BEFORE THE
OFFICE OF ADMINISTRATIVE HEARINGS
STATE OF CALIFORNIA

In the Matter of:

CLAIMANT

and

INLAND REGIONAL CENTER, Service Agency

DDS No. CS0029643

OAH No. 2025090105

DECISION

Debra D. Nye-Perkins, Administrative Law Judge, Office of Administrative Hearings, State of California, heard this matter by videoconference on May 11, 2026, and on July 29, 2026, at Inland Regional Center (IRC) in San Bernardino, California.

Dana Hardy, Fair Hearings Representative, Fair Hearings and Legal Affairs, represented IRC.

Claimant's mother, who is also claimant's conservator and authorized representative, as well as claimant's stepfather, represented claimant, who was not present.

Oral and documentary evidence was received. The record was closed, and the matter was submitted for decision on July 29, 2026.

ISSUE

Should IRC be allowed to reduce one-to-one supplementary support services provided to claimant since 2017 from the currently approved amount of 568 hours per month down to 300 hours per month to be thereafter reviewed at least every six months for continued appropriateness?

FACTUAL FINDINGS

Background

1. Claimant is a 47-year-old conserved male who resides at a level 6 staff-operated residential facility called Showers of Blessings (SB), where he has resided since his placement there on August 4, 2017. At the time claimant was placed in this facility, he had a long-documented history of elopement behaviors resulting in his hospitalization due to exposure to the elements and other medical issues as a result of being unhoused and unfed for days until he was found by authorities. Approximately two months after his placement at SB, claimant eloped from SB on October 2, 2017, and was ultimately found by the Riverside Police Department on October 4, 2017, and transported to the hospital. Claimant is eligible for regional center services under the diagnoses of intellectual developmental disorder and autism spectrum disorder. He also suffers from schizophrenia, dementia, and child onset pervasive disorder. Claimant is mostly non-verbal and subject to emotional outbursts, and he has a long history of

elopement behaviors resulting in his hospitalization after being located days after his elopements on multiple occasions.

2. On August 21, 2025, IRC issued a Notice of Action (NOA) wherein IRC notified claimant of the following:

> [Claimant] is currently residing at Showers of Blessings, Level 6 staff operated Adult Residential Facility (ARF). He has been residing at Showers of Blessings since 2017. IRC has reviewed the 560 hours per month of one-to-one supplemental support services [claimant] has been receiving and has determined that a decrease in these hours are appropriate to meet [claimant's] current needs including the following:
>
> Effective October 1, 2025, [claimant's] one to one supplemental support services will be reduced from 560 to 470 hours per month. Effective November 1, 2025, [claimant's] one to one supplemental support services will be reduced from 470 to 380 hours per month. Effective December 1, 2025, [claimant's] one to one supplemental support services will be reduced from 380 to 300 hours per month. The 300 hours per month of one to one supplemental supports will remain in place and will be reviewed at least every six months for continued appropriateness.

The NOA provided the reasoning for the proposed action as follows:

> This decision was made because [claimant] currently receives behavioral consulting services while residing in a level 6 staff operated ARF. Additionally, the documentation provided by Showers of Blessings ARF including behavioral reports, daily notes, and data sheets support that 300 hours per month of one to one supplemental support services in conjunction with the level 6 ARF services are appropriate to meet [claimant's] needs in the least restrictive environment.
>
> [Claimant] qualifies for IRC services under the conditions of mild intellectual disability and autism. He also has a diagnosis of schizophrenia. [Claimant] receives level 6 residential facility services, and day program from OPARC Summit Services East, Monday through Friday from approximately 8 a.m.-2 p.m. funded by IRC. He also receives SSA benefits and and [*sic*] Medicare.

3. On August 27, 2025, claimant appealed IRC's decision as set out in the NOA. This hearing followed.

IRC's Evidence

4. IRC presented the testimony of five witnesses at hearing, namely: Edith Velasco, Qualified Behavior Modification Professional; Jorge Gutierrez, Consumer Program Liaison; Christina Pedroza, Consumer Service Coordinator; Christine Slaughter, Behavior Support Coordinator; and Anthony Duenez, Program Manager. The following factual findings are made from their testimony, as well as from numerous documents received in evidence.

TESTIMONY OF EDITH VELASCO

5. Edith Velasco is employed by IRC as a qualified behavior modification professional, a.k.a. behavioral consultant, a position she has held for the past three years. Ms. Velasco is a board-certified behavioral analyst with a master's degree in education with an emphasis on applied behavioral analysis. Ms. Velasco's responsibilities in her current position include working with outside vendors, parents, and others to ensure the safety, progress, and quality of life of regional center consumers. Ms. Velasco is familiar with claimant and performed a functional behavioral assessment of him in early 2026. Ms. Velasco testified that she performed the functional behavioral assessment of claimant in order to assess his current risk for "AWOL or elopement related behaviors." She noted that claimant has not engaged in elopement behaviors in a number of years but noted, "we need to know his risks to do that." It is noted that for the past almost nine years, claimant has had the benefit of one-to-one supplementary support services for the purpose of watching him to prevent him from eloping from the facility where he lives.

6. Ms. Velasco testified that the functional behavioral assessment she completed for claimant entailed interviewing and obtaining written questionnaire answers from his mother and stepfather, his caregivers, staff at his facility and day program, and directly observing claimant in various settings. Ms. Velasco testified that she identifies conditions and variables that allow for elopement to happen and assesses claimant's skills through direct observation to determine "how those align." Ms. Velasco took the following steps for the functional behavioral assessment she completed for claimant: conducted a telephone interview with claimant's mother and stepfather; interviewed the administrator and operator of SB, the facility where claimant resides; interviewed the director of the day program that claimant attends, as

well as another worker at that day program; interviewed the staff person working as claimant's one-to-one supplemental support; interviewed claimant; and reviewed documents related to claimant's history of behaviors. Ms. Velasco testified that claimant willingly participated in her interviews with him. Ms. Velasco summarized her findings from the functional behavioral assessment in a report, which was received in evidence.

7. Ms. Velasco was pleasantly surprised at the level of expression that claimant provided to her when she observed him on a community outing. She admitted that claimant is mostly non-verbal. However, when given two options, claimant would express his choice and opinion in words, and he could follow directions. Ms. Velasco tried to interact with claimant, and claimant was able to understand elaborate questions and respond appropriately. Ms. Velasco testified that she walked with claimant during this outing for about 30 minutes. She anticipated some attempt from claimant to elope during that time because there were many open areas, but claimant never attempted to do so. Ms. Velasco stated that her time with claimant showed her that he was "very successful in communicating" and has "a lot of potential for his expressive language." Ms. Velasco further stated, "he may not have safety awareness when he is alone, but when he is accompanied by someone, he is able to communicate."

8. Ms. Velasco testified that during her assessment of claimant there were no successful incidents of attempted elopement. However, she "tried to give him opportunities to do that" and "tried to contrive a natural opportunity for him to elope, but he did not." She further stated, "unfortunately, a staff member intervened and stopped the effort we made." Ms. Velasco testified that she would love to see the elopement behavior occur with claimant, but "due to the high level of safeguards, that

did not happen." She admitted during her testimony that the elopement risk "is possibly still there."

9. Ms. Velasco stated that the primary purpose of her functional behavioral assessment of claimant was to determine what factors contribute to claimant's elopement behaviors and what interventions would help to alleviate the elopement behavior while maintaining his safety. In her report she wrote the following regarding the purpose and intent of her assessment:

> Although [claimant] has not engaged in a successful AWOL incident in several years, this Functional Behavior Assessment was conducted as a risk-focused assessment due to the continued presence of frequent and persistent attempts to AWOL. These attempts indicate an ongoing vulnerability that poses potential safety concerns should environmental controls or supervision be reduced. The purpose of this assessment is not to document past elopement/AWOL events, but to evaluate the current risk associated with attempted AWOL behaviors, identify variables that contribute to these attempts, and assess whether existing supports effectively mitigate risk or mask underlying skill deficits. Understanding the conditions under which attempts occur is essential to inform proactive, function-based interventions that prioritize safety while supporting appropriate levels of independence.

10. Ms. Velasco also testified that she reviewed claimant's elopement history, which she summarized in her report as follows:

Approximate age of onset: [claimant's mother] (Mother) reported that she has had concerns with [claimant]'s AWOL tendency since he was a teenager, at approximately 14 years old. [Claimant's mother] remembers he started to AWOL from the home into the community, where he would be gone for several hours at a time. [Claimant's mother] reported that during his early life, [claimant] engaged in AWOL so frequently that police often became involved. On many occasions, [claimant] was found by authorities roaming the streets in their town, and he was returned to [claimant's mother's] care.

Changes in frequency/intensity over time: [Claimant]'s AWOL behavior has intensified over the course of his adulthood. As a child, [claimant's mother] reported that [claimant] would wander away from the home and was often picked up by authorities and returned to her care. As an adult, [claimant] has successfully left the family home, which led to injuries, even hospitalization on some occasions. In the past, [claimant] engaged in leaving the facility which led to him being hospitalized for injuries sustained during his AWOL. In one instance, [claimant] was missing for 5 days, until he was found on the street with 2nd degree burns and was extremely dehydrated. [Claimant] was immediately hospitalized due to his critical condition.

Severity: [Claimant]'s AWOL has resulted in him being missing for several days, leading to injuries that required medical care. [Claimant]'s AWOL related behavior presents a safety risk, which could ultimately result in death, should he not be located.

Recent increases or decreases: [Claimant]'s successful AWOL behavior has decreased over the last 7 years. [Claimant]'s attempts at AWOL are consistent and pervasive, according to data. [Claimant] may tend to attempt to AWOL daily from the residential facility.

11. Ms. Velasco also summarized in her report claimant's history of elopement from his current facility of SB, the last of which occurred in October 2017, resulting in IRC implementing the current one-to-one support services staffing. Her report, which mirrored her testimony, provides as follows regarding that history:

History of AWOL Incidents

[The administrator of the SB facility] reported that [claimant] has engaged in AWOL from the current facility on two documented occasions shortly after placement:

• First AWOL Incident (shortly after arrival): [Claimant] was missing for a short period, was located safely, and returned to the facility.

• Second AWOL Incident (October 2017): [Claimant] was missing from the facility for about 5-6 days and was

transported to the hospital when found, [the administrator of the SB facility] reported. At that time, [claimant] was wearing only a medical identification bracelet and did not yet have a GPS tracking device on his person. When he was found, [claimant] had suffered physical injuries (scratches and torn clothing), severe dehydration, and burns. [Claimant] was transported to the hospital for evaluation and medical treatment.

Following this incident:

• A Special Incident Report (SIR) was completed.

• Licensing conducted a review.

• Recommendations included implementation of 1:1 staffing and environmental safeguards.

• GPS tracking, door/window alarms, motion detection systems, and increased supervision were put in place.

• Inland Regional Center (IRC) has funded 1:1 staffing since that time. Staff report that since implementation of these safeguards, [claimant] has not successfully engaged in AWOL from the current facility.

12. Ms. Velasco stressed that claimant can use verbal language to communicate when provided structured opportunities to do so. Ms. Velasco stressed that claimant is less likely to attempt elopement behaviors if staff is nearby supervising him. Ms. Velasco theorized that claimant "may have a performance problem rather

than a skill problem" regarding his communication, meaning he has the skill to communicate but chooses not to. Ms. Velasco testified that based on her data assessment, claimant's elopement behaviors seem to be associated with reduced staff of one-to-one supervision. Whenever claimant attempts to elope, staff intervenes and prevents him from doing so. Ms. Velasco testified that through her assessment, she also "identified a secondary factor for why he wants to leave," that he "may want to leave the facility on occasion but does not have reliable ways to communicate that he wants to leave or go to the park or other area." Ms. Velasco opined that claimant "may" just want to leave but does not have the ability to communicate that desire.

13. Ms. Velasco also reviewed a document from Darren Lemon, M.S., Board-Certified Behavioral Analyst, of Applied Behavioral Alternatives, Inc., which was received in evidence. The document is a functional behavioral assessment of claimant completed by Mr. Lemon and submitted to IRC on behalf of SB and titled "Request for Intensive Staffing Ratio 1:1 Support Reauthorization Revised and Reduced Hour Forcast [*sic*] Balance for Health and Safety Impact." Ms. Velasco testified that, as shown in that document, "they are supposed to be teaching replacement behaviors to prevent eloping and communicating what [claimant] wants." However, Ms. Velasco stated that she did not observe any such teaching during her observations of claimant. Notably, Mr. Lemon's report provides information that claimant has a GPS monitor in his belt for his safety to help locate him if he elopes, claimant suffers from dementia in addition to his other diagnoses, SB has installed alarms on the doors and windows in its facility, and claimant has no safety awareness, requires supervision for his safety, and "will often look out windows, doors and where staff are for opportunities to leave the home." Mr. Lemon also noted that claimant continues to attempt to leave the SB facility "every day which can occur during waking and sleeping hours." Mr. Lemon also noted that claimant is "shadowed all day by a one on one staff" without which "the

number of attempts as well as actual AWOLs would be much higher." Mr. Lemon also noted that the SB facility is located near a busy street, and it is imperative for claimant's safety and wellbeing that that he continue with one-to-one staff oversight at all hours of the day and night.

14. Ms. Velasco stated that because of the high level of one-to-one staffing overseeing claimant, as well as constant staff proximity and other measures such as the GPS monitoring and alarms on windows and doors, claimant "will not attempt to AWOL." She further stated, "we would love to see the behavior occur, but due to the high level of safeguards, that did not happen." She acknowledged that elopement remains a possibility. Ms. Velasco further opined that claimant "may not have independent opportunities to communicate his needs and has limited opportunities to go out of the facility." She believes that claimant "is very well taken care of at SB, but he may benefit from more self-advocacy and choice." Ms. Velasco stated that her data is limited, and there is a lot of data showing claimant's elopement attempts, but no real data related to strategies implemented by SB staff to change his elopement behaviors. Ms. Velasco stated that IRC must provide the least restrictive environment for claimant, in the last eight years, there have been "limited attempts to terminate the one-to-one support services," and she would "never advocate for eliminating the one-to-one support completely." Ms. Velasco testified, "we do want to remove that one-to-one support, but we need to promote his communication and adaptive functioning and increase his independence."

15. Ms. Velasco testified, and wrote in her report, that based on her assessment, she provided two options or recommendations for claimant, namely: (1) to maintain him at his current placement at SB but with a denser behavioral program with an increase in behavioral support hours that will allow a decrease in the one-to-one

supportive service hours, which she stated was a fade out of those hours; or (2) to transition claimant to a different residential facility with a higher level of care with one-to-one support and a denser behavioral program with a higher level of behavioral support hours and then transition him to a lower restrictive environment once his behavioral goals are met. Ms. Velasco opined that despite the fact that he is "well cared for" at SB, claimant's rights of habilitation are not being met at SB because there have been limited attempts to fade out his one-to-one support services hours. She stated that in order to both keep claimant safe and provide opportunities for him to improve his communication skills, a facility with a higher level of care can reduce the need for staff supervision while increasing his communication skills. Ms. Velasco stated there should be a balance between safety and behavioral supports.

16. Ms. Velasco testified that based on her observations of claimant at his day program, she understands that claimant does not attempt to elope from his day program because the day program has a one-to-one support person with or near claimant at all times and because community access is embedded into that day program where claimant goes out into the community daily. She stated that claimant seems content with that and that community access is part of his daily routine in the day program.

17. Ms. Velasco's observations of claimant at the SB facility showed her that while the staff at the facility is very caring and affectionate towards claimant, there were very few structured opportunities for claimant to communicate. Claimant is very compliant to the staff and sees the SB administrator as an authority figure.

18. On cross-examination, Ms. Velasco admitted that she did not put the diagnosis of early onset dementia in her report regarding claimant because she was not aware of that diagnosis. Notably, that diagnosis was listed in Mr. Lemon's report.

She also admitted that claimant's risk of elopement is currently controlled by the one-to-one support services overseeing him, but she would like to see more structured applied behavior analysis (ABA) hours for claimant to ensure he is working towards improving his communication. Ms. Velasco believes that better communication skills would reduce claimant's need to elope.

19. Ms. Velasco also wrote in her declaration, which was received in evidence, that her recommended reduction of one-to-one support service hours for claimant should not be an arbitrary reduction, but instead should be based on his successful acquisition of replacement behaviors of elopement based on data obtained. She specifically wrote as follows:

> Rather than viewing one-to-one staffing as either indefinitely necessary or subject to arbitrary reduction, my assessment conceptualizes staffing intensity as a dynamic clinical variable that should be systematically adjusted in response to objective behavioral data, demonstrated independence, and successful acquisition of functionally equivalent replacement behaviors.

TESTIMONY OF JORGE GUTIERREZ

20. Jorge Gutierrez is a consumer program liaison with the quality assurance department of IRC. He has worked at IRC for almost 20 years and worked with the quality assurance department for about 16 years. He has held previous positions at IRC, including the positions of case manager and consumer services coordinator. In his current position, he supervises residential facilities to make sure they follow all

required regulations and are safe for consumers. Mr. Gutierrez is familiar with claimant because Mr. Gutierrez has been assigned to oversee the SB facility since 2017.

21. Mr. Guitierrez testified that SB is a level 6 facility currently but used to be a level four facility. The staff ratio for a level 6 facility depends on the number of residents; when four residents are in the facility, the facility is required to have one staff member for every two residents. He stated that facilities can ask for one-to-one support services if a resident has exceptional needs, but the one-to-one support services are intended to be temporary. In order for a facility to be vendored with IRC as a residential facility, the facility must first be licensed to operate by the California Department of Social Services, Community Care Licensing Division, and the administrator of the facility will provide IRC with the terms of the program design for the facility. The program design for the SB facility was received in evidence. Mr. Guitierrez testified that the SB facility is currently vendored with IRC for four beds, and prior to 2019, it was vendored for six beds. Mr. Guitierrez stated that IRC no longer vendors with facilities with six beds and now only vendors with facilities with four beds. Residential facilities are expected to be able to meet the needs of the consumers they indicate they will serve in their program design document. In this case, claimant does meet the entry requirements for placement as a resident at the SB facility.

22. Mr. Guitierrez testified that claimant was placed in the SB facility on August 7, 2017. The admission agreement for his placement was received in evidence and shows that SB is required to provide 24-hour supervision of residents. Mr. Guitierrez stated that most level 6 facilities, like SB, would have staff awake 24 hours per day.

23. With regard to residents who have elopement issues, Mr. Guitierrez stated that most facilities have strategies to address those residents, including putting

an alarm on the doors and windows and having one-to-one supplemental support services to the resident for oversight. With regard to the SB facility, Mr. Guitierrez stated that the SB facility has historically met its requirements for staff training.

24. Mr. Guitierrez also testified that his audits of the SB facility show that it has provided activities for its residents but, historically, outings "have been an issue" because they mostly "went on walks or did drive through to get food because behaviors were a concern in the community." He stated that IRC has recommended that the SB facility "do more outings" with the residents on a weekly basis. IRC recommended that the SB facility provide two outings per week.

25. Mr. Guitierrez stated that the one-to-one support services provided to residents with exceptional needs related to eloping, which claimant qualifies for, is meant to be a temporary service based on the resident's needs. However, if the need for the one-to-one service remains, then the one-to-one service should continue.

TESTIMONY OF CHRISTINA PEDROZA

26. Christina Pedroza is currently employed by IRC as a consumer service coordinator (CSC), a position she has held for the past 18 years. Prior to this position with IRC, Ms. Pedroza worked in group homes for individuals with disabilities. Her current position requires her to connect consumers with the appropriate services they need, which vary by consumer. Ms. Pedroza has been claimant's CSC for the past eight years, and she sees him on a quarterly basis.

27. Ms. Pedroza testified that when she attempts to get behavioral services for a consumer, typically a behavioral specialist provides a behavioral assessment, then the request for behavioral services is given to Ms. Pedroza based on that assessment. Thereafter, Ms. Pedroza consults with her program manager, the behavioral team, and

the director to discuss the request and determine whether behavioral services and supports are appropriate for funding for a consumer.

28. Claimant currently attends a day program provided by Oparc Summit Service East (Oparc). An Individualized Service Plan (ISP) for claimant from Oparc was received in evidence. Claimant began attending a day program with Oparc on October 18, 2017. Ms. Pedroza has discussed claimant's elopement behaviors with the program manager of Oparc, who informed her that claimant has not attempted to elope from the day program since 2018. In 2018, claimant attempted to elope from the day program during an outing to a mall when claimant wandered away from the group. The Oparc staff were able to find claimant sometime later. After that 2018 incident of claimant eloping, the Oparc day program implemented preventative measures to prevent further elopement. Specifically, claimant is now placed in a group with two other consumers who do not have elopement behaviors, and claimant is always close to staff who sit next to claimant. The Oparc day program has six total consumers and two staff members. The community activities claimant participates in with Oparc include going out to lunch two times per week, going on walks to parks, and going to community centers and vendor fairs. When claimant is out in the community with his day program, he stays close to the day program staff and generally does not display bad behavior.

29. With regard to the process for IRC's approval to fund one-to-one support services, Ms. Pedroza explained that generally such a request comes from a care provider, who provides supporting documentation, including incident reports, behavioral specialist reports, and medical documentation. Ms. Pedroza then takes the request and supporting documentation to her program manager, who reviews them to determine if it is appropriate to move forward with the request. If approved, the

request goes to the regional center director for approval. At times, a behavioral team may be involved in the decision-making process to discuss the behaviors that are occurring. With regard to ongoing support for one-to-one support services, the behavioral team reviews the documentation and information every six months to ensure that the one-to-one support services are still needed and appropriate.

30. Ms. Pedroza stated that claimant initially was approved by IRC to receive 496 hours of one-to-one support services, but those hours fluctuated during the COVID pandemic when there was no day program provided. Currently, claimant is approved for 568 hours of one-to-one support services. Those hours are calculated by taking 24 hours in a day, subtracting time of transportation and when claimant is in his day program during the week, leaving 16 hours per day during the week and 24 hours per day during the weekend, multiplied by 31 days in a month, resulting in 568 hours. Ms. Pedroza testified that the IRC behavioral team initially approved claimant's one-to-one support services and has continued to approve those hours through the years after Ms. Pedroza presents claimant's case to the behavioral team every six months, which has been done now for four years. At the fourth-year review, the behavioral team recommended that it no longer review the need for the one-to-one supplemental service and instead, approval for services should be sent to the IRC director for approval because the need is based upon health and safety concerns because of his elopement behavior, rather than behavioral concerns such as aggression.

31. With regard to Ms. Pedroza's responsibilities related to the SB facility, she reviews the daily notes, weight charts, incident logs, every receipt and expenditure, medical and dental documents, and other related documents for each of the IRC consumers at the SB facility, including claimant, to ensure the health and well-being of

the consumers is protected. Additionally, she tours the facility and looks into everyone's bedroom and closet to make sure the consumers have clothing, looks at the sheets to make sure they are clean, looks at bathrooms to make sure things like bleach are locked up, makes sure everyone has food, and also looks for outside activities provided. Ms. Pedroza has always been able to get the requested information from the SB facility. However, she did ask for additional information regarding community activities and outings, but "there was no answer for that." She has reviewed the daily notes for years for the SB facility, which show community outings. Based on her review of those daily notes, the SB facility provides limited outings. She reviewed receipts for drive-through restaurants, door dash, and Amazon orders and asked the SB facility why the residents are not going out of the facility to buy those things on their own. The answer she received was that they did not do that because of behaviors and AWOL concerns.

32. Ms. Pedroza has interacted with the staff at the SB facility. She described them as very nice, kind people, but stated communication is limited due to a language barrier. She said she gets "yes" and "no" answers but not in-depth conversations. Ms. Pedroza monitors the SB facility to make sure it is in compliance with the board and care requirements set forth in regulations, and it has been in compliance. She has provided support to the SB facility to ensure that it remains in compliance. Ms. Pedroza has not seen any substantive changes in the SB facility or its operation in the past eight years. She also noted that there has not been any improvement in the number of outings for residents, which is an area of concern for her. She also stated that in September 2025, there were changes in the requirements for the one-to-one support services, which require the SB facility to provide new forms related to vendor requests, monitoring, and case management, as well as more supporting documentation related to the daily notes and behavioral specialist reports. Those

documents now have to be reviewed by multiple teams at IRC, including the quality assurance team. Ms. Pedroza testified that to date, the SB facility has complied with these new requirements.

33. Ms. Pedroza testified that the SB facility is a safe place for claimant to reside. She stated that the performance of the staff is an important deterrent for elopement behaviors, which includes training for the staff.

TESTIMONY OF CHRISTINE SLAUGHTER

34. Christine Slaughter is employed at IRC as a behavior support coordinator, a position she has held for the past 10 years. Ms. Slaughter's responsibilities in that position include assisting and supporting providers for ABA services, supporting CSCs with any questions or issues related to ABA providers, reviewing ABA reports, assisting and supporting crisis services, personal assistant services, and personal assistant services for adults, and completing home visits to determine if and when behavioral services are appropriate. Prior to her current position, Ms. Slaughter worked at IRC as a CSC, worked on the quality assurance team and monitored facilities, worked as a liaison for day programs, camps, independent and supportive living services, and crisis services. Ms. Slaughter is familiar with claimant because she was on the behavioral services team at IRC in 2018 when there was a request for one-to-one support services for claimant.

35. Ms. Slaughter testified that claimant has been in the SB facility since August 2017. On September 7, 2017, claimant eloped from the SB facility during a time when the SB facility staff was helping claimant off of the bus. The SB facility notified the sheriff's department, who located claimant and transported him back to the SB facility that same day. As required, the SB facility filed an incident report with IRC,

which was received in evidence. As a result of this incident, the SB facility installed door and window alarms in the facility and counseled claimant regarding his safety. At that time, claimant was still being assessed for a determination of the appropriate behavioral plan to prevent elopement.

36. On October 2, 2017, claimant again eloped from the SB facility. Claimant requested to use the bathroom, but he exited the SB facility through another consumer's bedroom. The SB facility staff immediately began to search for claimant and called 911, and a police report was made. Claimant remained missing for two days and was found by the Riverside Police Department on October 4, 2017, and transported to Riverside Community Hospital. As a result of this elopement, the SB facility thereafter began using a GPS monitor to assist in locating claimant if he eloped, placed a medical alert bracelet on claimant, and requested one-to-one support services from IRC based on a request from claimant's psychiatrist and the California Department of Social Services, Community Care Licensing division. The SB facility timely reported the incident to IRC, and IRC approved the request for one-to-one support services as a result of this elopement.

37. Ms. Slaughter testified that the responsibilities of the one-to-one support services staff member is to work with claimant to ensure his safety and health is taken care of, assist in the implementation of a behavioral plan, assist with activities of daily living, and document what transpires during the approved hours of one-to-one support in daily notes. The data recorded by the one-to-one support services staff member is used by the in-home behaviorist to determine if further one-to-one support services are appropriate.

38. Ms. Slaughter conducted a "soft behavioral assessment" of claimant on August 20, 2018, at the SB facility for the purpose of determining if the one-to-one

support services for claimant should be approved for 568 hours. She wrote a report summarizing this assessment, which was received in evidence. During this assessment, the attendees were claimant, the SB facility administrator, SB facility staff, and other consumers. Ms. Slaughter testified that at that time, elopement was the largest concern for claimant. The SB facility administrator advised Ms. Slaughter that the facility had GPS monitoring of claimant, staff stationed at the door of the facility, and staff stationed at claimant's bedroom door during the night monitoring his bedroom. Claimant only slept a few hours per night, which has been the case since he was a young child. At that time, Ms. Slaughter was concerned because the SB facility did not have enough community activities for claimant, and the daily notes for the SB facility reflected that claimant only had his day program as a community activity. The day program was successful in taking claimant into the community, and Ms. Slaughter advised the SB facility administrator to speak to the day program operators to discuss how they were taking claimant into the community and to implement the same strategies at the SB facility. In her report, Ms. Slaughter advised the SB facility administrator at that time as follows:

> Administrator will speak to in-home behavior consultant about creating a program that involves community outings and activities. Since [claimant] has the 1:1 the activities can be individualized and adapted to fit his needs. Specific goals need to be created for community integration which may decrease [claimant]'s need to awol at the home.

39. On February 27, 2019, Ms. Slaughter conducted the six-month review of the SB facility and the approval of the one-to-one support services for claimant, and she summarized her findings in a report received in evidence. Ms. Slaughter testified

that she did not visit the facility for this review and only did a document review. She noted on this review that claimant "continues to perseverate on thoughts of leaving the home." Ms. Slaughter reviewed the daily notes and all documents provided to her from the facility as requested, and she noted that there were no behavioral intervention strategies being implemented by the SB facility to address claimant's elopement issues. Ms. Slaughter testified that the SB facility administrator would only walk claimant to the end of the street and back, but no other community outings were provided. Despite these concerns, IRC approved the continuation of the 568 one-to-one support services hours "because we wanted the home to navigate into the right direction."

40. On March 25, 2021, Ms. Slaughter wrote an email, which was received in evidence, to Ms. Pedroza regarding the behavioral team's six-month review of the approval of claimant's 568 one-to-one support services hours. As had been done every six months since August 2018, Ms. Slaughter reviewed all supporting documents provided by the SB facility, including daily notes related to claimant. Ms. Slaughter's email summarized her review and the behavioral team's position that the behavioral team should no longer be evaluating the appropriateness of the one-to-one support services for claimant, and instead, the director of IRC should be doing so. The email provides, in part, as follows:

> This 1:1 support has been in place since 2018. The initial authorization was for 248 hours in 2018 we are now supporting 568 hours a month of 109 supplemental support which does not include the additional 176 hours of Covid 19 support. It would be the expectation of the Behavior

Team that behaviors would be addressed by now and the hours would titrate however that has not happened.

Per our discussion, you reported the hours are continuing to be authorized due to his AWOL attempts. The home has the 1:1 staff watch [claimant] and the doors in the home to ensure he does not leave the home unattended.

It would be the expectation of the Behavior Team that after 4 years of a 1:1 support that the home and the behaviorist would identify the function of the behavior. Furthermore, they would implement a plan to address and decrease the behavior. However, per the notes and our conversation no plan is in place. The 1:1 staff just continue to watch [claimant] and the door in order to prevent him from leaving.

Per the notes, no active engagement is noted besides an occasional afternoon walk. No activities are documented like playing basketball on their court, going to the local park or doing arts & crafts.

IRC is supporting 24 hours a day of 1:1 supplemental support it is the expectation of the Behavior Team that a program is individually created for [claimant] to engage him in an array of activities during the day. Per the notes, there is not an array of activities. Per the notes, it is difficult to note how the 1:1 support in engaging with [claimant]

besides watching the door to ensure he does not leave the home.

The goal of the 1:1 supplemental support is to address the behavior, create an intervention plan and eventually reduce the hours. Unfortunately, the Behavior Team does not see this happening per the history of this case.

At this time it is the recommendation of the Behavior Team that this 1:1 supplemental support is in place only to support his health & safety. The home is not interested in creating an individual program for [claimant], the home is not interested in addressing the behavior that makes [claimant] want to leave the home, the home is not interested in their 1:1 staff being actively engaged with [claimant] during the day. It appears as though the hours will always remain at 744 and will never titrate. It is for this reason that this 1:1 support does not have to come to the Behavior Team. It continues to be authorized only to ensure his health & safety only. Please have this case discussion with your PM and the Director and they can determine the appropriate next steps in supporting [claimant]. At this time given the information provided it is difficult for the Behavior Team to continue to support the 744 hours as we know the behaviors have not and will not be addressed.

41. Ms. Slaughter testified that based on her review of all documents provided by the SB facility, the SB facility has not provided claimant with consumer

choice techniques that promote his interdependence and self-determination. Ms. Slaughter testified that pursuant to Welfare and Institutions Code section 4502, subdivision (b)(10), persons with developmental disabilities have the right to make choices in their own lives, including where and with whom they live, their relationships with people in the community, and the way they spend their time, which the SB facility does not provide to claimant. As a result, claimant's right to have free choice and options has been violated, according to Ms. Slaughter. Notably, that issue of whether claimant's free choice rights have been violated by the SB facility is not at issue in this hearing. Instead, the only issue at this hearing pursuant to the NOA is whether IRC should reduce the one-to-one support services hours.

42. Ms. Slaughter testified that the last time she visited the SB facility was in 2020, and the last time she was involved in assessing claimant for any purpose was in 2021. On cross-examination, Ms. Slaughter stated that claimant has not successfully eloped since 2018, and "we want to give him the opportunity to titrate those hours of one-to-one down to give him the best possibility to have a fulfilling life and to make some choices." She then stated, "if it is not working, we can always review it again." Ms. Slaughter testified that claimant will always need some one-to-one support service hours to some degree. She stated that currently, the SB facility gives only 3.75 hours per month of behavioral support to claimant, but he needs more behavioral support hours. She also stated that the staff of the SB facility also need to be trained on how to implement a behavioral plan.

TESTIMONY OF ANTHONY DUENEZ

43. Anthony Duenez is employed by IRC as a program manager, a position he has held for the past 11 years. In this position, he supervises 22 CSCs and assists them with case management, gives guidance and coaching to CSCs, and reviews cases

and purchases of services requests and discusses related issues with the appropriate team. Prior to being a program manager, Mr. Duenez worked at IRC as a CSC for 17 years. Mr. Duenez is familiar with claimant because he assumed responsibility for claimant's case in October 2022.

44. Mr. Duenez described the process for approval of services and supports for a consumer at IRC. He stated that a CSC comes to him after the CSC has met with consumer's family to discuss goals and needs to see if supports are needed. Mr. Duenez stated that he and team members decide whether to approve a service or support after reviewing all information available. The needs and goals of a consumer are documented in the consumer's individualized program plan (IPP).

45. Mr. Duenez has been involved in the determination to reduce the one-to-one support services hours for claimant. Claimant's CSC, Ms. Pedroza, brought this issue to his attention, and they discussed claimant's goals and reviewed all information and documents available from the SB facility to make a determination of whether the current one-to-one support services hours of 568 hours are appropriate and needed. Mr. Duenez testified that they determined that "the data did not support continuing the service, but after discussion, we felt it was best to continue services but to start to reduce them down." He stated that "the feeling was that the data was not really giving us a good picture of what was going on, and there was probably a need for one-to-one." He further stated, "because we were not sure, we wanted to start with some reduction of those one-to-one hours while gathering data to support either the reduction or continuance."

46. Mr. Duenez testified that he is not a behavioral expert, but Ms. Velasco provided more insight to him on "how this should be dealt with . . . don't take it away, but we should reduce hours to an amount to be determined." Mr. Duenez stated that

based on his review of the daily notes from the SB facility and other documentation, the number of documented behaviors from claimant was consistent with the daily notes from staff of the SB facility. He stated that there were no documented techniques used to provide adaptive skills to claimant to replace his behaviors, and there was very little detail in the daily notes on what claimant's demonstrated behaviors were. Mr. Duenez stated that IRC provided guidance and technical support to the SB facility to assist it with providing more detail in the daily notes and more documentation to justify the continued one-to-one support services for claimant. Mr. Duenez also had a face-to-face conversation with the administrator of the SB facility. During that conversation, Mr. Duenez told him that IRC "does not have the documentation to support this, and we will keep it going in good faith, but please work with your staff to get better notes." Alternatively, claimant is not exhibiting the elopement behaviors justifying the one-to-one support services. The administrator of the SB facility agreed, but when the next set of documentation was provided to IRC, nothing had changed. According to Mr. Duenez, "that is when we decided to make recommendations to reduce or remove the one-to-one support services hours."

47. Mr. Duenez testified that the applicable regulations require that the SB facility provide direct supervision as needed to its residents. Also, the program design document submitted by the SB facility to IRC for vendorization provides that the SB facility will provide behavioral support for residents who leave without notice as well as staff who will provide direct supervision of residents, and it will document those activities. Mr. Duenez testified that it is uncommon for a residential facility to require supplemental services, but those supplemental services are required when there is a health and safety issue. When there is a behavioral component to that issue, then IRC looks for a "high frequency of documented behaviors and attempts from staff to try to decrease those behaviors." If a behavioral plan is in place, and everything that needs to

be done pursuant to that behavioral plan is being done," then IRC will work with the facility to see if supportive services are necessary. He stated that a determination of whether supportive services are necessary varies by what is causing the behaviors, but the determination is a collaborative process between IRC and the facility. IRC's goal is to make sure the consumer is in the least restrictive environment.

48. Mr. Duenez testified that the one-to-one supplemental services for claimant were not meant to continue indefinitely, and the administrator and staff of the SB facility were aware of that. Mr. Duenez stated that the staff and administration of the SB facility "are aware there is a fade out plan to have the service of one-to-one be removed."

49. Mr. Duenez stated that IRC made an offer to claimant's family of reducing his one-to-one support services while increasing his behavioral support, getting enhanced staff training at the SB facility, and providing structural alternatives when the elopement behavior presents. IRC also offered an alternative to that proposal of simply transferring claimant to a higher level of care facility that will provide constant one-to-one supervision. Claimant's family rejected both of those offers from IRC.

50. On cross-examination, Mr. Duenez was asked if claimant's health and safety was still in danger from elopement and whether the one-to-one support services would still be necessary regardless of IRC's desire to fade those hours out. In response, Mr. Duenez stated, "I am not 100 percent sure – it would be a different viewpoint and we would be looking at it from different criteria." Mr. Duenez further stated that if the request for one-to-one supplemental services was based on health and safety, then IRC would follow that criteria. Instead, IRC is currently looking at whether the service is appropriate based on claimant's behaviors. When asked if

claimant's most recent IPP discusses claimant's need for support for health and safety reasons due to his lack of safety awareness and extreme elopement behaviors, Mr. Duenez stated, "I don't know, I would have to review the IPP."

51. Mr. Duenez admitted on cross-examination that he agreed with the statement in Ms. Velasco's declaration that claimant's one-to-one support services hours should not be arbitrarily reduced, but instead only reduced once replacement behaviors to elopement have been demonstrated. Mr. Duenez also admitted that the NOA at issue in this hearing simply reduced those hours to arbitrary levels from 568 hours down to 300 hours.

Claimant's Evidence

52. Claimant presented the testimony of two witnesses, namely, claimant's stepfather and claimant's mother, who is also claimant's conservator over claimant's person and estate. The following factual findings are made from their testimony, as well as numerous related documents received in evidence.

TESTIMONY OF CLAIMANT'S STEPFATHER

53. Claimant's stepfather has known claimant for claimant's entire life and has been his stepfather for the past 12 years.

54. Claimant is 47 years old and has been a consumer at IRC for the past 10 years and a resident of the SB facility for the past 8 years. From 2018 to 2023 claimant's program manager was Mandy Aleshinloye, and during that time, Ms. Aleshinloye approved and authorized the one-to-one support services for claimant as a medical necessity for his health and safety because of claimant's extreme elopement behaviors, which he exhibited since his late teenage years. Claimant provided a

declaration from Ms. Aleshinloye, which was received in evidence. Ms. Aleshinloye's declaration provides, in part, as follows:

> [Claimant's] IPPs consistently documented a severe and longstanding pattern of elopement behaviors. His history included elopement from every non-institutional residential placement in which he had lived, including Shower of Blessings. Multiple elopement incidents resulted in hospitalizations for life-threatening medical conditions. This history established an ongoing and serious risk to [claimant's] health and safety. Based on this documented risk, every IPP during my tenure recommended the provision of a one-to-one (1:1) personal assistant. The primary and essential function of this service was to prevent elopement and protect [claimant's] safety. I approved each of these recommendations.
>
> The authorization of a 1:1 personal assistant was not discretionary or arbitrary. It was required to meet [claimant's] assessed needs and was consistent with the mandates of the Lanterman Developmental Disabilities Services Act, applicable provisions of the Welfare and Institutions Code, and guidance issued by the California Department of Developmental Services, including its Safety Net Preventative Plan.
>
> During the years I served as [claimant's] Program Manager, the Inland Regional Center behavior team and I conducted

> formal reviews of his daily consumer notes at six-month intervals to evaluate whether the 1:1 service remained necessary. Each review confirmed that [claimant] continued to exhibit extreme elopement risk and that the service remained medically and behaviorally necessary to ensure his safety. As a result, continuation of the service was approved each time.
>
> Throughout my tenure as Program Manager, I approved every request recommending continuation of the 1:1 personal assistant due to [claimant's] ongoing and extreme elopement tendencies. Importantly, while I served in this role and while the 1:1 supervision was in place, [claimant] did not experience any successful elopements.

55. Claimant's stepfather stressed that nothing has changed with regard to claimant's desire and ability to elope, but he has not been successful in eloping because of the measures put in place, including the one-to-one support services. Claimant's last successful elopement from the SB facility in October 2017 resulted in him being hospitalized for life-threatening injuries from wandering without food or water when he was found on the streets of Riverside by the Riverside Police Department after going missing from the facility for days. As a result of his elopement in October 2017, claimant was treated in the hospital for hyponatremia, rhabdomyolysis, and encephalopathy.[1] Prior to his placement at the SB facility,

[1] Hyponatremia is a deficiency of sodium in the blood. Rhabdomyolysis is a disintegration of dissolution of muscle, associated with excretion of myoglobin in the

claimant had at least two or three incidents of elopement from a board and care facility where he lived. On one of those occasions, claimant slipped out of the facility when a guard was distracted and went missing in the middle of the summer for a very long period of time. On that occasion, claimant walked through eight cities without food or water until he was found collapsed on a heavily trafficked street by a motorist and was transported by ambulance to the hospital suffering from severe, blistering sunburn to his face among other injuries.

Since claimant has received the 568 hours of one-to-one support service, he has had no successful elopements. Claimant's psychiatrist approved those support hours. Furthermore, since claimant eloped from the SB facility in October 2017, the director of the SB facility has been required to provide one-to-one support services to claimant in order to keep the SB facility licensed by the California Department of Social Services, Community Care Licensing (CCL) division. Claimant provided a letter from the administrator of the SB facility that provides, in part, as follows:

> Without the 1/1, 24/7 service for [claimant] creates a real risk for the safety of [claimant]. We have provided an adequate amount of documentation to demonstrate the needs for the service that is necessary to protect [claimant]. We are following the requirements of CCL following the last AWOL event from [claimant]. CCL indicated that the need of 1/1, 24/7 for the continuation of [claimant] in the home

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urine that can be due to intense, prolonged physical exertion. Encephalopathy is any degenerative disease of the brain. (*Dorland's Illustrated Medical Dictionary*, 29th Edition, 2000, W.B. Saunders Co.)

> would be imperative. [Claimant] was AWOL for two weeks and was found wandering in Riverside downtown and taken to the Riverside Community Hospital. Our facility was cited and fined for this event in October of 2017. Since that time, CCL required that we provide the 1/1 service. Without the safety of the 1/1 service for [claimant] the risk of his safety is unperilled and the safety for [claimant] is extremely necessary.

56. Claimant's stepfather stated that claimant suffers from insomnia, making any fade-out plan for the one-to-one hours during the nighttime problematic because he tends to wander during the nightshift hours at 2:00 a.m. or 3:00 a.m. and must be redirected. Claimant also suffers from a number of neurodegenerative and developmental disabilities, is cognitively impaired, and now has early-onset dementia. Claimant has deficits in his cognitive and executive functioning, and he lacks safety awareness. Additionally, claimant is now significantly visually impaired with his last functioning eyewear made in 2017. Claimant's visual deficits can no longer be corrected. Because claimant is not aware of his surroundings or his safety, he could easily wander into streets or traffic, which he has done on numerous occasions when he eloped. On one occasion when he eloped, he was found wandering on the I-10 freeway. Each of claimant's IPPs since he began residing at the SB facility document his extreme elopement behaviors and risks. Nothing has changed since 2018 regarding claimant's elopement behavior, which he has exhibited for the past 30 plus years, but since that time, his visual ability has decreased, and his executive functioning has decreased due to his dementia diagnosis. Claimant's stepfather states that claimant elopes not because he is trying to escape, but simply because it is in his nature to do so. Claimant does not know why he elopes or where he is going, which is similar to

dementia wandering. This presents a serious health and safety risk not only to claimant, but to the general public if he were to wander into traffic.

57. Claimant's stepfather stated that since the one-to-one supportive services have been in place, claimant has not successfully eloped. However, claimant continues to attempt to elope about 30 to 50 times per month, as documented in Mr. Lemon's Applied Behavioral Alternatives, Inc. reports dated October 12, 2025, and August 28, 2025, which were both received in evidence and supported claimant's stepfather's testimony in this regard. Claimant's stepfather stated that claimant is "constantly watching for opportunities to leave without staff supervision." Claimant also provided a declaration from Mr. Lemon, which was received in evidence. In that declaration, Mr. Lemon notes that claimant currently "presents a high-risk profile for elopement" with a lifelong pattern of elopement behavior with increased severity in adulthood, with "extended AWOL incidents lasting multiple days," and "physical injury, including burns and dehydration requiring hospitalization." Mr. Lemon further noted that "staff presence and proximity is the primary antecedent variable influencing [claimant's] behavior." Mr. Lemon further noted that the absence of the elopement behavior under conditions of intensive environmental controls, such as the one-to-one support services, "cannot be interpreted as evidence supporting a reduction in supervision, but rather confirms the effectiveness and necessity of current supports." Notably, with regard to his review of Ms. Velasco's functional behavioral analysis (FBA) report, Mr. Lemon wrote:

> The FBA documents significant communication and adaptive deficits, including limited expressive language, lack of initiation, and inability to communicate basic needs.

> These findings indicate that [claimant] does not yet possess the independent skills necessary to safely replace elopement behavior without intensive support. Accordingly, 1:1 staffing remains necessary to support communication, prompt appropriate responses, and ensure safety.

58. Claimant's stepfather opined that Ms. Velasco's suggestion that additional behavioral support would alleviate claimant's elopement behaviors is purely theoretical and speculative. He stressed that it is not appropriate to "experiment" with claimant by reducing his one-to-one support services to see if he will elope, particularly given his history and the extreme danger that poses to claimant. He stated that Ms. Velasco's theory that if claimant could communicate better, he could verbalize his choices when he is frustrated and would no longer attempt to elope. However, Ms. Velasco is ignoring the fact that claimant already receives behavioral support at his day program, which he has attended for 9 years, 5 days a week, for 6 hours per day for 30 hours per week for 50 weeks a year. Claimant has already been receiving over 12,000 hours of behavioral modification from a board-certified behavioral analyst. Even with those over 12,000 hours of behavioral modification, claimant still chooses to not participate in many of the group activities at the day program, and if given a choice, claimant will refuse to participate.

59. Claimant's stepfather stressed that he and claimant's mother do not object to claimant receiving more behavioral support at the SB facility as IRC claims he needs. However, they want claimant to be safe, and reducing the one-to-one support service hours will endanger his safety. He stressed that the NOA at issue in this hearing does not mention any increase in behavioral supports and only requires a reduction in the one-to-one support service hours.

60. Claimant's stepfather and claimant's mother both believe claimant is currently safe and well-cared for at the SB facility with the current level of one-to-one support service hours. They do not want claimant to be required to move from the SB facility where he has happily lived for the past nine years.

TESTIMONY OF CLAIMANT'S MOTHER

61. Claimant's mother is claimant's legal conservator for his person and property. Claimant's mother testified that she is very grateful to IRC for all of the services, supports, and benefits they have provided for her son over the years. She regrets that she now finds herself in an adversarial position with IRC because IRC is insistent on fading out the one-to-one support service hours she believes are necessary to keep her son safe. Claimant's mother stated that she believes that claimant's program manager, Mr. Duenez, is experimenting with her son's safety by doing so. Claimant's mother understands that the one-to-one support services are a temporary service based on need. However, the words "temporary" and "need" are relative, and claimant has a need for these services right now because of his extreme elopement behavior. She admitted that there may be a time in the future when those services are not needed, but that time is not now.

62. Claimant's mother believes that IRC is not taking claimant's safety seriously, and with all the evidence presented by IRC at this hearing, IRC has still failed to prove that claimant does not have a need for the 568 hours of one-to-one support services for his safety. Claimant's mother stated that Ms. Velasco's opinion that claimant can be stopped from eloping with additional behavioral therapy is "a separate matter." She stressed that claimant is already receiving behavioral therapy, and she does not see how a few more hours of behavioral therapy will do any good. However, if IRC wants to provide those additional hours of behavioral therapy, that is

fine with her, and she has no objections to that. But she does not want the one-to-one support services hours to fade out or decrease unless and until there is demonstrative evidence that claimant will not attempt to elope. That does not exist today. Claimant's mother is very opposed to moving claimant into a locked facility as IRC has proposed as an alternative because claimant will not thrive in such an environment.

63. Claimant's mother stressed that claimant has insomnia and does not sleep well. Also, nighttime is when most of claimant's escape attempts occur. Accordingly, any reduction of those nighttime one-to-one support service hours would not be appropriate and would jeopardize claimant's safety.

64. Claimant's mother also stressed that the SB facility has been lovingly caring for claimant and has been involved with him. She stated that while she heard testimony that some of the staff do not speak English, her observations from being in the facility often are that every staff member speaks, writes, and reads in English. When she visits claimant at the SB facility, he is always clean, well groomed, his bed is made, and his room is organized. The facility sets meal times and provides choices to claimant of what beverages he wants, snacks he wants, and whether he wants to be inside or outside. Claimant makes those choices in the SB facility. She stressed that claimant is now in his late 40's and not a child. Her son is a mild mannered, malleable, and easily manipulated individual. Claimant is generally an introvert and wants to be alone. She stressed that nighttime is claimant's danger time, when it is quiet and he is comfortable walking away, and he will do so as far as his stamina will take him.

65. Claimant's mother testified that IRC gave her the choice between reducing claimant's one-to-one support services hours or putting him into a lockdown facility, which is not a real choice to her. She cannot choose either of those options for her son as neither would keep him safe.

66. Claimant's mother also stressed that the idea that claimant can be taught out of his desire to wander is misconstrued. He has suffered since his birth. In claimant's teen years, his wandering or elopement happened more frequently, and claimant's mother sought help from psychiatrists, behavioral specialists, hospitals, police, and IRC. In his 47 years of life, claimant has undergone thousands of hours with professionals to help him communicate his desires, to find out why he wanders, and to make him understand the risks of doing so. None have succeeded in those efforts. In high school, claimant attended a special education class and when staff was not watching, he would elope, and the police would have to return him home. As a result of these elopements, the school could not keep him safe, and he had to be homeschooled for the remainder of high school. Claimant's mother moved claimant to the SB facility because she could no longer keep him safe in her home. Claimant wears a medical-alert bracelet that assists police in returning him home. He also wears a GPS tracker, which he has removed from his clothing and thrown in the trash, resulting in the need to place the GPS tracker in his belt. The SB facility has also placed alarms on the doors and windows. She has done what is in her power to keep her son safe, and the one-to-one support service hours are a key part of that. Those hours are necessary for his safety, and she is asking to keep them until it has been shown that those hours are not necessary for his safety.

LEGAL CONCLUSIONS

Burden and Standard of Proof

1. Each party asserting a claim or defense has the burden of proof for establishing the facts essential to that specific claim or defense. (Evid. Code, §§ 110, 500.) In this case, claimant bears the burden to demonstrate that he is entitled to

continue to receive one-to-one supplemental support services of 568 hours of personal assistance services while he resides at the SB facility.

2. The standard by which each party must prove those matters is the "preponderance of the evidence" standard. (Evid. Code, § 115.) A preponderance of the evidence means that the evidence on one side outweighs or is more than the evidence on the other side, not necessarily in number of witnesses or quantity, but in its persuasive effect on those to whom it is addressed. (*People ex rel. Brown v. Tri-Union Seafoods, LLC* (2009) 171 Cal.App.4th 1549, 1567.)

The Lanterman Act

3. The State of California accepts responsibility for persons with developmental disabilities under the Lanterman Act (Act). (Welf. & Inst. Code, § 4500, et seq.) The purpose of the Act is to rectify the problem of inadequate treatment and services for the developmentally disabled and to enable developmentally disabled individuals to lead independent and productive lives in the least restrictive setting possible. (Welf. & Inst. Code, §§ 4501, 4502; *Association for Retarded Citizens v. Department of Developmental Services* (1985) 38 Cal.3d 384.) The Act is a remedial statute; as such it must be interpreted broadly. (*California State Restaurant Association v. Whitlow* (1976) 58 Cal.App.3d 340, 347.)

4. When an individual is found to have a developmental disability under the Act, the State of California, through a regional center, accepts responsibility for providing services to that person to support his or her integration into the mainstream life in the community. (Welf. & Inst. Code, § 4501.) The Act acknowledges the "complexities" of providing services and supports to people with developmental disabilities "to ensure that no gaps occur in . . . [the] provision of services and

supports." (Welf. & Inst. Code, § 4501.) To that end, section 4501 states: "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. . . ."

5. "Services and supports" are defined in Welfare and Institutions Code section 4512, subdivision (b):

> Services and supports for persons with developmental disabilities" means specialized 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, and normal lives. . . . Services and supports listed in the individual program plan may include, but are not limited to, . . . personal care, day care, special living arrangements, . . . protective and other social and sociolegal services, information and referral services, . . . [and] supported living arrangements, ...

6. The Department of Developmental Services (DDS) 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.) A regional center's responsibilities to its consumers are set forth in Welfare and Institutions Code sections 4640-4659. 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.)

7. In order to be authorized, a service or support must be included in the consumer's IPP. (Welf. & Inst. Code, § 4512, subd. (b).) In implementing an IPP, regional centers must first consider services and supports in the natural community and home. (Welf. & Inst. Code, § 4648, subd. (a)(2).)

8. Pursuant to Welfare and Institutions Code section 4646, subdivision (a), the planning process is to take into account the needs and preferences of the consumer and his or her family, "where appropriate." Services and supports are to assist disabled consumers in achieving the greatest amount of self-sufficiency possible. (Welf. & Inst. Code, § 4648, subd. (a)(1).) The regional center is also required to consider generic resources and the family's responsibility for providing services and supports when considering the purchase of regional center supports and services for its consumers. (Welf. & Inst. Code, § 4646.4.)

9. Services provided must be cost effective (Welf. & Inst. Code, § 4512, subd. (b)), and the Lanterman Act requires the regional centers to control costs as far as possible and to otherwise conserve resources that must be shared by many consumers. (See, e.g., Welf. & Inst. Code, §§ 4640.7, subd. (b); 4651, subd. (a); 4659; and 4697.)

Evaluation

10. Claimant has proven by a preponderance of the evidence that the current level of 568 hours of one-to-one supplemental support service are currently necessary

for his safety at the SB facility where he resides. Furthermore, claimant's mother and conservator credibly testified that claimant is happy and well-cared for at the SB facility where they choose for him to continue to reside. Her testimony was also mirrored by many of IRC's witnesses. The August 21, 2025, NOA issued by IRC is the jurisdictional basis for this hearing and sets forth the only issue for determination, namely whether IRC should reduce claimant's one-to-one supplemental support services hours from 568 hours to 300 hours and then reevaluate for appropriateness. Notably, the NOA in this matter does not mention any relocation of claimant to another facility, which IRC argued and several of its witnesses testified was provided to claimant as an option rather than reducing his current one-to-one supplemental support hours. Additionally, the NOA does not mention any additional behavioral support hours to be provided to claimant, as IRC argued and several of its witnesses testified was necessary to protect claimant's legal rights to choice. Accordingly, any proposed relocation of claimant from the facility where he currently resides and any proposed additional behavioral support hours to protect his rights to choice are not at issue in this hearing. The only issue in this hearing is whether or not IRC is justified in reducing the one-to-one supplemental support service hours claimant currently receives. All evidence presented at this hearing clearly indicates that the answer to that question is no because doing so will jeopardize claimant's safety and the safety of the general public based on claimant's extensively documented and long-standing history of dangerous elopement. These hours are justified based exclusively on health and safety.

11. While Ms. Velasco testified that additional behavioral supports "may" alleviate claimant's elopement behavior, even she admitted that she has no idea why he elopes and instead provided her own theory that he could not communicate his desires, which caused him to want to elope. This is only her theory. She theorized that

providing additional behavioral supports would alleviate the behavior, however, she herself admitted in her report that her recommended reduction of one-to-one support service hours for claimant should not be an arbitrary reduction and should be based on his successful acquisition of replacement behaviors of elopement based on data obtained. To date, there has been no such data indicating that claimant has any replacement behaviors for his elopement behavior, which remains at a dangerous level of around 30 to 50 attempts per month, as Mr. Lemon's report shows. The concept of simply taking away these hours without proof that claimant will not elope in order to see if claimant will be successful in eloping is dangerous and disturbing. Notably, the proposed action IRC wants to take is to reduce the hours from 568 to 300 over the course of three months and then review the appropriateness of those hours. That proposal is completely arbitrary and not based on any evidence that claimant somehow no longer needs those hours for his safety, which is why they are currently in place. It is also noted that Ms. Velasco completed her entire assessment of claimant after only a 30-minute observation of him and without the knowledge that claimant currently suffers from early-onset dementia, thus further undercutting her conclusions.

12. After consideration of all evidence presented, a preponderance of the evidence demonstrates that claimant currently suffers from extreme elopement behaviors and has no behavioral replacement skills in place to prevent him from eloping. As a result, the 568 hours of one-to-one supplemental support services are required for claimant's health and safety to prevent him from eloping and for the safety of the general public if he were to elope into traffic. IRC must keep these 568 hours in place until it can prove those hours are not necessary for his health and safety.

ORDER

Claimant's appeal of IRC's decision as set out in the August 21, 2025, Notice of Action to reduce his one-to-one supplemental support services hours from 568 to 300 hours is granted. IRC will keep the 568 hours of one-to-one supplemental support services in place until it has been proven that they are not necessary for claimant's safety from elopement behavior.

DATE: August 12, 2026

DEBRA D. NYE-PERKINS
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 pursuant to subdivision (b) of Welfare and Institutions Code section 4713 within 15 days of receiving the decision or appeal the decision to a court of competent jurisdiction within 180 days of receiving the final decision.