BEFORE THE
DEPARTMENT OF DEVELOPMENTAL SERVICES
STATE OF CALIFORNIA

In the Matter of:

CLAIMANT

and

FAR NORTHERN REGIONAL CENTER, Service Agency

DDS No. CS0036624

OAH No. 2026050692

PROPOSED DECISION

Hearing Officer Christopher W. Dietrich, Administrative Law Judge, Office of Administrative Hearings, State of California, heard this matter on June 16, 2026, by videoconference from Sacramento, California.

Tamra Panther, Associate Director of Client Services, represented Far Northern Regional Center (FNRC).

Claimant's mother and father represented Claimant, who was not present.

Evidence was received, the record closed, and the matter submitted for decision on June 16, 2026.

ISSUE

Whether FNRC must add funds to Claimant's Self-Determination Program (SDP) budget and spending plan to purchase Zepbound medication.

FACTUAL FINDINGS

Background and Jurisdictional Matters

1. Claimant is a 30-year-old FNRC consumer. He receives regional center services through the SDP based upon his qualifying diagnosis of Autism Spectrum Disorder (ASD). Claimant lives with his parents.

Claimant's Individual Program Plan

2. An Individual Program Plan (IPP) meeting was held on November 18, 2025. Claimant, Claimant's mother, and FNRC Service Coordinator Janet Roberts were present at the meeting. Following the meeting, Ms. Roberts prepared a written IPP setting forth goals for Claimant and identifying services and supports he could purchase using SDP funds to achieve those goals.

3. The IPP states a goal for Claimant to eat a healthy diet, practice portion control, and increase exercise so he could lose weight and expand his opportunities to engage in activities. The IPP reflects that Claimant struggled with healthy eating and portion control. Claimant was working on losing weight by walking on his family property. Claimant has a horse but was unable to ride it due to his weight. The IPP further reflects that Claimant enjoyed tandem bike riding and kayaking but needed to lose weight before he could participate in these activities.

4. To support Claimant's IPP goal, FNRC agreed to fund various gardening supplies for Claimant to grow his own fruits and vegetables and fishing supplies for him to be active. On November 25, 2025, Ms. Roberts prepared an amendment to Claimant's IPP to remove the authorization to purchase gardening supplies after FNRC determined that it could not fund these items through the SDP.

Notice of Action and Fair Hearing Request

5. On April 11, 2026, FNRC issued a Notice of Action (NOA) denying Claimant's request to add funds to his SDP budget and spending plan to purchase Zepbound medication. On May 12, 2026, Claimant requested a fair hearing to contest FNRC's denial. In the NOA, FNRC explained its reason for the denial as follows:

> This medication is not directly related to the Regional Center qualifying diagnosis of Autism. Obesity and issue [*sic*] with food is common to many people regardless of whether they have Autism.

(Grammar original.)

Claimant's Evidence

6. Claimant's mother testified at hearing. She seeks to purchase Zepbound for Claimant using SDP funds. Claimant has been receiving Invega Trinza (IT) injections to address aggressive behaviors caused by his ASD since 2019 or 2020. Claimant regularly engaged in aggressive and self-injurious behaviors before he began receiving IT injections. Since he started the injections, the frequency of his aggressive behaviors has reduced, and his mood has improved.

7. As a side effect of IT injections, Claimant constantly craves food and is unable to recognize his body's fullness cues. Claimant will eat massive amounts of food, such as two dozen tortillas, six apples, or two pounds of cheese, in a single sitting. Claimant is non-verbal, and his parents are unable to communicate to him that he should stop eating. Claimant becomes aggressive if he is denied food. Claimant's weight gain has decreased the activities in which he can participate. It has also limited his community participation as he cannot control himself around food when he is in public.

8. Claimant has gained 50 pounds since he started taking IT. He currently weighs 260 pounds. He was previously prescribed Ozempic, a weight management medication, for weight loss. Claimant lost 30 pounds after he took Ozempic for a year and a half. However, he stopped taking Ozempic in May 2025 as the medication was no longer effective. He gained 25 pounds back after he stopped taking Ozempic.

9. Claimant's psychiatrist wrote a letter explaining Claimant's need for Zepbound. He explained that IT is essential to address Claimant's ASD by stabilizing his neurochemistry and prevent catastrophic sensory overload. Although the medication is successful in achieving these goals, it has documented metabolic side effects. Specifically, it: (1) suppresses his body's natural satiety signals to signal when he is full; (2) creates intense "food noise" in the form of an overwhelming biological drive to binge eat; and (3) has induced insulin resistance, placing Claimant at risk for type 2 diabetes. The psychiatrist recommends that the root cause of Claimant's medication-induced hunger be treated with Zepbound.

10. Claimant's nurse practitioner prescribed Zepbound to Claimant and wrote a letter explaining Claimant's need for this medication. She writes that Claimant is diagnosed with obesity, with a body mass index (BMI) of 37, and ASD. His IT

medication causes significantly increased appetite and progressive weight gain. His high BMI places him at risk of developing type 2 diabetes, cardiovascular disease, obstructive sleep apnea, and metabolic syndrome. With the support of a GLP-1 semaglutide injection and dietary counseling, Claimant was able to lose weight and reduce his BMI from 39 to 33. In a study published in 2026, Zepbound was found to be effective at helping patients taking weight-inducing medications lose weight.

11. Claimant has health insurance coverage through Medi-Cal and private insurance. Claimant's parents sought insurance coverage for Zepbound through both insurance carriers. Claimant's mother provided letters from each carrier indicating that they denied coverage for Zepbound because they do not cover Zepbound as a treatment for weight loss. Claimant has not yet started taking Zepbound.

Regional Center's Evidence

12. Chère Sullivan, FNRC Associate Director of Client Services, testified. She explained that FNRC adopted a Purchase of Service Policy (POS Policy) on May 17, 2024, which was approved by the Department of Developmental Services on June 3, 2024. In relevant part, the POS Policy provides that FNRC can approve the purchase of medical equipment and supplies consisting of "durable and non-durable products essential to the health, maintenance, or well-being of persons with developmental disabilities." Ms. Sullivan explained that FNRC may authorize the purchase of prescription medications under this service category. Per the POS Policy, FNRC may fund only medical equipment and supplies when the need for the service directly relates to the consumer's qualifying regional center diagnosis.

13. Ms. Sullivan explained that FNRC could not approve Claimant's request because Zepbound is medication for treating weight loss, not for alleviating ASD.

Further, FNRC could not approve the purchase of Zepbound to treat the side effects of IT because, per her understanding, IT is an antipsychotic medication used to treat schizophrenia and schizoaffective disorder, not ASD. Ms. Sullivan is not a doctor or medical professional.

Analysis

14. Claimant bears the burden of proving by a preponderance of the evidence that FNRC must add funds to his SDP budget and spending plan to purchase Zepbound. Claimant established that IT is a necessary treatment for his ASD. This medication is prescribed by his psychiatrist to alleviate the aggressive behaviors caused by his ASD. Although IT is an effective treatment for Claimant, it limits Claimant's ability to regulate his food intake, leading to weight gain. The evidence established that Zepbound may be an effective treatment to alleviate Claimant's medication-induced weight gain. Taking Zepbound would support Claimant's IPP goal for him to lose weight and expand his opportunities to engage in activities. Claimant exhausted all applicable generic resources by attempting to purchase this medication through his private health insurance and Medi-Cal and being denied by both.

15. Claimant's use of Zepbound would be consistent with the aims of the Lanterman Developmental Disabilities Services Act (Lanterman Act). Welfare and Institutions Code section 4512, subdivision (b), defines services and supports for the developmentally disabled to include adaptations of generic services and supports directed toward the "social, personal, physical . . . habilitation or rehabilitation of an individual with a developmental disability, or toward the achievement and maintenance of an independent, productive, and normal life." Claimant seeks to use Zepbound in an adapted manner, not just for weight loss, but to address weight gain caused by his ASD treatment medication. Taking Zepbound will aid Claimant in

alleviating the side effects of his ASD treatments that negatively impact his social, personal, and physical wellbeing and will help him to achieve a more independent, productive, and normal life.

16. Claimant established that FNRC must add funds to his SDP budget and spending plan to purchase Zepbound. Accordingly, his appeal is granted.

LEGAL CONCLUSIONS

1. The Lanterman Act governs this case. (Welf. & Inst. Code, § 4500 et seq.) An administrative fair hearing to determine the rights and obligations of the parties is available under the Lanterman Act. (Welf. & Inst. Code, §§ 4700–4716.)

2. Claimant has the burden of proving by a preponderance of the evidence that FNRC must add funds to his SDP budget and spending plan to purchase Zepbound. (*Lindsay v. San Diego Retirement Bd.* (1964) 231 Cal.App.2d 156, 161 [the party seeking government benefits has the burden of proving entitlement to such benefits]; Evid. Code, § 115 [the standard of proof is preponderance of the evidence, unless otherwise provided by law].) Proof by a preponderance of the evidence means "more likely than not." (*Sandoval v. Bank of America* (2002) 94 Cal.App.4th 1378, 1387.)

3. Under the Lanterman Act, the State of California is responsible for providing individuals with developmental disabilities with 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).) To comply with this mandate, the Department of Developmental Services contracts with nonprofit agencies called regional centers to provide services and supports for individuals with developmental disabilities. (Welf. & Inst. Code, § 4620.)

4. The Lanterman Act defines a developmental disability as "a disability that originates before an individual attains 18 years of age, continues, or can be expected to continue, indefinitely, and constitutes a substantial disability for that individual." (Welf. & Inst. Code, § 4512, subd. (a)(1).) The term includes "intellectual disability, cerebral palsy, epilepsy, and autism." (*Ibid.*) Pursuant to Welfare and Institutions Code section 4512, subdivision (b), "services and supports for persons with developmental disabilities" are defined as:

> [S]pecialized services and supports or special adaptations of generic services and supports directed toward the alleviation of a developmental disability or toward the social, personal, physical, or economic habilitation or rehabilitation of an individual with a developmental disability, or toward the achievement and maintenance of an independent, productive, and normal life.

5. To determine what services a regional center consumer needs, 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; *Assn. for Retarded Citizens v. Dept. of Developmental Services* (1985) 38 Cal.3d 384, 389.) The planning process includes "gathering information and conducting assessments to determine the life goals, capabilities and strengths, preferences, barriers, and concerns or problems of the [consumer]." (Welf. & Inst. Code, § 4646.5, subd. (a)(1).) The IPP must set forth goals and objectives for the consumer, provisions for acquiring services, 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, subd. (a)(1), (2), & (4), 4646.5, subd. (a)(2), 4512, subd. (b), & 4648, subd. (a)(6)(E).)

6. The SDP provides regional center consumers "an individual budget, increased flexibility and choice, and greater control over decisions, resources, and needed and desired services and supports to implement" a consumer's IPP. (Welf. & Inst. Code, § 4685.8, subd. (a).) Self-determination is designed to give the participant greater control over which services and supports best meet their IPP needs, goals, and objectives. (Welf. & Inst. Code, § 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).)

7. "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).) "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 regional center can adjust the individual budget if it determines it is necessary due to a change in circumstances, needs, or resources that would result in an increase or decrease in purchase of service expenditures or if the IPP team identifies a prior unmet need that was not addressed in the IPP. (*Id*. at § 4685.8, subd. (m)(1)(A)(ii).)

8. 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, and when appropriate, the consumer's family, the effectiveness of each option in meeting the goals specified in

the IPP, and the cost effectiveness of each option. (Welf. & Inst. Code, § 4685.8, subd. (b)(2)(H)(i).)

9. 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 subd. (d)(3)(B).)

10. A regional center shall ensure that all possible sources of funding have been pursued, including generic services such as "[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" and "[p]rivate entities, to the maximum extent they are liable for the cost of services, aid, insurance, or medical assistance to the consumer." (Welf & Inst. Code, § 4659, subds. (a)(1)–(2).)

Conclusion

11. Considering all the evidence, Claimant established that Zepbound would support Claimant's IPP goals and is a necessary support to alleviate the impacts of Claimant's ASD-treatment medication. Claimant has exhausted generic resources as sources of funding for Zepbound. Accordingly, FNRC must add funds to his SDP budget and spending plan to purchase Zepbound. Therefore, his appeal is granted.

ORDER

Claimant's appeal of Far Northern Regional Center's April 11, 2026 Notice of Action denying his request to add funds to his Self-Determination Program budget and spending plan to purchase Zepbound medication is GRANTED.

DATE: June 18, 2026

CHRISTOPHER W. DIETRICH
Administrative Law Judge
Office of Administrative Hearings

BEFORE THE
DEPARTMENT OF DEVELOPMENTAL SERVICES
STATE OF CALIFORNIA

In the Matter of:

Claimant

OAH Case No. 2026050692

Vs.

DECISION BY THE DIRECTOR

Far Northern Regional Center

Respondent.

ORDER OF DECISION

On June 18, 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 July 15, 2026.

Original signed by

Katie Hornberger, Deputy Director
Division of Community Assistance and Resolutions