

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

In the Matter of:

CLAIMANT

and

ALTA CALIFORNIA REGIONAL CENTER, Service Agency

DDS No. CS0032564

OAH No. 2025120891

DECISION

Administrative Law Judge Jennevee H. de Guzman, a Fair Hearing Officer employed by the Office of Administrative Hearings, State of California, heard this matter by videoconference on January 30, 2026, from Sacramento, California.

DJ Weersing, Legal Services Specialist, represented Alta California Regional Center (ACRC).

Claimant's mother, who is also his authorized representative, represented claimant.

Evidence was received, the record closed, and the matter submitted for decision on January 30, 2026.

ISSUE

Whether ACRC should be required to increase claimant's in-home respite services from 120 hours per quarter to 143 hours per month?

FACTUAL FINDINGS

Background and Jurisdictional Matters

1. Claimant is 17 years old and lives with his parents and sibling in their home in Davis, California. Claimant qualifies for Lanterman Act services coordinated through ACRC due to his diagnoses for intellectual disability and autism, both severe.

2. In 2025, ACRC authorized claimant to receive the maximum number of quarterly in-home respite service hours pursuant to its purchase of service policy. In addition, claimant received 283 hours per month, or approximately 10 hours per day, for in-home support services (IHSS) through the Department of Social Services. IHSS hours are allocated at claimant's parents' discretion.

3. On July 10, 2025, claimant requested to increase his in-home respite services. On September 15, 2025, ACRC determined claimant's request was not an assessed need given the availability of his generic resources and existing services.

4. On November 12, 2025, ACRC sent a notice of action (NOA) proposing to deny claimant's request for increased in-home respite services. Specifically, ACRC denied claimant's request because he did not qualify for an exemption from ACRC's "120-hour-per-quarter cap." The NOA provided, "[m]ultiple resources are available to provide the parents a break from their caregiving responsibilities, including the school

district which provides [claimant] care and supervision five days a week, and the 283 hours of [IHSS] per month, and the ACRC funded in-home respite services and social recreation services are available to meet [claimant's] need for extraordinary care and supervision beyond what a peer would require."

5. Claimant timely appealed the NOA. This fair hearing followed.

ACRC's Evidence

ACRC'S IN-HOME RESPITE SERVICES PROCEDURES

6. ACRC's Procedures Manual states in-home respite services are designed to do the following: assist family members in maintaining the client at home; provide appropriate care and supervision to ensure the client's safety in the absence of family members; and relieve family members from the on-going responsibility of caring for the client; attend to the client's basic self-help needs and other activities of daily living including interacting, socializing, and continuing usual daily routines within the home that family members would ordinarily perform. In-home respite also complies with Title II and Title III of the Americans with Disabilities Act to administer emergency rescue medications such as Epinephrine-Pen, Nebulizers, and anti-seizure medications, as per consumer needs.

7. When assessing the number of hours needed for in-home respite services, ACRC reviews the following factors: self-care skills; medical needs; behavior excesses; family dynamics; availability of natural and generic supports; and the client's daily schedule. When considering the client's daily schedule, additional factors include as follows: generic resources; other ACRC funded services; hours of sleep; and education/day service activities.

8. An ACRC planning team authorizes the number of hours, which generally cannot exceed 120 per quarter. To qualify for in-home respite services up to 120 hours, ACRC requires one of the following: the client requires 24-hour care by a family member due to a medical problem or other major medical condition that requires skilled nursing care; the client requires total care due to physical limitations or medical needs; the client exhibits severe challenging behaviors; there are two or more ACRC clients residing in the home; or the client's medical care needs interfere with the primary caregiver's sleep.

9. An exception may be approved if a client demonstrates his care and supervision needs are such that "additional respite is necessary to maintain the client in the home, or there is an extraordinary event that impacts the family member's ability to meet the care and supervision needs of the client. The exception is limited in time." The Procedures Manual provides, "[a]n extraordinary event includes, but are [*sic*] not limited to the following examples: death of a caregiver or close family member; serious illness of caregiver or close family member; incapacitation or long-term absence of caregiver/family member; the client experiences a behavioral or medical emergency; or a catastrophic occurrence such as a fire, flood, earthquake or epidemic."

MICAELA FLETES'S TESTIMONY

10. Micaela Fletes is claimant's ACRC service coordinator. When assessing a request for additional in-home respite services, Ms. Fletes refers to the In-Home Respite Services section of ACRC's Procedures Manual. Ms. Fletes believes 120 quarterly hours is the maximum number that can be approved for in-home respite services unless an exception enumerated in the Procedures Manual applies. Claimant currently receives the maximum number of hours for in-home respite services. Based

on her review, Ms. Fletes stated claimant did not qualify for any of the enumerated exceptions.

Claimant's Evidence

11. Claimant's mother testified on claimant's behalf. She also submitted a written statement, which was consistent with her testimony. Mother explained additional in-home respite service hours are essential because life has become increasingly more difficult due to claimant's degrading health, rigidity of his routines, and increasing self-injurious behaviors. She described his level of care as "unsustainable" and "physically demanding." Daily tasks, such as diapering, feeding, bathing, and dressing, regularly present challenges due to claimant's behaviors. Some tasks are a "two-person job," requiring one person to perform the task and the other to protect claimant's safety.

12. The strenuous nature of caregiving has affected the family's ability to function as a unit. Claimant's natural supports are no longer willing or able to assist, leaving claimant's parents to "divide and conquer" the needs of their children. This often leaves mother unable to support her younger son's needs or enjoy and share in his activities. Claimant's parents are also unable to attend their younger son's school events or celebrate his achievements together. This division has negatively affected her younger son.

13. Mother explained caring for claimant has impacted her health. Mother is unable to get adequate sleep due to claimant's unpredictable sleep patterns and she now sleeps on "high alert." She acknowledged, however, that ACRC has provided a safety bed for claimant, which has helped. Mother also spent much time carefully preparing claimant's meals to comply with his strict dietary requirements. Mother also

acknowledged, however, that ACRC has recently provided a personal assistant for meal preparation, which has alleviated those demands. Mother has sought therapy to cope with the emotional toll of caregiving.

14. Mother explained why she believes claimant requires 143 hours of in-home respite services per month. She stated claimant needs an additional "30" hours per week as follows: two respite hours on Mondays and Tuesdays, for a total of four hours, to assist with feeding, bathing, and bedtime preparations and four hours on Wednesdays through Sundays, for an additional 20 hours, to assist with claimant's activities, walks, feeding, bathing, and bedtime preparations. Mother stated these additional hours would provide adequate time to spend with her younger son.

15. Mother also shared a recent update regarding claimant's health. Claimant suffered a seizure on his birthday in January and a subsequent seizure on the following week. Claimant is currently seeing a neurologist and is taking anti-seizure medications. The cause of the seizures is unknown.

Analysis

16. Claimant has significant behavioral, communication, and safety needs. Mother credibly described claimant's demanding daily routine and her caregiver burnout. In accordance with its purchase of service policy, ACRC has authorized the maximum number of in-home respite service hours under its policy. ACRC has also provided claimant with a safety bed and, more recently, a personal assistant to further alleviate mother's caregiving demands. This is in addition to claimant's generic resources, which include school and 283 monthly IHSS hours.

17. Mother credibly testified claimant's caregiving has generally become increasingly more difficult over the years but failed to specifically explain why the

existing resources and hours are insufficient or provide evidence of an extraordinary event warranting an exception to the 120-hour maximum. Accordingly, claimant did not establish by a preponderance of the evidence that ACRC is required to fund in-home respite services in excess of ACRC's 120-hour per quarter maximum.

LEGAL CONCLUSIONS

1. The party seeking government benefits or services has the burden of proof. (*Lindsay v. San Diego County Retirement Bd.* (1964) 231 Cal.App.2d 156, 161.) In this case, claimant bears the burden of proving, by a preponderance of the evidence, that ACRC is required to fund the requested additional in-home respite service hours. The term preponderance of the evidence means "more likely than not." (*Sandoval v. Bank of America* (2002) 94 Cal.App.4th 1378, 1388.)

2. Under the Lanterman Act, the State of California accepts responsibility for persons with developmental disabilities. (Welf. & Inst. Code, § 4500 et seq.) The Lanterman Act "seeks to integrate developmentally disabled Californians into mainstream life and to ensure they are accorded equal access to programs receiving state funds." (*Tri-Counties Association for Developmentally Disabled, Inc. v. Ventura County Public Guardian* (2021) 63 Cal.App.5th 1129, 1137; see also Welf. & Inst. Code, §§ 4501, 4502.) The State Department of Developmental Services (Department) is charged with implementing the Lanterman Act and is authorized to contract with regional centers to provide the developmentally disabled access to the services and supports needed. (Welf. & Inst. Code, § 4620, subd. (a); *Williams v. State of Cal.* (9th Cir. 2014) 764 F.3d 1002, 1004.)

3. "The services and supports provided by the regional center should assist each consumer in achieving their personal outcomes and life goals and promote inclusion in their community." (Welf. & Inst. Code, § 4646, subd. (a).) A regional center, however, is not required to provide every service a consumer or family may request. Services provided must be cost-effective. (Welf. & Inst. Code, § 4640.7, subd. (b).) Consequently, regional centers are required to control costs and to otherwise conserve resources that must be shared by many consumers. (Welf. & Inst. Code, §§ 4512, subd. (b), 4640.7, subd. (b), 4651, subd. (a), 4659, and 4697.)

4. Regional centers shall establish an internal process ensuring a consumer's IPP adheres to federal and state law and regulation. (Welf. & Inst. Code, § 4646.4, subd. (a).) If purchasing services and supports, the regional center shall also ensure conformance with the regional center's purchase of service policies, as the Department approve under Welfare and Institutions Code section 4434, subdivision (d). (Welf. & Inst. Code, § 4646.4, subd. (a)(1).)

5. Under the Lanterman Act, in-home respite services include "intermittent or regularly scheduled temporary nonmedical care and supervision provided in the client's own home, for a regional center client who resides with a family member." (Welf. & Inst. Code section 4690.2, subd. (a).) These services are designed to do all of the following:

Assist family members in maintaining the client at home;
provide appropriate care and supervision to ensure the client's safety in the absence of family members; relieve family members from the constantly demanding responsibility of caring for the client; and attend to the client's basic self-help needs and other activities of daily

living including interaction, socialization, and continuation of usual daily routines which would ordinarily be performed by the family members.

(Welf. & Inst. Code section 4690.2, subd. (a)(1)-(4).)

6. When all the evidence is considered, claimant failed to demonstrate that ACRC must pay for 143 hours of in-home respite services per month.

ORDER

Claimant's appeal is DENIED.

DATE: February 12, 2026

JENNEVEE H. DE GUZMAN
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 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.