

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

**In the Matter of:**

**CLAIMANT**

**and**

**INLAND REGIONAL CENTER, Service Agency**

**DDS No. CS0033852**

**OAH No. 2026020459**

**PROPOSED DECISION**

Michelle C. Hollimon, Administrative Law Judge, Office of Administrative Hearings (OAH), State of California, heard this matter on March 18, 2026, and April 15, 2026, by videoconference. This matter was consolidated for hearing with DDS No. CS0033854, OAH No. 2026020480; DDS No. CS0033855, OAH No. 2026020494; and DDS No. CS0033856, OAH No. 2026020484, which are appeal requests for claimant's siblings. Separate decisions are issued for this consolidated hearing.

Claimant's mother appeared at the hearing and represented claimant.

Senait Teweldebrhan, Fair Hearings Representative, Fair Hearings and Legal Affairs, represented Inland Regional Center (IRC).

Oral and documentary evidence was received. The record was closed and the matter was submitted for decision on April 15, 2026.<sup>1</sup>

## **ISSUES**

1. Is claimant eligible to enroll in the Self-Determination Program (SDP) without a vendored Financial Management Service (FMS) being identified and secured for claimant?
2. Is claimant eligible to enroll in SDP if IRC can demonstrate that claimant's representative has failed to meet the terms and conditions for successful SDP participation in other IRC SDP claimant matters?

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<sup>1</sup> On April 17, 2026, claimant's representative uploaded two copies of an 18 page document entitled "Post-Hearing Brief of Appellant [claimant representative]" to the Case Center evidence platform. The record was not held open for further submission of evidence; as such, the post-hearing brief is excluded from evidence and will not be considered in this matter.

## FACTUAL FINDINGS

### Background

1. Claimant, per his Individual Program Plan (IPP), is a 16-year-old male who resides in the family home with his adoptive mother and adoptive sibling, and is eligible for regional center services under the category of intellectual disability.<sup>2</sup>

2. On January 29, 2026, IRC issued a Notice of Action (NOA) that it was denying claimant's request to enroll claimant in SDP for two reasons: (1) claimant's representative had not identified and secured an FMS provider, which is required for SDP participation, and (2) claimant's representative was not complying with the terms and conditions for SDP participation for two other IRC SDP claimants for whom she was also the claimant representative. Claimant timely appealed this decision.

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<sup>2</sup> The Lanterman Act was amended long ago to eliminate the term "mental retardation" and replace it with "intellectual disability," as reflected in the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* (DSM-5). The more current DSM-5, text revision (DSM-5-TR) no longer uses the term "intellectual disability" and instead refers to the condition as Intellectual Developmental Disorder (IDD). Many of the regional center forms have not been updated to reflect this change, and often all the above terms are used interchangeably. Accordingly, for purposes of this decision, as well as all admissible documentary evidence, "mental retardation," "intellectual disability," and "IDD" mean the same thing.

## **IRC's Evidence**

### **TESTIMONY OF ALEJANDRA RIVERA**

3. The testimony of Alejandra Rivera, SDP Program Manager at IRC, and related documents received in evidence, are summarized as follows:

4. SDP is a voluntary program in which participants self-direct their services to implement the goals of their IPP. While the program is self-directed, SDP participants must still agree to follow certain requirements, which include attending an orientation, using generic services and supports when available, only purchasing services and supports necessary to implement their IPP, and using the services of a qualified, vendored FMS provider.

5. SDP participants must develop an annual budget that is certified by the regional center, and then a spending plan. The spending plan is submitted to the participant's case management team, who reviews the plan to ensure services meet program requirements and are eligible for federal financial participation. The amount of time it takes to review and approve a spending plan varies by participant. Any changes to a spending plan starts the review process over and can delay spending plan approval. Once a spending plan is approved, participants are then onboarded with a vendored FMS of their choosing. The FMS will assist with managing the participant's budget and issue payments to providers. FMS providers are responsible to review service provider verification.

6. During the review of the budget and spending plans for claimant's representative's two other children enrolled in SDP, it was noted that different addresses were provided for the same provider, and in one instance, a provider address was a truck drop off in the back of a shopping center. Further, some providers

appeared to overlap times of service. IRC had difficulty getting information from claimant's representative when inquiring about these concerning issues. These types of issues led to corrections and updates to the SDP participants' spending plans, which extended the time for review and approval of the spending plans. FMS provider start dates are also subject to change and delay if information requested is not timely provided, or if additional time is needed by the FMS provider to screen service providers.

7. In addition to the problems noted above, there have been additional ongoing compliance issues with FMS requirements for claimant's representative's two other children enrolled in SDP. No FMS provider had been secured at the time the January 29, 2026, NOAs were sent to terminate the enrollment of these two children in SDP.

8. The FMS provider that was in place in January 2026, Action FMS (Action), sent a notice of termination on December 18, 2025, with a termination date of January 31, 2026. Action had provided claimant's representative several opportunities to comply with Electronic Visit Verification (EVV) requirements and provided a lot of support, but claimants remained noncompliant.

9. IRC entered an authorization for Action to continue services during the appeal process, for aid paid pending purposes, but Action was unwilling to continue providing FMS services beyond January 31, 2026. IRC cannot require an FMS provider to continue services.

10. Action was the second FMS provider used by claimant's representative for her two other children that are current SDP consumers. The first FMS provider terminated services with them as well. Several other FMS providers declined to work

with claimant's representative's two SDP participants. A new FMS provider, Public Partnerships, LLC (PPL), subsequently accepted the role as FMS for claimant's representative's two other children in SDP, with a tentative start date of April 1, 2026.

11. Ms. Rivera testified she does not recommend participation in SDP for this claimant for many reasons, including multiple FMS providers declining to work with participant's siblings in SDP that has resulted in ongoing compliance issues, difficulties communicating with claimant's representative, an ongoing lack of responsiveness, claimant's representative's continual failure to provide requested information, and general overall noncompliance with SDP requirements.

### **TESTIMONY OF JOHN FERINGA**

12. The testimony of John Feringa, president and CEO of Dromen, and related documents received in evidence, are summarized as follows:

13. Dromen is an FMS provider. He is familiar with claimant's representative and her two other children that participate in the SDP program, as he supported them during their onboarding process with Dromen. Dromen began providing FMS services for these children in July 2025.

14. Dromen experienced immediate difficulties onboarding the two consumers for whom Dromen agreed to be the FMS provider. The initial onboarding documents were not completed, with basic information such as claimant addresses and allowable methods of communication missing from documents.

15. Additional issues arose when trying to confirm staff and vendor information. Initially the request was to change all providers to be working for one vendor - Elevated Progress Group, Inc. (Elevated). Dromen requested to have Elevated

added to the claimants' spending plans. Claimant's representative's daughter advised Dromen via email on July 2, 2025, that she was one of the officers for Elevated and that claimant's representative had no affiliation with Elevated. The Statement of Information (SOI) that Dromen obtained from the California Secretary of State for Elevated, which was filed on April 7, 2025, listed claimant's representative as Elevated's CEO. Claimant's representative was removed on a subsequent SOI filed on July 1, 2025. On July 2, 2025, Mardale Ewing emailed Mr. Feringa and indicated that Elevated would be providing specialized tutoring services, their team consisted of highly qualified professionals with backgrounds ranging up to education doctorate degrees, and that many of their instructors had undergone Applied Behavior Analysis training. Mr. Feringa emailed Mr. Ewing an "Affiliated Business Disclosure" form the following day, on which he employed no staff members related to the claimants, and employed no staff at all.

16. Dromen asked if any of the employees or vendors were related to the clients, employees, or guardian or decision maker, as additional documentation is needed if so to comply with SDP requirements. Dromen was initially told no, but later learned there is a relationship between the providers and claimant and claimant's representative. The employees are related to each other.

17. Further challenges arose with EVV. EVV is required in the SDP waiver. Dromen's policy is to have all employees clock in and out electronically, and as an FMS provider, Dromen is required to be compliant with EVV. EVV is required under the terms of the SDP program, with certain exceptions. When Dromen staff reached out to claimant's representative regarding EVV training, she advised there would be no EVV and paper timesheets would be submitted. Claimant's representative claimed EVV was not required and that service providers were live in providers; however, none of the

service providers listed themselves as living at an address where IRC had claimant representative's two other children that are SDP consumers listed as living, and no addresses were provided for these two SDP consumers when they were initially onboarded. Two separate addresses were later provided for the two SDP consumers. IRC then advised that claimant's representative's two other children that are SDP consumers lived at the same address and not separately.

18. EVV training through Dromen was never completed. Claimant's representative never reported any disability related limitations that required accommodations to access Dromen's EVV system for staff or providers. Dromen's policy regarding disability related limitations is to provide reasonable accommodations for individuals to access their system to be EVV compliant, but the individual would not be exempt from EVV requirements. Mr. Feringa only learned of any issue with disability accommodations when he read about alleged barriers to EVV compliance due to disability-related limitations in documents submitted by claimant's representative as an exhibit for this hearing.

19. Mr. Feringa reached out to IRC regarding adding claimant's representative's business, Brighter Now & Consulting (Brighter Now), as a service provider. Claimant's representative completed EVV agency administrator training on July 27, 2025, the same training required of FMS providers. Claimant's representative executed an EVV provider agreement with the Department of Developmental Services as well. Provider invoices were submitted to Brighter Now and EVV compliance became claimants' representative's responsibility. IRC advised that Brighter Now could not be added as a vendor.

20. There were several issues with the service provider documentation provided by claimant's representative. Dromen received invoices where dates of

service and paper timesheets received did not match. In some instances, dates of service were duplicated. In one instance, Dromen received a form with a service date in June 2025, before SDP participation began, and then an amended form with a new date. Mileage reimbursement requests included trips that all had the same exact mileage that upon investigation did not match Google maps. Mr. Feringa testified that "nearly every submission had something changed." Claimant's representative would not answer questions asked regarding services, instead telling Mr. Feringa that she would file a complaint and he was required to pay. Mr. Feringa testified that claimant's representative "just wanted invoices paid with no questions asked."

21. Regarding the provider "Born to Win Boxing," Dromen did not remit payment as boxing was not on the approved spending plan and no legal entity existed at the time of service. John Carson, the individual listed as the owner of Born to Win Boxing on the invoices, did file a "doing business as" (DBA) form on September 4, 2025, and indicated on that form that he had not yet begun to transact business under the fictitious name. A business license is required for providers used by SDP participants.

22. There were other provider entities whose information could not be found when searching the Office of Inspector General website for their information. Mr. Feringa testified his company searches this site in the regular course of business to ensure providers are funding eligible. No information could be found for two separate entities listed by claimant's representative for her two other children in SDP.

23. Dromen provided a 30 day notice on July 7, 2025, that it would not be continuing as the FMS provider for claimant's representative's two children in SDP. IRC requested that Dromen extend their FMS services until September 30, 2025, to allow

time to transition to another FMS provider. Mr. Feringa agreed and Dromen discontinued services when an alternate FMS provider was secured.

### **TESTIMONY OF AMIRA ABDELMAGEED**

24. The testimony of Amira Abdelmageed, IRC Program Manager, and related documents received in evidence, are summarized as follows:

25. Ms. Abdelmageed sent the NOAs on January 29, 2026, discontinuing SDP participation effective February 28, 2026, for two of claimant's representative's children. The reasons for the discontinuance of SDP participation were that two FMS providers discontinued FMS services due to compliance issues, ongoing EVV violations and questionable billing and labor practices, no qualified and vendored alternate FMS provider had been identified and secured, and SDP participation requires the use of an FMS provider and compliance with the terms and conditions of SDP.

26. Action was the FMS provider at the time the January 29, 2026, NOAs were sent. Action had notified claimants' representative that they would not continue to be the FMS provider after January 31, 2026, via email from Anna Gogstad of Action on December 18, 2025. Ms. Gogstad advised that there were too many issues with EVV violations and onboarding vendor issues.

27. Action's human resources department's representative Vienna Webb also reached out to claimant's representative regarding EVV compliance issues via email. Ms. Abdelmageed spoke with Ms. Webb regarding the EVV compliance issues as well. Ms. Webb noted constant issues with claimant's representative and her staff not clocking in and out in real time, and an instance where one shift was over the span of multiple days. When a provider is clocked in for more than 24 hours, the next provider is unable to clock in for their services.

28. IRC extended Action's SDP authorizations during the appeal process. IRC notified claimant's representative that it could not require Action to continue to provide services. IRC recommended that an IPP meeting be held to discuss services within traditional service delivery for claimant's representative's children who were enrolled in the SDP program. Claimant's representative declined to transition these consumers to traditional services. The same services available through SDP are available through the traditional services model; the only difference is the funding source.

29. PPL has agreed to serve as an FMS provider. PPL did not initially agree to retroactive payment when discussing payment over the phone on April 8, 2026, but the following day they agreed to retroactive pay and advised on April 9, 2026, that they would need an updated spending plan that included the retroactive period, as well as a new purchase of service policy (POS). The following day, a PPL enrollment specialist emailed regarding a conversation he had with claimant's representative the month before where claimant's representative asked to pause the enrollment process due to the "SDP case pending approval" and that IRC was not in agreement to proceed until a final decision is reached following the hearing.

30. IRC has continued to process spending plans and authorize services with PPL for claimant's representative's children that are in SDP as they are eligible for aid paid pending during the appeal process. IRC received updated spending plans from claimant's representative on April 13, 2026, and they have been sent to the SDP team for review. PPL emailed claimant's representative regarding additional information needed other than the final spending plans and POS. IRC's request to terminate SDP participation has not changed with PPL as an FMS provider, as the ongoing compliance issues and questionable billing practices concerns remain.

## **TESTIMONY OF FELICIA VALENCIA**

31. The testimony of Felicia Valencia, IRC Program Manager, and related documents received in evidence, are summarized as follows:

32. Ms. Valencia sent the NOAs on January 29, 2026, denying enrollment in SDP for claimant and another one of claimant's representative's children currently receiving services under traditional service delivery. The reasons for the denial were that no qualified and vendored FMS provider had been identified and secured by claimant's representative, and there were concerns with billing practices and compliance with labor policies and procedures for claimant's representative's two children that currently participate in SDP.

33. Anne Gogstad of Action FMS, the former FMS provider for claimant's representative's two children in SDP, declined to service claimant's representative's other two children given numerous violations of Department of Developmental Services (DDS) rules and regulations, including EVV compliance issues.

34. Jenn Green, Program Manager of 24 Hour Home Care (TFHHC), also raised multiple issues to IRC. TFHHC provides respite and social integration coaching for claimant's representative's children. TFHHC conducted an investigation involving claimant's representative and her children who are regional center consumers, as well as claimant's representative's adult daughter and two of her children that are regional center consumers. Ms. Green voiced similar concerns as the FMS providers with regard to billing issues. Ms. Green also noted other issues, including overlapping shifts being claimed by multiple providers, hours submitted exceeding regional center authorization, and duplicate providers. Family members are not prohibited from being service providers, but the best interest of the consumer must always be considered.

There are concerns regarding whether the IRC funded services allegedly being provided by family members are, in fact, being received by the consumers, and there are also concerns about financial exploitations, when the same family members are providers for every service and EVV is circumvented.

35. Ms. Valencia was asked on cross-examination if she had proof that claimant's representative was connected to Elevated, which she affirmed. Ms. Valencia identified a California Secretary of State Business Registration page, updated August 19, 2025, that indicates the filing date for the business as September 24, 2023, that the business is active, and claimant's representative is listed as the Chief Financial Officer.

## **Claimant's Evidence**

### **TESTIMONY OF CLAIMANT'S MOTHER**

36. The following is a summary of the testimony of claimant's mother, who is also claimant's representative. Claimant's mother has over 30 years of experience supporting individuals with disabilities. All four of her children that receive services through IRC have developmental disabilities and are entitled to services, which they have been without since February 1, 2026. Her children are being punished for what IRC alleges she did or did not do and IRC could have addressed any legitimate concerns they had by replacing or training her, rather than punishing her children.

37. IRC has falsely asserted that all providers are family members. Claimant's mother has an active partnership with other organizations, including Quality Home Health Agency. Family members are not prohibited from being providers.

38. IRC has relied on the negative opinions of FMS providers who did not meet with her in person or provide training to her, as well as other individuals.

Claimant's mother testified she is not an untrustworthy person and provided character reference letters.

39. PPL accepted claimant's mother's children and began onboarding on January 28, 2026. Spending plans were submitted by the independent facilitator on February 27, 2026. On February 28, 2026, the children were fully enrolled in PPL, which PPL confirmed in writing on March 4, 2026. Further documents were requested on April 14, 2026, and those documents were provided immediately. All IRC requests have been responded to immediately, and the only thing missing is approved spending plans and purchase orders. The delays are due to IRC, not due to claimant's family.

### **CLAIMANT'S DOCUMENTARY EVIDENCE**

40. Claimant presented two exhibits consisting of 93 pages in total, both of which were multiple documents combined, and all of which were received into evidence. Some of claimant's exhibits are discussed further below.

41. Claimant submitted proof of completion by claimant's representative of two credentials through Sandata, an Aggregator credential and EVV Agency Administrator training.

42. Claimant submitted three character reference letters from Patricia Weston, BSN, Margaret Rice, and Marbella Carrillo, all written in March 2026. Ms. Weston is an administrator at Quality Home Health Agency and has worked with claimant's representative since September 2023 and described their working relationship as "an active and valued partnership." Ms. Weston described claimant's representative as professional, compassionate and having "unwavering dedication to her family." Ms. Rice has known claimant's representative for "many" years and describes her as honest, responsible and dependable and "an asset to her community

and to the individuals and families she supports.” Marbella Carrillo is a social worker with “A Tender Love & Care” foster family agency. Ms. Carrillo describes claimant’s representative as “a highly dedicated and certified foster parent,” professional and compassionate, and “an asset to our agency.”

## **LEGAL CONCLUSIONS**

### **Purpose of the Lanterman Act**

1. The legislature enacted a comprehensive statutory scheme known as the Lanterman Developmental Disabilities Act (Lanterman Act), set forth in Welfare and Institutions Code section 4500 et seq., to meet the needs of each person with developmental disabilities, regardless of that person’s degree of handicap or age, and at each stage of that person’s 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 in order to lead more independent and productive lives in the community (*Association of Retarded Citizens v. Department of Developmental Services* (1985) 38 Cal.3d 384, 388.)

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

2. Each party asserting a claim or defense has the burden of proof for establishing the facts essential to that specific claim or defense. (Evid. Code, §§ 110, 115, 500; *McCoy v. Bd. of Retirement* (1986) 183 Cal.App.3d 1044, 1051, fn. 5.) In this case, IRC bears the burden to prove claimant should be denied enrollment in SDP.

3. The standard by which each party must prove those matters is “preponderance of the evidence.” (Evid. Code, § 115.)

4. A preponderance of the evidence means that the evidence on one side outweighs or is more than the evidence on the other side, not necessarily in number of witnesses or quantity, but in its persuasive effect on those to whom it is addressed. It is “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.)

### **Applicable Statutory Authority**

Welfare and Institutions Code section 4685.8, states:

(a) 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.

(b) The department, in establishing the statewide program, shall . . .

(2) Address all of the following:

(A) Oversight of expenditure of self-determined funds and the achievement of participant outcomes over time.

[¶] . . . [¶]

(d) 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:

(1) The participant has a developmental disability, as defined in Section 4512, and is receiving services pursuant to this division.

(2) The consumer does not live in a licensed long-term health care facility, as defined in paragraph (44) of subdivision (a) of Section 54302 of Title 17 of the California Code of Regulations. An individual, and when appropriate the individual's parent, legal guardian or conservator, or authorized representative, who is not eligible to participate in the Self-Determination Program pursuant to this paragraph may request that the regional center provide

person-centered planning services in order to make arrangements for transition to the Self-Determination Program, provided that the individual is reasonably expected to transition to the community within 90 days. In that case, the regional center shall initiate person-centered planning services within 60 days of that request.

(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.

[¶] . . . [¶]

(g) If at any time during participation in the Self-Determination Program a regional center determines that a participant is no longer eligible to continue in, or a participant voluntarily chooses to exit, the Self-

Determination Program, the regional center shall provide for the participant's transition from the Self-Determination Program to other services and supports. This transition shall include the development of a new IPP that reflects the services and supports necessary to meet the individual's needs. The regional center shall ensure that there is no gap in services and supports during the transition period.

(h) An individual determined to be ineligible for or who voluntarily exits the Self-Determination Program shall be permitted to return to the Self-Determination Program upon meeting all applicable eligibility criteria and upon approval of the participant's planning team . . .

## **Evaluation**

5. IRC proved by a preponderance of the evidence that claimant was not eligible to enroll in SDP without a vendored FMS being identified and secured for claimant. Welfare and Institutions Code section 4685.8, subdivision (d)(3)(E) requires claimant to have an FMS provider in place as an SDP participant. (Welf. & Inst. Code, § 4685.8, subd. (d)(3)(E).)

6. As of the second day of hearing in this matter, there is still no FMS provider in place to provide services. PPL has been identified as an FMS provider, but they remained without needed information from claimant's representative per their email on April 13, 2026, at 3:27 p.m., less than 48 hours before the second day of hearing in this matter.

7. IRC also proved by a preponderance of the evidence that claimant was not eligible to enroll in SDP as claimant's representative has failed to meet the terms and conditions for successful SDP participation in other IRC SDP claimant matters. SDP eligibility requires compliance with all terms and conditions for participation in SDP, which includes the requirement to secure an FMS provider, as set forth above, as well as only purchasing services and supports necessary to implement the participant's IPP and complying with any and all other terms and conditions for participation in SDP. (Welf. & Inst. Code, § 4685.8, subd. (d)(3)(C).)

8. Two separate FMS providers began services for other children of claimant's representative in SDP, and shortly thereafter terminated services. The first FMS provider, Dromen, began services on July 1, 2025, and sent a notice to terminate services six days later, on July 7, 2025. The second FMS provider, Action sent a notice of termination of December 18, 2025, less than three months after it began as the FMS provider, with a termination date of January 31, 2026. Both providers raised serious concerns with compliance. Dromen noted, among other things, discrepancies between time sheets and invoices submitted, mileage reimbursement issues, and lack of compliance with EVV requirements. Action raised, among other issues, concerns with EVV violations and problems onboarding vendors. Action noted there were constant issues with claimant's representative and her staff clocking in and out in real time among other issues. Further, while family is not barred from providing services and supports, there are significant concerns regarding whether claimant's representative's other two children are actually receiving services and supports allegedly being provided by family members.

9. Claimant's representative makes several arguments as to why the current situation exists, including lack of training, disability issues, and IRC failing to review

and sign spending plans, leading to FMS providers declining to provide services. With regard to training, Dromen attempted to provide EVV training to claimant's representative, and per the testimony of Mr. Feringa, she refused. Claimant's representative presented course completion for EVV training, the same training FMS providers take. Action also attempted to assist claimant's representative with EVV issues. Claimant's representative provided no evidence of any disability issues that would affect EVV compliance, other than her own written statement. Certainly accommodations could be made to assist with EVV compliance in that case, but without any information regarding the disability, accommodations cannot be made. Nor would a disability preclude EVV compliance altogether. Claimant's representative did not provide evidence demonstrating her claim that FMS providers were declining services due to IRC failing to review and sign spending plans.

10. Claimant's representative testified that all four of her children are entitled to services they have been without since February 1, 2026. Two of claimant's representative's children, including claimant in the matter herein, are in traditional services and continue to receive services. No evidence was provided of any services those two children are entitled to receive but have not received. Further, IRC offered to transition claimant's two children that are currently in the SDP into traditional services to ensure no gap in services, as it is required to do under applicable law if an SDP consumer is no longer eligible for SDP for whatever reason, but claimant's representative declined.

11. The individual budgets for claimant's representative's four children receiving services is approximately \$583,186.22 in total, representing a significant amount of public funds allocated to meet these four consumers' collective needs. The Department of Developmental Services is tasked with overseeing the expenditure of

self-determined funds and EVV was mandated to ensure regional center funded SDP services are, in fact, being received by the consumer. The ongoing compliance and billing issues cited by multiple FMS vendors, and lack of full disclosure of information by claimant's representative as testified to by multiple witnesses, raise significant concerns that claimant's representative's two children that are current SDP consumers are potentially not having their needs met. This concern would be magnified if all four children were SDP participants.

12. Claimant's representative's contentions that her children are being punished for what IRC alleges she did or did not do and engaging in actions that result in FMS providers declining or terminating FMS services are without merit. No evidence established either of these claims.

13. Accordingly, based on the evidence provided, IRC met its burden and established a legal basis to grant its request to deny SDP enrollment for claimant and maintain claimant on traditional services.

## **ORDER**

Claimant's appeal of Inland Regional Center's decision denying claimant's request to enroll in the Self-Determination Program is denied. Claimant shall not be permitted to enroll in the Self-Determination Program until eligibility requirements set forth in applicable law are satisfied.

DATE: April 27, 2026

MICHELLE C. HOLLIMON  
Administrative Law Judge  
Office of Administrative Hearings

BEFORE THE  
DEPARTMENT OF DEVELOPMENTAL SERVICES  
STATE OF CALIFORNIA

In the Matter of:

Claimant

OAH Case No. 2026020459

Vs.

**DECISION BY THE DIRECTOR**

Inland Regional Center

Respondent.

ORDER OF DECISION

On April 27, 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 May 19, 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 Nos. 2026020459, 2026020480,  
2026020484, & 2026020494

Vs.

**RECONSIDERATION ORDER, DECISION  
BY THE DIRECTOR**

Inland Regional Center,

Respondent.

RECONSIDERATION ORDER

On May 20, 2026, the Department of Developmental Services (Department) received claimants' application for reconsideration of a Final Decision issued by the Director on May 19, 2026. On May 28, 2026, and May 29, 2026, claimants submitted additional material to the Department for their application for reconsideration.

The application for reconsideration is denied. A review of the Final Decision and record does not support a finding of factual or legal error or clerical error that would change the Final Decision. The record also does not support a finding that the Administrative Law Judge (ALJ) improperly failed to recuse themselves following a request pursuant to Welfare and Institutions Code section 4712, subdivision (g). The Final Decision remains effective as of May 19, 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 June 3, 2026.

Original signed by

Katie Hornberger, Deputy Director

Division of Community Assistance and Resolutions