

BEFORE THE  
OFFICE OF ADMINISTRATIVE HEARINGS  
STATE OF CALIFORNIA

In the Matter of:

CLAIMANT,

vs.

VALLEY MOUNTAIN REGIONAL CENTER,

Service Agency.

OAH No. 2018060193

DECISION

This matter was heard before Administrative Law Judge Heather M. Rowan, Office of Administrative Hearings (OAH), State of California, on July 24, 2018, in Stockton, California.

Anthony Hill, Legal Affairs Advisor and Attorney at Law, represented Valley Mountain Regional Center (VMRC).

Debra Wright, Attorney at Law, represented Claimant, who was represented by his mother.<sup>1</sup>

Oral and documentary evidence was received. The record was closed and the matter was submitted for decision on July 24, 2018.

ISSUE

Is VMRC permitted to fund claimant's recommended out-of-state placement at a residential care facility in Wichita, Kansas?

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<sup>1</sup> Claimant and his mother are not named in this Decision to protect their privacy.

## FACTUAL FINDINGS

### BACKGROUND

1. Claimant is an 11-year-old boy who is eligible for regional center services based on a diagnosis of Autism Spectrum Disorder, and who also has co-occurring psychiatric conditions (psychotic disorder and adjustment disorder). Claimant has severe behaviors that include: banging his head against a wall; biting, scratching, and pinching himself; hitting, kicking, biting, head-butting, and scratching others; requiring assistance with toileting; and destroying property (including breaking windows). He also urinates on himself and smears his feces. He has limited safety awareness and requires constant supervision. Additionally, claimant has only one functioning kidney.

2. Claimant previously lived in a "Level 4" care home. In March 2016, he needed a higher level of care and was moved to a crisis home within Kavere Service's (Kavere) homes in Stockton, California. In August 2016, he moved to a different crisis home within the Kavere network: Princeton Home. Prior to November or December 2017, claimant's behaviors were improving. Princeton Home housed two, sometimes three, children. Claimant was engaged in educational pursuits through Stockton Unified School District (Stockton Unified), he had access to his peers, and visited with his parents regularly. He was rarely restrained due to violent behavior, and was receptive to working with a behavioral therapist. He was making progress in toileting and personal hygiene.

3. After that time, however, claimant began regressing. He can no longer access education, and has no access to his peers or the community. He locks himself in his room and refuses to leave. When his mother tries to visit him, he becomes aggressive and attempts to attack her. Due to his aggressive and violent behavior, claimant is restrained 10 times per week on average, and has been restrained as many as 88 times in one month. He avoids all people and demands made of him, which has resulted in his urinating on

himself, not attempting to communicate, and refusing to eat or only eating alone in his room. He is self-injurious, harmful to others, and destructive.

4. In addition to these extreme behaviors, claimant also needs a high level of medical care. He has been on upwards of 20 medications, and requires on-going psychiatric and medical care. Because he has only one functioning kidney, his health has to be consistently monitored as well.

5. Claimant was admitted to Serafin, a Kavere crisis home in March 2016. Kavere is a network of crisis residential homes that provides one on one staffing, and contracts with the University of the Pacific for behavioral consulting. In August 2016, claimant was moved from Serafin to Princeton, another of Kavere's crisis homes. Kavere's crisis homes are licensed with the Department of Developmental Services' Community Care Licensing, which places restrictions on the services staff can provide. Princeton has the capacity to house two to three children at one time, and typically offers a one to one staffing ratio. Because claimant's behaviors are severe, however, Kavere is currently unable take on any other children. Claimant frequently requires a two to one ratio. If he has to be transported for any reason, including medical appointments, he requires a four to one ratio. Community care licensing determined that claimant requires a higher level of care, and Kavere is acting outside the parameters of its license. Consequently, Kavere issued an eviction notice to claimant, directing him to vacate the premises within three days. There is no other facility to which claimant can be moved. He cannot go home and no other facility in California will take him.

6. Kavere is not a medical facility. Its staff cannot provide claimant with medical services. Consequently, claimant's medications cannot be titrated,<sup>2</sup> his blood cannot be

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<sup>2</sup> Medication titration is the process of determining the proper medication and proper dose for a particular person to achieve the maximum effect.

drawn to determine whether his limited kidney function is able to withstand his current medications, and his behavioral issues cannot be addressed in his current psychiatric and physical state.

7. Claimant's representative requested that VMRC fund an out-of-state placement for claimant. VMRC issued a Notice of Proposed Action denying the request, based on its limitations under Welfare and Institutions Code section 4519, subdivision (a). Claimant's representative appealed that decision. An informal meeting was held on June 18, 2018. On July 10, 2018, VMRC issued a letter explaining why the denial was upheld. Claimant's representative requested a fair hearing. This fair hearing followed.

#### CLAIMANT'S INDIVIDUAL PROGRAM PLAN

8. On June 12, 2018, VMRC conducted an Individual Program Plan (IPP) meeting, with claimant's mother, Vanessa Archuleta, who is a social worker with Kavere, and Stacie Shaw, claimant's Service Coordinator. The team identified five "Long Range" goals for claimant, including: 1) maintain optimal health; 2) access free and appropriate public education; 3) increase self-care skills; 4) increase toileting skills; 5) decrease behaviors.

9. Claimant receives psychiatric care from Drs. Michael Barnett and Michael McManus. He is prescribed psychotropic medications, and has been on over 20 different medications. Should he need medical care in the community, he requires a four to one staffing ratio to transport him. His doctors cannot determine the most appropriate medications at the proper dosages, because that would require taking blood samples, which cannot be done at his current placement.

10. Claimant is eligible for special education services with Stockton Unified, and received services through "Home and Hospital Instruction." For most of claimant's time at a Kavere home, a teacher came Monday through Friday for two to three hours per day. Currently, however, claimant's teacher is able to greet him, and then claimant becomes aggressive and assaultive. The sessions are discontinued after less than five minutes.

11. Claimant is unable to perform self-care tasks. He is able to dress himself, but does not do so without prompts. He is unable to shower, brush his teeth, or perform other grooming. The IPP describes claimant as “behaviorally incontinent.” He is prompted to use the toilet, but refuses to do so, soils himself multiple times per day, and smears feces. He refuses to wear Pull-Ups.

12. The IPP explains that claimant requires a higher level of care than Kavere can provide. Claimant’s work with a behavioral analyst is limited due to his aggression and violence. He has run off the property, and has no concept of safety. He is restrained multiple times per day. Consequently, “an extensive search has been done to find a placement that can meet [claimant’s] needs in the state of California, however, no such placement exists.” Ms. Shaw identified a placement in Wichita, Kansas called Heartspring, which can provide the level of care that claimant needs.

13. On July 11, 2018, VMRC had an IPP addendum meeting. In attendance were claimant’s mother, claimant’s attorney, Ms. Shaw, and Katina Richison, VMRC Project Manager. The IPP addendum identified that VMRC had received recommendations regarding claimant’s placement from two psychiatrists, a Board Certified Behavior Analyst, and the crisis home at which claimant is placed. VMRC determined that claimant “requires a higher level of care than his current placement at the children’s crisis home.” The meeting participants agreed that claimant requires specialized treatment, including medication titration, medication monitoring by a nurse, access to medical and psychiatric care, the ability to go to school and have access to his peers, and behavioral supports necessary to promote his long term goals.

#### PSYCHIATRIC ASSESSMENTS

14. Dr. Michael Barnett is a medical doctor with a specialty in psychiatry. He contracts with Kavere and other group homes that provide services for developmentally disabled children and adults. Dr. Barnett testified on claimant’s behalf. Dr. Barnett’s primary

diagnoses for claimant are Autism Spectrum Disorder, and possible bipolar or schizoaffective disorder. Claimant was taking lithium for several months, and though it seemed to be helping, due to his decreased kidney function, he could not continue taking it long-term. Dr. Barnett stated that claimant is a "biological hazard" because of his feces smearing. He stated that claimant has "gone steadily downhill" since November or December 2017, and is "like a frightened animal" in his room. Dr. Barnett admitted that he is "at a loss," and "mystified and concerned," which is why he believes claimant needs a higher level of care. He opined that claimant requires constant supervision in an inpatient-like setting. His conditions require nurse supervision.

15. Dr. Michael McManus is a psychiatrist who contracts to provide treatment for VMRC clients. He treated claimant up until April of 2015, and has been consulting on claimant's case from April 24, 2018 until the present, but is not currently his treating psychiatrist. He diagnosed claimant with Level 3 Autism Spectrum Disorder and a severe intellectual disability. He requires treatment for his anger and self-injurious behavior. He stated that claimant's current medications are "reasonable," have potentially serious side effects, and are the latest in a long list of medications claimant has been prescribed. Dr. McManus opined that claimant requires a higher level of care than a crisis home. He would benefit from a residential placement where he has access to medical care, as well as other services.

#### VMRC'S EFFORTS TO PLACE CLAIMANT

16. Stacie Shaw has been claimant's service coordinator for three and a half years. She testified at the fair hearing. Ms. Shaw is on the team that reviews claimant's progress on a weekly basis, including information gathered from claimant's behavior analyst. She described claimant's primary diagnosis as Autism Spectrum Disorder, and his secondary diagnosis as "obstructive defects of renal, pelvis, and ureter." When several sources recommended that claimant required a residential facility with a higher level of

care, Ms. Shaw began searching for an appropriate program. She requested a referral from the Department of Developmental Service's (Department) Statewide Specialized Resources System (SSRS) to find claimant placement within California.

17. Ms. Shaw and others at VMRC contacted 33 facilities in California to find a placement for claimant. Each facility refused claimant, for a variety of reasons, including his age, diagnosis, behaviors, and his limited verbal communication. Ms. Shaw is concerned for claimant's safety, health, psychiatric and physical well-being, and quality of life if he does not receive proper care. Ms. Shaw was referred to the Heartspring residential facility in Wichita, Kansas. She contacted Heartspring in May 2018, and helped claimant's mother complete the application. Heartspring offered claimant admission, and will accept him on September 17, 2018, pending funding.

18. Katina Richison is a Program Manager at VMRC. She was assigned to claimant when he entered the crisis home in 2016. In her position as Program Manager, Ms. Richison coordinates referrals to crisis homes. She explained that crisis homes are the highest level of care available in the community. The crisis homes attempt to stabilize clients to the point clients can return to a lower level of care, or return to live with their families. There are three crisis homes in Stockton for juveniles. Each is licensed to accept no more than two children at a time, unless there is a short overlap, during which time three children can be placed. There is a waiting list for each crisis home. In Ms. Richison's experience, most clients are placed for an average of 12 to 18 months. The crisis homes are meant to be a short-term, transitional option.

19. Ms. Richison explained that when she was first assigned to claimant's case, he saw his parents frequently and engaged in their visits. He could access education, his peers, and the community. He is now unable to access these necessary aspects of care. He is primarily confined to his room. As claimant's assigned Program Manager, Ms. Richison is charged with oversight of claimant's care, treatment, and placement. Ms. Richison assisted

in the statewide search for a residential program that would suit claimant's needs. No facility agreed to take him. She contacted the Department to determine if other regional centers throughout the state had a placement option for claimant. Through the Golden Gate Regional Center, she identified a care home called Sunpoint on July 18, 2018. She submitted an application packet. Sunpoint informed Ms. Richison that it does not believe it is able to meet claimant's needs. Based on Ms. Richison's and the rest of claimant's team's exhaustive efforts, Ms. Richison believes there is no viable option for claimant in the state of California, and to deny him funding would not be supported by law.

20. Ms. Richison and Ms. Shaw agree that Heartspring is the appropriate placement for claimant. Heartspring is a residential treatment campus. It offers education services, nurses, physicians, constant monitoring, training to paraprofessionals to provide behavior intervention, medication monitoring, access to psychiatric care, medication titration, and socialization. Currently, VMRC is funding claimant's crisis home at a cost of \$28,000 per month, plus an additional cost for the two to one staffing claimant requires, and claimant's education services paid for by Stockton Unified. Heartspring will cost \$14,000 per month, with an additional cost for education services.

21. Tony Anderson is the Executive Director at VMRC. He has 31 years of experience in developmental services and education. He testified at the fair hearing. He is aware of the VMRC's exhaustive search for a placement within California, and is aware of the recommendation for Heartspring. He does not have the authority to fund an out-of-state placement without the Department's approval. He submitted a request to the Department on June 25, 2018, requesting authorization to fund claimant's placement at Heartspring. No response has been received to date.

#### ACCESS TO EDUCATION AND FUNDING

22. Joe Billingslea is the Special Education Program Specialist at Stockton Unified. Stockton Unified provides claimant's educational services. Mr. Billingslea testified

at the fair hearing. He has been accompanying his educational staff to claimant's crisis home to assess claimant's needs and change the instruction format. Currently, though it is offered, claimant cannot access appropriate education. He described claimant in his current state at Kavere as "like a little feral monkey." Mr. Billingslea asserted that Jovan Jacobs, Stockton Unified's Executive Director of Special Education, is committed to funding claimant's special education once claimant is transferred to Heartspring.

#### CURRENT PLACEMENT

23. Richard Herrera owns the Princeton Home, which is a crisis home within Kavere. Mr. Herrera testified at the fair hearing. He explained that because of claimant's behaviors, including violence and feces smearing, Princeton Home cannot accept any other children, even though there is a waiting list of children who are in need of a crisis home, and even though there is an empty bed at Princeton Home. This has caused a financial strain, because Princeton Home is licensed for two children, with the possibility of a third. It has also caused a strain on the staff. At least one person has quit her job at Princeton Home because the level of care and supervision required to care for claimant is beyond the staff's capacity. Mr. Herrera stated that his staff is getting worn out by trying to care for claimant, and this placement is not sustainable.

24. The Department of Social Services, Community Care Licensing is the entity that approves crisis home licenses, which are limited to non-medical residential homes. Princeton Home is licensed to care for two children, and cannot provide medical care. Given the limitations of the license, Princeton Home issued a "Three-day Eviction Notice" to claimant. Mr. Herrera stated that there is no place for claimant to go if he is physically evicted, and he currently remains at Princeton Home. In his 11 years as a licensee, Mr. Herrera has served over 200 children, and of those, three have needed a higher level of care than a crisis home can provide.

25. On May 18, 2018, claimant's behaviors and psychosis reached a dangerous level. Staff at Princeton Home, based on consultation with claimant's care providers, brought claimant to San Joaquin County Behavioral Health Services (SJCBS) for assessment, in the hopes SJCBS would admit him. If claimant were admitted on even a 72-hour hold, his blood could be taken, and with appropriate medical and psychiatric care, his medications could be evaluated and his behaviors addressed. SJCBS declined to admit claimant because he did not meet the "5585 criteria."<sup>3</sup> SJCBS determined that his behaviors were due to his Autism Spectrum Disorder diagnosis, and that he could not be admitted because he did not express suicidal ideation. Claimant is non-verbal, except for a few words.

26. Mr. Herrera is concerned about claimant's overall well-being, and in particular his physical health and his behavioral issues. Claimant's medication cannot be changed or adjusted unless his doctors can do a blood test, and his blood cannot be drawn at Princeton Home. When staff attempted to transport claimant to a hospital when he was sick, it required a four to one staffing ratio. In addition, claimant is isolated at Princeton Home. Mr. Herrera is familiar with Heartspring because one of Kavere's directors visited Heartspring with University of the Pacific Behavior Analyst, Holly White. In his understanding, Heartspring is one campus with comprehensive resources, and would be an appropriate placement for claimant and his variety of needs.

27. Verena Boga is a Board Certified Behavioral Analyst and works for the University of the Pacific. Ms. Boga testified at the fair hearing. She is the behavioral analyst assigned to claimant, and has worked with him since he was transferred to

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<sup>3</sup> "5585 criteria" refers to Welfare and Institutions Code, section 5585, which allows a minor who is experiencing a mental health crisis to be involuntarily detained for a 72-hour psychiatric hospitalization due to threat of harm to self, others, or being gravely disabled.

Kavere in March 2016. She assessed claimant in March 2016, and developed a personalized plan of treatment for him. She completes a monthly assessment of claimant and participates in weekly update meetings.

28. When she started working with claimant, he enjoyed being outside, liked to explore, and was adventurous. He played with puzzles and a Mr. Potato Head toy, he watched television, and engaged with his peers. In the fall of 2017, Ms. Boga began discussing with claimant's care team appropriate ways to transition him to a lower level of care. In November 2017, however, claimant had a spike in his problem behaviors, particularly self-injurious behavior, violence toward others, and avoiding any interaction to escape demands. After this time, claimant had to be restrained multiple times per day for his and others' safety. He wants to be alone in his room, and even opening the door to check on him could evoke aggression. He cannot access education, is isolated from his peers, and he no longer engages in the activities he used to enjoy. She finds it difficult to identify anything he might enjoy to create positive reinforcement of behaviors.

29. While Ms. Boga believed that Kavere was a good placement for claimant at the beginning of his stay, she no longer believes he can receive proper treatment and care there. She has not been to Heartspring, but believes that claimant needs a residential facility that offers all the services that claimant needs to foster consistency in his care and treatment. In her opinion, he needs consistent medical and psychiatric care, the lack of which might be contributing to his behaviors.

30. Holly White is a supervising Board Certified Behavior Analyst at the University of the Pacific, Department of Psychology. In her capacity at the University of the Pacific, Ms. White has been contracting with Kavere for ten years. In that time, she has had one other case she has had to refer to a higher level of care. She oversees and consults with Ms. Boga in her treatment of claimant. Ms. White visited Heartspring when

another of her clients was to be placed there. She saw the residential area, work programs, eating areas, and outdoor spaces. Heartspring is a comprehensive campus that is fenced-in so that residents can be safe outside and not wander off the property. There is a high staff to patient ratio, an intense level of staff-prompting, an educational component, and medical care. Based on the data Ms. Boga has provided her regarding claimant, claimant's regression, and the frequency with which claimant is restrained, Ms. White believes that Kavere is no longer the proper place for claimant, and Heartspring appears to be more appropriate.

#### CLAIMANT'S MOTHER

31. Claimant's mother visits him at Princeton at least weekly. In the last several months, she has not been able to spend time with him. Generally when she arrives and goes to claimant's room, he is aggressive or violent toward her. Prior to November 2017, he did not behave this way. Based on the increase in claimant's regressive behaviors, claimant's mother does not believe he can receive the care he needs at Princeton or through Kavere. She agrees with the recommendation that he be placed at Heartspring. Sending claimant to Kansas is not ideal for claimant's mother, but she believes that if he could receive proper care and start to improve, he could be moved back to California. She is committed to finding the solution that will give her son the best future.

#### DISCUSSION

32. The overwhelming evidence presented at the fair hearing showed that claimant is not receiving the care he requires at Princeton. His behaviors have regressed to the point that he is described as a "feral monkey" and a "caged animal." He was also characterized as a "biological hazard," do to his feces smearing. He is violent, aggressive, destructive, and poses a physical threat to himself and others. He cannot access free and appropriate public education, his peers, his community, or even his family, in his current

state. The goals his planning team identified in his IPP are similarly impossible to meet given his current condition. He requires two to one supervision at all times, and four to one should he need to be transported for medical care. Claimant is living in a home that is not licensed to address his myriad needs, and by housing him is acting in excess of its license.

33. Claimant's planning team identified Heartspring, a residential placement that could address claimant's needs. Heartspring is one enclosed campus, and offers on-site psychiatric, medical, and nursing care, as well as behavior therapy. Access to education and peers are on-site. Heartspring could address the identified need for medication titration. Though it addresses the issues that have been identified by two psychiatrists, the behavior analyst team at the University of the Pacific, staff at claimant's current placement, and claimant's planning team, VMRC denied claimant's representative's request to fund the Heartspring. VMRC agrees that Heartspring is an appropriate placement for claimant and that claimant is not and cannot receive appropriate care for his needs at Princeton. But, because Welfare and Institutions Code section 4519, subdivision (a) requires that the Department authorize any out-of-state expenditure, VMRC is obligated to deny the request.

34. Welfare and Institutions Code section 4519 provides, in pertinent part, as follows:

(a) The department shall not expend funds, and a regional center shall not expend funds allocated to it by the department, for the purchase of any service outside the state unless the Director of Developmental Services or the director's designee has received, reviewed, and approved a plan for out-of-state service in the client's individual program plan developed pursuant to Sections 4646 to 4648, inclusive. Prior to submitting a request for out-of-state

services, the regional center shall conduct a comprehensive assessment and convene an individual program plan meeting to determine the services and supports needed for the consumer to receive services in California and shall request assistance from the department's statewide specialized resource service in identifying options to serve the consumer in California. The request shall include details regarding all options considered and an explanation of why these options cannot meet the consumer's needs. The department shall authorize for no more than six months the purchase of out-of-state services when the director determines the proposed service or an appropriate alternative, as determined by the director, is not available from resources and facilities within the state. Any extension beyond six months shall be based on a new and complete comprehensive assessment of the consumer's needs, review of available options, and determination that the consumer's needs cannot be met in California. An extension shall not exceed six months. For the purposes of this section, the department shall be considered a service agency under Chapter 7 (commencing with Section 4700).

(b) No funds shall be expended for the cost of interstate travel or transportation by regional center staff in connection with the purchase of any service outside the state unless authorized by the director or the director's designee.

(c) When a regional center places a client out of state pursuant to subdivision (a), it shall prepare a report for inclusion in the client's individual program plan. This report shall summarize the regional center's efforts to locate, develop, or adapt an appropriate program for the client within the state. This report shall be reviewed and updated every three months and a copy sent to the director. Each comprehensive assessment and report shall include identification of the services and supports needed and the timeline for identifying or developing those services needed to transition the consumer back to California.

(d) Notwithstanding subdivisions (a), (b), and (c), the State Department of Developmental Services or a regional center may expend funds allocated to it for the purchase of services for residents of this state and administrative costs incurred in providing services in the border areas of a state adjacent to California when the purchase is approved by the regional center director.

[¶] ... [¶]

35. Welfare and Institutions Code section 4519, subdivision (a) does not allow VMRC to make expenditures for out-of-state services without the Department's Director or his or her designee's approval. Additionally, the statute does not identify an administrative law judge as the Director's designee. Consequently, though the evidence supports that VMRC has conducted an exhaustive search to place claimant in California, has presented to the Department the supporting documentation as required under section 4519, and has

identified a more economically efficient, and more appropriate placement for claimant, claimant's appeal of VMRC's denial to fund Heartspring must be denied.

## LEGAL CONCLUSIONS

1. Pursuant to the Lanterman Act, Welfare and Institutions Code section 4500, et seq., regional centers accept responsibility for persons with developmental disabilities. Welfare and Institutions Code section 4512 defines developmental disability as follows:

"Developmental disability" means a disability that originates before an individual attains age 18 years, continues, or can be expected to continue, indefinitely, and constitutes a substantial disability for that individual....[T]his term shall include mental retardation, cerebral palsy, epilepsy, and autism. This term shall also include disabling conditions found to be closely related to mental retardation or to require treatment similar to that required for individuals with mental retardation [commonly known as the "fifth category"], but shall not include other handicapping conditions that are solely physical in nature.

2. The Lanterman Act sets forth the regional centers' responsibility for providing services to persons with development disabilities. 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 enable persons with disabilities to approximate the pattern of everyday living available to people without disabilities of the same age." (Welf. & Inst. Code, § 4501.) The Lanterman Act requires regional centers to develop and

implement an IPP for each individual who is eligible for regional center services. (*Id.* at § 4646.) The IPP includes the consumer's goals and objectives as well as required services and supports. (*Id.* at §§4646.5 & 4648.)

3. Welfare and Institutions Code section 4646, subdivision (a), provides:

It is the intent of the Legislature to ensure that the individual program plan and provision of services and supports by the regional center system is centered on the individual and the family of the individual with developmental disabilities and takes into account the needs and preferences of the individual and family, where appropriate, as well as promoting community integration, independent, productive, and normal lives, and stable and healthy environments. It is the further intent of the legislature to ensure that the provision of services to consumers and their families be effective in meeting the goals stated in the individual program plan, reflect the preferences and choices of the consumer, and reflect the cost-effective use of public resources.

4. The evidence at hearing was overwhelming and undisputed that claimant has unique and extensive treatment needs that cannot be successfully addressed within the state of California. Claimant is at substantial risk in his current placement. The evidence also supported that there is great potential that Heartspring could effectively address claimant's needs and help him progress sufficiently to be moved back to California. Heartspring is also substantially more cost-effective than claimant's current placement.

5. Welfare and Institutions Code section 4519, clearly limits a regional center's ability to purchase services outside of the state of California. VMRC has taken all necessary action to conform to the requirements of section 4519. Claimant has been accepted to Heartspring, and VMRC is prepared to transition him by the identified September 17, 2018, start date.

The Legislature did not address any exceptions in section 4519. VMRC's authority is limited accordingly.

VMRC must meet the statutory requirements of Welfare and Institutions Code section 4519, which includes obtaining the Department's Director's approval. Until that time, VMRC may not expend funds for the purchase of any service outside the state, except as directed in section 4519.

## ORDER

Claimant's appeal from Valley Mountain Regional Center's determination that it is required to deny claimant's request for funding for out-of-state placement is denied and the regional center's action is upheld.

The Department shall expeditiously act to review and authorize the request for out-of-state placement pursuant to Welfare and Institutions Code section 4519, subdivision (a).

DATED: August 1, 2018

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HEATHER M. ROWAN  
Administrative Law Judge  
Office of Administrative Hearings

## NOTICE

**This is the final administrative decision in this matter. Each party is bound by this decision. An appeal from the decision must be made to a court of competent jurisdiction within 90 days of receipt of the decision. (Welf. & Inst. Code, § 4712.5, subd. (a).)**