

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

In the Matter of:

CLAIMANT

and

WESTSIDE REGIONAL CENTER,

Service Agency.

DDS No. CS0032329

OAH No. 2025120482

PROPOSED DECISION

Harden Sooper, Administrative Law Judge (ALJ), Office of Administrative Hearings (OAH), State of California, heard this matter by videoconference on March 19, 2026.

Claimant's mother (Mother) represented Claimant, who was not present during the hearing. Names are omitted to protect the privacy of Claimant and his family.

Ron Lopez, Individuals with Disabilities Education Act (IDEA) Specialist, represented Service Agency.

The ALJ received testimony and documentary evidence. The record closed, and the matter was submitted for decision at the conclusion of the hearing.

ISSUE

Whether Service Agency must approve Mother as Claimant's paid provider of community living supports services under the Self-Determination Program (SDP).

EVIDENCE RELIED UPON

In reaching this Proposed Decision, the ALJ relied upon Service Agency's Exhibits 1 through 12, Claimant's Exhibits A through M, and the testimony of Mother.

FACTUAL FINDINGS

Parties and Jurisdiction

1. Claimant is four years old. He is eligible for regional center services based on his diagnosis of autism spectrum disorder (ASD) level 3, meaning he requires very substantial support.

2. Service Agency is a regional center designated by the Department of Developmental Services (DDS) to provide funding for services and supports to persons with developmental disabilities under the Lanterman Developmental Disabilities Services Act (Lanterman Act). (Welf. & Inst. Code, § 4500 et seq.)

///

3. On November 14, 2025, Service Agency issued Claimant a Notice of Action denying Claimant's request for Mother to be his paid provider for community living supports services.

4. Claimant timely filed an appeal, requesting a fair hearing.

Background

SELF-DETERMINATION PROGRAM

5. Since May 1, 2025, Claimant has participated in the SDP. The SDP is a voluntary program for regional center consumers seeking increased freedom and flexibility in connection with their regional center services. Like regional center consumers using the traditional purchase-of-service model, an Individual Program Plan (IPP) sets forth an SDP participant's goals and the services and supports required to meet those goals. The IPP team, consisting of both Claimant's representatives and regional center personnel, determines the funds required to meet an SDP participant's needs and IPP goals. The team then agrees upon an annual SDP budget and, separately, a spending plan.

6. In the traditional purchase-of-service model, regional center consumers receive services and supports from vendors or contractors that have been identified, selected and utilized by the regional center and who satisfy certain statutory and other requirements. (Welf. & Inst. Code, § 4648, subds. (a)(1) & (3)(A).) In contrast, SDP participants may use service providers of their own choosing or service providers who are regional center vendors. SDP participants are not required to use regional center vendors.

///

CLAIMANT'S SDP BUDGET AND SERVICES

7. Claimant's Year 1 SDP budget funds services for the period May 1, 2025, through April 30, 2026. Claimant's SDP Spending Plan, dated February 13, 2025, reflected a Year 1 budget and spending plan totaling \$113,223.24. The spending plan included 192 hours per month of community living supports services, totaling \$71,625.

8. Community living supports services facilitate independence and promote community integration for participants, regardless of the community living arrangement. Services include support and assistance with socialization, personal skill development, community participation, recreation and leisure, and home and personal care. Community living supports may include (1) support with socialization, including development or maintenance of self-awareness and self-control, social responsiveness, social amenities, interpersonal skills, and personal relationships; (2) support with personal skill development including eating, bathing, dressing, personal hygiene, and mobility; (3) use of devices to facilitate immediate assistance when threats to health, safety, or well-being occur; (4) facilitating participation in recreation or leisure activities; and (5) provision of medical and health care services integral to meeting a consumer's daily needs, such as routine administration of medication or other ongoing medical needs. (Ex. 12, p. A68–70.)

9. Claimant's IPP, dated October 1, 2024, and amended on February 19, 2025, includes a goal that Claimant will reside in his family home to receive necessary supports. To meet that goal, a February 19, 2025 IPP addendum calls for (1) Mother to support Claimant to complete all activities of daily living while also serving as a model to encourage Claimant to enhance his independence; and (2) Maxim, a regional center vendor, to provide up to 28 hours per month of in-home respite and up to 164 hours per month of specialized supervision. (Ex. 6, p. A38.)

Claimant's Request

10. Claimant requests Service Agency approve Mother as the paid provider of Claimant's community living supports services authorized in his IPP and SDP budget and spending plan.

11. In her hearing testimony and a letter she wrote to Service Agency dated November 3, 2025, Mother asserted Claimant requires extraordinary care. Mother explained Claimant has severe sensory processing difficulties, resulting in meltdowns involving self-injurious behavior and elopement. Claimant is nonverbal, diagnosed with apraxia, and depends on an augmentative and alternative communication device to express himself. Claimant has no safety awareness, is at risk of elopement, and requires constant supervision. Claimant receives occupational therapy, speech therapy, and applied behavioral analysis (ABA) services, all requiring follow up outside of his therapy sessions.

12. Mother is Claimant's sole natural support. Claimant's father is not involved in his life and Claimant has no grandparents or other extended family members to assist with his care.

13. In support of her request, Mother submitted letters from Claimant's speech therapy, occupational therapy, and ABA service providers. All three providers stated Mother's caregiving responsibilities for Claimant extend well beyond the role of a typical parent; Mother demonstrates a deep understanding of, and commitment to, Claimant's care and supports; and that approving Mother as Claimant's paid provider would ensure continuity of care and consistent implementation of Claimant's therapeutic plans.

14. During the hearing, Mother further explained she made significant, but ultimately unsuccessful, efforts to hire a third-party provider for Claimant's community living supports services. Mother interviewed nine or 10 potential providers since the beginning of Claimant's SDP budget year on May 1, 2025. One provider worked with Claimant for less than two months before quitting. All the other candidates either declined to accept the position, declined to complete the interview process, or were found unsuitable by Mother.

15. Service Agency denied Claimant's request, citing a DDS directive dated July 8, 2024, and entitled "Self-Determination Program: Updated Goods and Services" (July 8, 2024 directive), stating that a legally responsible person cannot be paid to provide services under the SDP. A legally responsible person has a legal obligation to care for another person, including a parent of a minor child. (Ex. 11, p. A57.)

16. Mother asserts Service Agency's denial is inconsistent with both the Lanterman Act and the federal Home and Community-Based Services Waiver for Californians with Developmental Disabilities (HCBS-DD) program. The HCBS-DD waiver program permits a state to provide home and community-based services that assist Medicaid beneficiaries to live in the community and avoid institutionalization. Waiver services complement and/or support the services that are available to participants through the Medicaid state plan and other federal, state, and local public programs and supports provided by families and communities. (Ex. L, p. B112.)

17. Mother argued that California's HCBS-DD waiver amendment, effective January 1, 2025 (2025 Amendment), specifically authorized legally responsible individuals to provide community living arrangement services. The relevant part of the 2025 Amendment states the following:

d. Provision of Personal Care or Similar Services by Legally Responsible Individuals. A legally responsible individual is any person who has a duty under state law to care for another person and typically includes: (a) the parent (biological or adoptive) of a minor child or the guardian of a minor child who must provide care to the child or (b) a spouse of a waiver participant. Except at the option of the State and under extraordinary circumstances specified by the State, payment may not be made to a legally responsible individual for the provision of personal care or similar services that the legally responsible individual would ordinarily perform or be responsible to perform on behalf of a waiver participant.

[¶] . . . [¶]

The state makes payment to legally responsible individuals for furnishing personal care or similar services when they are qualified to provide the services.

[¶] . . . [¶]

Legally responsible individuals, including parents of minor children and spouses, may receive payment to provide community living arrangement services. These services may only be provided when the care and supervision needs of a consumer exceed that of a person of the same age without developmental disabilities (extraordinary care).

(Ex. L, p. B380–381.)

18. Mother further argued Service Agency’s reliance on the July 8, 2024 directive, rather than an analysis of Claimant’s individual needs, violates the Lanterman Act. Mother asserted Service Agency did not consider Claimant’s extraordinary needs or the specialized care provided by Mother. Mother emphasized that early intervention for children with ASD level 3 is critical and a denial of services for Claimant at age four will have a negative long-term impact on Claimant’s development.

Analysis

19. The parties do not dispute Claimant’s need for services, including community living supports services, or that Claimant requires extraordinary care. Mother credibly testified regarding the care she provides to Claimant and her dedication to preparing him to live an independent life.

20. Mother’s reliance on the HCBS-DD waiver, however, was misplaced. A separate federal HCBS waiver applies to the SDP program, called the California Self-Determination Program Waiver for Individuals with Developmental Disabilities (SDP Waiver). The SDP Waiver, effective July 1, 2021, for a five-year approval period, does not permit payment of legally responsible individuals to provide personal care or similar services. (SDP Waiver, p. 198–199.) The SDP Waiver is available on the DDS website at [https://www.dds.ca.gov/wp-content/uploads/2021/12/SDP Renewal Approval Letter and Application 2021.pdf](https://www.dds.ca.gov/wp-content/uploads/2021/12/SDP_Renewal_Approval_Letter_and_Application_2021.pdf).

21. The July 8, 2024 directive, therefore, is consistent with the SDP Waiver and Service Agency’s reliance on the directive was appropriate.

///

22. Claimant's argument that Service Agency violated the Lanterman Act was also unpersuasive. Service Agency did not deny Claimant services based upon his individual needs. Claimant is authorized to receive community living supports services, as reflected in his IPP, SDP budget, and SDP spending plan.

LEGAL CONCLUSIONS

Burden and Standard of Proof

1. Claimant bears the burden to prove by a preponderance of the evidence that Service Agency must approve Mother as his paid provider. (Evid. Code, §§ 115, 500.) A preponderance of the evidence means evidence that has more convincing force than that opposed to it. (*People ex rel. Brown v. Tri-Union Seafoods, LLC* (2009) 171 Cal.App.4th 1549, 1567.)

Statutory Framework

2. The Lanterman Act is a comprehensive statutory scheme providing a pattern of facilities and services sufficiently complete to meet the needs of each person with developmental disabilities, regardless of age or degree of handicap, and at each stage of life. The purpose of the 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.)

///

3. The Lanterman Act mandates that an “array of services and supports should be established . . . to meet the needs and choices of each person with developmental disabilities . . . and to support their integration into the mainstream life of the community.” (Welf. & Inst. Code, § 4501.) The state pays for the “habilitation services and supports” for persons with developmental disabilities to allow such persons to live in the least restrictive environment possible and toward the achievement and maintenance of independent, productive, normal life. (Welf. & Inst. Code, §§ 4501, 4502, subd. (a), 4512, subd. (b).)

4. Developing the IPP for a regional center consumer is the cornerstone of the Lanterman Act. The IPP process must consider the needs and preferences of the consumer and, where appropriate, the family, to determine the services and supports to be funded. (Welf. & Inst. Code, §§ 4646, 4646.5, 4647, 4648.) The planning process includes gathering information and conducting assessments to determine the “life goals, capabilities and strengths, preferences, barriers, and concerns or problems of the person with developmental disabilities.” (Welf. & Inst. Code, § 4646.5, subd. (a)(1).) The IPP process must ensure conformance with the regional center’s purchase of service policies and utilization of generic services and supports when appropriate. (Welf. & Inst. Code, § 4646.4, subds. (a)(1) & (2).)

SDP

5. Through the SDP, the Lanterman Act provides an alternative model for funding services and supports. Welfare and Institutions Code section 4685.8 governs how regional centers deliver services and supports to consumers (also referred to as “participants”) and their families participating in the SDP. The purpose of the SDP is to provide consumers and their families, within an individual annual budget, increased flexibility and choice, and greater control over decisions, resources, and needed and

desired services and supports to implement their IPPs. (Welf. & Inst. Code, § 4685.8, subd. (a).)

6. "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." (Welf. & Inst. Code, § 4685.8, subd. (c)(6).) Self-determination is designed to give the participant greater control over which services and supports best meet their IPP needs, goals, and objectives. (Welf. & Inst. Code, § 4685.8, subd. (b)(2)(B).)

7. When developing the individual budget used for the SDP, the IPP team determines the services, supports, and goods necessary for each participant, based on the needs and preferences of the participant, and when appropriate the participant's family, the effectiveness of each option in meeting the goals specified in the IPP, and the cost effectiveness of each option, as specified in Welfare and Institutions Code section 4648, subdivision (a)(6)(D). (Welf. & Inst. Code, § 4685.8, subd. (b)(2)(H)(i).) SDP funds can only be used for services that have been approved by the Centers for Medicare & Medicaid Services and are not available through generic resources. (Welf. & Inst. Code, § 4685.8, subd. (c)(6), (d)(3)(b).)

8. Through its July 8, 2024 directive, DDS has made clear that a parent providing direct services to a minor child cannot be paid as part of the SDP. Regional centers must comply with DDS directives, which cannot conflict with any existing statutes or regulations. (Welf. & Inst. Code, § 4639.6.) Claimant has not demonstrated that the July 8, 2024 directive prohibiting payments to parents with minor children for services conflicts with any other existing statute or regulation. Moreover, contrary to Mother's claim, the HCBS-DD waiver does not exempt SDP participants with

extraordinary needs or requiring extraordinary services from the DDS prohibition against paying parents.

Disposition

9. It is undisputed that Claimant has extraordinary needs, and Mother has provided and continues to provide a valuable service to Claimant by caring for him. However, DDS has thus far authorized payment to only non-parent service providers to address Claimant's extraordinary needs. Service Agency must comply with DDS directives, including the July 8, 2024 directive.

10. Claimant did not prove by a preponderance of the evidence that the Lanterman Act, its accompanying regulations, or DDS policy directives contain an exception to DDS's stated policy prohibiting payment to parent service providers under the SDP, even in circumstances when an SDP participant has made unsuccessful efforts to hire a third-party provider. The federal SDP Waiver likewise does not permit such payments. Thus, Mother is currently not entitled to receive payment from Service Agency to provide direct personal care to Claimant.

ORDER

Claimant's appeal is denied.

DATE:

HARDEN SOOPER
Administrative Law Judge
Office of Administrative Hearings

BEFORE THE
DEPARTMENT OF DEVELOPMENTAL SERVICES
STATE OF CALIFORNIA

In the Matter of:

Claimant

OAH Case No. 2025120482

Vs.

DECISION BY THE DIRECTOR

Westside Regional Center

Respondent.

ORDER OF DECISION

On March 26, 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 April 14, 2026

Original signed by

Katie Hornberger, Deputy Director
Division of Community Assistance and Resolutions

BEFORE THE
DEPARTMENT OF DEVELOPMENTAL SERVICES
STATE OF CALIFORNIA

In the Matter of:

Claimant

OAH Case No. 2025120482

Vs.

**RECONSIDERATION ORDER, DECISION
BY THE DIRECTOR**

Westside Regional Center,

Respondent.

RECONSIDERATION ORDER

On April 28, 2026, the Department of Developmental Services (Department) received claimant's application for reconsideration of a Final Decision issued by the Director on April 14, 2026.

The application for reconsideration is denied. A review of the Final Decision and record does not support a finding of factual or legal error that would change the Final Decision. The Final Decision remains effective as of April 14, 2026. All parties are bound by this Reconsideration Order and Final Decision.

Each party has the right to appeal the Final Decision to a court of competent jurisdiction within 180 days of receiving the Final Decision.

IT IS SO ORDERED on this day May 12, 2026.

Original signed by

Katie Hornberger, Deputy Director
Division of Community Assistance and Resolutions