

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

In the Matter of:

CLAIMANT

and

NORTH LOS ANGELES COUNTY REGIONAL CENTER

Service Agency

DDS No. CS0029476

OAH No. 2025090171

DECISION

Thomas Lucero, Administrative Law Judge, Office of Administrative Hearings, State of California, heard this matter by videoconference on January 13, 2026.

Stella Dorian, Fair Hearing Representative, represented the North Los Angeles County Regional Center. Mother represented Claimant. Titles are used to protect confidentiality and privacy.

This matter is governed by the Lanterman Developmental Disabilities Services Act, Welfare and Institutions Code sections 4500 through 4885 (Lanterman Act).

Documents and testimony were received in evidence. The record closed and the matter was submitted for decision on January 13, 2026.

STATEMENT OF THE CASE

Claimant contends reimbursement should be paid because personnel at the Service Agency, now no longer employed there, promised that family members would be paid for respite services they had provided after respite was approved in 2022. The Service Agency contends it has informed the family of options such as the Self Directed Program (SDP) and participant directed services, both allowing family members reimbursement for respite services. The reimbursement Claimant seeks is not covered by those options and is not authorized under the Lanterman Act and regulations.

FINDINGS OF FACT

1. The Service Agency sent Claimant a Notice of Action (NOA) on July 8, 2025. He timely requested a hearing on August 19, 2025.

2. The issue in this matter concerns payment for respite services. Thus the NOA states, Exhibit 2, page A9: "NLACRC is denying your request to retroactively fund for up to 45 hours per month of respite services through parent reimbursement."

3. Claimant is an adult, not subject to conservatorship, who is eligible for services based on autism, or autism spectrum disorder (ASD) of moderate impact. He resides with his father and Mother. At the time of his Individual Program Plan (IPP) on October 18, 2021, he had been working for over a year at a Jack In the Box restaurant.

His stated hope was to complete courses at College of the Canyons for a certificate, perhaps in computer coding.

4. An April 21, 2022 IPP addendum, Exhibit 4, page A49, states:

[R]espice was discussed and mother believes it would be very beneficial for her to receive this service, however she would only feel comfortable if it was conversion respite and her daughters could be the provider. NLACRC received and reviewed the exception request for consumer's adult sister . . . to be respite providers and it was approved on *****
Mother reviewed the list of providers and chose Choice Home Care to be the agency she received the respite service from.

5. The Service Agency has employed Consumer Services Director (CSD) Silvia Renteria-Haro for some 17 years, just over one year in her current position. CSD Renteria-Haro explained in her hearing testimony: conversion respite services allow a consumer and family to choose the person who provides respite hours, but that person would work as an employee of a vendored agency. The vendor would compensate the respite provider as an employee. As set out below, the approved vendor changed.

6. A September 28, 2022 IPP addendum, Exhibit 5, pages A53 to A54, states:

Mother requested to also change her respite and PA [personal assistance] vendor because she was not satisfied with Choice Home Care. The services requested were never used and services will . . . now be utilized through California

Care 4 U Inc. NLACRC will terminate services effective 07/01/2022 with Choice Home Care. NLACRC will fund up to 45 hours per month of conversion respite services with California Care 4 U Inc per respite tool assessment. NLACRC will fund up to 8 hours per day on Mondays, Wednesdays, Fridays and 4.5 hours per day on Tuesdays and Thursdays, to help with his ADL [activities of daily living] needs per PA tool assessment with California Care 4 U Inc.

California Care 4 U Inc to provide up to 45 hours per month of conversion respite services.

Plan for NLACRC supports:

NLACRC will fund up to 45 hours per month provided by California Care 4 U Inc.

NLARC will review respite need on an annual or as needed basis.

7. The Service Agency approved the provision of respite starting June 14, 2022, and ending June 30, 2024. Mother later expressed dissatisfaction with California Care 4 U Inc. Claimant's sister provided respite services, but not as a vendor's employee.

8. On September 30, 2025, CSD Renteria-Haro sent Claimant and Mother an email that followed up on a discussion the day before, describing, Exhibit 10, pages A67 to A68, two ways to receive respite services:

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. . . "Respite-Parent Conversion" is the system you had, and you were not happy with the agency. You can try a different agency if you would like and your sisters/daughters can become the agency's employees to provide respite care to you.

. . . "Respite Participant Directed Services PDS" is a list of Financial Management Services (FMS) that can hire your sisters/daughters to provide the respite care, with this option you have a little more control of your services, however you and your sisters/daughters would have to go through the agency's process to be onboarded. Let me know which model and agency you want to move forward with, and we will contact them to refer you as a potential client. Their phone numbers are on the list if you want to call and ask questions. This may help you decide which agency is right for you.

9. Another option for obtaining respite funded by the Service Agency is the Self Determination Program (SDP). A family choosing this option attends mandatory orientation and, with the Service Agency's assistance, prepares an individual budget based on expenditures of the previous year. Claimant and the family have not chosen this option.

10. CSD Renteria-Haro spoke with Mother in January 2025 to better understand why Claimant had not received the respite services previously approved. Mother stated she did not have good experiences with vendored agencies and took her concerns to a former supervisor, psychologist Veronica Bayer, and a former

director, Gabriela Eshrati, who promised reimbursement for the respite services her daughter provided. CSD Renteria-Haro then looked for evidence of such approval, but found none. She likewise looked for evidence that Mother had supplied the Service Agency with documentation of any provision of respite or payment for respite provided, but found none. Mother testified to her belief that there had been such documentation in the past, but it was "shredded" by the Service Agency improperly.

11. Acknowledging that the mechanics of providing and funding respite may be confusing, CSD Renteria-Haro made sure that she and others gave Mother more, or rather repeated, explanations in 2025. Examples may be found in emails on July 24, 2025, Exhibits 7 and 8, regarding participant directed services. As stated in the latter email, Mother repeated that she was not interested in respite provided by someone outside the family and preferred to pay out of her own pocket.

12. Mother told CSD Renteria-Haro that California Care 4 U Inc. was unacceptable to her because the company had asked her daughters to lie, to take part in fraud.

13. An IPP meeting was held on August 22, 2025, but there was no agreement on services to be provided. Following the meeting, on September 30, 2025, the options for funding respite services described above were again proposed to Mother, but there was no response.

14. CSD Renteria-Haro explained that in general direct parental reimbursement of respite services not provided by means of any of the recognized options above would be contrary to the Lanterman Act and its implementing regulations. The law provides that in the use of public funds there must be such

oversight and accountability as are generally not available other than by means of the recognized options.

Mother's Evidence

15. Mother called Dr. Bayer as a witness, who stated that when employed at the Service Agency she had indeed promised Mother reimbursement for the respite services her daughter provided. Dr. Bayer spoke to Ms. Eshrati on the issue, who said that the Service Agency would go ahead with retroactive funding, reimbursement to Mother, for one year of respite services provided by the family, because there had been so many problems with the case. One such problem was that a Service Agency employee told Mother, erroneously, that Claimant and his family did not qualify for respite because Claimant is an adult. Dr. Bayer recalled that Mother reported fraud or attempted fraud by California Care 4 U Inc.

16. Dr. Bayer believes that Mother provided necessary documentation of the provision of respite, but she did not know what may have happened to any such documents. In 2023 under Ms. Eshrati's direction, Dr. Bayer recalled completing a form regarding community services in order to provide Mother a vendor identification number. Ms. Eshrati was to sign off on the form and provide approval, but somehow the process was not completed.

17. Mother testified that Calif Care 4 U Inc. asked her daughter to claim, falsely, she had attended training that the daughter had not attended. Mother found explanations from the Service Agency about many things confusing. Mother recalled that at one point she had an attorney with her at an IPP meeting, and the attorney too was confused. Adding to Mother's frustration is that she had major surgery in 2025. She also works full time, making it difficult at times for her to attend to Claimant's

needs. Deaf or hearing impaired, both Mother and Claimant must often rely on American Sign Language (ASL), but in Mother's view people who have no disability often treat them and others who use ASL unfairly.

18. In the end, Mother said that she participated in the fair hearing as a matter of principle, to counter unfairness on the Service Agency's part, not because she is seeking any particular sum of money for past respite services. She explained further that her daughters owe her money and that when they have provided respite Mother has paid them by forgiving debt.

LEGAL CONCLUSIONS

PRINCIPLES OF LAW

1. The party advocating a change in government benefits or in the status quo has the burden of proof, Claimant in this case. Under Evidence Code sections 115 and 500, the standard of proof Claimant must meet is proof by a preponderance of the evidence.

2. Welfare and Institutions Code section 4646 sets out how consumers, their family members as appropriate, and a regional center should cooperate as a "planning team" to prepare the IPP, the outline of services and supports that will benefit a consumer. Perhaps most pertinent here is subdivision (d) of the section, providing that IPP's:

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 program plan meeting.

3. California Code of Regulations, title 17, section 58886, provides in part:

(a) [W]hen . . . services are funded with federal financial participation through Medicaid programs, the regional center may offer Participant-Directed Services to allow the adult consumer and/or family member to procure their own . . . respite [¶] . . . [¶]

(e)(3)(A) A regional center shall classify a vendor as Participant-Directed Respite Service -- Family Member if the vendor: 1. Is a family member; 2. Is not the direct provider of the respite service; and 3. Selects the respite service for the consumer from an individual who is at least 18 years of age and possesses the skill, training, or education necessary to provide the respite service. The vendored family member shall be responsible for ensuring that the individual selected to provide the respite service will possess the skill, training, or education necessary to provide the respite service. In addition, the vendored family member is responsible.

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4. Welfare and Institutions Code section 4685.7 describes SDP, the program that allows a consumer to pay for respite services, including service provided by family members, under an individual budget, drawn up with the regional center's assistance, and based on the regional center's past expenditures.

ANALYSIS

5. The Lanterman Act provides three models for providing respite services: those provided by employees of a vendored agency that pays the employees with funding from the regional center; the Respite Participant Directed Services, an option that allows a Financial Management Services (FMS) agency to hire family members who go through the agency's process to be onboarded, to become in effect employees of the agency; and SDP. The Lanterman Act does not provide for payment for respite services outside of these three options. The law does not authorize direct parent reimbursement such as Claimant and his family seek.

6. Mother's testimony that the family is in need of respite services was convincing, but it was undercut by circumstances that have obtained for the past few years. During these past few years, the family has lived without respite services funded by the Service Agency. The family might have opted for SDP. It is unclear why the family did not choose that option. There was no concrete evidence presented that the lack of funded respite services has caused Claimant or the family any substantial problems. Moreover, Claimant is an adult who is gainfully employed outside the home. The family is not constrained to watch over and supervise him at all times, at least not when he is working. There may be a need for respite, but it does not seem to be acute.

7. It is unclear why Dr. Bayer and Ms. Eshrati proceeded as they did in telling Mother that parent reimbursement would be provided, and then did not finish

the process and provide reimbursement. Mother's belief that there was at one time documentation showing a promise was made is not unreasonable, but there was no concrete evidence to support it. Claimant has the burden of proof in this matter, and was unable to carry that burden to prove that the Service Agency is bound to make an exception and act to fund respite in a way not authorized by the Lanterman Act or its regulations.

ORDER

Claimant's appeal is denied.

DATE:

THOMAS LUCERO

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.

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DDS No. CS0029476

OAH No. 2025090171

ORDER DENYING APPLICATION FOR RECONSIDERATION

On January 28, 2026, an Administrative Law Judge (ALJ) with the Office of Administrative Hearings (OAH) issued a final decision in the above matter after receiving documents and testimony into evidence.

On February 12, 2026, claimant spoke with a representative at the Department of Developmental Services (DDS) requesting reconsideration of the final decision. DDS forwarded to OAH a chain of emails, which provide the grounds of claimant's request for reconsideration. The pertinent portions of the emails are set out below without

correction or denotation of the multiple spelling and grammatical errors in the quoted text:

On Feb 13, 2026, at 11:42 AM, [claimant] wrote:

I am requesting to have the decision reconsider we do not agreed

Regional Center has professionals attorneys, and professionals train representing in the hearing without the clients being on the same level, as most are unaware as with us until someone recognize the professional representing the region center Director at the hearing and coaching their employees on how to fight venerable Regional Center Clients

The very same clients that the State and Federal fundings are provided to service, and having tax dollars spent on how to fight against clients rather than providing needed services

"Regional Center trains employees how they win 99.99 percent of the time, and the rest of the clients just give up" statements are by my whistleblowers. Also, how many of the CSC treats clients and disvalue them, and how they falsely documents things that didn't happen. Especially the ones who stand up against them.

Regional Center pays attorneys and ex attorneys known as Hearing representatives for employees of regional Center, who are employed by Regional center making close to 100.000 annually to fight the most needed people at OAH

My whistleblower contacts stated that they are order by Regional Centers to "shred documents, notes, Etc, as they could be use against Regional center at these OAH"

I am Apache Indian, Deaf, with an Apache Indian Autistic son , I will get and hold the attention of my Native American iIndian, Deaf and Autism communities, to ensure the rights of all clients and to receive appropriate services

And to stop the inside racism, and discriminations against some cultures and Languages

Claimant's authorized representative added the following additional grounds for reconsideration:

Per Regional Center Director, a "DDS employee instructed her to denied my claim through Regional Center".

I will reveal this employee as it is in a text to me by the director when the time comes to do so.

There are lots of texts message to be presented

A party may request reconsideration to correct a mistake of fact or law or a clerical error in a final hearing decision, or to address the decision of the original hearing officer not to recuse themselves following a proper request. (Welf. & Inst. Code, § 4713, subd. (b).)

Here, claimant and his authorized representative disagree with the outcome of the hearing and seek reconsideration of the final decision based on perceived discriminatory and unethical practices at the regional center. These allegations may be the basis of a complaint or some other relief, but they are not grounds for reconsideration because the application does not specify any mistake of fact or law, or any clerical error, in the final decision. Moreover, the record reflects no request to recuse the ALJ.

Accordingly, the application for reconsideration is denied. The decision issued by the ALJ remains in full force and effect as the final administrative decision. Each party is bound by the decision. Either party may appeal the decision to a court of competent jurisdiction within 180 days of receiving the final decision.

DATE:

MATTHEW GOLDSBY
Presiding Administrative Law Judge
Office of Administrative Hearings