

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

In the Matter of:

CLAIMANT

and

FRANK D. LANTERMAN REGIONAL CENTER,

Service Agency.

DDS No. CS0028564

OAH No. 2025071091

PROPOSED DECISION

Glynda B. Gomez, Administrative Law Judge (ALJ), Office of Administrative Hearings (OAH), State of California, heard this matter by videoconference on November 17, 2025.

Claimant was represented by his Mother who is his authorized representative. Claimant was not present.

Mirka Guerrero, Fair Hearing Manager, represented the Frank D. Lanterman Regional Center (FDLRC or Service Agency).

The proceedings were translated by a certified Korean language interpreter.

Oral and documentary evidence was received. The record was left open and the matter continued until December 8, 2025 for the receipt of additional exhibits from Claimant and closing briefs. Claimant's submission was marked as Exhibit Y and admitted as administrative hearsay. Regional Center's closing brief was marked as Exhibit 21. Claimant's closing brief was marked as Exhibit Z. The record was closed, and the matter was submitted for decision on December 8, 2028.

ISSUE

May the Service Agency terminate Claimant's participation in the Self-Determination Program?

SUMMARY

The Service Agency seeks to terminate Claimant's participation on the Self-Determination Plan (SDP) based upon fraud and mismanaging SDP funds. Claimant's representative denies the allegations. Based upon the findings of three previous fair hearing decisions, the preponderance of the evidence establishes that Claimant should be removed from the SDP and returned to the traditional model of service delivery to ensure that he receives appropriate supports and services and to prevent waste of public funds.

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FACTUAL FINDINGS

Jurisdictional and Background Matters

1. The Department of Developmental Services (DDS) administers the Lanterman Developmental Disabilities Act (the Lanterman Act or the Act) to ensure that necessary services and supports are provided to persons with developmental disabilities to help them lead more independent, productive, and normal lives. (Welf. & Inst. Code, § 4500.)

2. Claimant transitioned from the traditional model of receiving services and supports through FDLRC vendors to the Self-Determination Program (SDP) on September 1, 2022. The SDP is a voluntary program under the Lanterman Act designed "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" than the Act's traditional model for delivery of services and supports. (Welf. & Inst. Code, § 4685.8, subd. (a).) The SDP allows participants and their families to have an annual budget for services and supports to meet the objectives of the participant's Individual Program Plan (IPP). (Welf. & Inst. Code, § 4685.8.)

3. Claimant, a 38-year-old conserved man, is eligible for regional center services. He is diagnosed with moderate intellectual disability, seizure disorder, and psychosis. Mother is Claimant's conservator and authorized representative. Claimant lives in his family home with his parents.

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4. On June 20, 2025, FDLRC served Claimant with a Notice of Action (NOA) providing Claimant with 30 days' notice of its intent to terminate Claimant's SDP services and revert to a traditional delivery model. In relevant part, the NOA provides:

Throughout the years of [Claimant's] participation in SDP, FDLRC has had repeated concerns about your ability to properly steward state and federal funds, up to and including commission of fraud. Additionally, FDLRC has determined that as [Claimant's] conservator, you have impeded on his ability to access necessary services by reallocating SDP funds by reallocating SDP funds *(redundancy in original)* in such a manner that has caused [Claimant] to not receive necessary service. Lastly, FDLRC has been unsuccessful in executing an Individual Program Plan (IPP) agreement with you since 2021, despite repeated attempts to reach agreement.

Throughout the time period leading up to [Claimant's] transition into SDP as well as subsequent years he has been enrolled in the program, FDLRC has met with you for no less than sixteen (16) times and sent over six (6) drafts of proposed IPP language in an attempt to reach an IPP agreement. Throughout this time, FDLRC acted in good faith by continuing to fund what appeared to be dubious, at best, service requests to attempt to ensure no interruption in [Claimant's] services while working to develop an IPP document. However, [Claimant] is now approaching his

fourth year in SDP, and you have continued to disagree substantially with the proposed language in the IPP document, including [Claimant's] goals and the necessary service to reach those goals. Regional Centers are not permitted to fund services without the completion of an IPP agreement.

The Regional Center has also determined that you have not properly stewarded state and federal funding.

(Ex. 2.)

5. On July 18, 2025, Claimant filed an Appeal Request Form seeking relief from FDLRC's proposed termination of SDP services
6. All jurisdictional requirements have been met.

Previous Decisions

7. Three decisions have been rendered on appeals filed by Claimant during his participation in the SDP program (OAH Case Number 2023040906/DDS no. CS0004262 (Year 1 Decision), consolidated Case Numbers 2024020342/DDS no. CS0012350 and 2024060423/ DDS no. CS0017843 (Year 2 Decision) and Case Number 2024090802/DDS no. CS0020736 (Year 3 Decision) which are incorporated herein in their entirety by reference.

YEAR 1 DECISION

8. On January 3, 2024, OAH issued a Proposed Decision in Year 1 Decision. The Proposed Decision was adopted on January 31, 2024 and served on Claimant on

January 31, 2024. At issue was Claimant's request to increase the Year 1 SDP budget to fund 62 hours per month of adaptive skills training and 139 hours per month of behavioral personal assistance services. A hearing was held on November 2, 6, 7, 20 and 21, 2023. The record closed at the end of the hearing on December 21, 2024.

Claimant did not prevail on his appeal. The ALJ found:

18. Service Agency acted properly when, in April 2023, it denied Mother's request to increase claimant's Year 1 Budget to fund additional hours of adaptive skills training and behavioral personal assistance services.

19. The preponderance of the evidence did not establish claimant's compliance with both Requirement I and Requirement II under section 4685.8, subdivision (m)(1)(A)(ii), to qualify for an adjustment to his SDP Year 1 Budget.

(A) The preponderance of the evidence did not establish an adjustment to claimant's Year 1 Budget was necessary due to a change in his circumstances, needs, or resources. Service Agency did not have sufficient information to confirm claimant's circumstances or behavior support needs had changed since he started in the SDP on September 1, 2022. (Factual Findings 31-49.)

(B) The preponderance of the evidence did not establish Service Agency could certify that funding for the requested adaptive skills training and behavioral personal assistance

services would have occurred regardless of claimant's participation in the SDP. Service Agency would not have authorized funding for additional adaptive skills training or behavioral personal assistance services in the traditional regional center system without an accompanying ABA program or functional behavior assessment (FBA), and documentation from qualified professionals showing that claimant required a higher level of care. In April 2023, claimant was not receiving ABA or any other behavior support services and Mother declined a functional behavior assessment. (Factual Findings 31-49.)

20. Mother's request for reimbursement for the cost of claimant's services in July and August 2023 provided by Ms. Yoon and claimant's brother must be denied. The Lanterman Act does not specifically authorize retroactive reimbursement of services costs to families in the appeal process. The statutes detailing the IPP process indicate retroactive reimbursement is generally not available, particularly where the development of the IPP is supposed to be a collaborative process between the parties and the process necessarily requires prior consideration and approval of any service or support provided to an individual client. Further, the costs for which Mother seeks reimbursement resulted from Mother's overspending SDP funds by allowing Ms. Yoon and claimant's brother to provide and bill for unauthorized services. As such, Service

Agency is not required to reimburse Mother for those costs.

21. Mother's allegations that Service Agency did not provide timely notice of its actions, did not respond to her requests for information, provided her with misinformation, or treated claimant in a discriminatory manner, were properly investigated and addressed by Service Agency as a consumer complaint pursuant to Welfare and Institutions Code section 4731. Those allegations are not within the jurisdiction of this fair hearing.

22. The overwhelming weight of the evidence established Service Agency has made every effort to work with Mother to resolve her appeal request and to ensure claimant's needs are met. Going forward, Mother is encouraged to develop a productive working relationship with Service Agency. Service Agency is encouraged to continue working productively with Mother.

23. Based on the foregoing, Service Agency was not required, in April 2023, to increase claimant's Year 1 Budget to fund the cost of additional adaptive skills training and behavioral personal assistance services requested by Mother. (Factual Findings 1-60.)

(Ex. 3.)

YEAR 2 DECISION

9. On December 11, 2024, OAH issued a Proposed Decision in Year 2 Decision. A hearing was held October 14 to October 18, 2024. The matter was continued and the record remained open until December 2, 2024 pursuant to a closing brief schedule. The Proposed Decision was adopted on December 30, 2024 and served on Claimant on January 9, 2025. At issue was: (1) Claimant's request to increase the Year 2 SDP from September 1, 2023, to August 31, 2024 (by converting 80 hours of Independent Living Skills (ILS) to 80 hours of Adaptive Skills Training (AST) per month; (2) Whether FDLRC has the legal authority to require Claimant's Financial Management Services (FMS) agency to switch his FMS model from the Bill Payer Model to the Sole Employer Model during Year 2; (3) Whether FDLRC properly terminated funding for Family Tree, claimant's family's non-profit company; and (4) Whether FDLRC was required to provide funding for Family Tree during Claimant's appeal process.

10. Again, Claimant did not prevail in the fair hearing. The ALJ found:

Issue #1 Conversion of ILS to AST Hours

6. Claimant requests the conversion of 80 per month of ILS hours to AST hours based on Mother's assertion that AST is a higher level of service appropriate for claimant's needs. However, she cited little evidence to support this assertion. Although Mother submitted the April 4, 2024 note from claimant's neurologist, Dr. Chang, the note does not indicate any changes in claimant's condition that warrants 80 hours AST in addition to the 244 hours per month of AST he currently receives. Significantly, Mother

admitted no AST assessment was performed. Without such an assessment, there is no evidence about the extent of claimant's deficits in adoptive skills, and how many hours of AST are required to meet those deficits.

7. The evidence in this case does demonstrate, however, claimant requires behavioral level services which Mother has consistently refused. FDLRC, on the other hand, consistently considered claimant's needs and appropriately authorized behavioral level services in substitution for AST hours. FDLRC reviewed medical notes from claimant's physician and its Behavioral Planning Team reviewed all three FBA's [functional behavior assessments] conducted in 2023 and 2024. Notably, none of the FBA's recommended an increase in claimant's AST hours. While FBA #1 was deficient in several respects which required it to be updated, FBA #2 and FBA #3 recommended ABA services, which must be delivered by licensed professionals. [FDLRC's] Behavioral Planning Team properly followed the recommendations of FBA #2 and FBA #3 in authorizing ABA services for claimant.

8. Because there is little evidence showing claimant requires additional AST hours, his request to convert 80 hours of ILS to AST hours must be denied.

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Issue #2: FDLRC's Legal Authority to Require GT
Independence to Accept Claimant Under the Sole Employer
Model

9. In her [his] FHR #2, claimant expressed frustration with GT Independence's refusal to accept him under the Sole Employer Model after Family Tree was terminated as a service provider. At the hearing, claimant also asked for a clarification of whether FDLRC had the legal authority to require GT Independence to accept him under the Sole Employer Model. Nevertheless, this issue is moot because Fact FMS became claimant's FMS agency at the end of Year.

10. Generally, a case is moot when the court's ruling will not affect the parties' substantive rights; i.e., when any ruling would have no practical effect and cannot provide any effective relief. (*Lincoln Place Tenants Assn. v. City of Los Angeles* (2007) 155 Cal. App. 4th 425, 454.) The California Supreme Court explained: "It is settled that 'the duty of this court, as of every other judicial tribunal, is to decide actual controversies by a judgment which can be carried into effect, and not to give opinions upon moot questions or abstract propositions, or to declare principles or rules of law which cannot affect the matter in issue in the case before it.' (*Paul v. Milk Depot Inc.* (1964) 62 Cal. 2d 129, 132.) In this matter, a ruling either way,

whether FDLRC had the legal authority to require GT Independence to accept claimant under the Sole Employer Model or not, cannot provide relief because GT Independence is no longer claimant's FMS agency.

11. Additionally, in the administrative law context, it is questionable whether the ALJ acting as a hearing officer in this matter has the legal authority to provide any declaratory relief, as claimant requests here. The ALJ acting as a hearing officer, when sitting alone and writing a proposed decision in which the Department of Developmental Services has final decision-making authority, is acting only in her capacity as a deputy of the agency and has no ultimate adjudicative authority. (See Gov. Code,§ 11517, subd. (c); *Frost v. State Personnel Bd* (1961) 190 Cal.App. 2d 1, 3.) Under such circumstances, only the agency has the authority to provide declaratory relief. (See Gov. Code,§ 11465.10.) Therefore, given Issue #2 is moot, the ALJ acting as a hearing officer has no authority to provide any advisory opinions or declaratory relief.

Issues #3 Termination of Family Tree

12. Claimant contends FDRLC's termination of Family Tree was improper because Family Tree did not engage in fraudulent billing and complied with applicable laws and regulations. The evidence does not support this contention. The numerous discrepancies in Family Tree's billing,

including billing for duplicative services, mismatch of hours between the employees' timesheets and the billing invoices, billing for hours in excess of those approved under the Year 2 Spending Plan, suggest it was fraudulent.

13. Even assuming its billing to be accurate, Family Tree violated the provisions of the Lanterman Act and California Labor Code. To begin with, Family Tree violated the Lanterman Act by billing for services available through generic resources. Section 4685.8, subdivision (d)(3)(B), states, in relevant part: "The participant shall utilize the services and supports available within the Self-Determination Program only when generic services and supports are not available." Additionally, subdivision (r)(6) of the same statute requires each regional center, when implementing SDP, to "[r]eview the spending plan to verify that goods and services eligible for federal financial participation are not used to fund goods or services available through generic agencies." In this instance, Family Tree billed for Community Living Support hours using SDP funds at the same time that claimant received IHSS, a generic resource. Specifically, based on Ms. Yoon's timesheets, Family Tree duplicated IHSS services from 11:00 p.m. until 5:30 a.m. in March 2024. Based on Father's timesheets, Family Tree duplicated IHSS services from 11:00 p.m. until either 1:30 a.m., 2:30 a.m., or 3:30 a.m., from September 2023 to January 2024.

14. Family Tree also violated California employment laws because its workers worked in excess [o]f eight hours a day, 40 hours per week, without overtime pay. Under California Labor Code, section 510, subdivision (a), eight hours of labor constitutes a day's work, and any work in excess of 40 hours in any workweek must be paid overtime pay. Here, Mother admitted Father works on an hourly basis at Family Tree. According to Father's timesheets, he worked eight to 10 hours day, every day of the month without any days off from September 2023 to January 2024, but he was not paid any overtime. Although Mother claimed Ms. Yoon worked as a salaried employee, she provided no documentation to support this claim. Ms. Yoon also worked 12 hours a day, 31 days in March 2024 without any days off and without any overtime pay.

15. Regional centers are required to render services in accordance with applicable provisions of state laws and regulations. ([Code.]§ 4629, subd. (b).) Because Family Tree either engaged in fraudulent billing or violations of the Lanterman Act and California labor laws, its termination as a service provider was proper.

Issue #4 Aid Paid Pending

16. Under section 4715, subdivision (a), if an appeal request is postmarked or received by the regional center no later than 30 days after receipt of the NOA, services that are

being provided pursuant to a consumer's IPP shall be continued during the appeals process. Claimant contends he is entitled to this benefit, also called aid paid pending, because he filed FHR #2 on June 1, 2024, within 30 days of FDLRC's issuance of the Korean version of NOA #2 on May 17, 2024.

17. However, NOA #2 notified claimant Family Tree's funding authorization would be terminated unless he filed an appeal within 30 days of receiving the NOA. Claimant agreed to the termination of Family Tree's funding by submitting the May Proposed Spending Plan under which Family Tree was no longer the *service* provider. Only after GT Independence refused to accept the May Proposed Spending Plan did claimant file FHR #2. In FHR #2, claimant did not appeal the termination of Family Tree but appealed GT Independence's refusal to accept him under the Sole Employer Model. Additionally, FDLRC reminded claimant on two separate occasions, on June 10 and June 12, 2024, that NOA #2 was deficient because it did not specifically appeal the termination of Family Tree and if he disagreed with the termination, he must file an updated appeal. Thus, claimant had sufficient time to file an updated appeal before June 18, 2024, when Family Tree was terminated as a service provider. Nevertheless, claimant did not file NOA #3 until pending. Under these circumstances, claimant is not

entitled to aid paid pending for failure to file a timely appeal.

YEAR 3 DECISION

11. On August 8, 2025, OAH issued a Proposed Decision in Year 3 Decision. The Proposed Decision was adopted on August 27, 2025 and served on Claimant on August 27, 2025. At issue was Claimant's contention that his SDP should include 244 hours of Adaptive Skills Training (AST) and Service Agency's contention that Applied Behavior Analysis (ABA) which includes AST was more appropriate. A hearing was held on April 1, 2 and June 25 and 26, 2025, and briefing concluded July 18, 2025.

12. The Service Agency prevailed in the fair hearing. The ALJ found:

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

funding for a comprehensive mix of services and supports that will assist her son with his goals and ensure his health and safety.

(Ex, 5, p. 19.)

13. Claimant's conservator, his mother, testified at hearing. She testified about Claimant's needs and her difficulties finding staff to care for him on a 24 hour/ 7 day per week basis. She also testified about the extensive involvement of her family in arranging and providing Claimant's care. She admitted that none of the involved family members hold any credentials pertinent to provision of AST or ABA. Claimant expressed her frustration with FDLRC and its policies and procedures. Her testimony offered no assurances that Claimant would receive the ABA services that he needs, the SDP budget would be respected or that public funds provided for Claimant's services would be appropriately safeguarded.

14. Megan Mendez, FDLRC's Associate Director, provided credible testimony at the hearing. Ms. Mendez emphasized FDLRC's mandate to safeguard funds and ensure that consumers receive the services and supports that they need. She emphasized FDLRC's concerns with potential conflicts stemming from SDP funds used to pay family members. The two companies created by Claimant's family: Family Tree and Unity Holding, the failure to comply with labor laws, the overspent SDP budget, the lack of an FMS, difficulties in obtaining an agreed upon IPP, timesheets that were inconsistent with billings, double billing to FDLRC and In Home Support Services (IHSS) for Mother's time and the disproportionate amount of Claimant's budget that is paid to family members. Ms. Mendez cited the Year 1 Decision, Year 2 Decision and Year 3 Decision as support for FDLRC's decision to terminate Claimant's participation in SDP and return to a traditional service delivery model.

LEGAL CONCLUSIONS

1. The Service Agency, as the party advocating a change in the status quo, has the burden of proof. (*Lindsay v. San Diego Retirement Bd.* (1964) 231 Cal. App. 2d 156, 161.) The standard of proof is a preponderance of the evidence. (Evid. Code, §§ 115.) The standard is met when the party bearing the burden of proof presents evidence that has more convincing force than that opposed to it. (*People ex rel. Brown v. Tri-Union Seafoods, LLC* (2009) 171 Cal. App. 4th 1549, 1567.)

2. The Lanterman Developmental Disabilities Services Act (Lanterman Act), (Welf. & Inst. Code (Code), §4500 et seq.) sets forth a regional center's obligations and responsibilities to provide services to individuals with developmental disabilities. As the California Supreme Court explained in *Association for Retarded Citizens v. Department of Developmental Services* (1985) 38 Cal. 3d 384, 388, 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 person of the same age and to lead more independent and productive lives in the community."

3. A regional center is required to secure services and supports that meet the needs of the consumer, as determined in the consumer's IPP. (Code, §4646, subd. (a)(1).) The determination of which services and supports are necessary for each consumer shall be made through the IPP process. (§4512, subd. (b).) The determination shall be based on 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 the IPP participants, the effectiveness of each option in meeting the goals stated in the IPP, and the cost-effectiveness of each option. (§ 4512, subd. (b).)

4. Code section 4695.8 governs regional center consumers participating in the SDP. The purpose of the SDP is to provide consumers (also referred to as participants) and their families, within an individual annual budget, increased flexibility and choice, and greater control over decisions, resources, and needed and desired services and supports to implement their IPPs. (*Id.*, subd. (a).)

5. The Lanterman Act contemplates that the provision of services shall be a mutual effort by and between regional centers and the consumer and their family. The foundation of this mutual effort is the development of a consumer's IPP. As explained in):

6. Individual program plans shall be prepared jointly by the planning team. Decisions concerning the consumer's goals, objectives, and services and supports that will be included in the consumer's individual program plan and purchased by the regional center or obtained from generic agencies shall be made by agreement between the regional center representative and the consumer, or if appropriate, the parents, legal guardian, conservator, or authorized representative at the meeting. (Code, § 4646, subdivision (d).)

7. The SDP is an alternative model of service delivery provided under section 4685.8. A regional center consumer who has been deemed eligible for, and has voluntarily agreed to participate in, the SDP is referred to as a "participant." (§ 4685.8, subd. (c)(5).) "A participant may choose to participate in, and may choose to leave, the Self-Determination Program at any time." (§ 4685.8, subd. (d).)

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8. "Self-determination" means "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, in order to meet the objectives in their IPP." (§ 4685.8, subd. (c)(6).) The SDP "shall only fund services and supports ... that the federal Centers for Medicare and Medicaid Services determines are eligible for federal financial participation."(§ 4685.8, subd. (c)(6).)

9. A participant must comply with the requirements of Code section 4685.8, subdivision (d)(3). Among other things, the participant shall use the services and supports available within the SDP only when generic services and supports are not available; the participant shall only purchase services and supports necessary to implement their IPP and shall comply with all terms and conditions for participation in the SDP; and the participant shall manage SDP services and supports within the participant's individual budget. (Code, § 4685.8, subd. (d)(3)(B), (C), (D).)

10. When developing the individual budget used for the SDP, the IPP team determines the services, supports, and goods necessary for each participant, based on the needs and preferences of the participant, and when appropriate the participant's family, the effectiveness of each option in meeting the goals specified in the IPP, and the cost effectiveness of each option, as specified in section 4648, subdivision (a)(6)(D). (Code, § 4685. 8, subd. (b)(2)(H)(i).) A participant must comply with the requirements of section 4685.8, subdivision (d)(3). The completed individual budget shall be attached to the IPP." (§ 4685.8, subd. 0.) "The participant shall implement their IPP, including choosing and purchasing the services and supports allowable under this section necessary to implement the plan." (§ 4685.8, subd. (k).)

11. The IPP team shall determine the initial and any revised individual budget for the participant using the methodology specified in section 4685.8, subdivision (m).

"'Individual budget' means the amount of regional center purchase of service funding available to the participant for the purchase of services and supports necessary to implement the IPP." (§ 4685.8, subd. (c)(3).) For a participant who is a current consumer of the regional center, their individual budget shall be the total amount of the most recently available 12 months of purchase of service expenditures for the participant. (§ 4685.8, subd. (m)(1)(A)(i).)

12. Pursuant to Code section 4685.8, subdivision (m)(1)(A)(ii), an adjustment may be made to the individual budget if both of the following requirements, designated herein as Requirement I and Requirement II, occur:

(I) The IPP team determines that an adjustment to this amount is necessary due to a change in the participant's circumstances, needs, or resources that would result in an increase or decrease in purchase of service expenditures, or the IPP team identifies prior needs or resources that were unaddressed in the IPP, which would have resulted in an increase or decrease in purchase of service expenditures. When adjusting the budget, the IPP team shall document the specific reason for the adjustment in the IPP.

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

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13. Code section 4685.8, subdivision (d)(3)(B), provides that SDP participants "shall utilize the services and supports available within the Self-Determination Program only when generic services and support are not available.

14. Code section 4659.10 provides that the Service Agency remains the "payer of last resort" meaning that funds in an Individual Budget for services and supports may not be disbursed by a participant if there is available funding from a source other than the Service Agency.

15. It is the intent of the Legislature that "the provision of services to consumers and their families be effective in meeting the goals stated in the individual program plan, reflect the preferences and choices of the consumer, and reflect the cost-effective use of public resources. (Code, §4646, subd. (a).)

16. Code section 4646.5, subdivision (a)(8), provides the planning process for the individual program plan described in Code section 4646 shall include: "A schedule of regular periodic review and reevaluation to ascertain that planned services have been provided, that objectives have been fulfilled with the times specified, and that consumers and families are satisfied with the individual program plan and its implementation."

17. Claimant's three years of SDP participation have not been successful. Claimant has not been able to finalize an IPP, has overspent his budget demonstrating mismanagement of funds and has engaged in questionable billing and labor practices. Claimant used non-profit corporations owned and operated by his family members to deliver his services. Although the parties agreed that behavior services were needed for Claimant and his SDP budget included funding for ABA services to address his behaviors, the funds were spent elsewhere and Claimant did not receive ABA services.

Considered in the aggregate, it is clear that under the SDP program, Claimant's needs were not met and public funds were not spent for the purposes for which they were allocated. In order to ensure that Claimant receives the necessary supports and services and avoid wasting public funds, Claimant's participation in the SDP program shall be terminated and his services and supports shall revert to provision by way of the traditional model and under the supervision of FDLRC.

ORDER

1. Claimant's appeal is denied.
2. The Frank D. Lanterman Regional Center may terminate Claimant's participation in the Self-Determination Program and return delivery of services and supports to the traditional model.

DATE:

GLYNDA B. GOMEZ
Administrative Law Judge
Office of Administrative Hearings

BEFORE THE
DEPARTMENT OF DEVELOPMENTAL SERVICES
STATE OF CALIFORNIA

In the Matter of:

Claimant OAH Case No. 2025071091

DECISION BY THE DIRECTOR

Frank D. Lanterman Regional Center

Respondent.

ORDER OF DECISION

On December 19, 2025 an Administrative Law Judge (ALJ) at the Office of Administrative Hearings (OAH) issued a Proposed Decision in this matter.

The Department of Developmental Services (Department) takes the following action on the attached Proposed Decision of the ALJ:

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

This is the final administrative Decision. Each party is bound by this Decision. Either party may request a reconsideration pursuant to Welfare and Institutions Code section 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.

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 January 13, 2026.

Original Signed by

Katie Hornberger, Deputy Director
Community Assistance and Resolutions Division