Certain potentially identifying information has been redacted from the decision for purposes of its public posting.

BEFORE THE
DEPARTMENT OF DEVELOPMENTAL SERVICES
STATE OF CALIFORNIA

In the Matter of:

CLAIMANT

and

SAN DIEGO REGIONAL CENTER, Service Agency

DDS No. CS0034393

OAH No. 2026030026

PROPOSED DECISION

Mary Agnes Matyszewski, Administrative Law Judge (ALJ), Office of Administrative Hearings (OAH), State of California, heard this matter by videoconference on June 12, 2026.

Claimant represented herself.

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

Oral and documentary evidence was received. The record was closed, and the matter was submitted for decision on June 12, 2026.

ISSUE

May SDRC deny claimant's request to modify her Individual Program Plan (IPP) with the language she proposes?

FACTUAL FINDINGS

Jurisdictional Matters

1. On February 24, 2026, SDRC issued a Notice of Action (NOA) stating the following proposed action: "The request to modify the language of the IPP for the purpose of reversing OAH decision 2025110868 is denied." The NOA stated the reason for the denial was because in that prior decision: "Claimant's appeal to deny her request for approval of funding through her Self-Determination Program (SDP) budget for the modification of her bathroom for the installation of a walk-in, sit-down tub/ shower is denied." The NOA stated as a further reason that the law requires the use of generic resources prior to utilizing regional center funding, the services must be related to the developmental disability, and providing unnecessary or inappropriate services and supports is prohibited. The "Facts and Laws Supporting the [NOA]" were identified as the prior decision, the federal regulations that prohibit providing unnecessary or inappropriate services and supports, and the Lanterman Developmental Disabilities Act (Lanterman Act) provisions that require the service be directed towards the developmental disability, and prohibit utilizing SDP services and supports when generic services and supports are available.

2. Claimant appealed that denial, and this hearing ensued.

Evidence Introduced at Hearing

3. SDRC Appeals and Resolution Coordinator Sarah Pierce, SDRC Assistant Director of Client Services Robin Bello, and claimant testified, and documents were introduced. The factual findings reached herein are based on that evidence.

BACKGROUND FACTS

4. Claimant is a 48-year-old female who qualifies for regional center services under a diagnosis of autism. She participates in the SDP at SDRC with an approved annual budget as of April 2025 of $251,517.

POSITION STATEMENTS

5. The parties' position statements set forth their respective arguments. Claimant's also attached two documents referenced herein.

CLAIMANT'S CURRENT IPP

6. Claimant's most recent IPP, dated May 15, 2025, noted her many non-qualifying medical diagnoses and neuromuscular issues, including severe dyscalculia, a mathematics disability, for which her service coordinator has provided monthly budget balancing and reconciliation help. Claimant also has progressive neuromuscular issues and suffered falls, but she aimed "to accept and adjust to functional losses rather than succumb to more dependencies, which she finds demoralizing." Claimant is also "diagnosed with Cognitive-Communication Disorder severe." She "utilizes daily interactions with subject matter experts, who are specialists in their field [*sic*], to advise her on needed resources and services to best support her." Claimant "is unable to make decisions from generic assistance [*sic*] that are not trained in supporting [claimant] and her tailored needs."

7. The IPP noted that claimant "continues to have increased difficulty with social interaction. . . . She struggles in classes and relies on 1:1 support for enrichment." As a way to meet her community participation goals her "[financial management service] FMS provider will assist [claimant] with purchasing goods and services that meet health and safety support needs including . . . performing personal care activities with assistance."

8. Claimant is also "diagnosed with Balint Syndrome that is characterized by severity of the optic ataxia,[1] oculomotor apraxia[2] and simultagnosia.[3] Her cortical visual impairment affects all aspects of her activities of daily living. . . . Two hand tasks are no longer possible due to dyspraxia that has regressed. . . . [Claimant] avoids leaving her home because she feels vulnerable to social judgment with her disabled presentation." Claimant "reports that her movement disorder is manageable with professional daily body work, including physical therapy, massage therapy, yoga,

---

[1] Optic ataxia is a neurological condition in which a person cannot accurately reach for or interact with objects under visual guidance, despite normal motor and sensory function.

[2] Oculomotor apraxia is a neurological disorder that impairs voluntary eye movements, often causing compensatory head thrusts to shift gaze.

[3] Simultagnosia is a rare neurological disorder in which a person cannot perceive more than one object at a time, severely affecting visual attention and scene comprehension.

equestrian therapy, and a garden swing." The IPP also referenced claimant's digestive, movement, and sensory issues.

9. The Safety Consideration section of the IPP noted that claimant "is no longer safe outside her home independently and requires daily assistance to remain safe in her home." She requires assistance to call for help but "can manage low-demand outings if she can find accessible parking."

10. The Supports at Home section noted that claimant "requires assistance to maintain daily living routines." She "utilizes professional help (e.g., licensed professionals for therapeutic supports) as critical to her day-to-day wellbeing. [Claimant] strives to live independently and feel self-sufficient." Claimant "prefers living by herself and in a house instead of an apartment so that she does not have neighbors in such close proximity, and to promote front door (no-step) access to her vehicle, laundry, and garbage cans." Claimant reported struggling and needing additional support for activities of daily living. She "requires full-on physical support to access her garage, garden, car, garbage bins, and her neighborhood. She utilizes hands-on assistants, a trustee, and daily living support to assist in these areas." Claimant is eligible for in-home support services (IHSS) but "affirms that the process remains inaccessible for her, and generic care providers are very distressing." Claimant "struggles in group settings or classes and relies on 1:1 support for enrichment."

DDS DECISION: OAH NO. 2025110868

11. On February 4, 2026, the Department of Developmental Services (DDS) adopted the proposed decision issued in OAH No. 2025110868, denying claimant's request to use her SDP funding to modify her bathroom to install a walk-in, sit-down tub/shower. That decision is now final.

12. Among the findings made, claimant admitted her current IPP does not specifically state anywhere that she needs assistance with bathing needs, and she did not answer when asked if she had ever informed her service coordinator she was having problems bathing independently. (Factual Finding No. 29.) While the decision did conclude that claimant's appeal in that matter was premature because SDRC had not completed its evaluation of her request nor issued a Notice of Action, it did conclude that claimant failed to establish SDRC is required to approve her request and that the medical reasons given, muscular dystrophy and dyspraxia (a motor coordination condition), are non-regional center qualifying disorders. (Legal Conclusion No. 14.)

13. The decision found further that claimant did not prove her dyspraxia is related to her autism and that making such a connection would require an in-depth assessment, which claimant refused. Claimant also failed to provide evidence she has exhausted all generic resources or that the suggested alternatives would not work for her. (Legal Conclusion No. 15.) Claimant also incorrectly believes she alone can direct the funds in her SDP budget to meet her needs. She failed to establish her need for bathing assistance is included in her current IPP, failed to establish a bathroom modification is related to or needed to alleviate the symptoms of her qualifying disability (autism), and failed to establish that she has exhausted all generic resources to meet her asserted need. (Legal Conclusion No. 16.)

CLAIMANT'S FEBRUARY 10, 2026, IPP MEETING

14. Following that hearing, claimant requested an IPP meeting to discuss her alleged unmet needs.

15. On February 10, 2026, Service Coordinator (SC) Kaitlyn Peregoy, claimant, and David Terk attended the IPP meeting. Claimant identified Mr. Terk as being from the company that helped her set up her trust, is coaching her for debt prevention, and helped her formulate her request following the decision issued in OAH No. 2025110868. The meeting was videotaped with SDRC's permission. Claimant introduced the videotape and a transcript of the videotape into evidence. Of note, there were places the transcript incorrectly identified the speaker; the videotape controlled for any discrepancy between the videotape and transcript.

Claimant's Comments Before IPP Meeting Began

16. The videotape starts several minutes before the IPP meeting and claimant and Mr. Terk engage in conversations before SC Peregoy logs on at the time set for the Zoom meeting. During those discussions, claimant made several disparaging remarks about SDRC and her displeasure with various matters, and Mr. Terk affirmed many of her statements.

17. Claimant also talked about putting on her "meeting shirt." She stated that she was "wearing a crappy sweatshirt right now," but had a "shirt on in the back that I always put on for meetings." She mentioned that she will "switch [her shirt] up periodically."

18. She and Mr. Terk then discussed that claimant sent the meeting link to SDRC but logged in earlier than the time set for the meeting. She called SDRC "lame" for not logging in sooner despite the fact there would be no way for SC Peregoy to know claimant was expecting the meeting to start sooner than claimant requested.

19. Claimant then advises Mr. Terk that she filed a Welfare and Institutions Code section 4731 complaint, but that SDRC is no longer replying to them. Of note,

claimant's assertion is patently incorrect given the Executive Director's response to that complaint as referenced below. Claimant next asserted that "they said that I need 24-7 assistance at a 2:1 ratio."

20. Claimant next stated that SDRC's nursing assessment "backfired," because it showed claimant had more needs than anticipated and was not safe to live independently without adequate resources. That nursing assessment is discussed more fully below.

Discussions During IPP Meeting

21. Once SC Peregoy joined the IPP meeting, claimant identified Mr. Terk's role and stated that she informed him of the hearing decision previously issued. Thus, at the time of this IPP meeting, claimant was well aware of the DDS decision.

22. SC Peregoy began by asking claimant whether she wanted a new IPP or wanted to make changes and, if so, what changes she wanted to make. Claimant then advised that the IPP draft "doesn't have the word bath," and "doesn't have the word shower." Claimant then asserted that her IPP "does iterate over and over and over again what I believe justifies this request," but that she cannot tell SDRC what the IPP "needs to say." Instead she told SC Peregoy that she needed to tell claimant "what regional center wanted to say to justify the request. I can't come up with it."

23. Claimant next asserted that in the prior decision, the ALJ "kicked it back" to SDRC as premature because she had not cooperated, so at this meeting she was cooperating and asked: "What do I need to do?" SC Peregoy sought confirmation asking if the request to change the IPP was to add documentation regarding the bathroom request and claimant replied: "Is that what the regional center needs to

understand or what does the regional center need in order for us to be able to get this request processed?"

24. Claimant then proceeded to state many ways she believed SDRC did not perform as required, which resulted in the ALJ in the prior decision making inaccurate conclusions and she made disparaging remarks about witnesses in that hearing. She continued making assertions regarding the name and purpose of the February 10, 2026, IPP meeting. SC Peregoy repeatedly attempted to seek clarity of the purpose of the meeting and what it was claimant was requesting, but claimant refused to provide that information, instead saying she did not know if the IPP needed to be amended nor did she know if it was sufficient to "justify this request." During the discussions, claimant continued to assert that SDRC acted improperly.

25. At one point in the discussions, claimant asserted that SDRC was using a process that it had not informed her about and that she was not a part of that process. SC Peregoy continued to try to understand what claimant wanted added to her IPP, but claimant continued to assert that SDRC must tell her what language to add. Several times during the IPP meeting, claimant asserted there was some SDRC process she knew nothing about and of which she was not part.

26. During one point in the IPP meeting, claimant referenced her many disabilities and claimed that two-hand tasks are no longer possible so she does not "use my hands anymore."

27. Much of the IPP meeting was claimant asserting that SDRC failed to properly evaluate her request for the bathtub modification and her stating her many medical needs. Again, while the prior decision found that claimant's appeal was

premature because SDRC had not completed its evaluation nor issued an NOA,[4] as of the time of the hearing, SDRC's witnesses had reviewed all documents, the medical expert testified how the reasons given for the bathtub modification were unrelated to claimant's developmental disability, and the decision found that claimant failed to prove her request was related to her regional center-qualifying disability.

POST-IPP DISCUSSIONS AT SDRC

28. After the IPP meeting, SC Peregoy reported her concerns that claimant was attempting to end-run around the prior decision denying her request for bathroom modification and have language placed in her IPP so that she could use her SDP funds for that modification.

CLAIMANT'S PROPOSED IPP LANGUAGE AND NOA

29. Claimant proposed that the following language be added to her IPP: [5]

---

[4] Welfare and Institutions Code section 4710.5, subdivision (a), allows a consumer "who is dissatisfied with a decision or action of the regional center" to request a fair hearing to appeal that decision or action. If a claimant files an appeal before a decision or action has occurred, a regional center may – but is not required – to request dismissal of the matter. (Cal. Code Regs., tit. 17, section 50966, subd. (b).) Given that SDRC did not request dismissal of the matter, it thereby consented to having the matter heard and resolved, which it was, resulting in a denial of claimant's appeal.

[5] During the hearing, claimant made vague comments alluding to this not being the language she proposed, but she never testified she did not provide that verbiage

[Claimant] has functional limitations with hygiene and grooming.

Her autism does not make it easy for her to sustain/maintain a relationship with humans to assist her with bathing. [Claimant] needs to be washed more often due to increased accidents and functional losses with toileting and incontinence.

Her nurse health assessment completed in May 2022 states her diagnosis of Cognitive-Communication Disorder. Her diagnosis of Cognitive-Communication Disorder makes it difficult for [claimant] to communicate her personal care needs. This is a sensitive topic about violation of personal boundaries and body autonomy.

As a result, she cannot bathe as she will not compromise working with humans; therefore, she is not bathing at all. She is also at a fall risk and has been unable to shower independently since 2023.

Through SDP, she aims to decrease her dependencies on humans to meet her personal care needs.

---

to SDRC, and her Position Statement identified it as the language she wanted added to her IPP. As such, this is the language she proposed.

> Grooming and hygiene is currently not safe, or accessible, and her personal care needs are unmet.
>
> It violates her body's autonomy and is not her personal choice in being dependent on a provider for her personal care.

30. Ms. Bello testified SDRC had concerns that the language claimant was proposing contradicted the level of support she needs. Ms. Bello pointed out places during the IPP meeting where claimant referenced the shower and tub and asked what language she needed to include in her IPP to get that service. Ms. Bello explained that SDRC cannot tell a consumer what language to put in an IPP, so claimant's requests to SC Peregoy during the IPP meeting were not typical.

31. SDRC did not feel that claimant's requested IPP language was appropriate based on her current level of support and felt it was an attempt by claimant to overturn the prior decision denying her bathtub request.

2022 NURSING HEALTH ASSESSMENT

32. SDRC introduced the June 27, 2022, Nursing Health Assessment completed by Elizabeth Kenney, R.N., after conducting two nursing assessments of claimant via Zoom on May 24, 2022, and June 10, 2022. Given these were Zoom meetings, no physical examination was conducted, and the report's findings are based primarily on what claimant told Ms. Kenney.

33. The reason for the assessment was to assess claimant's level of care because she was requesting an increase in her SDP individual budget due to her claims of increased needs, which occurred after a fall-related hospitalization. In addition to

the Zoom meetings, Ms. Kenney obtained additional information from claimant's IPP draft completed on December 31, 2021.

34. The assessment documented that respondent, who was 44 years old at the time, had diagnoses of autism spectrum disorder, Crohn's disease, cognitive-communication disorder, muscular dystrophy, and familial dysautonomia. (Only autism is claimant's qualifying diagnosis for regional center services.) Claimant "resides alone in a detached home, and requires daily assistance to remain safe there. [She] recently had a fall, and was hospitalized several weeks later for increased pain."

35. Ms. Kenney performed a review of systems, noting that claimant had Mast Cell Activation Syndrome that was not well-controlled. (Mast Cell Activation Disorder occurs when mast cells, a type of immune cell, release excessive chemicals, causing a wide range of allergic and inflammatory symptoms.) At the initial interview, claimant had a large blister on her right thigh related to the catheter placed during her most recent hospitalization and some contact dermatitis. Claimant reported dyspraxia (a development disorder that affects coordination and motor skills, leading to difficulties with tasks such as writing, balance, and planning movements; it affects both fine and gross motor skills) and apraxia, moderate to severe, depending on her hydration status. (Apraxia is a neurological disorder causing a person to be unable to perform purposeful movements or gestures despite having the physical ability and understanding to do so).

36. During the Zoom interview, claimant "used captions to facilitate communication and understanding." The report documented claimant's dental issues, urinary issues that she was "self-managing," gastrointestinal issues, peripheral neuropathy, loss of feeling in lower legs with spasms, respiratory issues, and musculoskeletal issues, which included upper and lower extremity movement issues,

balance and unsteady gait issues, pain, worsening scoliosis, left knee arthritis, risk of fall, a report of arthritis in both hips, major joints, and atrophy in her hands, shoulders and calves.

37. Claimant's mental status noted memory loss and reported disrupted sleep pattern due to severe central sleep apnea. The CPAP machine request has been denied "due to it not being obstructive sleep apnea per [claimant] report." Claimant also reported insomnia. The neurological system review documented weakness and loss of feeling in lower legs with spasms. Claimant reported a cerebral spinal fluid leak was ruled out, as well as any type of demyelinating disease process.

38. Claimant's behavior assessment noted self-stimulatory behavior. Claimant "needs chronic, cognitive enrichment; sensory impairment can occur in the absence of this; no other deficits reported in this area." Claimant denied sexual health issues. She reported the need for a deaf/American sign language interpreter.

39. During the pain assessment, claimant reported that since her most recent fall, she has atrophy in the connective tissue of both hips, resulting in pain. She received pain medicine at the hospital and needs assistance in managing her chronic pain at home. Massage used to provide relief, but is no longer working.

40. Claimant's medications include Xolair (used to treat allergies and asthma), hydroxyzine (an antihistamine used to treat anxiety and tension and manage allergic reactions), trazodone (an antidepressant), Xanax (a benzodiazepine used to treat anxiety and panic disorder), and Pro-rescue (inhaler containing albuterol sulfate used to treat asthma). Claimant reported she has not been under the care of a primary provider and "reports barriers in accessing care since 2015." She denied using any routine medications "due to inaccessibility of a primary care physician."

41. Claimant reported that her diet is restricted to accommodate her medical conditions and her sensory feeding concerns related to biting, chewing, swallowing and gagging. She "utilizes a system for eating, but needs ongoing support to maintain the system." Her adaptive devices include orthotic footwear, a cane, and eyeglasses with Irlen Spectral filter colored lenses.

42. In the assessment of activities of daily living, Ms. Kenney documented that claimant can walk only with assistance, requires a "1-2 person assist" with transfers, and described difficulty standing due to clonus in her feet. (Clonus is a neurological condition characterized by involuntary, rhythmic, and repetitive muscle contractions and relaxations, usually caused by upper motor neuron lesions.) Ms. Kenney noted that the expectation is that claimant will need a mechanical lift in the future. Claimant reported not being a candidate for a manual wheelchair and will need a custom-fitted chair. She is reportedly homebound at this time due to lack of access to an appropriate wheelchair. She completed three of seven physical therapy appointments specific to her pelvic issues.

43. Claimant was unable to access the shower at this time. She "reported barriers in accessing her shower. No other explanation offered."

44. Claimant requires assistance with dressing. She alters her clothing so she can dress herself. Due to budget restrictions, she reports not having adequate support. She did not report any other information regarding her grooming.

45. Claimant uses communication devices, typing, and other support technology. She reported a receptive/expressive language disorder, but no other explanation was offered.

46. Claimant reported having no family or friends at this time. She reported a "POLST on record." (POLST is the acronym for Physician Orders for Life-Sustaining Treatment, a legal document that outlines the patient's preferences for medical treatment in the event of serious illness or end-of-life care.) Claimant receives financial assistance from Medi-Cal and SSI/SSA. She reports being ineligible for Medicare. She receives CALFresh of $137 per month. As to other programs, claimant reported that she cannot utilize In Home Supportive Services (IHSS) resources, but does have a school/day program and Adult Protective Services. She "reports she was rejected for [speech therapy, occupational therapy and physical therapy]. She is eligible to apply for the NF Waiver, but reports it is inaccessible." (NF waiver is the acronym for New Freedom Waiver, a Medicaid program.)

47. In her "Recommendations & Plans," Ms. Kenney wrote that claimant "experienced a hospitalization, after a fall, and is no longer safe outside her home. In addition, she is unable to safely perform [activities of daily living or independent activities of daily] living without assistance on a daily basis. Her ongoing mobility issues continue to affect her ability to safely remain in her home without this continued support." Claimant has difficulty accessing care, which "has been an ongoing issue in regards to medication prescriptions, food, and medical care." While she "desires to live independently, she is not safe in doing so without adequate resources." Ms. Kenney referred to the nurse at SDRC for further recommendations.

48. Ms. Bello testified that this assessment was not enough to support claimant's request to amend her IPP because it is four years old and was done via Zoom. A more recent in-person assessment could be done to assess claimant's current condition. This assessment was not a factor in issuing the NOA, but was introduced at hearing as it was brought up by claimant during the February 10, 2026, IPP meeting.

49. The parties stipulated that no request for any additional assessments has been made.

Anonymous Complaint and Claimant's Social Media Posts

ANONYMOUS COMPLAINT

50. On February 24, 2026, after SDRC issued its NOA, Mr. Peterson received an anonymous complaint alleging claimant was misrepresenting herself regarding her eligibility for regional center services. A redacted copy of the letter and follow-up emails with its author were received in evidence.

51. As previously ordered, no findings regarding the statements in those documents (Exhibit 10) will be made, but the exhibit was received to explain what SDRC did in response thereto as allowed by the Lanterman Act. The other exhibits offered, claimant's social media posts (Exhibits 13-17), were received for all purposes.[6]

52. The anonymous complaint noted there "seems to be discrepancies between the claimed level of need and observed abilities." Specifically, the anonymous complaint stated:

[6] It is beyond the scope of this hearing to make findings regarding whether claimant is committing fraud or if she continues to be eligible for regional center services, as those matters were not part of the NOA or claimant's appeal. If SDRC has concerns regarding fraud or eligibility, it can take appropriate actions, including having claimant undergo a reassessment for eligibility as allowed by Welfare and Institutions Code section 4643.5, subdivision (b).

Examples of what I have observed:

-[Claimant] has apparently been diagnosed as having Level 2 Autism and states they need a high level of support. However, I have observed the person arrange and then independently travel to far away places (e.g. Hawaii) by themselves, engage in non-profit, advocacy, and entrepreneurial work while collecting payment for services rendered, and openly brag that they have learned how to play the system to get what they want in terms of services.

-[Claimant] appears to be manipulative as it suits their needs; for instance, appearing to morph into a different "more disabled" or "lower functioning" individual when speaking with and/or presenting themselves to providers. When speaking to friends and close acquaintances, [claimant] appears to be very capable and independent.

-[Claimant] frequently video records private conversations with their providers and other contacts over Zoom and at times, has posted the videos on their public social media pages. At one point, [claimant] was recording their conversations with [SDRC] (or affiliated) staff regarding services. I do not know if this was to generate scrutiny or sympathy or something else entirely.

> While I cannot speak to intent, these discrepancies suggest to me that the reported level of support needs may not fully reflect the person's actual capabilities.
>
> [¶] . . .[¶]
>
> I am aware that autism is not linear and support needs can change over time and can vary with the environment but I feel I have to report this matter out of concern because it has been long-standing.

53. In subsequent emails with Mr. Peterson, the individual who filed the anonymous complaint provided additional information regarding claimant's false claims and behavior and links to claimant's social media posts.

CLAIMANT'S SOCIAL MEDIA POSTS

54. Based on the anonymous complaint, SDRC obtained social media posts made by claimant.

Claimant's Arguments Against the Posts

55. Claimant's objections that the posts were improperly obtained because SDRC employee job descriptions do not include conducting social media reviews and that violations occurred if employees used their government-issued devices to download the posts were denied. SDRC employees evaluate requests for services, including performing credibility evaluations, and investigate consumer complaints, making SDRC's investigation of the anonymous complaint, especially since it referenced matters at issue in this appeal, part of their job duties and relevant. Additionally, the device used to download the documents is not relevant and, even if it

were, because the employees' job descriptions encompass obtaining social media posts when, as here, they are relevant to the issues at hand, if they used government-issued devices to do so, that would be a proper exercise of their job duties.

56. Claimant's arguments regarding SDRC verifying the fidelity of the posts are denied as claimant never testified the posts did not depict her in them, which they clearly did, and, she later testified they were her posts.

57. Her arguments that SDRC employees were not trained to make assessments regarding her disability based on the posts, and that SDRC did not share them with her providers to determine if they contradicted her medical condition are also denied as claimant's eligibility for services and whether she committed fraud are not issues to be decided in this proceeding, as discussed more fully below. Moreover, as Ms. Bello testified, SDRC did not have releases from claimant's providers to discuss her condition with them.

58. Claimant's arguments that the videos do not depict claimant performing toiletry or personal hygiene acts, thereby making them irrelevant is also denied. Claimant made statements during her IPP meeting regarding her medical condition. Statements in her IPP and that she made during her 2022 nursing assessment also referenced her medical and health condition. To the extent these videos refute the issue in this hearing, that her IPP must be amended to address her unmet medical and health needs, they are relevant. They are also relevant to determine claimant's credibility with respect to any claims regarding her medical conditions, as more fully discussed below.

Claimant's Videos on Social Media

59. Two videos claimant posted on social media were in stark contrast to her presentation at hearing and at the February 2026 IPP, and called her physical limitation claims and assertions of needing support into question.

60. A "Redacted", TikTok video, captioned "Redacted," is one minute and 49 seconds long, and records claimant's Hawaiian vacation and excursions. The video is a montage of clips from claimant's vacation. These clips show claimant painting, sitting on the sand by the ocean, digging her feet in the sand, lying on a lounge chair with her right foot crossed over her left, easily moving her legs, and drinking from a coffee cup at the shore, which shows her easily moving. There are videos taken as claimant walks along the shore. There are several clips of nature and people at the resort. In one clip, a bird is walking beneath claimant's feet while her right leg is crossed over her left. One clip shows a catamaran pulling up to shore and in the next shot claimant is seen laughing and smiling as she cruises along with others on the catamaran. How she moves her body easily and smiles in this clip is a far cry from the slow, morose presentation she made at hearing and at the IPP.

61. In several clips claimant is seen reaching into trees and picking small fruit and flowers with remarkable manual dexterity - which raises substantial doubt that she has any issues with fine motor skills. In other clips she is seen stroking bamboo. One clip shows a hike to a waterfall and a trail covered with thick brush. At the waterfall, there is a large tree trunk with no branches that protrudes approximately 10 feet into the lake/river. Claimant is sitting atop that trunk, with her left arm behind her holding the trunk and her right hand on top of her head holding her sunglasses. She is smiling and showing no signs of having any physical limitations. Moreover, the trunk looks damp and slippery, suggesting it is difficult to climb, especially as there are no

branches to grasp, which further undermines claimant's physical limitations claims. In other clips, she shows local restaurants suggesting her food limitation claims are also false.

62. A March 30, 2026, screen recording is a video showing claimant in what appears to be some type of interactive museum. The video begins with psychedelic pictures behind claimant. The next clip shows claimant in a mirrored room standing on a pedestal that looks to be at least two to three feet off the ground. Claimant is seen facing sideways, lifting both arms over her head, leaning slightly backwards, then turning to face the camera as she puts both hands to her head with her elbows out to the side. She is smiling the entire time. She then quickly moves both hands down and crosses them in front of her as she quickly squats down. She then continues moving and turning sideways and bending forward. She then raises both arms and spreads them above her head. She moves as if dancing. She then takes a bow, sweeps both hands in front of her and then leaps off the pedestal, laughing as she walks away, easily moving as she does so. There is absolutely no indication in this clip that claimant has any physical limitations. As seen, she moves her body easily and fluidly.

63. The next clip on the video is a different location where claimant is easily moving her hand as she stands in front of a clay torch. She is making faces as she does so, clearly mocking whatever it is she is standing in front of and moving with ease.

64. Ms. Pierce testified that the relevance of the posts for SDRC was that they showed a discrepancy between claimant's reported needs for support and the observed needs for support as depicted in those posts.

65. Ms. Bello testified that in the videos, claimant does not appear to need assistance. She appears very mobile, active, there are other people around her, she is

very well groomed, and she looks able to perform activities of daily living. Ms. Bello agreed that the NOA did not rely on these posts or the anonymous complaint, but they supported SDRC's concern that the language claimant wanted added to her IPP was not consistent with her actual needs, and they reinforced SDRC's NOA. Further, the dates in the post and anonymous complaint "matched up," so they seemed to be current.

CLAIMANT'S ZOOM NAME IDENTIFIER

66. When claimant logged into the hearing, she entered with the Zoom name tag of "Redacted," "Redacted". However, during the hearing, after the ALJ referred to her as "Redacted", she changed her Zoom name tag to "Redacted," but made no statement when she did so. Later in the hearing, she admonished the ALJ and then later Mr. Peterson, for referring to her as "Redacted", "Redacted", and requesting to be called "Redacted." As the ALJ explained, she refers to parties and their representatives by their formal names, doing so out of courtesy and respect, not their first names, but claimant again requested being called "Redacted."

67. Claimant's attempt to downplay her background, education and training was at odds with the many pleadings she filed in this matter which set forth applicable laws in great detail, contained cogent arguments, and were quite comprehensive. Her request to be referred to in this informal manner was also at odds with her statements regarding "Redacted", including "Redacted". However, this attempt to downplay her background so as to hide her intellectual abilities and skills was consistent with her attempts to also appear less physically capable by asserting unmet needs and physical limitations, which were clearly contradicted by her social media posts. Her actions were also consistent with the statements she made on tape during the February 10, 2026,

IPP meeting regarding the outfit she always wears during her SDRC meetings, which also showed her attempts to hide the truth.

TITLE 19 NOTES

68. SDRC's Client Interdisciplinary Notes, referred to as Title 19 notes, documented the February 10, 2026, IPP meeting and a February 23, 2026, meeting at the SDRC Kearney Mesa office.

69. The February 10, 2026, note referenced claimant's request to change her IPP for "SDRC to inform [claimant] what is needed to be stated in her IPP in order to process her request for the bathroom modification." SC Peregoy informed claimant she was unaware of what language was needed for that approval. Claimant requested that her bathroom modification request to be reviewed. Claimant was advised that after the 2022 nurse health assessment was performed, her bathroom modification request was not followed up because claimant appealed before the request could be reviewed. Claimant requested "clear steps on how to request [durable medical equipment (DME)]." SC Peregoy advised that the process for DME was for the SC to email Clinical Services to review the request. The SC asked claimant if she wanted her to submit a request, but claimant declined as she "requested confirmation on where she will be included in the process." The reported concern was that the result would be the same and claimant wanted to confirm the information that was being sent for review. Claimant requested revisions to her IPP, and the SC advised her that she could not revise it "for the sole purpose of the bathroom request." Claimant stated that the IPP revision request was not for the bathroom request, but to document an unmet need. The SC requested that the information claimant wanted to add to her IPP be reviewed.

70. The February 23, 2026, note documented claimant's reference to her 4371 complaint and her inquiry about moving to a different SC unit. The note also documented claimant's concern about having to reexplain her case to a new SC, and was reassured that the former SC can connect with the new SC to provide information about claimant's case.

CDER

71. Claimant's Position Statement contained her August 3, 2023, Client Development Evaluation Report (CDER). It has a rating score of 1 to 5, with a 1 indicating a most dependent consumer and a 5 indicating a most independent consumer. Claimant's CDER indicated that she received scores of 4.40 for practical independence, 4.33 for personal/social skills, 4.50 for challenging behaviors, 4.50 for integration level, and 2.71 for well being level.

EMAIL REGARDING BATHTUB REQUEST

72. To her Position Statement, claimant attached a January 27, 2026, email from Andréa Hershorin, Mission Healthcare MSW, to SC Peregoy advising she had received a message from claimant that SDRC was unable to speak with her regarding claimant's request for a walk-in tub due to litigation about the request.

73. Ms. Hershorin wrote that the community programs claimant qualifies for do not provide licensed individuals to assist her with showering and personal care. Claimant contacted multiple caregiver agencies to find licensed staff, but was unable to find the needed support. She wrote further: "As a client in Regional Center's [SDP], it appears that her obtaining the approval needed for a walk into is not needed, or if it is needed, this request should be approved." She wrote that claimant has the funds in

her annual budget to pay for the tub installation and has received approval from the landlord.

74. Ms. Hershorin was concerned that "delaying this approval will impact her ability to remain independent and it has greatly affected her physical and mental health." She acknowledged not knowing "all of the rules and regulations of regional center," which is why she wanted to speak with SC Peregoy so she "could understand what the hold up [*sic*] is and how this can be resolved."

75. Ms. Hershorin incorrectly believed claimant can spend her SDP funds without SDRC approval, and her email failed to demonstrate that the alleged need for the tub is related to claimant's developmental disability.

CLAIMANT'S TESTIMONY

76. Claimant testified that she has been intimately involved with rulemaking development and consumer activism. She was the first consumer to start SDP in the state. She was not trying to relitigate the prior decision. Instead, she was participating in the IPP process and was trying to understand what information was needed. She was surprised to receive the NOA, and she thought she and SDRC were discussing her needs and requests.

77. Claimant asserted the social media posts were "isolated moments in time" and do not show what assistance or accommodations were needed. The fact that she could travel and appeared well groomed does not establish that she does not have unmet hygiene needs. Of note, claimant repeatedly referenced the screenshots, which were just the first page of the videos, instead of the videos that were introduced.

78. Claimant testified that SDRC acknowledged that no one was able to smell her hygiene on the videos so therefore they are not relevant.

79. On cross-examination when asked whether she made the social media posts, she responded that it was SDRC's "burden not mine" to prove. She asked why she had to answer questions regarding the posts since it was not her burden to prove.

80. Claimant disputed that her request was for DME, arguing that the DME guidelines predate the SDP rules.

81. Claimant provided no testimony regarding what, if any unmet health and medical needs she has, and provided no testimony regarding the assertion that she has not exhausted her generic resources.

CLAIMANT'S 4731 COMPLAINT

82. Welfare and Institutions Code section 4731, sets forth the procedures for a consumer to file a complaint for certain enumerated matters, and for the regional center director to timely investigate and respond in writing. If unsatisfied, the consumer may refer the complaint to DDS, which must respond.

83. Claimant filed a Welfare and Institutions Code section 4731 complaint that SDRC's Executive Director, Mark Klaus, addressed in a letter dated February 20, 2026. (Although Executive Director Klaus's letter stated the 4731 complaint was attached, it was not included with the exhibit introduced at hearing.) Executive Director Klaus addressed claimant's complaints and offered a resolution. His findings were not appealed to DDS and are now final.

84. Executive Director Klaus found that claimant was not excluded from any decision-making, that even though claimant was enrolled in SDP, SDRC was still

required to ensure all expenditures met Medicare, Medicaid, and SDP waiver requirements, and DDS directives. He found that SDRC's clinical team complied with internal processes and information about the process was communicated to claimant.

85. Executive Director Klaus next found that it was not SDRC's responsibility to take measurements of her bathroom or observe dyspraxia and, in any event, her appeal regarding the bathroom renovation issue was submitted to DDS.

86. Executive Director Klaus next advised claimant that her concern that SDRC utilizes unpublished internal procedures and old standards when considering funding her bathroom renovation request was outside the scope of a 4731 complaint. However, he referenced Welfare and Institutions Code section 4646.4 in support of SDRC's position that it acted accordingly because regional centers are not mandated to publish their internal processes. Instead, they are required to have them in place to ensure that potential services meet Medicare, Medicaid, and SDP waiver requirements.

87. Executive Director Klaus found no evidence to support claimant's assertions of gaps and delays in her services, blame-shifting and refusal to own the process failure. Finally, Executive Director Klaus wrote that claimant "significantly limiting" the involvement of Program Managers may create challenges, but she had the right to do so, so it may be appropriate for her to request reassignment. Executive Director Klaus concluded that SC Peregoy would schedule a planning team meeting within the next 30 days to address any needs claimant believes are unmet, and the meeting would include Ms. Bello. In addition, claimant's client services team would be reminded to continue to have ongoing collaboration during any future appeals.

88. Claimant incorrectly refers to Executive Director Klaus's letter as a "corrective action." Instead, his letter offered a proposed resolution to her complaint

and advised her of her right to refer her complaint to DDS if she was not satisfied with his proposal. No evidence was introduced that claimant ever referred her complaint to DDS within the time required.

LEGAL CONCLUSIONS

Purpose of the Lanterman Act

1. The purpose of the Lanterman Act is to provide 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." (Welf. & Inst. Code, § 4501; *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, footnote 5.) In this case, claimant bears the burden to prove that SDRC should modify her IPP with the language she proposes.

3. The standard of proof in these matters is the preponderance of the evidence standard. (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.)

The Lanterman Act, DDS, and Regional Centers

5. The Lanterman Act is found at Welfare and Institutions Code section 4500 *et seq*.

6. Welfare and Institutions Code section 4501 sets forth the state's responsibility and duties.

7. Welfare and Institutions Code section 4512 defines services and supports.

8. DDS is the state agency responsible for carrying out the laws related to the care, custody and treatment of individuals with developmental disabilities under the Lanterman Act. (Welf. & Inst. Code, § 4416.) In order to comply with its statutory mandate, DDS contracts with private non-profit community agencies, known as "regional centers," to provide the developmentally disabled with "access to the services and supports best suited to them throughout their lifetime." (Welf. & Inst. Code, § 4620.)

9. A regional center's responsibilities to its consumers are set forth in Welfare and Institutions Code sections 4640-4659.2.

10. Welfare and Institutions Code section 4646 sets forth the intent and IPP development process.

11. Welfare and Institutions Code section 4646.4 sets forth the internal process for creating IPPs. Subdivision (a)(1) requires regional centers to conform with their purchase of service policies.

12. Welfare and Institutions Code section 4646.5, subdivision (a)(1), requires the IPP planning process to include gathering information and conducting assessments. Subdivision (5) requires that process to also include the services to be obtained by generic resources, generic service agencies, and natural supports.

13. Welfare and Institutions Code section 4648 requires regional centers to ensure that services and supports assist individuals with developmental disabilities in achieving the greatest self-sufficiency possible. Regional centers must secure services and supports that meet the needs of the consumer, as determined by the IPP. Regional centers must be fiscally responsible and may purchase services or supports through vendorization or contracting. Subdivision (a)(8) states: "Regional center funds shall not be used to supplant the budget of an agency that has a legal responsibility to serve all members of the general public and is receiving public funds for providing those services."

14. Welfare and Institutions Code section 4659 requires regional centers to "identify and pursue all possible sources of funding," which includes generic resources, federally funded programs, and private insurance programs.

Self-Determination Program (SDP)

15. In 2013, the Legislature enacted Welfare and Institutions Code section 4685.8, requiring DDS to implement a statewide SDP to provide individuals and their families with more freedom, control, and responsibility in choosing services and supports to help them meet objectives in their Individual Program Plan. DDS began pilot programs in certain regional centers, and oversaw statewide working groups from various regional centers and consumer groups to develop policies and procedures to implement the program.

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

17. Each item in the spending plan must be assigned to uniform budget categories developed by DDS and distributed according to the anticipated expenditures in the IPP in a manner that ensures that the participant has the financial resources to implement the IPP throughout the year. (Welf. & Inst. Code, § 4685.8, subd. (m)(3).) The regional center must review the spending plan to verify that goods and services eligible for federal financial participation are not used to fund goods or services available through generic agencies. (Welf. & Inst. Code, § 4685.8, subd. (r)(6).)

18. A consumer may transfer funds between service codes and budget categories in the spending plan upon the approval of the regional center or the participant's IPP team. (Welf. & Inst. Code, § 4685.8, subd. (n).) The regional center is required to provide timely authorizations to the participant's financial management service. (*Ibid.*)

Evaluation

19. Other than her "goal" of getting a bathtub, claimant failed to establish she has any impairments, goals or unmet needs that require SDRC to modify her IPP. No evidence regarding any impairments, goals, or unmet needs was offered. Claimant provided no evidence to corroborate or otherwise support the inclusion of the

requested language. Moreover, her social media posts were completely at odds with her physical limitations claims and, as Ms. Bello correctly noted, reinforced SDRC's concerns that claimant did not have any such limitations. Those posts clearly refute her claims, showing she easily uses her hands, as well as the rest of her body, and they cast great doubt on claimant's credibility.

Claimant's proposed IPP language was a veiled attempt to overturn the decision reached by DDS in OAH No. 2025110868, that denied her request to use her SDP funds to modify her bathroom. Claimant did not appeal that decision and it is now final. Her statements made during the IPP meeting were improper attacks on that decision and the IPP meeting was not the proper forum to appeal that decision. Further, many of claimant's assertions had been addressed and decided against her.

Claimant also failed to demonstrate she has exhausted generic resources. She gave no testimony about any generic resources she tried to access. Ms. Hershorin's email was completely unpersuasive as she did not know the law and did not attribute any of claimant's alleged needs to her developmental disability, making that email of little worth.

ORDER

Claimant's request to modify her IPP to add the language she proposes is denied. SDRC shall not add that language to her IPP.

DATE: June 17, 2026

MARY AGNES MATYSZEWSKI
Administrative Law Judge
Office of Administrative Hearings

BEFORE THE
DEPARTMENT OF DEVELOPMENTAL SERVICES
STATE OF CALIFORNIA

In the Matter of:

Claimant

OAH Case No. 2026030026

Vs.

DECISION BY THE DIRECTOR

San Diego Regional Center

Respondent.

ORDER OF DECISION

On June 17, 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. 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 June 24, 2026.

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