

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

In the Matter of:

CLAIMANT

and

FAR NORTHERN REGIONAL CENTER, Service Agency

DDS No. CS0037152

OAH No. 2026070263

DECISION

Hearing Officer Brian Weisel, Administrative Law Judge, Office of Administrative Hearings, State of California, heard this matter on August 17, 2026, from Chico, California.

Larry Withers, Associate Director of Client Services, represented Far Northern Regional Center (FNRC).

David A. Lopez, an attorney licensed in the state of Washington and Chief Financial and Legal Officer of Advanced Crisis Solutions (ACS), appeared as claimant's Authorized Representative. Claimant's mother was also present.

Evidence was received on August 17, 2026. The record was held open to allow both parties to upload their hearing exhibits into Case Center, OAH's electronic evidence system. On August 19, 2026, the record was closed and the matter submitted for decision.

ISSUE

Whether under the Lanterman Developmental Disabilities Services Act, Welfare and Institutions Code section 4500 et seq. (Lanterman Act), FNRC properly denied Claimant's request for continued crisis intervention services.

FACTUAL FINDINGS

Background and Jurisdiction

1. Claimant is a 10-year-old girl who primarily lives with her mother in Oroville, California. She receives regional center services based on her qualifying disability of autism spectrum disorder.

2. Claimant is nearly non-verbal. She exhibits significant behavioral issues. She pinches, kicks, punches, screams, bites, and charges at her mother when she is frustrated. FNRC provides claimant with behavioral services. According to Claimant's February 2, 2026 Individual Program Plan (February IPP), FNRC authorized 250 hours per month of behavioral technician (BT) management services and six hours per month of behavioral analyst services. Both services are provided by ACS, a regional center vendor. According to the February IPP, the purpose of these services is to help claimant learn calming techniques and provide claimant's mother with assistance

controlling claimant's emotions when she experiences frustration. One February IPP goal is to allow claimant to continue living in her family home.

3. FNRC originally authorized the above behavioral services and additional crisis intervention services through ACS for one year, starting November 18, 2024, and ending October 31, 2025. According to the February IPP, those services were renewed for one additional year, from November 1, 2025, through October 31, 2026.

4. On May 21, 2026, FNRC issued claimant a Notice of Action (NOA). The NOA states FNRC is denying continued crisis intervention services. In the "Reason for Proposed Action" section, the NOA provides: "The service requested to continue is a crisis service tied to an urgent or emergency abrupt onset. It is designed to stabilize and transition, not replace baseline services." The NOA cites California Code of Regulations, title 17, section 59000, subdivision (14) and FNRC funding policy as authority for its service denial.

5. On June 8, 2026, FNRC and claimant's mother attended claimant's most recent IPP meeting. During that meeting, and at an informal meeting on June 15, 2026, FNRC representatives told claimant's mother that FNRC considered crisis intervention services to be temporary, not a replacement for baseline services. FNRC notified claimant that it would affirm its decision denying continued crisis intervention services.

6. In a letter dated June 17, 2026, FNRC notified claimant that it considers crisis intervention services to be short-term, intensive supports meant to be available for the urgent or emergent abrupt onset of a crisis, or meant to stabilize or transition to other service, rather than replace a baseline service. As claimant had received ACS crisis intervention services for over 18 months, FNRC determined that the services were

not providing temporary support but instead substituting long-term behavioral support or ongoing mental health treatment.

7. Claimant's mother appealed the NOA. In the appeal, she stated that Mr. Lopez was claimant's attorney and authorized representative. Claimant's mother further noted that "[d]espite progress in some areas, [claimant] continues to experience severe and dangerous behaviors that require the ongoing support and supervision of the ACS Crisis Team to keep her and our family safe at home." This hearing followed.

FNRC's Evidence

8. Tracy Duarte is an associate director of community services at FNRC, where she has worked for over 11 years. She oversees FNRC's vendor approval process and ensures FNRC complies with regulations promulgated by the Department of Developmental Services (Department).

9. Ms. Duarte explained that over the past several years, the Department has engaged in "rate reform." This is a process by which the Department provides formal and informal guidance to regional centers for their practices approving and funding services and vendors using prescribed vendor service codes.

10. Regional center consumers who receive behavior management services through a BT receive services pursuant to vendor service code 616 (code 616). California Code of Regulations, title 17, section 57332, provides the maximum rates of reimbursement for various services regional centers remit to vendors. Subdivision (12) of that section provides:

Behavior Management Technician (Paraprofessional)--
Service Code 616

Regional centers shall contract for Behavior Management Technician (Paraprofessional) services at no more than 75 percent of the regional center's median hourly rate for Behavior Management Assistant--Service Code 615, or the statewide median rate for Behavior Management Assistant--Service Code 615, whichever is lower.

11. Crisis intervention services are provided under a different vendor service code (code 017). The Department has not promulgated a regulation defining the hourly rate for code 017. However, California Code of Regulations, title 17, section 59000, which regulates community crisis homes, provides as follows:

"Crisis Intervention Services" means additional assessment, staffing, supervision, and other intensive services and supports to immediately address a consumer's urgent or emergent abrupt onset of behavioral or other needs, which are beyond what is typically available in other community living arrangements. These services shall facilitate transition to a less restrictive community environment.

(*Id.* at subd. (14).)

12. FNRC does not dispute that claimant requires continued BT services under code 616. However, pursuant to the Department's rate reform guidance, FNRC argued claimant's continued behavioral issues are her baseline and not an urgent or

abrupt onset of a new behavior as required to provide crisis intervention services under code 017.

13. As an internal policy, FNRC authorizes code 017 services for 3 to 12 months, depending on the case. Claimant has received crisis intervention services for almost 18 months. Therefore, FNRC argued it cannot authorize further code 017 crisis intervention services for claimant. FNRC did not consult with a board-certified behavior analyst (BCBA), psychologist, or any other mental health professional in making its determination of claimant's needs.

14. FNRC provided its Purchase of Service Guidelines and Funding Policy, adopted June 3, 2024 (Funding Policy). The Funding Policy under the heading "Behavior Management Services," provides, in pertinent part:

5. FNRC will only purchase Applied Behavioral Analysis (ABA) services or intensive behavioral intervention services that reflect evidence-based practices, promote positive social behaviors and ameliorate behaviors that interfere with learning and social interactions.

6. The formal assessment from the behavioral management vendor must show that the client will benefit from behavioral services in the environment in which the service is to be provided.

7. The behavior services vendor must develop an Individual Service Plan (ISP) which specifically addresses the objectives to be met through behavioral management services and details the plans for meeting those objectives.

a. ISPs and any related behavior plan will be reviewed to ensure that the plan will not cause pain or trauma.

8. At a minimum, this service will be re-evaluated at six-month intervals, or less, to assess that the client is making reasonable progress.

9. Behavioral services cannot be used in lieu of respite or day care.

The Funding Policy does not provide a maximum length of time crisis intervention services may be provided.

15. FNRC also argued that a substantial portion of code 017 funding provided to ACS for crisis intervention team services is spent funding ACS's own staff. FNRC provided an August 13, 2026, letter authored by Melissa Gruhler, FNRC's Executive Director. The letter states that during a prior meeting between ACS and FNRC staff, ACS staff stated that 017 code funds were needed to continue support of ACS's "middle management." Therefore, FNRC contended, ACS's services are not provided according to the needs of claimant pursuant to Welfare and Institutions Code section 4646.5, subdivision (a)(1). Thus, continued services through ACS should be denied.

Claimant's Evidence

RYAN TUCKER'S TESTIMONY

16. Mr. Tucker is the Chief Operating Officer of ACS out of its headquarters in Redding, California. He is a BCBA. Mr. Tucker provided an ACS-produced chart that depicts a range of consumer behaviors. It also provides an internal guideline for when

ACS considers the behaviors an urgent crisis requiring 017 code services or an ongoing behavioral issue that only requires code 616 services. Mr. Tucker explained how ACS operates, how it funds its staff, and how it administers its services to clients. Mr. Tucker stated that ACS has lost funds for several clients since Department-initiated rate reform shifted some clients from code 017 to code 616 services. He has no personal knowledge about claimant and has not personally worked on her case for ACS.

RAYNA RUSH'S TESTIMONY

17. Ms. Rush is the Vice President of Regional Operations at ACS. She oversees each of ACS's four clinics, all located in California. She attended several rate reform meetings between FNRC and ACS. She has no personal knowledge about claimant and has not personally worked on her case for ACS.

KIMBERLY CONGDON'S TESTIMONY

18. Ms. Congdon is the Director of Operations at ACS. She is a BCBA. She currently serves as the director at ACS's Santa Rosa location. She previously worked at ACS's Chico clinic, which provides services to claimant. She performed claimant's initial intake assessment in November 2024. She directly observed claimant during her intake. She has not seen claimant in several months.

19. Ms. Congdon recounted claimant's behaviors during her intake assessment. Claimant is aggressive. She destroys property. She elopes. She charges, bites, hits, and kicks when she is told no or when her wants are delayed. Whenever a behavior occurs, claimant's mother reports it to ACS. ACS then keeps those reports and compares them to evaluate further services. Ms. Congdon provided a chart that

showed decreasing behaviors in the 18 months since ACS started providing claimant crisis intervention services.

20. As part of its crisis intervention service, ACS staff train BTs and claimant's mother on techniques to mitigate claimant's behaviors. They also debrief after a behavior to determine what triggers claimant and how to lessen behaviors in the future. ACS provides blocking pads to claimant's mother and teaches the Ukeru care approach for children with behavioral issues. Ukeru is a trauma-informed practice that attempts to redirect behaviors without the use of restraints. As the Ukeru practice and blocking pads are not always effective, ACS also teaches restraint techniques to claimant's mother and BTs to keep everyone in the home safe during claimant's behaviors.

21. Though claimant's behaviors have decreased, they have not ceased entirely. Ms. Congdon agreed that crisis intervention services are temporary in nature. However, her practice is to continue the services until ACS is satisfied that claimant's mother and BTs can manage behaviors before they recommend ending that service. Ms. Congdon opined that removing crisis intervention services too early will leave claimant's BTs and mother without adequate training. As a result, claimant's behaviors could return. Ms. Congdon believes it is too soon to terminate crisis intervention services in this case.

22. Ms. Congdon stated that some funds they receive for services are used for "overhead." She defined overhead as organization expenditures, including BCBA staff salaries and other staff that do not provide direct services to clients.

KYNLEE JARBOE'S TESTIMONY

23. Ms. Jarboe is an assistant clinical supervisor at ACS. She contacts client families and develops behavior intervention plans according to the recommendations of ACS's BCBA's.

24. Ms. Jarboe meets with claimant and her mother in their home one or two times per week. She speaks with claimant's mother four or five times per week. Ms. Jarboe stated that, according to her behavior intervention plan, claimant has worked on more frequent two-person positive physical exchanges, including high-fives and fist bumps. Claimant struggles when she asks to go somewhere or do something and is denied or delayed. Ms. Jarboe works with claimant and claimant's mother to practice "matching," the exchange of wants and needs with her mother without lashing out.

25. Ms. Jarboe has seen claimant improve during her time receiving crisis intervention services. Claimant's mother learned some techniques to diffuse situations before claimant becomes violent.

CLAIMANT'S MOTHER'S TESTIMONY

26. Claimant's mother lives with her boyfriend, claimant, claimant's 8-year-old sister, and occasionally claimant's stepsister. Claimant has punched, hit, or kicked her for years when claimant is told she cannot have something she wants at that moment. Claimant has a "hairpin trigger." Claimant could charge at her at any moment. Claimant has smashed car windows and tried to grab people while the vehicle is in motion.

27. Claimant's mother experiences difficulty restraining claimant when she charges at her during a behavior. Claimant's mother suffers bites, bruises, and general exhaustion from restraining claimant.

28. In the past year, claimant began attempting to hurt her younger sister during her behaviors. She also destroyed property in the home. Claimant is approaching her mother's size. Claimant's mother worries that, without continued crisis intervention services, she will lose the ability to redirect or restrain her daughter as she grows.

29. Claimant's mother has discussed Department-approved Stabilization Training Assistant Reintegration (STAR) homes with ACS and FNRC staff. STAR homes are group homes that provide crisis stabilization to residents so they can successfully transition to a community living setting. The nearest STAR home is approximately an eight-hour drive away from claimant's current home. Claimant's mother hopes to continue gaining skills to manage claimant's behaviors to delay that possibility. She is aware that claimant may eventually require a higher level of care. She wants to keep claimant in her home for as long as possible.

30. Claimant's mother described the tools she gained through ACS's crisis intervention services. She explained her use of the Ukeru program, professional crisis management techniques, blocking pads, redirection, shaping and fading words to calm claimant down, as well as the importance of debriefing with ACS staff, and modeling new ideas for managing future behaviors. She reported that the new techniques have lessened, though not eliminated, claimant's behaviors. Claimant's mother stated she learned a lot from ACS services. However, she believes she has more to learn to manage claimant when she is most upset. She is aware crisis intervention services are

temporary. She believes that if they are discontinued now, claimant's behaviors may return to her previous baseline.

Analysis

31. A core mandate of the Lanterman Act is to prevent dislocation of persons with developmental disabilities from their home communities to the maximum extent feasible. (Welf. & Inst. Code, § 4501.) In November 2024, FNRC correctly determined that crisis intervention services, in conjunction with behavioral technician services, were necessary to keep claimant and her mother safe in their home. The crucial question in this matter is whether crisis intervention supports continue to be necessary to allow claimant to stay in her home community, if feasible. Neither FNRC nor ACS staff provided persuasive evidence addressing that issue.

FNRC'S ARGUMENTS

32. FNRC did not provide the opinion of a BCBA or other mental health professional to explain if or why ACS's crisis intervention services were no longer recommended for claimant's violent behaviors. FNRC's position is based entirely on its interpretation of what services are considered "urgent" according to Department regulations and FNRC's internal policies. FNRC's argument fails on both counts.

33. First, FNRC cited California Code of Regulations, title 17, section 59000, subdivision (14), which defines crisis intervention services as:

. . . additional assessment, staffing, supervision, and other intensive services and supports to immediately address a consumer's urgent or emergent abrupt onset of behavioral or other needs, which are beyond what is typically available

in other community living arrangements. These services shall facilitate transition to a less restrictive community environment.

That regulation is provided under the subchapter titled "Community Crisis Homes." The regulation states that those services shall facilitate transition to a "less restrictive community environment." Claimant is not currently placed in a community crisis home. She is not transitioning to a less restrictive environment – she is already in her family home. The cited regulation is not relevant to this matter. Even if the regulation's definition of crisis intervention services did apply, it only establishes that crisis intervention is a temporary service. Claimant concedes crisis intervention services are temporary. However, the cited regulation does not provide any information as to how long that temporary service may remain in place.

34. Second, FNRC stated its internal policy is to provide code 017 crisis intervention services for a period of 3 to 12 months. Claimant has received the relevant services for approximately 18 months. Therefore, FNRC argues crisis intervention services are no longer appropriate. FNRC provided no statutory or regulatory authority for its internal time limitation. Their Funding Policy makes no mention of a maximum timeframe for crisis intervention services.

35. Though the word "crisis" indicates a temporary nature of the service, neither the Department nor FNRC have provided a bright-line rule establishing when a service is no longer related to a crisis. Claimant has serious violent tendencies. It is reasonable to conclude that her crisis intervention services may last longer than the average FNRC consumer. FNRC's time restriction of crisis intervention services is arbitrary and not informed by claimant's specific needs. Therefore, it is rejected.

36. For the first time at hearing, FNRC also argued ACS is not providing services primarily for the needs of claimant because ACS admitted that some of the funds it receives are spent on "middle management." FNRC thus contends that the services should be terminated. FNRC did not provide this reason for denial in its NOA. Therefore, it was not considered. (Welf. & Inst. Code, §§ 4701, 4710.)

EVIDENCE PROVIDED BY ACS

37. As stated above, Mr. Lopez identified himself both as Chief Financial and Legal Officer of ACS, and as claimant's authorized representative. Throughout the hearing, it was unclear whether Mr. Lopez represented the interests of claimant or ACS. Should claimant no longer seek crisis intervention services, her interests would be in direct conflict with the interests of ACS and her authorized representative. These competing interests continued during each ACS witness's testimony.

38. Ms. Congdon and Ms. Jarboe both provided consistent testimony regarding claimant's behaviors and the services provided by ACS. However, their recommendation to continue services is influenced by the same conflict as claimant's authorized representative. That is, if services are discontinued, their organization receives less funds. Their inherent biases and personal financial interests render their testimony not credible. (See Evid. Code, § 780, subd. (f).)

39. Mr. Tucker and Ms. Rush testified to the organization of ACS. They had no personal knowledge of claimant's progress utilizing crisis intervention services. Their testimony had no probative value.

CLAIMANT'S MOTHER'S TESTIMONY

40. Claimant's mother provided the only persuasive testimony relevant to this matter. She credibly described claimant's serious, violent behaviors. Claimant punches, kicks, bites, and charges at her. She breaks windows and attacks people when riding in the car. Claimant's behaviors now also target her younger sister. Claimant's mother is losing control as claimant grows in stature.

41. Claimant's mother also credibly explained what she learned from ACS services. She explained holds and techniques she uses when claimant is violent. She debriefs with ACS staff, who continue to help her learn to mitigate claimant's behaviors. With the tools she has gained, claimant's mother has shown moderate success managing claimant's behaviors.

42. Claimant's mother knows the services are temporary. She also credibly stated she believes she has more to learn before the services end. Without continued crisis intervention services in conjunction with behavioral services, claimant may require a more restrictive placement in a group-home setting, hours away from her family. Claimant's February IPP and the Lanterman Act both require FNRC to provide services that could avoid that placement for as long as feasible.

43. Claimant's mother established that crisis intervention services are still necessary to ensure claimant remains in the less restricted environment of her home, at least temporarily. As FNRC failed to prove her crisis intervention services should be terminated at this time, claimant's appeal must be granted.

LEGAL CONCLUSIONS

Burden and Standard of Proof

1. An administrative fair hearing to determine the rights and obligations of the parties, if any, is available under the Lanterman Act. (Welf. & Inst. Code §§ 4700–4716.) The burden of proof is on FNRC, the party seeking to terminate a service. (Evid. Code, § 500.) FNRC must meet its burden by proving by a preponderance of the evidence that the service it is seeking to terminate should be terminated. (*Id.* at § 115.)

Applicable Law

2. The Lanterman Act sets forth the regional center's responsibility for providing services and supports for eligible persons with developmental disabilities to enable them to "approximate the pattern of everyday living available to people without disabilities of the same age." (Welf. & Inst. Code, § 4501.) An "array of services and supports should be established. . . to meet the needs and choices of each person with developmental disabilities. . . to support their integration into the mainstream life of the community. . . [and to] prevent dislocation of persons with developmental disabilities from their home communities." (*Ibid.*) Additionally, "[i]t is the intent of the Legislature that agencies serving persons with developmental disabilities shall produce evidence that their services have resulted in consumer or family empowerment and in more independent, productive, and normal lives for the persons served." (*Ibid.*)

3. The State of California 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 Ret. Citizens v. Dept. of Developmental Services* (1985) 38 Cal.3d 384, 388.)

4. As discussed above, FNRC did not prove by a preponderance of the evidence that claimant's continued crisis intervention services are no longer appropriate. Therefore, FNRC's NOA terminating those services is reversed.

ORDER

Claimant's appeal is GRANTED.

DATE: August 27, 2026

BRIAN WEISEL

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.