

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

In the Matter of:

CLAIMANT

and

SOUTH CENTRAL LOS ANGELES REGIONAL CENTER,

Service Agency.

DDS No. CS0032589

OAH No. 2025120659

PROPOSED DECISION

Jennifer M. Russell, Senior Administrative Law Judge, Office of Administrative Hearings (OAH), State of California, heard this matter by videoconference on April 10, 2026.

Tami Summerville, Fair Hearings and Governmental Affairs Manager, represented South Central Los Angeles Regional Center (SCLARC or service agency). Amida Ochoa, Independent Facilitator, Ochoa's Consulting, LLC, represented Mother who appeared on behalf of Claimant, who was not present. Mother and Claimant are not specifically identified to preserve their privacy and maintain confidentiality.

Erica Correa, Service Coordinator, Julius Tady, Program Manager, and Mother testified. The service agency's Exhibits 2 through 7 and Claimant's Exhibits 1 through 19 and 23 were admitted in evidence. The service agency's Exhibits 1 and 8 and Claimant's Exhibits 20 through 22 were marked for identification only.

The record closed and the matter was submitted for decision on April 10, 2026.

ISSUE FOR DETERMINATION

Whether SCLARC should provide funding through Claimant's Self-Determination Plan (SDP) Budget for 34 additional respite care service hours per month for a total of 80 respite care service hours per month for Claimant.

FACTUAL FINDINGS

Jurisdictional Matters

1. On November 11, 2025, on behalf of Claimant, Mother requested funding for additional in-home respite care service hours for Claimant.
2. By Notice of Action dated November 19, 2025, SCLARC denied the request.
3. On December 11, 2025, Mother filed a Fair Hearing Request.
4. All jurisdictional requirements are met.

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Claimant's Background

5. Claimant is a 20-year-old female consumer of SCLARC due to her qualifying diagnosis of Intellectual Disability. Claimant resides with Mother and her sibling, who is also a SCLARC consumer.

6. Claimant uses words and simple sentences to communicate. Claimant requires hands-on assistance, prompting, and reminders to perform hygiene and other self-care tasks. Claimant displays non-compliant behaviors, including crying and dropping to the floor, as well as self-injurious behaviors and elopement. Claimant lacks safety awareness.

7. Claimant's first year SDP budget, which expired on September 30, 2025, funded expenditures totaling \$134,549.32. Among other things, the budget provided funding for in-home respite care services in an amount totaling \$18,336; community living support services in an amount totaling \$23,577.60; and community integration support services, which includes cooking, piano, yoga, art, and tutoring classes, adaptive skills training, parent training, and personal assistance services, in an amount totaling \$64,180.78.

8. After modification by increasing and decreasing spending amounts for several line item expenditures appearing on the expired first year SDP budget, a new spending plan for Claimant's second year SDP budget for the October 1, 2025/September 30, 2026 budget period was increased by \$24,756.08 to \$159,305.40. Funds for in-home respite care services were increased by \$4,033.92 from \$18,336 to an amount totaling \$22,369.92; funds for community living support services were increased by \$14,833.84 from \$23,577.60 to an amount totaling \$38,461.44; and funds

for community integration support services were increased by \$22,079.82 from \$64,180.78 to an amount totaling \$86,260.60.

9. Claimant participates in an In-Home Supportive Services (IHSS) program through the California Department of Social Services. In addition to SCLARC-funded services through her SDP budget, Claimant receives 243 hours of IHSS. Neither party offered Claimant's IHSS award in evidence; thus, the evidentiary record does not disclose the allocation of IHSS hours for specific services Claimant receives from the IHSS program.

Claimant's In-home Respite Care Services

10. The SCLARC POS Funding Standards for Respite, which the Department of Developmental Services (DDS) approved on October 18, 2010, defines respite care services as follows:

Respite services provide intermittent or regularly scheduled non-medical care and supervision of the developmentally disabled minor or adult. All families, at times, experience the need for respite. In most cases, a family of a child with developmental disabilities is able to provide for respite with the assistance of family members, friends or caregivers as they would for a typical child. In circumstances where such resources are unavailable or inadequate to meet the family's needs for respite, the regional center may purchase respite services. Regional center may only purchase respite services when the care needs of the individual exceed those

of a person of the same age without a developmental disability. [¶]

In evaluating respite needs, the consumer's care requirements must be considered in relation to what would be expected for an individual at that age. . . . In addition, Regional Centers must provide or secure family support services that recognize and build upon family strengths, natural supports and existing community services When a family's need for respite care exceeds the available natural supports or community resources, SCLARC's purchase of the respite services may be considered. [¶. . . ¶]

When indicated as a necessary service on the consumer's IPP . . . , respite services may provide support and assistance for the family. Respite services are not intended to meet a family's total need for relief from on-going care or parenting their developmentally disabled child/adult. . . .

SCLARC will consider IHSS as a generic resource when the IHSS service meets the respite need identified in the IPP When considering IHSS as a generic resources to meet a respite need, the amount of protective supervision provided by IHSS will be reviewed. (WIC §4686.5) [¶. . . ¶]

SCLARC will not purchase . . . mor than 90 hours of in-home respite in a quarter for a consumer. The regional center may grant an exemption from the respite limits if it is

demonstrated that the intensity of the consumer's care and supervision needs are such that additional respite is necessary to maintain the consumer in the family home, or there is an extraordinary event that impacts the family member's ability to meet the care and supervision needs of the consumer. (Welf. & Inst. Code §4686.5 subd.

(a)(1)(2)(3)(A)) [¶. . . ¶]

(Exh. 5.)

11. Currently, SCLARC authorizes funding through Claimant's second-year SDP budget for 46 hours per month (or 138 hours per quarter) of in-home respite care services for Claimant at Level E, which is the highest funding level criteria set forth in the SCLARC POS Funding Standards for Respite. Level E authorizes funding for "over 40 hours per month" of respite care service. SCLARC consumers must meet Level D criteria plus at least three additional requirements to receive Level E funding. (Exh. 5 at pp. 7-8 [A36-A37].)

12. Level D criteria, which incorporates Levels A through C criteria, focus on whether, for example, Claimant is medically fragile and requires care on a periodic basis during the day (e.g., gastrostomy tube feedings, occasional suctioning, injections or pulmonary treatments); demonstrates ongoing challenging or atypical behavior behaviors beyond age-expectations (e.g., aggression, self-abuse, disruptive/destructive behaviors, extreme irritability, atypical behavior related to a psychiatric disorder); presents with chronic medical and physical needs requiring total care in all areas (e.g., personal hygiene, eating/feeding, bathing/dressing); requires care that significantly interferes with the sleep of Mother, her caregiver (e.g., requires treatment every two hours), or whether Mother has a physical or medical condition requiring frequent

treatment or impacting ability to render care for Claimant; and the presence of two or more SCLARC consumers in Claimant's family's home.

13. The three or more additional Level E requirements include the following; a nursing assessment to determine whether Claimant is medically fragile and requires special care on an hourly basis; a nursing assessment to determine whether Claimant requires assistance with toileting, ambulation, hygiene and positioning; whether Mother, as Claimant's primary caregiver, presents with a life-threatening chronic medical condition that severely interferes with ability to care for Claimant (e.g., active cancer requiring treatment, AIDS); whether Claimant's family seriously considered placement and respite hours are necessary to maintain the Claimant in the family home.

14. Testimony and documents in the evidentiary record do not clearly and unambiguously disclose Claimant's specific circumstances SCLARC relied on to authorize funding through Claimant's second-year SDP budget for 46 hours of respite care services, which is "over 40 hours per month of respite," as allowed under Level E. Those 46 hours of respite care services are not contested as the testimony of Ms. Correa and Mr. Tady establish those 46 hours per month of respite care services meet Claimant's needs.

15. On behalf of Claimant, Mother requests 34 additional hours per month (or 102 additional hours per quarter) of in-home respite care services "due to caregiver burnout and increased caregiving demands." (Exh. Claimant #9.)

16. Mother testified about Claimant's sibling's behaviors and the negative impact of those behaviors on her mental health and Claimant. Mother testified that in the past she was in a "dark place" and "wanted to kill myself" but since then she "went

back to school” and “learned how to advocate for my kids.” Mother reported SCLARC has granted an additional 34 hours per month of respite care services for Claimant’s sibling and maintained additional respite care service hours are similarly needed for Claimant. Mother wants an additional 34 hours per month of respite care services for Claimant “to have a social life to prevent burnout” and “have time for myself.”

17. In connection with her request, Mother submitted several undated “To Whom It May Concern” letters of support. Claimant’s maternal grandmother writes,

[Mother] is a dedicated and loving mother. She gives everything she has to make sure her children are safe, supported, and care for. I see how she sacrifices daily, and I see how hard she works to meet all of their needs.

Her children require constant supervision, and because of that, [Mother] is always “on.” She does not get real breaks. Even when help is available, she still is the one coordinating, supervising, and making sure everything is running safely.

She is always taking care of her children. There is no real break for her. From morning to night, she is helping them, watching them, and making sure they are safe. She carries the responsibility at all times, always thinking ahead and making sure nothing goes wrong.

(Exh. Claimant #13.)

18. The coordinator of a community-based program in which Claimant and her sibling participate writes,

Through observations, both children require ongoing supervision, guidance, and support to safely participate in activities. . . .

[Mother] is always present, attentive, and fully engaged in her children's participation. I have observed that she provides constant supervision support, and redirection to ensure their safety and successful involvement in each activity. [¶. . . ¶]

It is clear that the level of care required goes beyond typical parenting responsibilities. The amount of supervision, coordination, and support needed for both children in community settings is significant.

(Exh. Claimant #14.)

19. A licensed marriage and family therapist writes,

[Mother] is currently receiving treatment to manage symptoms of depression, anxiety, and sleep disturbance, including the use of prescribed medication. Despite these interventions, the ongoing demands of caregiving continue to significantly impact her mental health, further supporting the need for additional respite services.

(Exh. Claimant #15.) The evidentiary record does not establish whether Mother is in treatment with the licensed marriage and family therapist who authored the letter.

20. The pastor of Mother's church writes,

The children require constant supervision. During services and gatherings, [Mother] remains attentive at all times, guiding and supporting them to ensure their safety. It is clear that the level of care she provides goes beyond typical parenting responsibilities. She carries a constant level of responsibility and remains fully engaged in her children's care. We also recognize the emotional impact this has on her. Despite being strong and committed, she carries a heavy burden and continues to show patience, love, and dedication. Respite services would provide necessary relief so she can continue caring for the children's safety and consistently.

(Exh. Claimant #18.)

21. The total number of in-home respite care services hours mother requests—80 hours per month (or 320 hours per quarter)—exceeds Levels E's funding authorization for "over 40 hours per month of respite" by a factor greater than two. Consistent with Mr. Tady's testimony, the evidentiary record contains no nursing assessment establishing Claimant as medically fragile and requires special care on an hourly basis during the day or that Claimant requires assistance with ambulation, hygiene, and positioning. Nor does the evidentiary record contain a behavioral assessment addressing any claimed maladaptive behaviors by Claimant that has caused Claimant's family to consider seriously placement of Claimant outside the family home. The evidentiary record does not establish Mother presents with active cancer requiring treatment or AIDS or other life-threatening chronic medical condition interfering with Mother's ability to care for Claimant.

LEGAL CONCLUSIONS

Burden and Standard of Proof

1. Claimant bears the burden of establishing by a preponderance of the evidence her entitlement to 34 additional respite care service hours per month. (*Lindsay v. San Diego Retirement Bd.* (1964) 231 Cal.App.2d 156, 161 [disability benefit]; Evid. Code, §500.)

2. Preponderance of the evidence means evidence that has more convincing force than that opposed to it. (See *Glage v. Hawes Firearms Company* (1990) 226 Cal.App.3d 314, 324.) “[T]he sole focus of the legal definition of ‘preponderance’ in the phrase ‘preponderance of the evidence’ is on the *quality* of the evidence. The *quantity* of evidence presented by each side is irrelevant.” (*Id.* at 325, original italics.) In meeting the burden of proof by a preponderance of the evidence, Claimant “must produce substantial evidence, contradicted or un-contradicted, which supports the finding.” (*In re Shelley J.* (1998) 68 Cal.App.4th 322, 339.)

3. Claimant has not met her evidentiary burden of establishing her entitlement to 34 additional hours of respite care services.

The Applicable Law

4. Under the Lanterman Developmental Disabilities Services Act (Lanterman Act), regional centers, including SCLARC, play a critical role in the coordination and delivery of treatment and habilitation services and supports for persons with disabilities. (Welf. & Inst. Code, § 4620 et seq.) Such services and supports include respite. (Welf. & Inst. Code, § 4512, subd. (b).) Regional centers, including SCLARC, are responsible for ensuring the provision of treatment and habilitation services and

supports to individuals with disabilities and their families effectively meets stated IPP goals. Regional centers, including SCLARC, are additionally responsible for the cost-effective use of public resources. (Welf. & Inst. Code, §§ 4646, subd. (a), 4646.5, subd. (a)(4), 4647, subd. (a), and 4648, subd. (a)(8) & (9).)

5. To those ends, the Lanterman Act specifically obligates regional centers, including SCLARC, to purchase services and supports in conformity with their POS policies approved by the Department. (Welf. & Inst. Code, § 4646.4, subd. (a)(1).) The Department reviews regional centers' guidelines "to ensure compliance with statute and regulation" prior to promulgation of the guidelines. (Welf. & Inst. Code, § 4434, subd. (d).) The guidelines are deserving of deference because they reflect the regional center's expertise and knowledge. (See *Yamaha Corp. of America v. State Bd. of Equalization* (1998) 19 Cal.4th 1, 12-15.) Importantly, guidelines regional centers promulgate, including SCLARC, must account for consumers' individual needs when making eligibility determinations for services and supports. (See *Association for Retarded Citizens v. Department of Developmental Services* (1985) 38 Cal.3d 384, 388; *Williams v. Macomber* (1990) 226 Cal.App.3d 225, 232-234.) Regional centers, including SCLARC, must ensure "[u]tilization of generic services and supports when appropriate." (Welf. & Inst. Code, § 4646.4, subd. (a)(2).)

Discussion

6. Respite is intended to provide primary caregivers for individuals with a developmental disability with temporary relief from the constant care required to ensure the health and safety of developmentally disabled individuals. Consistent with the Lanterman Act, SCLARC promulgated its POS Funding Standards for Respite Service, which specifies that primary caregivers are expected to provide for their own respite with the assistance of family members or friends or the use of paid supports.

However, based on the needs of the individual with a developmental disability and through a person centered planning process that determines the individual requires a degree of care beyond that which is normally required by an individual of the same age without a disability, SCLARC-funded respite care services for up to 90 hours per quarter (or 30 hours per month) may be authorized.

7. A person centered planning process determined Claimant requires care beyond that which is normally required of an individual of the same age without a developmental disability. Consequently, SCLARC funds, through Claimant's SDP budget, Level E respite care services for Mother's temporary relief from her constant care of Claimant at a frequency of 46 hours per month. As discussed in Factual Findings 10 through 19, Claimant's entitlement to 34 additional hours per month of respite care services is not established by a preponderance of the evidence in the record.

ORDER

Claimant's appeal is denied.

DATE:

JENNIFER M. RUSSELL
Senior Administrative Law Judge
Office of Administrative Hearings

BEFORE THE
DEPARTMENT OF DEVELOPMENTAL SERVICES
STATE OF CALIFORNIA

In the Matter of:

Claimant

OAH Case No. 2025120659

Vs.

DECISION BY THE DIRECTOR

South Central Los Angeles Regional Center

Respondent.

ORDER OF DECISION

On April 15, 2026, an Administrative Law Judge (ALJ) at the Office of Administrative Hearings (OAH) issued a Proposed Order Granting Dismissal in this matter.

The Proposed Order Granting Dismissal is adopted by the Department of Developmental Services as its Decision in this matter. The Order of Decision, together with the Proposed Order Granting Dismissal, 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 29, 2026.

Original signed by:
Katie Hornberger, Deputy Director
Division of Community Assistance and Resolutions