

DEPARTMENT OF DEVELOPMENTAL SERVICES
STATE OF CALIFORNIA

In the Matter of:

Claimant

OAH Case No. 2026040656

Vs.

DECISION BY THE DIRECTOR

Far Northern Regional Center

Respondent.

ORDER OF DECISION

On May 27, 2026, an Administrative Law Judge (ALJ) at the Office of Administrative Hearings (OAH) issued a Proposed Decision in this matter.

The Proposed Decision is adopted by the Department of Developmental Services as its Decision in this matter. The Order of Decision, together with the Proposed Decision, constitute the Decision in this matter.

This is the final administrative Decision. Each party is bound by this Decision. Either party may request a reconsideration pursuant to Welfare and Institutions Code section 4712.5, subdivision (a)(1), within 15 days of receiving the Decision or appeal the Decision to a court of competent jurisdiction within 180 days of receiving the final Decision.

Attached is a fact sheet with information about what to do and expect after you receive this decision, and where to get help.

IT IS SO ORDERED on this day June 16, 2026.

Original signed by

Katie Hornberger, Deputy Director
Division of Community Assistance and Resolutions

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

In the Matter of:

CLAIMANT

and

FAR NORTHERN REGIONAL CENTER, Service Agency

DDS No. CS0035710

OAH No. 2026040656

PROPOSED DECISION

Administrative Law Judge Sean Gavin, a Fair Hearing Officer employed by the Office of Administrative Hearings, State of California, heard this matter on May 21, 2026, in Chico, California.

Claimant's cousin, who is also his authorized representative, as well as his father and mother, who is also his conservator, represented claimant, who briefly attended the hearing and testified.

Tamra Panther, Associate Director of Client Services, and Tonya Hamilton, Legal Services Specialist, represented Far Northern Regional Center (FNRC).

Evidence was received, the record closed, and the parties submitted the matter for decision on May 21, 2026.

ISSUE

Whether FNRC may reduce the Community Living Support (CLS) services in claimant's 2026 Self-Determination Program (SDP) budget from 717 hours per month of one-to-one care to 461 hours per month of one-to-one care and 100 hours per month of two-to-one care.

FACTUAL FINDINGS

Jurisdictional Matters

1. Claimant is a 45-year-old FNRC consumer based on disabilities following a traumatic brain injury (TBI). He lives independently in a house near his parents. He enjoys golfing, fishing, exercising, walking in the park, spending time at Paradise Lake, and weekly movie nights. He competes in the Special Olympics in golf. He also likes wearing "the good stuff" and expressing himself through his fashion sense. Additionally, he enjoys collecting recyclables and turning them in for cash, which he then uses for leisure activities such as visiting a local coffee shop and a monthly trip to a casino.

2. For approximately four or five years, claimant has been enrolled in the SDP, which provides "an individual budget, increased flexibility and choice, and greater control over decisions, resources, and needed and desired services and supports to implement" claimant's Individual Program Plan (IPP). (Welf. & Inst. Code, § 4685.8,

subd. (a).) Various statutes and regulations govern what supports and services a regional center may fund through the SDP.

Claimant's Staffing and Support Needs

3. Claimant needs significant support with his daily life. His most recent IPP submitted in evidence, which was effective as of an amendment in April 2024, indicates he "requires 24-hour staffing/supports due to his memory loss due to his TBI." There was no evidence that his needs have diminished since then.

4. In the past, FNRC has funded claimant's staffing and support needs as CLS in his SDP budgets and spending plans. His 2025 SDP spending plan, which covered January 1 through December 31, 2025, identified six support staff service providers, their hourly rates, and their maximum working hours per month. The combined total of the support staff's working hours equaled 740 hours per month.

5. FNRC and claimant's mother signed claimant's 2026 SDP budget on November 25 and December 3, 2025, respectively. That budget provides for 461 hours per month of "Personal Assistance" with the following explanation:

[Claimant] lives in his own home in Magalia with 1:1 and sometimes 2:1 assistance. The rural area of the home poses a barrier to accessing services. [Claimant] wants to remain living in his home. Personal assistance provides [claimant] an opportunity to access the community and accomplish household [sic]. [Claimant] receives 283 hours of IHSS [In-Home Supportive Services] per month. Personal assistance provides [claimant] an opportunity to access the community and accomplish household tasks that help with his

independence. He requires reminders for personal care, dressing, and bathing tasks, as well as cleaning his home, cooking, outbursts [and] assistance with meds. [Claimant] has memory loss from a TBI. 24-hour staffing is needed for his health and safety.

6. Additionally, claimant's 2026 SDP budget provides for an additional 75 hours per month, also identified as "Personal Assistance," with the following explanation: "[Claimant] has emotional outbursts that prevent him from being able to run errands like to the pharmacy and grocery shopping. 10 hrs/wk for errands as well as 5 hrs/wk for shift change overlap."

7. Claimant's mother signed claimant's 2026 SDP budget on his behalf. She disagreed with the proposed 461 hours and 75 hours of staffing identified in the budget. Nevertheless, to avoid a discontinuation of services, she signed the budget and notified FNRC she would like to appeal the number of staffing hours identified therein.

FNRC's Notice of Action and Claimant's Appeal

8. On March 27, 2026, FNRC issued claimant a Notice of Action (NOA) that included the following proposed action: "Reduce staffing from 717 hours per month of 1:1 care to 461 hours per month of 1:1 care and 75 hours per month of 2:1 care." FNRC did not explain the reason for the delay between claimant's mother's December 2025 request to appeal the support hours in the budget and FNRC's March 2026 NOA. FNRC identified the reason for the NOA as follows:

Historically both staff providing the 2:1 support did not work directly with [claimant]. Direct services were provided

in a 1:1 ration [*s/c*] with [claimant], while the other staff was completing administrative work or running errands. Support staffing is meant to be used in-person, by the individual receiving services. In addition, [claimant] is currently receiving 283 hours per month of Butte County In-Home Support Services supervision, thus some of the hours authorized for staffing represent a duplication of services.

9. Claimant, through his authorized representative, timely appealed the NOA. As the reason for the appeal, claimant's representative stated: "I disagree with the reduction."

Evidence at Hearing

10. At hearing, Ms. Panther and Chere Sullivan, another Associate Director of Client Services, testified for FNRC. Claimant, his mother and father, his representative, and another care provider testified for claimant.

11. Ms. Sullivan has worked for FNRC for 23 years and served as an Associate Director for approximately three and a half years. She explained that in addition to applicable laws and regulations, FNRC must follow Department of Developmental Services (DDS) policies and guidelines. One such policy is FNRC's Purchase of Service Guidelines and Funding Policy, which DDS approved on June 3, 2024. Ms. Sullivan explained the portion of that policy governing "Day Care" applies to claimant. The policy defines "Day Care" as "[s]upervision and care for disabled children and adults provided less than 24 hours per day by a person or organization such as an individual worker or vendored day care provider." One of the policy's guidelines for Day Care provides, "[c]onsideration must be given to natural supports and generic resources,

including In Home Support Services (IHSS).” Another guideline instructs, “[d]ay care services are available only to clients who live with a family member.” FNRC did not explain how or why the Day Care guidelines apply to claimant, given that he lives independently.

12. Ms. Sullivan explained the laws governing regional centers also prevent FNRC from funding care that should be covered by IHSS or other generic resources. Specifically, she explained Welfare and Institutions Code section 4689.05, subdivision (b), provides, “Consistent with Section 4648, a regional center shall not purchase supported living services for a consumer to supplant IHSS.”

13. Ms. Sullivan further explained claimant presently receives 283 hours per month of care through IHSS. FNRC calculated the maximum number of hours in a month to be 744, which is 24 hours per day multiplied by 31 days. Therefore, of the maximum 744 hours that could exist in a month, claimant already receives IHSS services for 283 of those hours. As a result, FNRC subtracted 283 from 744, which yielded 461 hours. FNRC thus concluded 461 is the maximum number of monthly CLS hours it can fund for claimant. That is the basis for FNRC’s position that claimant is entitled to 461 hours of CLS in his SDP budget.

14. When asked how claimant received 717 monthly hours of CLS in the past, Ms. Sullivan explained FNRC may have mistakenly provided too many hours. Doing so may have been inconsistent with the laws and guidelines that require it to take into account IHSS hours. Nevertheless, she explained that, based on FNRC’s present understanding of the law, its position is that it can fund only 461 hours of CLS services for claimant per month based on his current IHSS services.

15. However, Ms. Sullivan also acknowledged that claimant's care often requires additional staff time that goes beyond direct supervision. For example, certain tasks such as grocery shopping and interacting with the pharmacy to manage claimant's medications take additional time. For that reason, FNRC also included in claimant's 2026 SDP budget an additional 75 hours. At hearing, Ms. Sullivan and Ms. Panther explained that, based on information received from claimant and his family and support staff, FNRC subsequently concluded those additional hours should be increased from 75 to 100. FNRC characterized that modification as an amendment to the NOA. Because the change was in claimant's favor, the hearing officer permitted FNRC to amend the NOA orally at the hearing.

16. Claimant and his family disagree with the proposed reduction of CLS hours in his SDP budget. Collectively, they explained claimant should have five or six care providers, but due to staffing difficulties, he sometimes has as few as three. The problem is that claimant's needs do not decrease when the staffing does. The result is that the remaining care providers work more than eight hours per day. They are not permitted to bill for more than eight hours per day of CLS services without incurring overtime pay. As a result, when staff works more than eight hours in a day, they are forced to bill any time exceeding eight hours to claimant's IHSS hours. That practice depletes his IHSS balance, which his mother would normally use. Consequently, his mother finds herself working without compensation when the monthly IHSS funds are fully used.

17. Furthermore, claimant's father explained that in 2024, claimant exhausted his budget in September, three months early. As a result, FNRC was forced to amend his budget and add \$50,000 so claimant did not go without care. That process took time, during which his care providers were either unpaid or underpaid. Claimant's

family would like to avoid that kind of issue in the future. They believe reducing claimant's CLS hours in his SDP budget will make such an outcome more likely.

18. Claimant's representative works 40 hours per week for claimant. Although many of those hours are direct one-to-one care, she also handles most of the administrative tasks associated with claimant's errands and medication needs. Those tasks include training other staff, creating and modifying claimant's activity schedule, managing his medications, and coordinating his lab work, doctors' appointments, and specialized care. She estimated those tasks occupy one to two hours per day. She shared her opinion that 100 additional hours per month to handle claimant's needs that go beyond his one-to-one care would be adequate to accomplish all the required tasks.

Analysis

19. FNRC contends claimant's CLS services in his SDP budget and spending plan should be reduced from 717 one-to-one hours to 461 one-to-one hours and 100 two-to-one hours. For the reasons discussed below, FNRC's position is supported by the law.

20. When a regional center develops an IPP for a client, it must follow "a process of individualized needs determination." (Welf. & Inst. Code, § 4646, subd. (b).) Among other things, the process of developing an IPP must ensure "utilization of generic resources and supports if appropriate." (*Id.* at § 4646.4, subd. (a)(2).)

21. Here, claimant needs supervision all day. FNRC's proposed budget provides for that. Specifically, when combined with claimant's 283 monthly IHSS hours, 461 monthly CLS hours will enable staff to supervise him 744 hours per month, which is the most hours a month can contain.

22. Moreover, FNRC recognized that claimant's needs regularly extend beyond one-to-one care. As a result, FNRC proposed including an additional 100 hours in his SDP budget for those services. As explained in his 2026 SDP budget, those hours would include tasks like "errands" and "shift change overlap." Claimant's representative, who works most of those hours, acknowledged that 100 hours per month are adequate to address claimant's needs. There was no evidence that FNRC's proposed modification to claimant's CLS hours in his SDP budget would leave a gap in his care.

23. Claimant's family persuasively explained why they do not want his staffing hours decreased. However, FNRC's mandate is to ensure that claimant's needs are met. FNRC is not obligated to ensure maximum employment or earnings for claimant's caregivers. FNRC's proposed action would address claimant's needs as identified in his IPP. Therefore, there is no legal basis to sustain claimant's appeal of the NOA.

LEGAL CONCLUSIONS

Burden and Standard of Proof

1. FNRC has the burden of proving it may reduce claimant's CLS services from 717 one-to-one hours per month to 461 one-to-one hours and 100 two-to-one hours per month. (*In re Conservatorship of Hume* (2006) 140 Cal.App.4th 1385, 1388 [the law has "a built-in bias in favor of the status quo," and the party seeking to change the status quo has the burden "to present evidence sufficient to overcome the state of affairs that would exist if the court did nothing"].) The applicable standard of proof is preponderance of the evidence. (Evid. Code, § 115.) This evidentiary standard

required FNRC to produce evidence of such weight that, when balanced against evidence to the contrary, is more persuasive. (*People ex rel. Brown v. Tri-Union Seafoods, LLC* (2009) 171 Cal.App.4th 1549, 1567.) In other words, FNRC must prove it is more likely than not that it may reduce claimant's CLS hours in his 2026 SDP budget as described in the NOA. (*Lillian F. v. Superior Court* (1984) 160 Cal.App.3d 314, 320.)

Applicable Statutes

2. Under the Lanterman Act, the State of California accepts responsibility for persons with developmental disabilities and pays for the majority of the "treatment and habilitation services and supports" to enable such persons to live "in the least restrictive environment." (Welf. & Inst. Code, § 4502, subd. (b)(1).) "The purpose of the statutory scheme is twofold: to prevent or minimize the institutionalization of developmentally disabled persons and their dislocation from family and community [citations], and to enable them to approximate a pattern of everyday living of nondisabled persons of the same age and to lead more independent and productive lives in the community [citations]." (*Assoc. for Retarded Citizens v. Dept. of Developmental Services* (1985) 38 Cal.3d 384, 388.)

3. To determine how an individual consumer is to be served, regional centers are directed to conduct a planning process that results in an IPP designed to promote as normal a lifestyle as possible. (Welf. & Inst. Code, § 4646; *Assoc. for Retarded Citizens v. Dept. of Developmental Services, supra*, 38 Cal.3d at p. 389.) Among other things, the IPP must set forth goals and objectives for the consumer, contain provisions for the acquisition of services (which must be based upon the consumer's developmental needs), contain a statement of time-limited objectives for improving the consumer's situation, and reflect the consumer's particular desires and

preferences. (Welf. & Inst. Code, §§ 4646, subds. (a) & (b), 4646.5, subd. (a), 4512, subd. (b), 4648, subd. (a)(6)(E).)

4. Once the IPP is developed, the regional center must then “secure services and supports that meet the needs of the consumer” within the context of the IPP. (Welf. & Inst. Code, § 4648, subd. (a)(1).) In doing so, the regional center must consider, among other things, the cost associated with providing the services. (*Id.* subd. (a)(6)(D).) Regional centers must “identify and pursue all possible sources of funding for consumers receiving regional center services.” (*Id.* at § 4659, subd. (a).) This includes “[g]overnmental 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.” (*Id.* at subd. (a)(1).) Regional centers cannot purchase supported living services for a consumer to supplant IHSS. (*Id.* at § 4689.05, subd. (b).)

5. “Self-determination” means “a voluntary delivery system consisting of a defined and comprehensive mix of services and supports, selected and directed by a participant through person-centered planning, in order to meet the objectives in their IPP.” (Welf. & Inst. Code, § 4685.8, subd. (c)(6).) Self-determination is designed to give the participant greater control over which services and supports best meet their IPP needs, goals, and objectives. (*Id.* at § 4685.8, subd. (b)(2)(B).) One goal of the SDP is to allow participants to innovate to achieve their goals more effectively. (*Id.* at § 4685.8, subd. (b)(2)(G).)

6. “Individual Budget” means the amount of regional center purchase-of-service funding available to the participant to purchase services and supports necessary to implement the IPP. (Welf. & Inst. Code, § 4685.8, subd. (c)(3).) The SDP

requires a regional center, when developing the individual budget, to determine the services, supports and goods necessary for each consumer based on the needs and preferences of the consumer, the effectiveness of each option in meeting the goals specified in the IPP, and the cost effectiveness of each option, and the utilization of available generic resources. (*Id.* at § 4685.8, subd. (b)(2)(H)(i).) The regional center can adjust the individual budget if it determines it is necessary due to a change in circumstances, needs, or resources. (*Id.* at § 4685.8, subd. (m)(1)(A)(ii)(I).)

7. “Spending plan” means the plan the participant develops to use their available individual budget funds to purchase goods, services, and supports necessary to implement their IPP. (Welf. & Inst. Code, § 4685.8, subd. (c)(7).) The spending plan shall identify the cost of each good, service, and support that will be purchased with regional center funds. (*Ibid.*) “The participant shall only purchase services and supports necessary to implement their IPP and shall comply with any and all other terms and conditions for participation in the Self-Determination Program described in this section.” (*Id.* at subd. (d)(3)(C).)

8. The SDP requires participants to “only purchase services and supports necessary to implement their IPP.” (Welf. & Inst. Code, § 4685.8, subd. (d)(3)(C).) The SDP specifically obligates the participant to “utilize the services and supports available within the Self-Determination Program only when generic services and supports are not available.” (*Id.* at § 4685.8, subd. (d)(3)(B).)

Resolution of Claimant’s Appeal

9. As explained in Factual Findings 19 through 23, above, FNRC proved that it is appropriate to adjust claimant’s 2026 SDP budget to include 461 hours of one-to-one CLS services and 100 hours of two-to-one CLS services. Claimant needs those

services 24 hours per day, which equals a maximum of 744 hours per month. He receives 283 hours per month of such services through IHSS, which is a generic resource that claimant must exhaust first. That leaves 461 remaining hours for services that should be funded in claimant's SDP budget.

10. Additionally, FNRC proved that an additional 100 hours of two-to-one CLS services are adequate to meet claimant's needs that go beyond one-to-one services. Although claimant's family would prefer him to receive more hours, there is presently no legal basis to supply those additional hours.

Conclusion

11. When all the evidence and applicable laws are considered, FNRC proved by a preponderance of the evidence that it may reduce the CLS services in claimant's 2026 SDP budget from 717 hours per month of one-to-one care to 461 hours per month of one-to-one care and 100 hours per month of two-to-one care.

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ORDER

Claimant's appeal from Far Northern Regional Center's March 27, 2026, Notice of Action proposing to reduce claimant's CLS services in his 2026 SDP budget is DENIED. Far Northern Regional Center may reduce funding for claimant's CLS services in his 2026 SDP budget from 717 hours per month of one-to-one care to 461 hours per month of one-to-one care and 100 hours per month of two-to-one care.

DATE: May 27, 2026

SEAN GAVIN

Administrative Law Judge

Office of Administrative Hearings