

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

**In the Matter of:**

**CLAIMANT**

**and**

**SAN DIEGO REGIONAL CENTER, Service Agency**

**DDS No. CS0031930**

**OAH No. 2025110868**

**PROPOSED DECISION**

Debra D. Nye-Perkins, Administrative Law Judge, Office of Administrative Hearings, State of California, heard this matter by videoconference and telephone on January 7, 2026.

Claimant represented herself.

Erik Peterson, Appeals and Resolutions Manager, represented San Diego Regional Center (SDRC).

Oral and documentary evidence was received. The record was closed, and the matter was submitted for proposed decision on January 7, 2026.

## **ISSUE**

Is SDRC required to approve the utilization of money already in claimant's Self-Determination Program (SDP) budget for the purpose of paying for the modification of her bathroom for the creation of a walk-in, sit-down shower/tub?

## **SUMMARY**

Claimant failed to establish by a preponderance of the evidence that SDRC is required to approve the utilization of money already in her SDP budget to pay for the modification of her bathroom to create a walk-in, sit-down shower/tub because claimant failed to establish the requested sit-down shower/tub is medically necessary, related to her qualifying diagnosis of Autism Spectrum Disorder (autism), and that generic resources have been exhausted.

## **FACTUAL FINDINGS**

### **The Self-Determination Program**

1. In 2013, the Legislature passed Welfare and Institutions Code section 4685.8, which required the Department of Developmental Services (department) to implement a statewide SDP to provide participants and their families, within an individual budget, increased flexibility and choice, greater control over decisions, resources, and needed and desired services and supports to implement their Individualized Program Plan (IPP). After completion of that pilot program, the SDP became available to all regional center consumers who wished to use it effective July 1, 2021.

2. The individual SDP budget is calculated as specified by applicable law. The SDP budget must be the total amount of the most recently available 12 months' purchase of service expenditures for the consumer. (Welf. & Inst. Code, § 4685.8, subd. (m)(1)(A)(i).) The regional center may adjust this amount if the IPP team determines that an adjustment is necessary due to the consumer's changed circumstances, needs, or identifies prior needs that were not addressed in the IPP. The team must document the specific reason for the adjustment in the IPP. The regional center must certify on the individual budget document that regional center expenses for the individual budget, including any adjustment, would have occurred regardless of the individual's participation in the SDP. (Welf. & Inst. Code, § 4685.8, subd. (m)(1)(A)(ii).) The SDP shall only fund services and supports that the federal Centers for Medicare and Medicaid Services determine are eligible for federal financial participation. (Welf. & Inst. Code, § 4685.8, subd. (c)(6).)

3. Each consumer in the SDP must develop an individual spending plan to use their available individual budget funds to purchase goods, services, and supports necessary to implement their IPP. The spending plan must identify the cost of each good, service, and support that will be purchased with regional center funds. The total amount of the spending plan cannot exceed the total of the individual budget. A copy of the spending plan must be attached to the consumer's IPP. (Welf. & Inst. Code, § 4685.8, subd. (c)(7).)

4. Each item in the spending plan must be assigned to uniform budget categories developed by the department and distributed according to the anticipated expenditures in the IPP in a manner that ensures that the participant has the financial resources to implement the IPP throughout the year. (Welf. & Inst. Code, § 4685.8, subd. (m)(3).) The regional center must review the spending plan to verify that goods

and services eligible for federal financial participation are not used to fund goods or services available through generic agencies. (Welf. & Inst. Code, § 4685.8, subd. (r)(6).)

5. Every consumer in the SDP must use a financial management service (FMS) to assist the consumer to manage and direct distribution of funds contained in the individual budget and ensure that the consumer has the financial resources to implement their IPP throughout the year. (Welf. & Inst. Code, § 4685.8, subd. (d)(3)(B).) The FMS assists with managing the budget, pays workers and ensures that all applicable employment laws are followed, helps make sure that workers have the required licenses, certificates, and training to provide the services that they're hired to do, and assists with criminal record background checks where required by law or where the consumer requests one. The regional center must provide payment to the FMS provider for spending plan expenses through a not less than semi-monthly pay schedule. (*Id.* at subd. (r)(10).)

6. A consumer may elect to use the services of an independent facilitator to help the consumer make informed decisions about the budget and spending plan, and in locating, accessing, and coordinating the services and supports. (Welf. & Inst. Code, § 4685.8, subd. (c)(2).) The amount of the individual budget may not be increased to cover the cost of the independent facilitator or the FMS. (Welf. & Inst. Code, § 4685.8, subd. (m)(1)(A)(iii).)

### **Claimant's Background, SDP Participation, and Request**

7. Claimant is 48 years old and qualifies for SDRC services under a diagnosis of autism. Claimant is a participant in the SDP at SDRC with an approved annual budget as of April 2025 of \$251,517.

8. In late October 2025, claimant emailed her service coordinator, Caitlynn Peregoy, at SDRC requesting which service code to use so that she can use money in her SDP-approved budget for the purchase of the installation of a sit-down shower/tub in her bathroom. As part of her request claimant provided two approval letters from her insurance carrier, one showing that she had been approved for purchase of a "tub stool or bench" for a diagnosis of "muscular dystrophy or unspecified," and the other showing that she had been approved for "durable medical equipment" of one "tub stool or bench." In response to claimant's email request, on November 5, 2025, Ms. Peregoy advised claimant that she sent the request to clinical services of SDRC to confirm that the request follows Medicaid and SDP waiver requirements.

9. On November 14, 2025, Ms. Peregoy wrote an email to claimant informing her that the request is one for durable medical equipment (DME) as the insurance approvals she provided are for DME of a tub stool or bench. She also wrote that claimant's request must be related to her developmental disability of autism, and claimant must exhaust the generic resource of her Medi-Cal insurance benefits. In response to this email, claimant wrote:

For the past 5 weeks, you have been repeating yourself but no official denial. Yes, I asked to speak to a supervisor to eliminate breakdowns in communication. If you cannot arrange a meeting by the end of today, I will move to appeal. You are essentially denying me the choice to use the spending plan as authorized, as these needs are in my IPP.

After Ms. Peregoy attempted to coordinate a meeting between claimant and Ms. Peregoy's supervisor, claimant filed the appeal in this matter before a Notice of Action was issued and before SDRC had made any final determinations regarding claimant's request.<sup>1</sup>

## **SDRC Evidence**

10. SDRC provided testimony from three witnesses at hearing, as well as numerous documents received in evidence. The following factual findings are made from that evidence.

### **TESTIMONY OF CAITLYNN PEREGOY**

11. Ms. Peregoy is currently employed at SDRC as a Service Coordinator (SC) in the self-determination unit, a position she has held for the past two-and-a-half years. She has been employed by SDRC for the past four years and has four years of experience in applied behavioral analysis (ABA) therapy. Ms. Peregoy has worked as claimant's SC for the past two years.

12. Ms. Peregoy testified that claimant's request for the installation of a shower bench is a request for DME, and as such, requires review by SDRC's clinical

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<sup>1</sup> In order for something to be appealable under the Lanterman Act, a regional center must have taken an action or made a decision on something with which the claimant disagrees. (Welf. & Inst. Code, § 4710.5, subd. (a).) However, given that no motion to dismiss was filed by SDRC for lack of an appealable issue (as permitted by California Code of Regulations, title 17, section 50966, subdivision (b)), it is determined that SDRC waived that argument and therefore consents to have the appeal resolved.

services team, as well as Ms. Peregoy's supervisor, the program manager, in order to ensure that medical necessity exists, generic resources have been exhausted, and SDRC is the payor of last resort.

13. Ms. Peregoy explained that claimant provided her with copies of claimant's insurance approvals for a tub stool or bench, which is DME. Despite these insurance approvals, claimant told Ms. Peregoy that the approved stool or bench would not fit inside her shower. However, claimant never provided Ms. Peregoy with the dimensions of her shower after Ms. Peregoy requested them.

14. Claimant provided Ms. Peregoy with a letter dated November 1, 2025, from Pelvitone Physical Therapy wherein the physical therapist, Danielle Owens, wrote she has been providing physical therapy services to claimant since July 2025 and made the "following recommendations for home modifications in order to ensure her safety and to preserve her functional independence." Ms. Owens then wrote that she recommends conversion of claimant's "existing bathtub to a walk-in shower with either a fixed bench or fixed chair" to "ensure the highest level of safety and reduce fall risk, while allowing the patient to shower with independence and not rely on a caretaker." Ms. Owens also wrote that a "regular shower chair placed in the existing tub will not work due to standard shower chair dimensions from DME companies not properly fitting in the tub . . . ." However, Ms. Peregoy noted that no evidence was ever provided by claimant that any physical therapist ever went to claimant's home to do an environmental assessment. Ms. Peregoy explained that typically SDRC will go to the home in person to evaluate the home and the individual to determine which equipment will work best.

15. Ms. Peregoy testified that claimant provided her with three quotes for a bathroom remodel, one for a proposed bench seat to be installed in an existing

shower for \$1,022.58; another for a bathroom remodel with the installation of a new walk-in tub without jets for \$16,346.48; and a third for a bathroom remodel with the installation of a new walk-in tub with jets for \$18,585.73. Ms. Peregoy stated that SDRC had questions for claimant regarding those quotes and attempted to schedule a meeting with claimant to discuss SDRC's questions, but claimant never responded to the meeting request and instead filed this appeal before SDRC could complete its evaluation of her request. Ms. Peregoy testified that claimant's generic resources have not been exhausted in this matter because claimant has insurance approval for a tub stool or bench, but claimant has not provided any documentation or other information as to how those tub stools or benches will not fit in her existing shower.

### **TESTIMONY OF ROBIN BELLO**

16. Robin Bello is employed by SDRC as an Assistant Director of Client Services, a position she has held since August 2022. Prior to this position, Ms. Bellow worked at SDRC as a Program Manager, and prior to that position as an SC. Ms. Bello has worked at SDRC since 2018. In her current position at SDRC, Ms. Bello is responsible for oversight of the SDP. She explained that the difference between the SDP and traditional services at SDRC is that while both types of programs are driven by the consumer's Individual Program Plan (IPP), with traditional services SDRC funds approved vendors through a purchase of service and only approved vendors can be used. For SDP there is more flexibility because the consumer can choose to use funding from their approved budget to purchase services, but it does not have to be purchased from an approved vendor. With the SDP a spending plan is used for purchase of services. Regardless of whether traditional services or SDP is used, both utilize the IPP to drive the services and identify the need. Any funds used through the SDP spending plan must relate to the needs identified in the IPP, meet Home and

Community Based Services compliance requirements, and be in compliance with the requirements of the federal Centers for Medicaid and Medicare Services and federal reimbursement requirements. Additionally, any services purchased through the SDP must be related to the qualifying diagnosis for regional center services and meet the requirements of self-determination service code definitions. Any time purchases are made or added, the planning team must discuss it to make sure the consumer's IPP reflects that need or service.

17. Ms. Bello stressed that while the SDP allows the consumer to make their own purchases with the funds, there are still parameters that must be met for the use of those funds. A July 8, 2024, directive document from the department was received in evidence and provides a guideline to the parameters for the use of SDP funds for purchase of goods and services, which reflects Ms. Bello's testimony above. Ms. Bello stressed that SDRC is not permitted to purchase goods or services if generic resources, such as Medi-Cal, insurance or other sources of funding, have not yet been exhausted. In this case a tub or shower chair was available to claimant from her insurance, but she claimed it was not appropriate to meet her needs. In these cases, SDRC's process, and the first step, requires that SDRC make a determination on whether claimant has a medical need for her request of a bathroom remodel to install a sit-down shower/tub. SDRC must have an assessment done of claimant and her home by an independent provider or vendor, and then that information is provided to the medical team of SDRC for a determination of whether the request is medically necessary and if the request is related to the qualifying disability for regional center services. As set forth in the SDRC Purchase of Service Standards, received in evidence, any purchase of service "must be related to the individual's developmental disability," and "a minimum of at least one IPP . . . objective has been developed for the individual which addresses the service need."

18. Ms. Bello stressed that this evaluation is a process, and other factors must be considered. For example, if the home that is requested to be modified is not owned by the claimant, as is the case here, then SDRC must discuss any modification to the home with the homeowner. Ms. Bello testified that SDRC was in the process of beginning the steps as outlined above for an evaluation of claimant's request when claimant made this appeal. SDRC had not made any final determinations at the time the appeal was filed. Ms. Bello stated that Ms. Peregoy was in the process of determining what the unmet need was for claimant given that her insurance agreed to fund a shower chair. Given that SDRC was still in the review stage without having made a decision on claimant's request, SDRC is still open to further discussions about the request.

19. Ms. Bello also noted that the requested goods and services of the bathroom remodel must be related to claimant's qualifying diagnosis of developmental disability, which in this case is autism spectrum disorder. She noted that the insurance approvals for the shower/tub chair or stool show an approved diagnosis of muscular dystrophy, and the physical therapy recommendation specifically states that claimant has the need because of "dyspraxia as part of her autism diagnosis." Ms. Bello stated that SDRC would want a review from the clinical team of that statement because dyspraxia is generally not related to autism.

#### **TESTIMONY OF JAIME BAREA, M.D.**

20. Dr. Barea is a licensed physician and pediatrician in California. He has worked as a consultant with SDRC since the summer of 2020. In his role as a consultant, Dr. Barea reviews documents and information for determinations of regional center eligibility, reviews information regarding DME requests and medical needs, provides medical advice for consumers, and provides medical consent for

consumers without family members. With regard to DME requests, Dr. Barea makes a determination of whether the particular equipment is related to the qualifying developmental disability and if it is medically appropriate or necessary.

21. Dr. Barea explained that with regard to DME requests from consumers, when a consumer sends in a request for DME, sometimes they have already submitted a clinical assessment and quotes for the medical equipment. Dr. Barea and others on the team will review the documents to make sure all requirements are met. If additional information or documentation is needed, then Dr. Barea will ask the service coordinator to obtain the information or documentation.

22. Dr. Barea was consulted on claimant's request in this matter. He testified that the review process was not complete and there was an ongoing "back and forth" of questions about the diagnosis for medical need that was not completed when claimant filed her appeal. Dr. Barea noted that his review of the insurance approvals and the physical therapy recommendation letter show that muscular dystrophy and dyspraxia are the reasons listed for approval of the tub/shower chair/bench and the need for building a new walk-in shower. Dr. Barea noted that neither muscular dystrophy nor dyspraxia are qualifying diagnoses for regional center services. He explained that dyspraxia is a motor coordination condition that can sometimes be seen with autism, but you can have dyspraxia without autism. Dr. Barea stated that regional centers do not typically provide this type of requested bathroom remodel for an autism diagnosis.

23. Dr. Barea wrote an email dated December 8, 2025, to Ms. Peregoy in response to Ms. Peregoy's question of whether dyspraxia is related to autism, which was received in evidence. Dr. Barea testified at hearing consistent with his email response below:

Autism and dyspraxia are 2 distinct conditions, even though a good proportion of people with autism may have some symptoms of dyspraxia, these are usually more minor and treated with therapy when people are young. They do not get to this level of severity where they need DME.

## **Claimant's Evidence**

24. Claimant testified on her own behalf at the hearing and provided multiple documents received in evidence. The following factual findings are based on her testimony and related documents received in evidence.

25. Claimant testified that she is "an expert in lifelong disability." She stated that she is requesting SDRC to authorize a one-time shower modification as an environmental accessibility support paid for by using funds in her existing SDP budget to make bathing accessible in her federally subsidized apartment. For the past five years she has used a personal assistant to meet her basic personal needs. Claimant stated that menopause has affected her ability to raise her arms to shower and to be able to complete tasks like "basic feeding." In October 2025 claimant asked Ms. Peregoy "for the code to use so I can do a shower conversion to an ADA bathtub." Claimant stated that the landlord had already approved this conversion and allowed her to proceed. Claimant stressed that she did not ask for more money than was already in her SDP budget, and she only asked for which code to use so she could use the money already in her SDP budget for a bathroom modification. Instead of getting an answer on which code she should use, her service coordinator, Ms. Peregoy, sent the request to an internal team, which claimant asserted was inappropriate. Claimant asserted that with SDP her responsibility is to "express my unmet needs to my service coordinator and to work in collaboration with the service coordinator to decide how to

use my budget to meet my IPP goals and I have done that." Claimant was upset because she claimed she was "removed from the process."

26. Claimant asserted that she has established that the insurance-approved standard shower chairs or benches do not fit into her shower. However, claimant did not provide any documentation or information regarding the size of her shower or the standard shower chairs approved by insurance for that determination to be made. Claimant asserted that the assessments conducted in her home show that the standard shower chairs are unstable and cause a risk of fall. She asserted that the occupational therapy and physical therapy assessments she provided prove that information. However, neither of those documents show that any in-home evaluation was ever completed. Specifically, with regard to the "OT Evaluation Report" dated May 19, 2025, the document itself notes that the evaluation was "conducted via telehealth," and accordingly no measurements or in-home evaluation of claimant's shower could have been done. With regard to the letter of recommendation from the physical therapist, no information was provided in that letter to show that the physical therapist had ever completed any in-home evaluation of claimant's home.

27. Claimant objected to the use of generic resources for in-home personal assistance because that assistance "is from low wage workers who handle my intimate needs with risk of casual disclosure." To avoid that problem, she prefers to rely on licensed professionals who charge a much higher rate of reimbursement. Claimant stated that her SDP budget "is large" to provide for two to one ratio of providers, and "I can bill them for generic personal assistance in my home, and I asked a coding question of my service coordinator on which code to use for a contractor as being my assistant." Claimant insisted that she has control of her SDP budget and its use to meet her IPP goals, and that she believes that modification of her bathroom for a

walk-in, sit-down shower/tub would provide her more independence so she would not have to rely on assistants for personal care.

28. Claimant testified that she has submitted all of the required information to demonstrate that the insurance-approved standard shower chair/stool are not appropriate for her. Claimant stated, "when the shower chairs were not working for me and I was falling, the physical therapist asked if I had tried calling an ADA contractor for resources." Claimant then began to research contractors to get quotes. Notably, claimant provided no documentation or other information to establish that she is currently using any specific shower chair or that there have been falls as a result. This information presumably would have been obtained by SDRC during its evaluation of claimant's request, which was not completed because claimant prematurely filed this appeal before SDRC could complete its evaluation. Claimant also asserted that she provided SDRC with measurements of her current shower and that she allowed SDRC to discuss alternatives with her. However, she provided no documentary or other evidence to establish that contested issue.

29. During cross-examination claimant admitted that her current IPP does not specifically state anywhere that she needs assistance with bathing needs. When asked if she had ever informed her service coordinator that she was having problems bathing independently, claimant did not answer the question.

30. Claimant insisted that the SDP budget allows her "to direct where the money goes." Claimant stated that her SDP budget is a "pot of money" that can be used "as I see fit" with the use of multiple codes. Claimant stated that she currently receives funds for supportive living services, but that she "does not have anyone doing that in the traditional way." Instead, she uses that money from the pot for other purposes to meet her needs. Claimant stated that she has "chronic unmet needs

because I can't bathe . . . I don't want this to escalate to a civil litigation matter, but my safety needs must be met."

## **LEGAL CONCLUSIONS**

### **Burden and Standard of Proof**

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

### **Applicable Statutes and Regulations**

2. The Legislature enacted a comprehensive statutory scheme known as the Lanterman Act to provide facilities and services sufficiently complete to meet the needs of each person with developmental disabilities, regardless of age or degree of handicap, and at each stage of life. The purpose of the statutory scheme is twofold: To prevent or minimize the institutionalization of developmentally disabled persons and their dislocation from family and community, and to enable them to approximate the pattern of everyday living of nondisabled persons of the same age and to lead more independent and productive lives in the community. (*Assn. for Retarded Citizens v. Dept. of Developmental Services* (1985) 38 Cal.3d 384, 388.) Welfare and Institutions Code section 4501 outlines the state's responsibility for persons with developmental disabilities and the state's duty to establish services for those individuals.

3. The department is the public agency in California responsible for carrying out the laws related to the care, custody and treatment of individuals with developmental disabilities under the Lanterman Act. (Welf. & Inst. Code, § 4416.) In order to comply with its statutory mandate, DDS contracts with private nonprofit 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.)

4. Welfare and Institutions Code section 4512, subdivision (b), defines "services and supports for persons with developmental disabilities" as:

[S]pecialized services and supports or special adaptations of generic services and supports directed toward the alleviation of a developmental disability or toward the social, personal, physical, or economic habilitation or rehabilitation of an individual with a developmental disability, or toward the achievement and maintenance of independent, productive, normal lives. The determination of which services and supports are necessary for each consumer shall be made through the individual program plan process. The determination shall be made on the basis of the needs and preferences of the consumer or, when appropriate, the consumer's family, and shall include consideration of a range of service options proposed by individual program plan participants, the effectiveness of each option in meeting the goals stated in the individual program plan, and the cost-effectiveness of each option . . .

Nothing in this subdivision is intended to expand or authorize a new or different service or support for any consumer unless that service or support is contained in his or her individual program plan.

5. A regional center's responsibilities to its consumers are set forth in Welfare and Institutions Code sections 4640-4659.

6. Welfare and Institutions Code section 4646.4, subdivision (a), requires regional centers to establish an internal process that ensures adherence with federal and state law and regulations, and when purchasing services and supports, ensures conformance with the regional center's purchase of service policies. Welfare and Institutions Code section 4646.4, subdivision (a)(2), required regional centers to utilize generic services and supports.

7. Welfare and Institutions Code section 4648 requires regional centers to ensure that services and supports assist individuals with developmental disabilities in achieving the greatest self-sufficiency possible and to secure services and supports that meet the needs of the consumer, as determined by the IPP. This section also requires regional centers to be fiscally responsible.

8. Regional centers are required to identify and pursue all possible sources of funding for consumers receiving regional center services, including governmental entities. (Welf. and Inst. Code, § 4659, subd. (a).) Regional centers are required to consider generic resources for providing services and supports when considering the purchase of regional center supports and services for its consumers. (Welf. & Inst. Code, § 4646.4.) Regional center funds cannot be used to supplant the budget of an agency that has a legal responsibility to serve all members of the general public and is

receiving public funds for providing those services. (Welf. & Inst. Code, § 4648, subd. (8).)

9. Welfare and Institutions Code section 4685.8, subdivision (a), provides:

The department shall implement a statewide Self-Determination Program. The Self-Determination Program shall be available in every regional center catchment area to provide participants and their families, within an individual budget, increased flexibility and choice, and greater control over decisions, resources, and needed and desired services and supports to implement their IPP. As of July 1, 2021, the program shall begin to be available on a voluntary basis to all regional center consumers who are eligible for the Self-Determination Program.

10. Welfare and Institutions Code section 4685.8, subdivision (c)(6), provides:

“Self-determination” means a voluntary delivery system consisting of a defined and comprehensive mix of services and supports, selected and directed by a participant through person-centered planning, in order to meet the objectives in their IPP. Self-determination services and supports are designed to assist the participant to achieve personally defined outcomes in community settings that promote inclusion. The Self-Determination Program shall only fund services and supports provided pursuant to this division that the federal Centers for Medicare and Medicaid

Services determines are eligible for federal financial participation.

11. Welfare and Institutions Code section 4685.8, subdivision (d) provides:

Participation in the Self-Determination Program is fully voluntary. A participant may choose to participate in, and may choose to leave, the Self-Determination Program at any time. A regional center shall not require or prohibit participation in the Self-Determination Program as a condition of eligibility for, or the delivery of, services and supports otherwise available under this division.

Participation in the Self-Determination Program shall be available to any regional center consumer who meets the following eligibility requirements:

[¶] . . . [¶]

(3) The participant agrees to all of the following terms and conditions:

(A) The participant shall receive an orientation that meets the standards set or developed by the department to the Self-Determination Program prior to enrollment, which includes the principles of self-determination, the role of the independent facilitator and the financial management services provider, person-centered planning, and development of a budget.

(B) The participant shall utilize the services and supports available within the Self-Determination Program only when generic services and supports are not available.

(C) The participant shall only purchase services and supports necessary to implement their IPP and shall comply with any and all other terms and conditions for participation in the Self-Determination Program described in this section.

(D) The participant shall manage Self-Determination Program services and supports within the participant's individual budget.

(E) The participant shall utilize the services of a financial management services provider of their own choosing and who is vendored by a regional center and who meets the qualifications in paragraph (1) of subdivision (c).

(F) The participant may utilize the services of an independent facilitator of their own choosing for the purpose of providing services and functions as described in paragraph (2) of subdivision (c). If the participant elects not to use an independent facilitator, the participant may use their regional center service coordinator to provide the services and functions described in paragraph (2) of subdivision (c).

(G) If eligible, with the assistance of the regional center, if needed, timely apply for Medi-Cal in order to maximize

federal funding. The participant may consider institutional deeming in order to qualify for Medi-Cal services.

12. Welfare and Institutions Code section 4685.8, subdivision (e) provides:

A participant who is not Medi-Cal eligible may participate in the Self-Determination Program and receive self-determination services and supports if all other program eligibility requirements are met and the services and supports are otherwise eligible for federal financial participation.

13. Welfare and Institutions Code section 4685.8, subdivision (m)(1) provides:

Except as provided in paragraph (4), the IPP team shall determine the initial and any revised individual budget for the participant using the following methodology:

(A) (i) Except as specified in clause (ii), for a participant who is a current consumer of the regional center, their individual budget shall be the total amount of the most recently available 12 months of purchase of service expenditures for the participant.

(ii) An adjustment may be made to the amount specified in clause (i) if both of the following occur:

(I) The IPP team determines that an adjustment to this amount is necessary due to a change in the participant's circumstances, needs, or resources that would result in an

increase or decrease in purchase of service expenditures, or the IPP team identifies prior needs or resources that were unaddressed in the IPP, which would have resulted in an increase or decrease in purchase of service expenditures. When adjusting the budget, the IPP team shall document the specific reason for the adjustment in the IPP.

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

## **Evaluation**

14. Claimant failed to establish by a preponderance of the evidence that SDRC is required to approve her request to fund the modification of her bathroom for the installation of a walk-in, sit-down shower/tub through respondent's SDP budget. Claimant filed her appeal in this matter prior to SDRC completing its evaluation of her request, and SDRC never issued a Notice of Action in her request. Claimant's appeal of this matter was premature. Despite claimant's protestations that she had provided all necessary information to SDRC to make its determination, clear evidence established that she, in fact, did not. The two documents claimant provided to establish that she has a need for the modification of her bathroom for installation of a walk-in, sit-down shower/tub, one from the occupational therapist and the other from the physical therapist, both failed to establish that anyone ever completed an in-home assessment of claimant's home at all. Notably, one document expressly stated that the evaluation was by teleconference, and the other never mentioned any physical assessment of the

home. Furthermore, all documents provided by claimant regarding the medical reasons she needs the bathroom modification show that the basis for her claim is a diagnosis of muscular dystrophy and dyspraxia, neither of which are qualifying developmental disorders.

15. Claimant claims that the dyspraxia is part of her autism diagnosis. However, Dr. Barea credibly testified that dyspraxia is not always related to autism and can be an independent issue. Part of SDRC's evaluation of claimant's request would require an in-depth assessment of claimant's assertion that she experiences dyspraxia as a result of autism. However, claimant never allowed such an assessment to be completed by Dr. Barea or another SDRC team member because she filed this appeal instead. Claimant also failed to provide any evidence that she gave the measurements of her existing tub/shower and the standard shower/tub chair from her insurance, as she testified she did. Claimant also failed to provide evidence that she has exhausted all generic resources to address her bathing needs. As set forth in Welfare and Institutions Code section 4646.4, SDRC must adhere to federal and state law in providing services and supports to consumers, and also must utilize generic services and supports, if possible. While claimant asserted that the insurance approved tub/shower stool/bench creates a fall risk for her, she failed to provide any evidence to support that assertion.

16. Claimant asserts that she alone can direct the funds in her SDP budget to meet her needs. This assertion represents a fundamental misunderstanding of the SDP program. As set forth in Welfare and Institutions Code sections 4648, 4659, 4646.4, and 4685.8, there are legal boundaries on the use of SDP funds, which include the requirements that the funds must be used to support an identified need in the IPP, and used only after all generic resources are exhausted. When the regional center

seeks additional information from claimant in order to evaluate the propriety of an expenditure under SDP, claimant is obligated to work in collaboration with the regional center to ensure the proposed expenditure meets the goals of her IPP. Claimant failed to establish that her need for bathing assistance is included in her current IPP, failed to establish a bathroom modification is related to or needed to alleviate the symptoms of her qualifying disability (autism), and failed to establish that she has exhausted all generic resources to meet her asserted need.

17. After consideration of all evidence presented, claimant failed to meet her burden to establish that she is entitled to approval for the use of funds in her SDP budget for the purpose of modifying her bathroom for the installation of a walk-in, sit down tub/shower.

## **ORDER**

Claimant's appeal to deny her request for approval of funding through her SDP budget for the modification of her bathroom for the installation of a walk-in, sit-down tub/shower is denied.

DATE: January 20, 2026

DEBRA D. NYE-PERKINS  
Administrative Law Judge  
Office of Administrative Hearings

BEFORE THE  
DEPARTMENT OF DEVELOPMENTAL SERVICES  
STATE OF CALIFORNIA

In the Matter of:

Claimant

OAH Case No. 2025110868

Vs.

**DECISION BY THE DIRECTOR**

San Diego Regional Center

Respondent.

ORDER OF DECISION

On January 20, 2026, an Administrative Law Judge (ALJ) at the Office of Administrative Hearings (OAH) issued a Proposed Decision in this matter.

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

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

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

IT IS SO ORDERED on this day February 4, 2026.

Original signed by:  
Katie Hornberger, Deputy Director  
Community Assistance and Resolutions Division (CARD)