BEFORE THE
OFFICE OF ADMINISTRATIVE HEARINGS
STATE OF CALIFORNIA

In the Matter of:

CLAIMANT

and

REGIONAL CENTER OF ORANGE COUNTY,

Service Agency.

DDS No. CS0034899

OAH No. 2026030427

DECISION

Glynda B. Gomez, Administrative Law Judge (ALJ), Office of Administrative Hearings (OAH), State of California, heard this matter on July 16, 2026, by videoconference.

Wendy Dumlao, Attorney, represented Claimant. Claimant's mother who is also his authorized representative, was present. Claimant was not present.

Justin McEwen, Attorney, represented Regional Center of Orange County (RCOC or Service Agency).

After testimony and the submission of documentary evidence, the matter was continued to July 30, 2026, at the request of the parties, to allow time for submission of written closing briefs. Closing Briefs were received and marked for identification.

ISSUE

Is Claimant's Social Security Disability Insurance (SSDI) survivor benefit a generic resource within the meaning of the Lanterman Act that should be used to fund payment of Claimant's placement.

FACTUAL FINDINGS

Jurisdictional and Background Matters

1. On February 26, 2026, RCOC issued a Notice of Action (NOA) and denial letter of denial advising Claimant that he no longer qualified for payment of his share of costs for his board and care by state claim since he receives SSDI benefits and his share of costs must be paid from those SSDI benefits. Claimant filed a timely appeal of the NOA. All jurisdictional requirements have been met.

Placement

2. Claimant is a 12-year-old boy eligible for RCOC services based upon his diagnosis of Autism Spectrum Disorder and Intellectual Disability. Claimant is non-verbal and relies upon his iPad as an augmentative communication device. He has significant maladaptive behaviors including self-injury and aggression toward others. He is not toilet trained, wears diapers and often smears feces on surfaces. Claimant has been hospitalized due to serious self-inflicted injuries and has been the subject of at

least three recent psychiatric holds. He has injured his mother and his behaviors have endangered his sibling. The parties stipulated that Claimant has high needs and that it is not safe for him to live at home with his family. RCOC approved Claimant's placement outside of his home in January of 2023. He is currently receiving two to one support at an emergency crisis group home, Independent Options, where he has resided since July of 2023. Claimant has caused property damage that required repair at his current placement and has repeatedly broken the iPads that were provided to him as augmentative communication devices. Claimant attends a Non-Public School funded by his local school district through an Individualized Educational Program (IEP).

SSDI Benefits/Share of costs

3. Claimant receives SSDI benefits as a result of his father's death. At the time of hearing, Claimant's monthly benefit was $2,452.40. The payment is specific to Claimant and is not shared with anyone else. Claimant's mother uses the funds for Claimant's personal and comfort items including his preferred foods and snacks, extra comfortable bedding, adaptive clothing and the multiple replacements of his broken iPads as well as medical and dental copayments. According to mother's credible testimony, all of the SSDI funds are expended on items and services that directly benefit Claimant. Mother has experienced significant financial strains recently, but does not utilize Claimant's SSDI funds to supplement her budget.

4. The cost of Claimant's placement at Independent Options is $775 per day. Independent Options is a level 7, high need facility, for which RCOC must negotiate an individual rate. That amount is meant to cover lodging, food service, laundry services, housekeeping and maintenance, and linen service. To the extent that Claimant wants or desires additional or different items than those provided, those items are generally paid by the resident (i.e. Claimant). Most often when RCOC's

consumers reside in a residential care facility also referred to as a Non-Medical Out-of-Home Care facility, such as Independent Options, the RCOC pays for the cost of the placement, less the consumer's share of costs. The consumer's share of costs is an amount that is sometimes referred to as "room and board" and/or "board and care." Currently, that amount is $1,444.07 per month. A consumer's "share of costs" is derived from the consumer's income only and is not to be confused with the now repealed "parental fee". In the past, RCOC assessed a parental fee to be paid by parents of minor children from parental income. In 2025, the previously required parental fee was repealed.

5. According to RCOC, the share of costs is calculated by considering the amount that a person without disabilities would typically be expected to pay for their own board and care using public assistance funds. The share of costs is often paid by consumers using their supplemental security income (SSI) and State Supplementary Payment (SSP). For 2026, the SSI rate is $994 per month and the SSP rate is $632.07 for a combined total of $1626.07. The SSI and SSP payments are designed to cover basic services of $706.07 for room and board and up to $738 for care and supervision with a total of $1444.07 of funds earmarked for such basic services when a person is in a non-medical residential placement. A minimum allowance of $182 is reserved by the resident for personal and incidental needs. RCOC uses the $1,444.07 figure as the consumer share of costs for residential non-medical placements such as Claimant's at Independent Options, when a consumer has an income of any sort whether through SSI, SSP, SSDI or an annuity or inheritance.

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6. Claimant applied for SSI in 2024 and 2025 but was denied both times. In 2025, Claimant shared a copy of the denial letter with RCOC. The 2025 denial letter provided that Claimant was ineligible for SSI because he receives a monthly SSDI payment.

7. Because RCOC was not aware of Claimant's SSDI income and had been informed that Claimant was denied SSI, it made a successful state claim on behalf of Claimant which resulted in the State of California paying Claimant's $1,447.07 share of costs through May of 2026. RCOC now seeks to have Claimant contribute $1,447.07 per month from his monthly SSDI benefit to the payment of his placement costs. Claimant does not believe that his SSDI should be used for this purpose and asserts that he uses the SSDI funds to pay for his medical co-payments, preferred food and snacks, comfort items, adaptive clothing and replacement of his iPad communication devices.

LEGAL CONCLUSIONS

1. RCOC, as the party advocating a change in government benefits or in the status quo, has the burden of proof. (*Lindsay v. San Diego Retirement Bd.* (1964) 231 Cal.App.2d 156, 161.) The standard of proof is a preponderance of the evidence. (Evid. Code, §§ 115 and 500.) The standard is met when the party bearing the burden of proof presents 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.)

2. The Lanterman Act sets forth a regional center's obligations and responsibilities to provide services to individuals with developmental disabilities. As the California Supreme Court explained in *Association for Retarded Citizens v.*

Department of Developmental Services (1985) 38 Cal.3d 384, 388, the purpose of the Lanterman Act is twofold: "to prevent or minimize the institutionalization of developmentally disabled persons and their dislocation from family and community" and "to enable them to approximate the pattern of everyday living of nondisabled persons of the same age and to lead more independent and productive lives in the community."

3. A regional center is required to secure services and supports that meet the needs of the consumer, as determined in the consumer's Individual Program Plan (IPP). (Welf. & Inst. Code, § 4646, subd. (a)(1).) The determination of which services and supports are necessary for each consumer shall be made through the IPP process. "Services and supports" means "specialized services and supports or special adaptions of generic services and supports directed toward the alleviation of a developmental disability or toward the achievement and maintenance of an independent productive, and normal life." (Welf. & Inst. Code, § 4512, subd. (b).) The determination shall be based on the needs and preferences of the consumer or, when appropriate, the consumer's family, and shall include consideration of a range of service options proposed by the IPP participants, the effectiveness of each option in meeting the goals stated in the IPP, and the cost-effectiveness of each option. (Welf. & Inst. Code § 4512, subd. (b).)

4. The IPP is to be prepared jointly by the planning team, and any services purchased or otherwise obtained by agreement between the regional center representative and the consumer or his or her parents or guardian. (Welf. & Inst. Code, § 4646, subd. (d).) The planning team, which is to determine the content of the IPP and the services to be utilized, is made up of the disabled individual or their parents, guardian, or representative, one or more regional center representatives, including the

designated service coordinator, and any person, including service providers, invited by the consumer. (Welf. & Inst. Code, § 4512, subd. (j).)

5. It is the intent of the Legislature that "the provision of services to consumers and their families be effective in meeting the goals stated in the individual program plan, reflect the preferences and choices of the consumer, and reflect the cost-effective use of public resources. (Welf. & Inst. Code, §4646, subd. (a).) Welfare and Institutions Code section 4646.4, subdivision (a) provides that regional centers shall ensure, at the time of development, scheduled review, or modification of a consumer's IPP, the establishment of an internal process. This internal process shall ensure adherence with federal and state law and regulation, and when purchasing services and supports, shall ensure all of the following: (1) Conformance with the regional center's purchase of service policies, as approved by the department pursuant to Welfare and Institutions Code section 4434, subdivision (d); (2) Utilization of generic services and supports when appropriate; and (3) Utilization of other services and sources of funding as contained in Welfare and institutions Code section 4659.

6. Welfare and Institutions Code section 4659, subdivision (a) provides that:

> [...] the regional center shall identify and pursue all possible sources of funding for consumers receiving regional center services. These sources shall include, but not be limited to, both of the following:
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> (1) Governmental or other entities or programs required to provide or pay the cost of providing services, including Medi-Cal, Medicare, the Civilian Health and Medical Program for Uniform Services, school districts, and federal

supplemental security income and the state supplementary program.

(2) Private entities, to the maximum extent they are liable for the cost of services, aid, insurance, or medical assistance to the consumer.

7. In this case, Claimant receives SSDI benefits for his care and support. The funds are provided to him as a benefit from the Social Security Administration based upon the employment of his deceased father. Although the funds are not need-based public welfare funds such as SSI or SSP, the funds are generic resources provided through a public entity for Claimant's support and care. The SSDI funds, like SSI and SSP, are income to Claimant. As such, they constitute generic resources that are available to pay a Claimant's share of costs for his placement room and board. Some of the items that Claimant's mother has paid for using the SSDI funds such as replacement iPads, meals, replacement bedding and medical co-payments may be the responsibility of the school district, the residential provider, the department of rehabilitation or possibly RCOC. However, no determination is made here about those issues because they are not properly before the ALJ for determination. For the reasons set forth above, Claimant is ordered to commence payment of $1,447.07 per month as his share of costs from his SSDI funds.

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ORDER

Claimant shall pay his monthly share of costs in the amount of $1,447.07 from his SSDI income toward his out of home residential placement at Independent Options beginning October 1, 2026.

DATE:

GLYNDA B. GOMEZ
Administrative Law Judge
Office of Administrative Hearing

NOTICE

This is the final administrative decision. Each party is bound by this decision. Either party may request reconsideration pursuant to subdivision (b) of Welfare and Institutions Code section 4713 within 15 days of receiving the decision, or appeal the decision to a court of competent jurisdiction within 180 days of receiving the final decision.