insurance can be selected through the claimant's insurance provider process.

29. Mr. Eckrich testified regarding the urology records requested by IRC on August 19, 2025, and received by IRC on August 25, 2025. Those records contain a "Final Report" dated February 28, 2025, which shows incontinence progress. Mr. Eckrich testified that claimant's mother's September 3, 2025, declaration, submitted by claimant's mother and admitted into evidence, that reports "frequent toileting accidents, urinary incontinence" is inconsistent with claimant's medical records.

30. Mr. Eckrich testified that claimant's mother's initial requests for services were based on behavioral issues. At the informal meeting between IRC and claimant's mother on August 12, 2025, claimant's mother stated she was requesting housekeeping services to complete tasks including cleaning claimant's room, doing claimant's laundry and light cooking. Claimant's mother is requesting one-on-one supplemental support services to be provided daily to provide care and supervision to claimant while he plays and does chores in the family home such as taking out the trash, laundry, and light cleaning. Claimant's mother later raised incontinence concerns.

31. With regard to behavioral issues, housekeeping is not a behavioral service. Further, there are more appropriate generic services available to meet claimant's behavioral needs, such as ABA therapy, which is available through claimant's medical insurance. Mr. Eckrich noted that claimant's family is not currently using an ABA therapy provider approved through claimant's insurance, but are privately paying for ABA therapy services, specifically parent training, at present.

32. With regard to the incontinence concerns raised by claimant's mother, these concerns would not be a reason to request homemaker/housekeeping services or one-on-one supplemental program supports. Rather, claimant's mother should follow up with urology.

IRC's DOCUMENTARY EVIDENCE

33. IRC presented 14 documents, all of which were received into evidence. Some of IRC's supporting documents were discussed above; other IRC supporting documents are discussed in more detail below.

34. IRC provided medical records from Children's Hospital Orange County Urology Department requested on August 19, 2025, and received on August 25, 2025. These records include a letter dated May 20, 2025, from Nurse Practitioner Lauren Brown indicating claimant "has a medical diagnosis of urinary incontinence. Both daytime incontinence and nocturnal enuresis," an x-ray of claimant's abdomen of January 10, 2025, and visit reports from January 10, 2025, and February 28, 2025. On January 10, 2025, claimant was diagnosed with constipation and urinary incontinence. A plan was recommended for claimant at that time that included a follow up visit as well as "practice timed and regular voids." On February 28, 2025, claimant's mother reported significant improvement since the last visit, which she attributed to "timer and voiding hourly." The physician's assessment stated, in part, that "(g)iven his significant improvement with behavioral intervention, [claimant] is well from a urological standpoint and no longer requires follow-up. Parent knows to return to clinic should any new issues arise."

35. IRC provided a December 27, 2024, DDS "Directive for Miscellaneous Services." The directive provided, in part, that Homemaker Services (service code 858) would no longer be used effective January 1, 2025, and new service descriptions were added, including Housekeeping Services (service code 860) and Supplemental Program Supports – Other (service code 111). The directive provides the following information regarding Supplemental Program Supports – Other (service code 111) specifically:

Supplemental Program Supports - Other (service code 111)

Service Description

Supplemental Program Supports (Other) is used to implement an objective in the individual's IPP, and allows the individual to remain in, or participate in, activities located in environments other than residential or day services, and achieve goals established in their person-centered plan. Supplemental Program Supports (Other) include but are not limited to: assistance and training in skills for activities of daily living, acquiring socially appropriate behaviors to replace (and serve the same function/purpose as) challenging behaviors, and accessing the community to achieve personal goals.

Components

- *Services*: These hours are in addition to those required by program vendorization and are generally provided by a Direct Support Professional (DSP) . . .

36. IRC provided an "Interim Agreement" between IRC and claimant's representative that provided in part:

4) Effective November 01, 2024, IRC agrees to fund 30 hours per month of Personal Assistance (PA) services to assist with supervision and support for Claimant while with parent in the home or community, at a rate no less than \$37/hour.

5) PA services will be reviewed at least annually during Individual Program Plan development. If, at any time, IRC

proposes to change, reduce or terminate PA services without mutual consent, adequate notice and appeal rights will be provided. This agreement does not preclude the client from requesting additional PA hours if there is a change in circumstance(s).

Evidence Presented on Behalf of Claimant

37. The following factual findings are based on testimony of the below-referenced witness and documentary evidence presented.

TESTIMONY OF CLAIMANT'S MOTHER

38. Claimant's mother testified that there has been a change with claimant. Claimant was diagnosed with incontinence, as identified in the May 20, 2025, letter from Lauren Brown, Nurse Practitioner, with CHOC. Claimant was on an hourly bathroom schedule and did better initially, but as time went on, he began having accidents. No medications were prescribed to address the incontinence issue.

39. Claimant was previously participating in ABA therapy, but there were issues with the agency provider. The behavior technicians that were involved in claimant's therapy were not well trained. The technicians would "do a demand," without a plan between sessions, and the family home was "destroyed." Claimant's parents elected to do parent training separately, addressing one goal at a time, with the first goal of claimant going to the bathroom every hour.

40. Domestic services are not provided through IHSS. Claimant's mother has not appealed IHSS's determination of hours provided to claimant. Laundry is not an

expectation of someone claimant's age, as according to IHSS's functional index rankings this would not be age appropriate until 14 years of age.

CLAIMANT'S DOCUMENTARY EVIDENCE

41. Claimant's mother presented nine documents, all of which were received into evidence. Some of claimant's supporting documents are discussed in more detail below.

42. Claimant's mother provided a one-page declaration, dated September 3, 2025, in which she lists various reasons in support of her requests for housekeeping support and one-on-one supplemental support. Reasons listed include that claimant's IPP documents toileting accidents, incontinence and behavioral escalations that create sanitation and safety hazards; housekeeping services are needed for medical reasons to prevent infection and skin issues; IHSS does not authorize household cleaning, ABA therapy does not perform sanitation, and one-on-one support is not covered by generic services or ABA services that are not continuous supervision; and IHSS provides only in home supervision and school aides are limited to school.

43. Claimant's mother provided a bathroom log for the week of August 25, 2025, through August 31, 2025, in which six entries per day were entered, with 35 accidents listed, resulting in 27 clothing changes and eight bedding changes.

44. Claimant's mother provided the Notice of Action from IHSS dated May 23, 2025, which noted the change in IHSS monthly services, effective May 1, 2025, to 276 hours, 16 minutes, an increase of 1 hour, 36 minutes. Approximately 70 percent of the hours provided by IHSS are for protective supervision (45 hours, 2 minutes per week) with additional hours to accompany claimant to/from medical appointments as

well as other non-medical personal services, including bowel/bladder care of 5 hours, 50 minutes per week.

45. Claimant's mother provided a one-page document entitled "Functional Index Ranking For Minor Children In IHSS Age Appropriate Guideline Tool." The "Notes" portion of the document states, in part:

All minors should be assessed a Functional Level of 1 when identified above . . . The F1 ranks listed above reflect the age at which a minor may be expected to complete all tasks within a service category independently . . . the rankings are provided as a guideline only. Each child must be assessed individually.

LEGAL CONCLUSIONS

Burden and Standard of Proof

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

Applicable Law

THE LANTERMAN ACT

2. The legislature enacted the Lanterman Act (Welf. & Inst. Code, § 4500 et seq.) to provide an array of facilities and services sufficiently complete to meet the

needs of each person with developmental disabilities, regardless of age or degree of handicap, and at each stage of life. The purpose of the Lanterman Act is twofold: to prevent or minimize the institutionalization of developmentally disabled persons and their dislocation from family and community, and to enable them to approximate the pattern of everyday living of nondisabled persons of the same age and to lead more independent and productive lives in the community. (*Assn. for Retarded Citizens v. Dept. of Developmental Services* (1985) 38 Cal.3d 384, 388.)

3. Welfare and Institutions Code section 4501 outlines the state's responsibility for persons with developmental disabilities and the state's duty to establish services for those individuals.

4. 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 an independent, productive, and normal life. 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.

REGIONAL CENTER RESPONSIBILITIES

5. The Department of Developmental Services (department) is the public agency in California responsible for carrying out the laws related to the care, custody and treatment of individuals with developmental disabilities under the Lanterman Act. (Welf. & Inst. Code, § 4416.) In order to comply with its statutory mandate, the department contracts with private non-profit community agencies, known as "regional centers," to provide the developmentally disabled with "access to the services and supports best suited to them throughout their lifetime." (Welf. & Inst. Code, § 4620.) A regional center's responsibilities to its consumers are set forth in Welfare and Institutions Code sections 4640-4659.2.

6. Regional centers are responsible for, among other things, conducting a planning process that results in an IPP, which must set forth goals and objectives for the consumer. (Welf. & Inst. Code, §§ 4512, subd. (b), 4646.5, subd. (a).)

7. To achieve the stated objectives of a consumer's IPP, the regional center must provide the consumer with needed services and supports, which assist the consumer in achieving the greatest self-sufficiency possible, and with exercising personal choices, which allow the consumer to interact with persons without disabilities in positive, meaningful ways. (Welf. & Inst. Code § 4648, subd. (a)(1).)

SELF-DETERMINATION PROGRAM

8. The Lanterman Act requires DDS to implement a statewide SDP available in every regional center “to provide participants and their families, within an individual budget, increased flexibility and choice, and greater control over decisions, resources, and needed and desired services and supports to implement their IPP.” (Welfare and Institutions Code section 4685.8, subdivision (a).) The SDP is “a voluntary delivery system consisting of a defined and comprehensive mix of services and supports, selected and directed by a participant through person-centered planning (PCP), in order to meet the objectives in their IPP. Self-determination services and supports are designed to assist the participant to achieve personally defined outcomes in community settings that promote inclusion.” (Welfare and Institutions Code section 4685.8, subdivision (c)(6).)

9. Welfare and Institutions Code section 4685.8, subdivision (b), sets forth requirements that DDS is required to address as part of the SDP program, including:

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

[¶] . . . [¶]

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

(D) Consumer and family training to ensure understanding of the principles of self-determination, the planning process, and the management of budgets, services, and staff.

[¶] . . . [¶]

(H) Long-term sustainability of the Self-Determination Program by doing all of the following:

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

BUDGET DEVELOPMENT AND SPENDING PLAN REQUIREMENTS

10. A claimant's IPP must detail what participant objectives and goals will be met through the purchase of services and supports chosen by the claimant. The IPP team must determine the individual budget available annually to ensure the health and safety of the claimant, and that it assists the claimant in achieving IPP outcomes. (Welfare and Institutions Code section 4685.8, subdivision (j).)

11. Generally, a claimant's individual budget is not calculated more than once a year. (Welfare and Institutions Code section 4685.8, subdivision (m)(2).) Each year, the IPP team shall determine from the claimant if there has been a change in circumstances or needs that necessitates changing the participant's individual budget

and calculate a new annual individual budget accordingly. (Welfare and Institutions Code section 4685.8, subdivision (o).)

12. An individual budget can however be adjusted if the both of the following apply: (1) the regional center's IPP team determines an adjustment is needed due to a change in the participant's needs or if prior needs were not addressed in the IPP, and (2) the IPP team documents the reason for the adjustment in the IPP and certifies that adjustments would have occurred regardless of SDP participation. (Welfare and Institutions Code section 4685.8, subdivision (m)(1)(A)(i), (ii)(I)(II).)

13. Additionally, regional centers must certify that the goods and services provided under each claimant's spending plan addresses IPP outcomes, are not available from generic resources, and are federally approved for funding. (Welfare and Institutions Code section 4685.8, subdivision (r)(6)(A),(B) and (C).)

COST AND OTHER CONSIDERATIONS

14. Although regional centers are mandated to provide a wide range of services to implement the IPP, they must do so in a cost-effective manner, based on the needs and preferences of the consumer, or where appropriate, the consumer's family. (Welfare and Institutions Code section 4646, subdivision (a).)

15. If a needed service or support cannot be obtained from another source, a regional center must fund it. (*Assn. for Retarded Citizens v. Dept. of Developmental Services* (1985), *supra*, 38 Cal.3d at p. 388.) Generic resources shall be utilized first. A regional center is the provider of last resort. (Welfare and Institutions Code section 4644, subdivision (a).)

16. Welfare and Institutions Code section 4659, subdivision (a), directs regional centers "to identify and pursue all possible sources of funding for consumers receiving regional center services," including:

(1) Governmental or other entities or programs required to provide or pay the cost of providing services, including Medi-Cal, Medicare, the Civilian Health and Medical Program for Uniform Services, school districts, and federal supplemental security income and the state supplementary program.

(2) Private entities, to the maximum extent they are liable for the cost of services, aid, insurance, or medical assistance to the consumer.

17. Welfare and Institutions Code section 4659, subdivision (c) provides in part:

Regional centers shall not purchase any service that would otherwise be available from Medi-Cal, Medicare, the Civilian Health and Medical Program for Uniform Services, In-Home Support Services, California Children's Services, private insurance, or a health care service plan when a consumer or a family meets the criteria of this coverage but chooses not to pursue that coverage.

18. Welfare and Institutions Code section 4646, subdivision (a), provides that the regional center must have an internal process established when developing or

modifying an IPP that ensures, among other things, the following when purchasing services and supports:

(4) Consideration of the family's responsibility for providing similar services and supports for a minor child without disabilities in identifying the consumer's service and support needs as provided in the least restrictive and most appropriate setting. In this determination, regional centers shall take into account the consumer's need for extraordinary care, services, supports and supervision, and the need for timely access to this care.

Evaluation

19. Claimant's mother failed to establish that there has been a change in circumstances, needs, or resources that would require an increase in the purchase of service expenditures for homemaker/housekeeping services or one-on-one supplemental program supports. Claimant's mother argued that there has been a change in circumstance in that claimant was diagnosed with incontinence, as identified in the May 20, 2025, letter from CHOC. However, the May 20, 2025, letter does not indicate this claimant's diagnosis of urinary incontinence was anything other than what had been previously diagnosed in January 2025. The medical records requested by IRC in August 2025 indicate that claimant was diagnosed with incontinence in January 2025 and that claimant's incontinence issue was considered medically resolved as of February 2025. Claimant's mother was advised that if there were further issues, to return to the urology clinic. There are no records of any follow up visits after claimant's February 2025 urology follow up appointment. Claimant's April 2025 ABA report also makes no reference to any issues with incontinence with regard to claimant's medical

conditions. Claimant's mother produced a bathroom log representing one week in August 2025 of toileting issues. This alone is not enough to establish a change in circumstances to justify an increase in service expenditures. At present, all of claimant's needs in his most recent IPP are addressed in claimant's current SDP budget which was determined by the IPP planning team and certified by IRC.

20. Further, all generic resources must be pursued and exhausted prior to IRC funding services. If the incontinence issue is ultimately determined by appropriate medical professionals to be ongoing and behavioral rather than medically related, generic resources would first need to be pursued and exhausted prior to increasing claimant's purchase of service expenditures as requested. Additionally, ABA therapy is available through medical insurance to provide behavioral intervention services. One of the most recent daily living skills treatment goals in the April 2025 ABA report was "Domestic: Clean-Up," with a goal set for claimant to return items to their appropriate location at the end of an activity with the aid of a verbal prompt 80 percent of the time across 10 consecutive sessions. Claimant's mother elected to terminate ABA therapy for claimant, expressing dissatisfaction with the behavior technicians. Claimant's parents have elected to privately pay for ABA parent training. While claimant's parents are certainly allowed to pay for ABA therapy of their choosing, ABA therapy through medical insurance remains an option and must be first utilized and exhausted before additional budgetary funds for claimant are allocated for requested services. Claimant's mother can select another covered ABA provider if she is dissatisfied with the prior provider.

21. Claimant's receives IHSS services that provide for 5 hours and 50 minutes each week for non-medical personal services related to bowel/bladder care. In general, IHSS service hours can also be potentially allocated for domestic and related services,

such as laundry. There are no such service hours presently dedicated to domestic or related services. IHSS hours can be reassessed and if there is no agreement as to the number of hours, an appeal can be filed. No appeal has been filed by claimant's mother. This resource must also be pursued and exhausted prior to any augmentation of claimant's individual budget.

22. Further, the one-on-one supplemental program supports are designed to supplement vendored programs and assist claimants with participation in non-residential, non-day program settings. Claimant's mother's request for one-on-one supplemental program supports was to provide assistance in the home and thus would not qualify for one-on-one supplemental program supports. Additionally, claimant currently receives 30 hours per month of personal assistance services, which provide support and supervision to claimant while with a parent at home or in the community.

23. Finally, parental responsibility for and/or to teach household tasks must be considered. Housekeeping services are a common, ordinary task to be performed in the households of all families. It is true that claimant's mother faces additional challenges as claimant's caretaker, but those needs do not rise to the level of "extraordinary." She is assisted by respite providers and personal assistance providers, and she could utilize the housekeeping services of others through funding provided by IHSS. IHSS is a generic source available to claimant to secure housekeeping services. Accordingly, regional center funding is not available for that purpose absent extraordinary circumstances. Such circumstances do not exist in this case.

ORDER

Claimant's appeals are denied.

DATE: September 17, 2025

MICHELLE C. HOLLIMON

Administrative Law Judge

Office of Administrative Hearings

BEFORE THE
DEPARTMENT OF DEVELOPMENTAL SERVICES
STATE OF CALIFORNIA

In the Matter of:

Claimant

OAH Case Nos. 2025070908 and 2025080300

Vs.

DECISION BY THE DIRECTOR

Inland Regional Center

Respondent.

ORDER OF DECISION

On September 17, 2025, an Administrative Law Judge (ALJ) at the Office of Administrative Hearings (OAH) issued a Proposed Decision in this consolidated matter.

The Proposed Decision is adopted by the Department of Developmental Services as its Decision in this consolidated matter. The Order of Decision, together with the Proposed Decision, constitute the Decision in this consolidated matter.

This is the final administrative Decision. Each party is bound by this Decision. Either party may request a reconsideration pursuant to Welfare and Institutions Code section 4712.5, subdivision (a)(1), within 15 days of receiving the Decision or appeal the Decision to a court of competent jurisdiction within 180 days of receiving the final Decision.

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

IT IS SO ORDERED on this day Oct 15, 2025.

Original signed by:
Katie Hornberger, Deputy Director
Division of Community Assistance and Resolutions