

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

In the Matter of:

CLAIMANT

and

INLAND REGIONAL CENTER, Service Agency.

DDS No. CS0034668

OAH No. 2026030440

DECISION

Mary Agnes Matyszewski, Administrative Law Judge, Office of Administrative Hearings, State of California, heard this matter by videoconference on April 21, 2026.

Claimant's mother represented claimant, who was not present.

Hilberto Echeverria, Jr., Fair Hearings Representative, represented Inland Regional Center (IRC).

Oral and documentary evidence was received. The record was closed, and the matter was submitted for decision on April 21, 2026.

ISSUE

Shall IRC fund claimant's request for an Angel Sense GPS tracking device and yearly subscription fee?

FACTUAL FINDINGS

Jurisdictional Matters

1. Claimant is an eight-year-old male who resides in his home with his parents, two siblings, and great-grandmother. According to IRC records, he is eligible for regional center services based on his "diagnosis of Down Syndrome under Other Developmental Disability."¹ His mother said he has also been diagnosed with autism, and that recent diagnosis was referenced in 2025 IRC records.

2. Claimant sought funding from IRC to purchase an Angel Sense GPS tracking device and pay the yearly subscription fee associated with it. IRC denied claimant's request as stated in a Notice of Action (NOA). The NOA stated there were more cost-effective options available to claimant that were offered and previously funded, GPS tracking is not a regional center specialized service or support, it does not alleviate claimant's developmental disability, there are generic resources available, and

¹ It was unclear which of the five regional center qualifying disabilities claimant had as neither Down Syndrome nor Other Developmental Disability are listed as qualifying diagnoses in the Lanterman Act. (Welf. & Inst. Code, § 4512, subd. (a).)

due to claimant's age, IRC must consider the parents' responsibility to care for and supervise claimant. The NOA cited applicable laws supporting IRC's decision.

3. Claimant timely appealed IRC's denial, and this hearing ensued.

Evidence Introduced at Hearing

4. IRC Consumer Services Coordinator Joan Caravajal, IRC Program Manager Margarita Gonzalez, and claimant's mother testified, and documents were introduced. The factual findings reached herein are based on that evidence.

POSITION STATEMENT

5. IRC's Position Statement set forth its arguments. Of note, IRC's position statement listed claimant's qualifying diagnosis as autism.

INDIVIDUAL PROGRAM PLANS (IPPs)

6. Claimant's IPPs contained information regarding claimant and the services and supports he receives. In addition to supports claimant receives from IRC, his school, his insurance provider, and community, he also receives 283 hours a month of county-funded In-Home Support Services (IHSS) "to help maintain the family by assisting with his daily living needs and providing supervision for his safety."

7. Claimant's 2024 IPP documented that he is fully ambulatory. His mother testified that he loves running and is "very fast." Claimant does not use words to communicate. He occasionally says random words, but they are not in context and are very sporadic. His language is emerging, and he has some words in his vocabulary. He communicates through signs/gestures, pointing or leading by hand. He uses an assistive communication device at school. Claimant's school district provides services

and a one-to-one aide. Claimant's mother reported that claimant met most of his goals, but not his behavioral goals.

8. Claimant continued to engage in self-injurious behaviors and has caused minor property damage when he is upset. The family would like claimant to decrease his self-injurious behaviors. "Running/wandering away occurs or is attempted almost every day. [Claimant] will run off if he is given the opportunity. Parents keep a close eye on him and will either hold his hand or sit him in the shopping carts while running errands." Claimant's Applied Behavior Analysis (ABA) therapy was being funded by Medi-Cal. The "Safety" section of the 2024 IPP contained the following entry:

[Claimant] requires constant supervision during waking hours to prevent injury/harm in all settings. [Claimant] does not have safety awareness and does not understand dangerous situations. Parent reported that he needs to be held in public settings because he will elope. They will hold his hand as soon as they open the front door while waking [*sic*] to the car because he will take off. . . . There have been no special incidents reported over the past year.

9. There had been "No Progress" in the Safety Outcome from the 2023 IPP. The Safety "Desired Outcome" was for claimant to "increase his safety awareness and remain safe in all environments." To achieve that outcome, claimant will cooperate in learning safety skills. What claimant needed from family and friends included his family providing him with a safe home environment, redirecting him from placing himself in an unsafe situation, and teaching him safety skills to help maintain his safety. Generic resources to address safety would be IRC continuing to monitor claimant's progress

and the county would continue funding IHSS “to allow for any needed supervision to assure his safety.”

10. Claimant’s 2025 IPP was similar to his 2024 IPP, but noted that his parents reported he had recently been diagnosed with autism. He continues to engage in challenging and self-injurious behaviors, although those had “decreased significantly.” Claimant’s parents still reported that claimant “will run off if he is given the opportunity,” and that they keep a close eye on him, either holding his hand or sitting him in the shopping cart during errands. The 2025 IPP continued to document claimant’s lack of safety awareness, failure to understand dangerous situations, and need to be held in public settings because he will elope.

INDIVIDUALIZED EDUCATION PROGRAMS (IEPs)

11. Claimant’s 2023 IEP, when claimant was in kindergarten, noted that his primary disability for special education services was Other Health Impairment, and his secondary disability for those services was Intellectual Disability. He was initially referred for special education services in 2020. The IEP documented claimant’s strengths, skills, needs, and goals. Claimant struggled with complying with new demands that require prompting and learning new skills. He did have aggressive behaviors, which had improved. He “still requires close proximity of staff in order to stay in a location.” He was able to transition from one location to another, but had difficulty doing so if he was asked to walk from one location to the next. If he gets frustrated, “he will try to elope however, crying and tantrum behavior has reduced.” He was able to transition to another location “with physical prompting and close proximity and use of reinforcement.” The district provided claimant with a voice-output device to assist with communications. Behavior goals were part of claimant’s IEP. Two goals addressed claimant’s transition difficulties and attempts to elope, drop

or pull away from staff during transition, and sought to reduce the number of prompts required for transition. During the IEP meeting, the district recommended that claimant return to the moderate-severe special education program with 30 minutes of mainstreaming in the general education classroom, as well as lunch and recess being in the general education setting. Claimant's parents wished to have claimant participate in the general education program and graduate with a diploma. The district explained how claimant's one-to-one aide could assist with his participation with general education peers, and with toileting.

12. Claimant's 2024 IEP, when he was in first grade, identified the same disability categories for services as his 2023 IEP. Claimant was "able to transition from one activity to the next with prompting and close proximity of an adult." There were goals addressing claimant's use of the computer and assisted communication device. One goal was for claimant to independently transition up to 15 feet in the classroom setting, starting with short-term goals of transitioning up to 5 and 10 feet. Another goal addressed transitions, noting that claimant often will drop or pull away from staff but does not demonstrate this behavior when going to recess, lunch, or home. Claimant continued to have a one-to-one aide at school.

13. Claimant's 2025 IEP documented concerns reported by both claimant's parent and district employees about increases in claimant's refusal behaviors and aggression. Claimant's parent requested a functional behavior assessment. Claimant transitions to new locations with his one-to-one aide in close proximity. He continues to have the goal of being able to transition up to 15 feet in the classroom with the short-term goals of 5 and 10 feet transitions. The IEP noted that claimant met this goal as he was "able to transition independently without dropping or eloping in the

classroom i.e., from desk to worktable, from worktable to his desk, from class to recess, bathroom, lunch.”

FUNCTIONAL BEHAVIOR ASSESSMENT (FBA)

14. An FBA completed by claimant’s school district when he was in second grade identified the reporting period as October 14, 2025, through December 13, 2025. Claimant was referred for an FBA by his IEP team “to determine if the reported behaviors of concern impede” claimant’s learning or the learning of others. “An FBA is an analytical process based on observations, review of records, interviews, and data analysis to determine the function the behavior serves to the student, how that function can be met more appropriately and how the environment can be altered to better support general positive behaviors.” The FBA documented claimant’s behaviors, some of which occurred during transitions from one location to another. The FBA referenced an October 1, 2024, Behavior Intervention Plan, which had a “Target behavior” of “[d]ropping, elopement and non-compliance”; a “Function” of “escape/avoidance”; and identified strategies to address those behaviors, including “close proximity during transitions and tasks.”

15. When interviewed, claimant’s mother identified claimant’s aggression as her primary behavior of concern. “Overall, she’s seen improvement although she notices that sometimes he’ll have a difficult time at home during ABA therapy if he’s had a good day at school.” School employees who were interviewed reported decreases in claimant’s negative behaviors. Claimant was observed dropping to the ground during a transition to recess and again during the transition from recess. As a result of the FBA, it was recommended claimant receive behavior intervention services.

THE BEHAVIOR LAB REPORT

16. A November 12, 2025, "6-Month Progress Report," for the June 3, 2025, through December 4, 2025, reporting period, from Behavior Lab, claimant's ABA service provider, documented claimant's treatment and progress. During that period of time, claimant "demonstrated gradual but steady progress across several treatment domains." However, "[b]arriers to treatment during this reporting period were primarily due to provider and family cancellations, including medical appointments, personal commitments, and multiple family vacations. These factors contributed to inconsistent session attendance across the authorization period."

17. The Behavior Lab report noted that claimant was "currently working toward 9 active goals . . . 5 goals have not yet been introduced, as the clinical team and family prioritize goals aligned with [claimant's] immediate needs and daily functioning." Five goals had been "discontinued or revised, either due to lack of clinical necessity, shifting family priorities, or the need to better individualize programming based on [claimant's] developmental profile and responsiveness to intervention." The "Barriers to Progress" section of report noted:

Barriers impacting [claimant's] progress across his current goals include inconsistent attendance due to frequent family cancellations for appointments and vacations, which limited opportunities for consistent teaching and data collection. These interruptions contributed to gaps in skill acquisition and variability across several programs, as [claimant] was not able to practice skills regularly enough to demonstrate stable mastery. The clinical team will continue adjusting goals and teaching procedures based on

[claimant's] availability and will reintroduce or modify targets as attendance becomes more consistent.

18. The Behavior Lab report documented the program in place to address the June 2026 goal of having claimant independently transition in lieu of maladaptive behaviors. Claimant's progress on this goal was inconsistent. While he could successfully transition at times, the skill was "not yet stable or generalized, and remains heavily impacted by motivation, task demands, and environmental factors." The report referenced claimant's tantrums and dropping to the floor, but there was no reference to him eloping. The report also referenced instructions to be given to claimant's parents to address claimant's behaviors. The recommendations in the Behavior Lab report were for claimant to receive a comprehensive behavior treatment program that included "100% parent participation," and claimant's parents agreed.

FEBRUARY 6, 2026, ELOPING INCIDENT

19. Claimant's church provides monthly respite nights for families. Parents drop their children off to be supervised by church persons while they have time to themselves. Claimant's family was attending these monthly respite nights for approximately one year before the eloping incident occurred. Claimant was watched on a one-to-one basis on these nights. Claimant's mother does not know what training, if any, the church provided to those who supervised the children.

20. Claimant's mother was not present, but was told by church officials that a fight broke out between other children, and the person watching claimant "turned her head" to see what was happening, and when she turned back claimant was gone. Claimant was missing for several minutes before church officials contacted claimant's

parents. Church security footage showed claimant running away. Claimant was found approximately one hour later in a ravine.

DECEMBER 2025 ELOPING INCIDENT

21. In December 2025, or possibly November, claimant's mother was home with claimant, went to use the restroom, and left claimant "briefly unsupervised." Claimant was able to open and get out the front door, something he had never done before. Luckily, a neighbor observed him running from the house, notified claimant's mother, and claimant was located.

ANGEL SENSE GPS

22. Claimant seeks funding for an Angel Sense GPS "not as a replacement for supervision but as a safeguard for when supervision fails." Claimant's mother acknowledged that the device was being sought for when supervision fails, as occurred on February 6, 2026.

23. Angel Sense GPS is a dedicated GPS tracking device designed for individuals with cognitive disabilities. It provides continuous real-time tracking and caregiver alerts. It gives continuous location updates and immediate geo-fencing alerts as perimeters can be established that trigger alarms if the individual goes past that perimeter. The device also offers two-way communication and an alarm system that can be sounded, which would have helped searchers locate claimant more quickly when he was lost in the ravine.

24. The device also has a magnetic locking feature for clothing, and claimant's parents have determined that they would insert the device into the waistband at the back of claimant's pants so that claimant could not remove it.

25. The Angel Sense GPS device costs \$50, monthly subscriptions range from \$40-\$50, and annual subscriptions range from \$480-\$600, for a total first year fee of between \$530 and \$650.

IRC SUGGESTED ALTERNATIVE PROGRAMS/SERVICES

26. IRC suggested several alternative programs/services which meet claimant's needs and/or were more cost-effective than the Angel Sense GPS.

27. Claimant can avail himself of his ABA services with a specific goal of addressing his elopement behavior. ABA services work with consumers to go out in the community without eloping and can do so with claimant.

28. The Blue Envelope Program, formed in partnership between the Autism Society Inland Empire and IRC, is a free, voluntary communication resource for individuals with autism, intellectual, and developmental disabilities, as well as for those who are deaf or hard of hearing. Participants receive a blue envelope in which they place certain identifying information they can show to first responders during encounters. The blue envelope signals to first responders the need to slow down their communication. Other available items as part of the program include decals, stickers, seatbelt covers, keychains, bracelets, pins, and license plate frames.

29. If I Need Help is a program where family members or caretakers enroll individuals with disabilities or disorders who may have difficulty communicating, so that if those individuals become lost or cannot advocate for themselves, "the If I Need Help system and safety products can assist, protect, and reunite" them with their loved ones or caretakers. The products include clothing with QR codes, keychains, safety kits, necklaces, and other items with QR codes that can be scanned so that those who find the disabled individual can promptly notify others that the individual has been located.

30. Medic Alert provides bracelets, necklaces, shoe tags, ID cards, seatbelt ID holders, and emergency tags that give identifying and pertinent medical information to first responders in the event of an emergency. The program also offers a one-year Advantage Plan membership which provides additional services.

31. The Blue Envelope, If I Need Help, and Medic Alert without the Advantage Plan membership, require the individual using the service or program to encounter first responders or members of the public. They are not GPS tracking services. The Medic Alert program with Advantage Plan membership relies on a Bluetooth-based air tag but does not provide real-time GPS tracking. Also, claimant has been able to remove identifying bracelets in the past.

32. Apple Air tags are a less costly alternative to purchasing the Angel Sense GPS. These tags use Bluetooth to send signals that are detected by nearby Apple devices. They do not provide continuous real-time tracking and updates on an individual's location depend upon the availability of nearby Apple devices. However, like the Angel Sense GPS, they do have locking devices that can be inserted in claimant's clothing.

33. According to claimant's comparison chart, an Apple Air tag costs \$29; The I Need Help kit costs between \$30-\$60; Medic Alert products cost between \$29 and \$40, with the subscription service costing between \$40 and \$60, for total first year costs of \$100-\$130 if a bracelet and air tag were purchased, with ongoing Medic Alert annual costs being \$40-\$60.

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 IRC should be required to fund the service he seeks.

3. The standard by which a party must prove those 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. The Department of Developmental Services (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, subdivision (b), provides that the IPP "is developed through a process of individualized needs determination."
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 for consumers receiving regional center services, including governmental or other entities or programs required to provide or pay the cost of providing services, school districts, and private entities.

Evaluation

15. The documents introduced do not show a pattern of elopement. There was no evidence claimant eloped from school, and the 2025 incident when he eloped at home occurred when claimant's mother was not supervising him. While it is true that claimant eloped on February 6, 2026, while at a church event being supervised by someone with unknown training and qualifications, the fact that this person negligently supervised claimant does not automatically result in IRC having to fund the requested service. Claimant's parents chose to leave him in the care of someone

whose training they did not know. Clearly, that person failed to supervise claimant, but that failure does not require IRC to fund a GPS device or yearly subscription fee.

ABA and behavior intervention services are the more appropriate way to address claimant's elopement behaviors. Specific goals addressing those behaviors can be put in his program, and can also be addressed by the school as part of the behavior intervention program the school recently recommended. In addition, the ABA report noted claimant's inconsistent results because of his inconsistent attendance at therapy. Claimant must regularly attend that program and have it address his behavioral needs.

IRC must look first to generic resources and family support. In addition to ABA, IHSS hours are specifically designed to address claimant's safety, so should be used to fund the request. Also, claimant is only eight years old, so family support, that is family supervision, must also be utilized. IRC must also look to cost-effective alternatives, which it has done here. Finally, funding this service for "when supervision fails" is improper. Claimant must be properly supervised, which did not occur in February 2026 or in November or December of 2025. Supports and services must be necessary and related to the qualifying disability - not funded in case other services fail. Here they are being requested because others were negligent. Further, a GPS service does not alleviate claimant's qualifying diagnosis. If anything, it only further encourages others not to properly supervise claimant.

On this record, the request that IRC fund Angel Source GPS is denied.

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ORDER

Claimant's appeal of IRC's denial of his request to fund Angel Sense GPS is denied. IRC shall not fund that service.

DATE: April 27, 2026

MARY AGNES MATYSZEWSKI
Administrative Law Judge
Office of Administrative Hearings

NOTICE

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