BEFORE THE
OFFICE OF ADMINISTRATIVE HEARINGS
STATE OF CALIFORNIA

In the Matter of:

CLAIMANT,

and

FRANK D. LANTERMAN REGIONAL CENTER,

Service Agency.

DDS Case No. CS0034858

OAH No. 2026030823

DECISION

Cindy F. Forman, Administrative Law Judge, Office of Administrative Hearings, State of California, heard this matter in Los Angeles, California, on May 26, 2026. This matter is related to another appeal Claimant filed (OAH Case Number 2026030819), which was heard on the same day.

Mirka Guerrero, Fair Hearing Coordinator, appeared on behalf of Frank D. Lanterman Regional Center (Service Agency or FDLRC).

Claimant represented herself and was accompanied by her cousin. Claimant and her cousin are not named to protect their privacy.

Evidence was received, the record closed, and the matter was submitted for decision on May 26, 2026.

ISSUE PRESENTED

Whether Service Agency is required to issue additional Notices of Action for Claimant's service requests.

This Decision does not address any complaints Claimant may have regarding any delays by Service Agency in responding to her requests or issuing Notices of Action. Service Agency addressed those issues in response to Claimant's complaint under Welfare and Institutions Code section 4731. (All further statutory references are to the Welfare and Institution Code unless otherwise stated.)

EVIDENCE RELIED UPON

This Decision rests on Service Agency exhibits 1 through 7 and Claimant's exhibits A1, A2, C, D, and G, as well as the testimony by Service Agency Assistant Director Katy Granados and Claimant.

Jurisdictional Matters

1. Claimant is a non-conserved adult eligible for regional center supports and services based on her diagnosis of autism. Claimant lives independently.

2. On March 9, 2026, Claimant filed an Appeal Request complaining of Service Agency's alleged failure to issue timely Notices of Action in response to service requests she submitted during the Individual Program Planning (IPP) and Self

Determination Program (SDP) budget planning processes. The Appeal Request did not specify the claimed missing Notices of Action. At hearing, Claimant asserted Service Agency failed to issue Notices of Action in response to her requests for (a) hair care services; (b) seizure alert devices; (c) meal delivery; and (d) certain adaptive equipment.

3. In response to the Appeal Request, Service Agency moved to dismiss the action as moot, or in the alternative, to consolidate the action with OAH Case No. 2026041074, which is scheduled for mediation on June 8, 2026, and a fair hearing on June 23, 2026. The administrative law judge reserved ruling on the motion until after evidence was received at hearing.

Background

4. Claimant is diagnosed with autism, attention deficit-hyperactivity disorder, other specified trauma and stressor-related disorder, lupus, chronic asthma, costochondritis, patella femoral syndrome, chronic rhinitis, tic disorder, and Prinzmetal angina. (Exhibit C, p. B4.) According to the Independent Living Skills (ILS) assessment by the MDH Network, Claimant has a "very independent lifestyle," although her health has recently declined. Claimant is ambulatory-limited; her adaptive equipment consists of a manual wheelchair, an electric wheelchair, and a cane. She is fatigued easily and struggles to prepare her own food. Claimant manages her own finances and receives Social Security Disability benefits.

5. Claimant receives support from her friends and In-Home Supportive Services (IHSS) providers. In 2025, Claimant was approved to receive 126 hours of IHSS per month. (Exhibit D.) According to Claimant's IPP, Service Agency recently authorized Claimant to receive in-home respite services, ILS, and personal assistance services.

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6. Claimant first demonstrated interest in the SDP program in May 2025. Since that time, Claimant has made multiple requests for adaptive equipment and services related to her immediate health and mobility issues. At hearing, Claimant expressed frustration that these immediate health and mobility concerns were not being addressed during the SDP transition process.

Claimant's Request for Services

7. In response to Claimant's Appeal Request, Megan Mendes, Service Agency Associate Director of Client and Family Services and serving as the Executive Director's Designee, conducted an Informal Meeting with Claimant on March 17, 2026. Ms. Mendes memorialized the discussions and agreements reached at the meeting in a letter to Claimant dated March 20, 2026. (Exhibit 2.) According to the letter, the purpose of the Informal Meeting was to discuss what services Claimant wanted to include in her SDP budget. Ms. Mendes noted the discussions involved Claimant's requests for hair care, meal delivery services, adaptive equipment, and other items.

8. As described in Ms. Mendes's letter, Claimant and Service Agency agreed to the following: Claimant could use her personal assistance services for haircare and her ILS funds to locate someone who could assist her with meal planning and preparing easy-to-reheat meals. (Exhibit 2, pp. A5-A6.) Regarding Claimant's request for funding for adaptive equipment, Claimant agreed to provide Service Agency with assessments and any other relevant documentation from her occupational therapy (OT) service provider to allow Service Agency to evaluate her request. (*Id.*, p. A6.)

9. In an undated email sent to Claimant within a week after the March 20 letter (Exhibit A, p. B14), Ms. Mendes stated that Service Agency received Claimant's OT documents and was awaiting a review by Service Agency's OT specialist to

determine whether an independent OT assessment was needed. Ms. Mendes also informed Claimant that Service Agency did not cover meal delivery programs as an interim service while Claimant was transitioning to SDP. According to Ms. Mendes, Claimant could wait for recommendations from the OT specialist or, if Claimant preferred, Service Agency could issue a formal denial. Similarly, regarding haircare assistance, Ms. Mendes explained that an OT assessment could address those needs, or if Claimant preferred, Service Agency could issue a formal denial.

10. Sometime before the Informal Meeting, Claimant submitted a list of Participant Directed Goods and Services (PDG&S) to be included in her SDP budget. On March 31, 2026, Service Agency issued a Notice of Action (March 31 NOA) denying Claimant's request to increase her SDP budget to purchase the PDG&S identified on Claimant's list, including "Adaptive clothing and various adaptive tools, equipment, and household items," "Safety Supports," and "Health and intimacy supports." The March 31 NOA did not specify the components of each category. (Exhibit 5, p. A27.) Neither Ms. Mendes nor the individual who prepared the March 31 NOA testified at the hearing.

11. In an email to Claimant on March 31, 2026, Ms. Mendes explained the basis for the March 31 NOA and why Service Agency did not approve the services and equipment discussed at the Informal Meeting. According to Ms. Mendes, because Claimant requested the issuance of a Notice of Action before the OT consultant finished her assessment and review, Service Agency did not have sufficient evidence to approve her service and equipment requests. Ms. Mendes assured Claimant that if the OT consultant recommended funding for any of Claimant's service or equipment requests, Service Agency would reconsider its denials. Ms. Mendes also informed Claimant that she could proceed with transitioning into the SDP while appealing the

disputed items listed in the March 31 NOA, and Service Agency would then amend Claimant's SDP budget to include any items granted through the appeal process. (Exhibit A, p. B18.)

12. On April 6, 2026, Claimant sent two emails to Service Agency in response to the March 31 NOA. In an email sent to Ms. Mendes, Claimant inquired whether any of the requested items denied in the March 31 NOA could be authorized based on Claimant's submitted documentation while awaiting completion of the OT review. Claimant acknowledged that "As it stands, all requests were denied in the [March 31] NOA." The email also requested a separate Notice of Action for each denial of the listed categories. (Exhibit A, p. B18.) Later that day, in an email sent to Service Agency Assistant Director Katy Granados, Claimant repeated her request for a separate Notice of Action for each Service Agency denial. (Exhibit A, p. B12.)

13. In an April 6, 2026 email response to Claimant's email, Ms. Mendes stated Service Agency would not issue additional Notices of Action for the different categories listed in the March 31 NOA because the March 31 NOA addressed all the elements of Claimant's requests. Ms. Mendes stated that regional centers are not required to issue individual Notices of Action for service decisions provided the regional center gives adequate notice of its decision in plain, clear, and nontechnical language and describes the action being taken, the reasons for that action, and the laws supporting the action. (Exhibit A, p. B17.)

14. On April 8, 2026, Claimant filed an Appeal Request in response to Service Agency's denial of the goods and services listed in the March 31 NOA, "including but not limited to: Medication Management, Assistive Technology, Adaptive tools/equipment, Executive Function supports/apps, Adaptive Recreation, Health and intimacy supports and all other items in the "List of PD&G Options with Links." (Exhibit

6, p. A34.) A mediation and fair hearing to resolve Claimant's appeal are scheduled to take place on June 8, 2026, and June 23, 2026, respectively.

15. At hearing, Claimant acknowledged that Service Agency authorized her use of ILS and personal assistance hours to assist in making meals and her haircare. However, she asserted that those solutions have not worked. Claimant still requires meal delivery services when her service provider is not present, and the service provider is inexperienced in caring for textured hair. Claimant also stated that Service Agency still has not yet completed Claimant's OT assessment.

Service Agency Investigation

16. On March 12, 2026, Claimant filed a section 4731 complaint against Service Agency alleging, among other things, that Service Agency failed to issue Notices of Action for "Emergency Interim Supports" and failed to include adaptive equipment recommended by Claimant's OT provider in Claimant's SDP proposed budget. In response, Srbui Ovsepyan, Service Agency Executive Director, directed Service Agency staff to conduct a thorough review of Claimant's case record, including Interdisciplinary Notes, IPP documents, IPP amendments, and correspondence. Executive Director Ovsepyan discussed the results of that review in a letter to Claimant dated April 10, 2026. (Exhibit 4.)

17. Regarding Claimant's allegation that Service Agency failed to issue a Notice of Action in response to Claimant's request for "Emergency Interim Supports," Executive Director Ovsepyan found that the allegation was "unsubstantiated." (Exhibit 4, p. A22.) Executive Director Ovsepyan explained that Service Agency authorized 90 hours per month of personal assistance services and 30 hours per month of respite services, effective March 1, 2026, to address Claimant's support needs and to

supplement Claimant's ILS services, while she transitioned to SDP. Thus, Service Agency therefore did not deny Claimant's request, and no Notice of Action was required.

18. Regarding Claimant's allegation that Service Agency failed to include nutrition support services, service vouchers, and adaptive equipment recommended by her OT provider in her proposed SDP budget, Executive Director Ovsepyan noted that Claimant had agreed at a February IPP meeting that Service Agency required additional clinical consultation to determine whether these services were appropriate or eligible for funding. Executive Director Ovsepyan also explained that these requests were further explored in more detail during the Informal Meeting between Ms. Mendes and Claimant, and that the March 31 NOA reflected Service Agency's denial of those requests. (Exhibit 4, pp. A22-A23.)

Service Agency's Motion

19. At hearing, Service Agency contended the Appeal Request for this case was moot because Claimant's requests had been addressed either at the Informal Meeting or in the March 31 NOA. Ms. Granados, who was familiar with Claimant's situation, testified at hearing that Service Agency was not required to issue a new Notice of Action regarding Claimant's hair care needs because Service Agency had not denied Claimant's request. Rather, Service Agency authorized Claimant to use her personal assistance service hours to provide this service. Likewise, Ms. Granados asserted Claimant's ILS worker could assist with meal preparation. Ms. Granados also asserted she believed the March 31 NOA covered Claimant's request for seizure alert devices and adaptive equipment.

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20. Alternatively, Service Agency moved for an order consolidating this case with OAH Case Number 202604107 under section 4712.2, subdivision (a), because the two cases involve common questions of law and fact. According to Service Agency, the issue in this case is Service Agency's failure to provide Claimant with decisions regarding her SDP individual budget requests, and the issue in Case number 202604107 is Claimant's disagreement with Service Agency's decisions regarding her SDP service requests. Service Agency contends that the two cases seek the same result, i.e., funding certain requested services and equipment as part of Claimant's SDP budget.

21. Claimant opposed Service Agency's motion for dismissal. Claimant remains unclear about what is included in the March 31 NOA, so she is uncertain whether all her requests will be addressed in OAH Case Number 202604107. Claimant also asserted she has not received the crisis-related interim supports she needs to address her health and safety during her transition to SDP, and Service Agency's interim arrangements for hair care and meal preparation are not viable.

22. Claimant also opposes Service Agency's request for consolidation if it "blurs this case with the later service-denial appeal." Claimant believes OAH Case Number 202604107 is about the merits of specific service denials that do not include hair care, seizure support, certain adaptive tools, or meal delivery.

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LEGAL CONCLUSIONS

Jurisdiction

1. The Lanterman Developmental Disabilities Services Act (Lanterman Act) governs this case. (§ 4500, et seq.) An administrative "fair hearing" to determine the respective rights and obligations of the consumer and the regional center is available under the Lanterman Act. (§§ 4700-4716.) Jurisdiction in this case was established.

Standard and Burden of Proof

2. Because Claimant seeks benefits or services, she bears the burden of proving her entitlement to the services requested. (See, e.g., *Hughes v. Board of Architectural Examiners* (1998) 17 Cal.4th 763, 789, fn. 9; *Lindsay v. San Diego Retirement Bd.* (1964) 231 Cal.App.2d 156, 161.) Claimant must prove her case by a preponderance of the evidence. (Evid. Code, § 115.) A preponderance of the evidence means 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.)

Lanterman Act Services

3. The Lanterman Act acknowledges the state's responsibility to provide services and supports for developmentally disabled individuals and their families. (§ 4501.) The Department of Developmental Services contracts with regional centers to provide developmentally disabled individuals with access to the services and supports best suited to them throughout their lifetime. (§ 4520.)

4. The "services and supports" provided to a consumer include specialized services and supports directed toward the alleviation of a developmental disability, or

the social, personal, physical, or economic habilitation or rehabilitation of an individual with a developmental disability, or the achievement and maintenance of independent, productive, and normal lives. (§ 4512, subd. (b).) A regional center is required to secure the services and supports that meet the consumer's needs as determined in the consumer's IPP. (§ 4646, subd. (a)(1).) The determination of which services and supports a consumer needs must be made through the IPP process. (§ 4512, subd. (b).)

Analysis and Disposition

5. The Lanterman Act requires Service Agency to provide a formal, specific notice to Claimant if Service Agency decides, without the consumer's mutual consent, "to deny the initiation of a service or support requested for inclusion" in the consumer's IPP. (§ 4710, subd. (b).)

6. Claimant did not prove that Service Agency failed to issue a Notice of Action for any service it has thus far denied. Service Agency asserted the March 31 NOA encompassed all its denials of Claimant's requests, and Claimant herself acknowledged, in her April 6, 2026 email to Ms. Mendes, that the March 31 NOA denied all her outstanding requests. Service Agency's investigation of Claimant's section 4731 complaint also confirmed Claimant's outstanding requests had been denied, except those still under review by Service Agency OT evaluator. Nothing in the Lanterman Act requires a Service Agency to issue separate Notices of Action for each service denial.

7. Service Agency is also not required to issue a Notice of Action for requests with which it agrees. Here, Service Agency has provided ILS, personal assistance services, and respite to address Claimant's immediate needs during her transition to the SDP. Claimant's dissatisfaction with these services does not

automatically trigger a Notice of Action. Rather, Claimant's dissatisfaction must be addressed initially through the IPP process during which Claimant and her IPP team can determine how best to meet her immediate needs.

8. Under California Code of Regulations, title 17, section 50966, subdivision (b), a motion to dismiss is appropriate only when "a fair hearing request raises issues not appropriately addressed" in the fair hearing process or "does not comply with statutory requirements." The purpose of a fair hearing is to resolve disputes concerning the nature, scope, or amount of services and supports that should be included in an IPP. (§ 4731, subd. (e).) Because Claimant's concerns relate to interim services during her transition to the SDP and those concerns are properly addressed within the IPP process, Service Agency's motion to dismiss this proceeding is denied.

9. Section 4712.2, subdivision (a), authorizes a regional center to request the consolidation of appeals involving a common question of law or fact. Service Agency failed to prove that this appeal and the appeal in OAH Case Number 2026041074 involve common questions of law or fact. Claimant's appeal in this case involved the alleged failure of Service Agency to issue Notices of Appeal concerning certain interim services while Claimant is in transition to the SDP. The Notice of Appeal in Case Number 2026041074 involves Service Agency's denial of Claimant's request to increase her SDP budget to fund certain services and equipment. While there is some overlap between the two matters, the central issues are distinct. Service Agency's motion to consolidate is therefore denied.

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ORDER

1. Claimant's appeal of Service Agency's failure to issue certain Notices of Appeal is denied.

2. If they have not done so already, Service Agency and Claimant shall hold an IPP planning meeting within 14 days to discuss Claimant's interim health, safety, meal, and hair care needs while she is in transition to the SDP.

4. Service Agency's motion to dismiss this action, or in the alternative, consolidate this action with OAH Case Number 202604107, is denied.

DATE:

CINDY F. FORMAN
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 a 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.