

RESPONSE TO SEPTEMBER 25, 2026

INFORMAL MEETING DECISION

**Request for Reconsideration and Correction of the Record
Regarding Kaleb Xiong's In-Home Respite Services**

October 2, 2026

Submitted to:

Robin Black
Legal Services Specialist
Alta California Regional Center

Sara Marquez
Client Services Manager
Alta California Regional Center

Amelia Jung
Service Coordinator
Alta California Regional Center

Submitted by:

Yang Xiong
Father of Kaleb Xiong

Mary Xiong
Mother of Kaleb Xiong

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Amelia Jung
Service Coordinator
Alta California Regional Center

Re: Kaleb Xiong — In-Home Respite Services

Dear Ms. Black, Ms. Marquez, and Ms. Jung:

We submit this response regarding the September 25, 2026 Informal Meeting Decision concerning Kaleb's in-home respite services.

We appreciate the time ACRC staff devoted to the September 24 informal meeting and the detailed explanation provided in the written decision. We also appreciate ACRC's continued support of Kaleb and our family.

After carefully reviewing the decision, however, we believe several portions warrant reconsideration because the decision does not fully account for the history of Kaleb's respite authorization, the actual operation of the generic resources being counted, corrections and questions concerning the resource calculation, barriers to obtaining appropriate alternative providers, and the totality of Kaleb's and our family's individualized circumstances.

We therefore respectfully request reconsideration of the decision sustaining ACRC's proposed reduction of Kaleb's respite from **200 hours per quarter to 120 hours per quarter**.

Robin's decision states:

"Kaleb does not qualify for an exception to ACRC's procedural cap of 120 hours per quarter because there is no time-limited, extraordinary event that has occurred that has impacted the

family's ability to care for Kaleb, and it has not been demonstrated that Kaleb needs the additional respite hours in order to remain in the home."

We recognize from this language that the decision addresses both grounds under ACRC's respite procedure: the extraordinary-event pathway and the maintain-the-client-in-the-home pathway. A copy of ACRC's In-Home Respite Services Procedure is attached as Appendix C. We are therefore not asserting that the decision simply ignored either pathway.

Our disagreement concerns the factual and analytical basis for concluding that neither supports respite above 120 hours under Kaleb's current circumstances.

We also want to make one point clear at the outset:

We are not arguing that generic resources should be ignored. We are not asking ACRC to cover every hour of Kaleb's care. We are not asking ACRC to eliminate ordinary parental responsibility. And we are not asking ACRC to preserve our income as IHSS/WPCS providers.

Our position is that all relevant resources should be counted accurately and according to their actual function, and that the ultimate respite determination should remain individualized.

That approach is consistent with the statutory framework DDS summarized in its March 5, 2026 Directive D-2026-Case Management-001. DDS explains that the IPP and provision of services are to be centered on the individual and family; that generic resources and family responsibility must be considered; and that information from the family concerning service need, barriers to access, and other relevant information must also be considered.

I. We Agree That Generic Resources Must Be Considered

We begin with this point because it is fundamental to understanding our position.

We agree that Kaleb's generic resources must be considered.

We agree that IHSS should be considered.

We agree that WPCS should be considered.

We agree that the time Kaleb actually attends school should be considered.

We agree that Social Recreation Coaching should be considered.

And we agree that actual periods during which another person assumes Kaleb's care and supervision and thereby relieves us from caregiving are relevant to determining the amount of respite reasonably needed.

Robin's decision accurately records our acknowledgment that even at 200 hours per quarter there are "uncovered hours" and that we accept responsibility for providing Kaleb's care during those remaining periods.

This is also consistent with WIC § 4659. DDS explains that regional centers must identify and pursue possible sources of funding before purchasing needed services or supports and specifically identifies IHSS among the generic resources that may not simply be bypassed when coverage is available.

We are not attempting to bypass IHSS.

Kaleb receives IHSS.

We pursued it.

We use it.

The disagreement arises at the next analytical step.

The existence of an authorized and funded service does not necessarily tell us whether that service is providing the parents with relief from caregiving.

Where another person provides the care, the service may create caregiver relief.

Where a parent performs the authorized service, the parent remains actively engaged in caregiving.

That distinction matters particularly in the context of respite because WIC § 4690.2(a) defines in-home respite as temporary care and supervision designed, among other things, to assist family members in maintaining the client at home and to relieve family members from the constantly demanding responsibility of caring for the client.

Accordingly, we are not asking ACRC to disregard the funding represented by IHSS/WPCS. We are asking ACRC not to automatically equate the existence of that funding with an equivalent amount of actual caregiver relief when the parents themselves are performing the services.

Those are related considerations, but they are not necessarily the same thing.

II. We Are Not Asking ACRC to Protect Our IHSS/WPCS Income

Robin's decision states:

“Regional centers are not required to provide services to protect the family's maximum employment income at the expense of public funds, which is what Alta would be doing if it funded 200 hours of in-home respite for Kaleb on an ongoing basis, as requested.”

We respectfully disagree with that characterization of our request.

We are not asking ACRC to protect our maximum employment income.

We are not arguing that we must remain Kaleb's IHSS/WPCS providers.

We are not arguing that our earnings should be preserved at public expense.

And we are not claiming that our status as paid providers independently creates entitlement to respite.

Our argument concerns the practical effect of the care being provided.

When a parent performs an IHSS or WPCS hour, that parent is still caring for Kaleb.

The parent is still supervising him.

The parent is still responding to his safety risks.

The parent has not received respite merely because another public program compensates some portion of that caregiving.

This distinction follows from the function of respite itself. WIC § 4690.2(a) identifies one of the purposes of respite as relieving family members from the constantly demanding responsibility of caregiving.

We therefore respectfully ask ACRC to distinguish between:

1. publicly funded caregiving performed by a parent; and
2. actual caregiver relief created when another person assumes responsibility for Kaleb's care.

We also recognize the converse.

If an appropriate outside provider actually assumes some of Kaleb's IHSS/WPCS hours and we are relieved from caregiving during those hours, that would create genuine caregiver relief.

We would expect ACRC to consider it.

That concession is important because it demonstrates why our position is not about protecting income.

Our position is about identifying what relief actually exists.

III. "Being Paid to Provide Care" Does Not Mean the Caregiver Has Been Relieved From Providing Care

Robin's decision states that we:

"are essentially being paid to provide care and supervision for Kaleb 320 hours per month."

We do not dispute that we receive compensation for substantial IHSS/WPCS caregiving hours.

But the statement describes who pays for the care. It does not, by itself, answer who actually performs the care or whether the parents are relieved from it.

This distinction is central to the issue before ACRC.

If Parent A provides an hour of Protective Supervision and receives IHSS compensation for that hour, Parent A has still spent that hour supervising Kaleb.

If another qualified provider performs that same hour while Parent A is relieved from caregiving, the practical effect on the family is different.

Both circumstances may properly involve a generic resource.

But only the second necessarily provides the parent with a break from direct caregiving.

That distinction is consistent with the statutory purpose of respite. Section 4690.2(a) describes respite in terms of temporary care and supervision and expressly identifies relief from the constantly demanding responsibility of caregiving as one of its purposes.

This does not mean that parent-provided IHSS should be excluded from ACRC's analysis.

It means the analysis should distinguish between **funding for care and relief from care**.

The two concepts should not be collapsed into one simply because both involve publicly funded hours.

IV. Protective Supervision Is Relevant Evidence of the Extraordinary Nature of Kaleb's Needs

At the informal meeting, we explained that Kaleb's IHSS services consist substantially of Protective Supervision and that he has a propensity for placing himself in harm's way.

Robin's decision records that position.

We do not argue that Protective Supervision automatically entitles Kaleb to any particular number of respite hours.

We do not argue that IHSS Protective Supervision and ACRC respite are interchangeable.

And we do not ask ACRC to duplicate a service already funded by IHSS.

Our point is evidentiary.

Kaleb's Protective Supervision eligibility is relevant to the nature and intensity of his disability-related supervision needs.

That is particularly significant under WIC § 4646.4(a)(4).

DDS's March 5, 2026 directive quotes the statute as requiring consideration of ordinary family responsibility while also requiring regional centers to take into account the consumer's need for "extraordinary care, services, supports and supervision" and timely access to that care.

That is precisely the distinction we are asking ACRC to make.

We acknowledge our responsibility to provide the care ordinarily expected of parents of a six-year-old child.

But Kaleb's disability-related supervision requirements substantially exceed ordinary age-appropriate parental care.

His Protective Supervision determination is relevant evidence of that difference.

Appendix E provides current, independent documentation of that continuing need. **Kaleb's IHSS authorization effective October 1, 2026 includes 45 hours and 2 minutes per week of Protective Supervision.** The Notice of Action further states that Kaleb needs 24-hour supervision to help him avoid getting hurt and confirms that supervision remains necessary during periods outside the authorized IHSS Protective Supervision hours.

This evidence does not establish that ACRC must fund any particular amount of respite.

But it does independently confirm that Kaleb's need for continuous safety supervision remains current and substantial.

Receiving compensation for providing some of that extraordinary supervision does not cause the underlying need to disappear.

V. Robin's Own Decision Recognizes That Kaleb's Needs Are Far Greater Than Those of a Typical Child

Robin states:

"Now, I acknowledge that Kaleb's care needs are great due to his developmental disabilities and blindness, and that they are far greater than the needs of a typical child."

We believe this acknowledgment is highly significant.

There is therefore substantial agreement on an important factual premise:

Kaleb's care needs are not ordinary childhood care needs.

The disagreement concerns how much weight should be given to that fact in determining respite.

WIC § 4646.4(a)(4) provides the appropriate framework. Regional centers consider the family's responsibility for providing services and supports ordinarily provided to a child without disabilities, but in making that determination they must also take into account the consumer's need for extraordinary care, services, supports, and supervision.

We accept the first part.

We ask ACRC to give meaningful effect to the second.

The analysis therefore should not be:

Kaleb has parents → parents are responsible → 120 hours is sufficient.

Nor should it be:

Kaleb has extraordinary needs → parents have no responsibility → ACRC must cover all remaining care.

Neither reflects our position.

The appropriate inquiry considers both:

ordinary parental responsibility

and

extraordinary disability-related care and supervision.

Robin's own finding that Kaleb's needs are "far greater than the needs of a typical child" supports the conclusion that the extraordinary-needs side of that balance is substantial.

That finding also directly corresponds with ACRC's own In-Home Respite Services Procedure. Under its "Key Considerations for Services," ACRC identifies as a threshold consideration that "[t]here must be the presence of a care need that exceeds that required for typically developing peers." Appendix C therefore reinforces—not merely through our characterization, but through ACRC's own procedure—the relevance of the extent to which Kaleb's disability-related care and supervision exceed ordinary age-appropriate needs.

VI. The 180-Hour History Is Critical Because It Predates the Later School Crisis

The prior 180-hour quarterly authorization is one of the most important parts of this case.

We do not raise it because a prior authorization permanently binds ACRC.

It does not.

We raise it because the historical sequence matters when evaluating the rationale for the current reduction.

The 2024 correspondence created at the time gives valuable context about that history.

In July 2024, before the later school crisis occurred, we contacted ACRC regarding the intensity of Kaleb's care needs, including his constant supervision, disrupted sleep, dangerous activities, and the strain associated with providing his care.

On July 10, Ger Lor responded:

"I have discussed with my manager, and we can increase his respite hours to a max of 180 for this quarter."

We accepted the increase that same day.

The subsequent July correspondence confirms that this was not merely a discussion that went nowhere.

On July 17, Ger advised:

“It increased last week”

and explained that the accounts department needed additional time to process the change.

When Pacific Homecare subsequently showed 120 rather than 180 hours, we contacted Ger.

Ger worked with Pacific Homecare and on July 19 advised:

“I have notified Aaron Sanchez from Pacific Homecare about the change of respite hours and told him the correct hours. He will notify their accounting department to make the correct changes.”

Thus, the contemporaneous record establishes that **180 hours was an actual ACRC authorization predating the later school crisis.**

The history became even more significant in October 2024.

After Kaleb’s respite was reduced from 180 to 120 hours following the Protective Supervision development, we contacted Ger and questioned the reduction.

Ger responded that the matter would need to be restaffed with her manager and Associate Director.

We then asked when the staffing would occur because we wanted to provide more thorough reasons for consideration.

Ger responded:

“I will be staffing with them tomorrow.”

The following morning, Ger specifically requested:

“Please provide me with additional information as soon as possible before my staffing.”

We provided it.

Our October 3 submission did not argue that Protective Supervision should be ignored.

Instead, we explained why Protective Supervision had not reduced Kaleb’s actual care needs or transformed parent-provided care into caregiver relief.

We wrote:

“With PS in place, Kaleb’s mother continues to provide services for Kaleb as if PS was never even in place.”

We also explained:

“The goal of all the services we seek for Kaleb has been to keep him in the most appropriate and least restrictive environment at home and support him with those who could provide the most appropriate support—us and his family.”

We described Kaleb’s autism, developmental delays, safety risks, propensity for harm, 24-hour supervision needs, and the extent to which his care exceeded ordinary parental responsibilities.

After the staffing, Ger initially advised that she was awaiting the Associate Director’s response.

Ger identified the Associate Director as Kenisha Hurd.

Then, on October 9, Ger informed us:

“The AD supports the respite to be back at 180hrs/qtr. It will be reassessed again annually in September 2025.”

We are deliberately careful about what we claim this history proves.

We do not claim to know every factor Kenisha Hurd considered internally.

We do not claim that she expressly adopted every argument in our October 3 submission.

We do not claim that she formally determined that a particular statutory or procedural exception was satisfied.

And we do not claim that her 2024 determination permanently binds ACRC in 2026.

What the contemporaneous record does establish is significant enough:

ACRC had already authorized 180 hours before the later school crisis.

After Protective Supervision was approved, ACRC sought to reduce that level to 120.

The family specifically challenged the premise that Protective Supervision reduced the actual caregiving burden.

Ger asked for additional information before staffing.

We supplied that information.

The matter was reviewed at the management and Associate Director level.

And Ger subsequently informed us that Associate Director Kenisha Hurd supported returning Kaleb to 180 hours per quarter.

That history should be meaningfully addressed in the current reassessment.

VII. The Historical Significance of 180 Hours Is Not “ACRC Approved It Before, So ACRC Must Approve It Forever”

We recognize that circumstances change.

A regional center must be able to reassess services.

A prior authorization does not create a permanent entitlement.

That is not our argument.

Our argument is that a materially different determination should be supported by the materially different circumstances that justify it.

The question therefore is not simply:

Does ACRC have authority to reassess Kaleb?

Of course it does.

The more important question is:

What has materially changed in Kaleb's needs, family circumstances, generic resources, provider availability, or other supports that now supports reducing the previously restored 180-hour level to 120 hours per quarter?

Kaleb has not become less blind.

His autism-related needs have not disappeared.

His developmental delays have not disappeared.

His communication limitations have not disappeared.

His safety risks have not disappeared.

His need for unusually close supervision has not disappeared.

Indeed, since the 2024 determination, the evidence concerning the intensity of his supervision needs has become more developed.

His April 8, 2026 IEP, attached as Appendix D, now requires a designated school-district 1:1 adult throughout the school day, together with continuous awareness of Kaleb and his surroundings. For safety, the IEP further requires continuous line-of-sight supervision and proximity sufficient to allow immediate intervention when needed, as well as active monitoring and redirection of environmental hazards and unsafe behaviors, including situations in which Kaleb may unintentionally place objects in his mouth.

Those are not abstract descriptions offered by us for purposes of this appeal. They are school-based safety provisions formally incorporated into Kaleb's educational program.

They provide additional objective evidence that his supervision needs exceed those of a typically developing child.

That evidence is consistent with Robin's own acknowledgment that Kaleb's needs are "far greater than the needs of a typical child."

It is also directly relevant to WIC § 4646.4(a)(4)'s requirement to take extraordinary care, services, supports, and supervision into account.

VIII. The School Crisis Explains the Increase From 180 to 200; Its Resolution Does Not, by Itself, Explain a Reduction From 180 to 120

Robin's decision reports that Sara Marquez explained at the informal meeting that ACRC considered Kaleb's school nonattendance to be the extraordinary event supporting the increase to 200 hours per quarter.

We do not dispute that history.

Kaleb was out of school because of the safety dispute.

That materially increased the amount of time the family had to provide direct care.

ACRC responded by increasing respite.

Kaleb has since returned to school.

We agree that his return to school is a material change and that ACRC may reassess the additional respite associated with that particular event.

But the historical sequence is:

Pre-school-crisis respite level: 180 hours per quarter

School crisis: increase from 180 to 200 hours per quarter

The history was not:

Pre-school-crisis respite level: 120 hours

School crisis: increase directly from 120 to 200 hours

That distinction matters.

The resolution of the school crisis may explain reconsidering the 20 additional quarterly hours that took Kaleb from 180 to 200.

It does not, standing alone, explain the additional 60-hour reduction from 180 to 120.

Those are analytically separate questions.

Accordingly, even if ACRC concludes that the school crisis no longer independently supports the additional 20 hours, a second question remains:

What has changed since ACRC previously reviewed Kaleb's circumstances and restored 180 hours that now supports reducing him another 60 hours to 120?

We respectfully submit that the current decision does not sufficiently answer that separate question.

IX. A Numerical Resource Calculation Is Relevant, but It Cannot Replace the Individualized Assessment

We understand why ACRC uses a Client Services Assessment Tool.

A structured calculation can be useful.

It can help identify resources.

It can help quantify periods of care.

It can promote consistency.

We are not asking ACRC to abandon it.

But the tool should inform the individualized determination rather than become the determination itself.

DDS's March 5, 2026 directive reiterates that necessary services and supports are determined through the IPP process based on the needs and preferences of the consumer and, where appropriate, the family, with consideration of available service options, their effectiveness in meeting IPP goals, and their cost-effectiveness.

The same directive instructs regional centers to consider information from the individual and family concerning the need for services, barriers to service access, and other relevant information.

Robin's decision states:

"There are only approximately 3 hours a day where someone is not being paid to provide, or outright providing Kaleb's care (this figure includes 120 hours per month of respite)."

Because that figure plays an important role in the reasoning that follows, the inputs used to produce it matter.

And the meaning assigned to those inputs matters as well.

The resource information underlying that calculation was already part of the record before the September 25 decision. Sara had previously explained that ACRC's assessment tool gathers the hours of current resources that ACRC considers to provide supervision or "natural breaks," and

identified the figures being used for school, IHSS, WPCS, Social Recreation Coaching, sleep, and respite.

We address those figures here not as newly obtained information, but because they provide important context for evaluating the reasoning reflected in Robin's September 25 decision and for determining whether the inputs and conclusions drawn from them accurately reflect Kaleb's actual circumstances.

For example, the calculation may identify an IHSS hour as a funded resource.

That is appropriate.

But if the parent is the person performing that hour, the calculation should not necessarily be interpreted to mean that the parent received an hour of respite.

Similarly, school attendance may appropriately be counted as a period during which another institution assumes responsibility for Kaleb.

But parent-provided transportation to and from school is not functionally the same thing if the parent remains responsible for Kaleb during transportation.

The same principle applies to Social Recreation Coaching. An authorized service is appropriately identified as a resource, but the assessment should still consider how that service actually functions in Kaleb's circumstances and what caregiver relief it actually produces.

Thus, the numerical analysis is useful.

The conclusions drawn from it still require an individualized assessment.

X. The Resource Calculation Requires Correction and Clarification

As noted above, the figures used in ACRC's resource calculation were previously identified as part of the assessment underlying the decision. Our purpose here is not to present those figures as newly discovered information, but to review whether the figures and methodology supporting Robin's conclusions accurately reflect Kaleb's current circumstances.

A. IHSS Hours

ACRC's calculation used approximately 269 hours and 20 minutes of IHSS per month.

Kaleb's current IHSS authorization is 278 hours per month effective October 1, 2026, as documented by his current IHSS Notice of Action attached as Appendix E.

We agree that the current authorization should be counted.

There is also a mathematical conversion issue.

269 hours and 20 minutes equals approximately **269.33 decimal hours**, not 269.20 hours.

Twenty minutes is one-third of an hour.

Accordingly, the reconstructed original calculation should use approximately 269.33 hours.

Using that correction produces approximately **96.67 uncovered hours per month** under the original framework rather than 96.80.

The increase from 269 hours 20 minutes to 278 hours represents approximately **8.67 additional IHSS hours per month**.

Again, we agree those additional IHSS hours should be recognized as a resource.

Our disagreement concerns whether parent-performed IHSS should also automatically be treated as equivalent caregiver relief.

B. School Hours

ACRC's assessment used approximately **132 hours per month of school, including transportation**.

We respectfully request the methodology used to reach that figure.

Kaleb's actual school schedule is:

Monday, Tuesday, Thursday, and Friday: 8:20 a.m.–2:30 p.m.

Wednesday: 8:20 a.m.–1:40 p.m.

Using his actual 2026–2027 instructional calendar and daily schedule, Appendix A calculates approximately **1,081.67 actual school hours for the school year**.

Annualized across 12 months, that equals approximately:

90.14 hours per month.

We are not arguing that annualization over 12 months is necessarily the only permissible methodology.

We are asking ACRC to identify its methodology so that the difference can be reconciled.

If 132 hours is treated as a recurring monthly resource across 12 months, the calculation would represent:

1,584 hours per year.

Compared with the approximately 1,081.67 hours reflected in Kaleb's actual school calendar, the difference is approximately:

502.33 hours per year

or

41.86 hours per month when annualized.

That difference materially affects the uncovered-hours calculation.

C. Transportation

We also request clarification regarding transportation.

We transport Kaleb to and from school.

During that time, he remains under our care and supervision.

Sara had previously identified the 132-hour school figure as including transportation. We therefore raise this issue as part of our review of the existing calculation, not as newly obtained information.

If parent-provided transportation is included within the 132-hour school figure and then treated as caregiver relief, we respectfully question that characterization.

We are not saying transportation can never be relevant to a resource calculation.

We are saying that time during which the parent remains the person actively responsible for Kaleb should not automatically be characterized as time during which the parent has been relieved from caregiving.

That distinction is particularly relevant in light of WIC § 4690.2(a)'s caregiver-relief function.

D. Effect of the Corrections

Correcting the school figure using our proposed annualized methodology adds approximately:

41.86 uncovered hours per month.

Correcting IHSS upward to the current 278 hours reduces uncovered time by approximately:

8.67 hours per month.

The resulting net difference is approximately:

33.19 additional uncovered hours per month.

Using the same overall resource framework:

At 120 respite hours per quarter:

approximately 129.86 uncovered hours per month

approximately 4.27 hours per day

At 180 respite hours per quarter:

approximately 109.86 uncovered hours per month

approximately 3.61 hours per day

At 200 respite hours per quarter:

approximately 103.19 uncovered hours per month

approximately 3.39 hours per day

These figures match the reconstructed assessment table in Appendix A.

We emphasize what these calculations do not mean.

We are not saying 103.19 uncovered monthly hours must be funded by ACRC.

We are not saying every uncovered hour becomes respite.

We are not saying parents have no responsibility for those hours.

To the contrary, the calculation demonstrates that substantial family responsibility remains even at 200 hours per quarter.

Even with the requested respite, approximately **103.19 hours per month—about 3.39 hours every day on average under this framework—remain outside the identified resources and with the family.**

That fact is important because it demonstrates that our request for 200 hours is not a request to transfer all caregiving responsibility to public programs.

XI. The Decision’s Reference to “120 Hours Per Month” Requires Clarification

Robin’s decision states that the approximately-three-hours-per-day calculation:

“includes 120 hours per month of respite.”

But Robin’s formal ruling sustains a reduction from 200 hours per quarter to 120 hours per quarter.

Those are materially different figures.

120 hours per quarter averages approximately **40 hours per month.**

120 hours per month would equal **360 hours per quarter.**

We recognize that the phrase “120 hours per month” may simply be a drafting error.

We do not seek to elevate a typographical error into a substantive dispute.

But because the statement appears inside the numerical analysis supporting the conclusion that only approximately three hours per day remain, it is important to determine whether the error exists only in the written decision or also affected the underlying calculation.

If approximately 40 hours per month was actually used, clarification resolves the issue.

If 120 hours per month was used, the calculation would materially understate uncovered time and should be corrected.

XII. The “27 Hours” Example Does Not Resolve the Underlying Respite Question

Robin states:

“If both parents are too tired to provide the remaining 3 hours a day of care to Kaleb, the solution sits within their own control; that is to hire someone else or more than one person to provide all or some of the IHSS or WPCS hours.”

The decision then gives the example that if another person assumed 27 hours per month of the parents’ IHSS/WPCS hours, the parents would receive a break equivalent to the difference between 120 and 200 quarterly respite hours.

We understand the arithmetic:

80 additional quarterly respite hours ÷ 3 months ≈ 26.67 hours per month.

We also agree with an important part of the premise:

If an appropriate outside provider actually assumed approximately 27 hours per month of Kaleb’s IHSS/WPCS care, those hours could provide meaningful caregiver relief.

Our disagreement is not with that possibility.

Our disagreement is with treating the theoretical possibility as though it resolves the respite question.

There are at least three separate questions:

First: Are IHSS/WPCS hours authorized?

Yes.

Second: Can those hours theoretically be performed by another qualified provider?

Yes.

Third: Is an appropriate, willing, available provider actually obtainable who can safely assume those hours for Kaleb?

That third question is critical.

Kaleb is a young child who is completely blind, autistic, has substantial communication limitations and developmental delays, receives Protective Supervision because of his safety risks, and requires unusually intensive supervision.

His school has independently determined that he requires highly specific continuous 1:1 safety protections.

His current IHSS Notice of Action likewise confirms that he requires ongoing Protective Supervision and states that he needs 24-hour supervision to avoid getting hurt.

Thus, the practical alternative described in the decision requires more than a person who could theoretically enroll as an IHSS provider.

It requires someone who is:

- available;
- willing to provide the needed hours;
- capable of understanding Kaleb's communication and behavior;
- able to safely supervise a completely blind child with significant safety risks; and
- appropriate for Kaleb's individualized needs.

This is also where WIC § 4646.4(a)(5) becomes particularly relevant.

DDS's directive explains that the regional-center process must consider information obtained from the individual and family concerning the individual's need for services, barriers to service access, and other information.

If ACRC's position is that the solution is "within [our] own control," then barriers to actually implementing that solution should be part of the analysis.

Administrative authority to hire someone is not the same as actual availability of an appropriate provider.

XIII. Our Choice to Provide IHSS/WPCS Ourselves Should Be Evaluated in Context

Robin's decision states:

"his parents acknowledge that they are choosing to provide the IHSS and WPCS hours for Kaleb rather than hire others."

We acknowledge that choice.

But the word "choosing" does not fully describe the circumstances in which the choice is made.

During the informal meeting, we explained that Kaleb is young, that his family understands his needs, that his sister provides respite because she knows him and understands those needs, and that her availability is limited. Robin's decision records those circumstances.

Our use of parent providers is not based simply on a preference to maximize income.

It is influenced by Kaleb's needs and the practical difficulty of finding people who can safely care for him.

We are not asserting that an outside provider could never care for Kaleb.

That would be too absolute.

Nor are we asserting that we would refuse an appropriate provider if one were actually available.

Our position is that theoretical provider choice should not be treated as equivalent to actual provider availability.

If ACRC is relying materially upon the proposition that we could obtain relief simply by transferring hours, then WIC § 4646.4(a)(5)'s focus on service-access barriers supports examining whether the proposed alternative is actually obtainable.

XIV. Social Recreation Coaching Is a Resource, but Its Actual Function in Kaleb's Circumstances Must Be Considered

Robin states:

“His parents also receive a substantial break from his caregiving needs during school hours, and during social recreation coaching.”

We agree that Social Recreation Coaching is an authorized service that should be considered as part of Kaleb's overall service picture.

We are not asking ACRC to exclude those 20 monthly hours from the assessment.

However, an important factual circumstance should be reflected accurately in evaluating what those hours mean in Kaleb's case:

Kaleb's Social Recreation Coaching is provided by his sister, Charity, who is also his respite worker.

This matters because Social Recreation Coaching and respite are two separately authorized services with different purposes, but they are not two independent caregiver resources provided by two different people in Kaleb's current arrangement.

The same individual—Charity—provides both services at different times and for different authorized purposes.

We first requested social-recreation support in October 2025 to address Kaleb's social integration, interaction with peers, confidence, adaptive skills, and community participation.

The service then went through the IPP and provider-enrollment process.

As reflected in the service history previously available to ACRC, the 20-hour Social Recreation Coaching service did not become operationally authorized through 24 Hour Home Care until June 26, 2026, with the regular 20-hour monthly authorization beginning July 1, 2026.

It is therefore a relatively recent support.

It also has a distinct developmental and community-integration purpose.

That distinction remains important even though Charity is the provider.

When Charity is providing Social Recreation Coaching, she is working with Kaleb under that service to support his social-development and community-participation goals.

When Charity is providing respite, she is providing temporary care and supervision for the purpose of relieving the family from caregiving.

The fact that the same person happens to provide both services does not make the two authorizations interchangeable.

At the same time, we recognize that the practical effect of Social Recreation Coaching may include actual caregiver relief. If Charity assumes Kaleb's supervision during a Social Recreation Coaching activity and we are not required to provide his direct care during that period, that is real relief to the parents, and we agree that ACRC may consider it.

Our point is narrower.

Because Charity is also Kaleb's respite worker, the 20 hours of Social Recreation Coaching should not be viewed as though they represent an additional, separate caregiver who exists independently of the person upon whom Kaleb's respite services already rely.

Charity has her own schedule and limited availability, as we have previously explained. The fact that some of her available time is used to provide Social Recreation Coaching does not expand her total availability to provide respite, IHSS, WPCS, or other care.

Accordingly, there remains a distinction between:

20 authorized Social Recreation Coaching hours,

the Social Recreation Coaching hours actually utilized,

the actual caregiver relief produced during those hours,

and

the availability of Charity to provide Kaleb's separately authorized respite services.

Those considerations may overlap, but they should not be treated as though Social Recreation Coaching and respite constitute two wholly independent sources of caregiver availability.

Nor are we arguing that the Social Recreation Coaching hours should simply be removed from ACRC's calculation.

Rather, they should be understood according to what the service actually provides in Kaleb's individualized circumstances.

This is consistent with WIC § 4512(b)'s individualized consideration of the effectiveness of service options in meeting IPP goals. DDS reiterates that requirement in its March 5 directive.

The relevant question is therefore not merely whether 20 hours of Social Recreation Coaching are authorized.

The question is what those hours actually provide, what caregiver relief actually results, and how that service interacts with the fact that the same individual providing the Social Recreation Coaching is also the family member available to provide Kaleb's respite.

XV. The Absence of ABA Is Relevant Context, Even Though ABA Is Not Respite

As previously reported to ACRC, ABA has been unavailable or interrupted for an extended period.

We do not argue that ABA and respite are interchangeable.

We do not ask ACRC to convert unavailable ABA hours into respite hours.

And we do not argue that absence of ABA automatically creates entitlement to additional respite.

We raise it because the current assessment should consider the totality of supports actually available to Kaleb and the family.

ABA was intended to address areas including safety, self-regulation, communication, tolerance, and other behavioral and developmental needs.

When that support is unavailable, the responsibility for responding to those needs does not disappear.

It remains part of the environment in which Kaleb's family provides his care.

Accordingly, ABA's absence is relevant context, not an hour-for-hour substitute for respite.

This is consistent with the individualized IPP framework described in WIC § 4512(b) and DDS's March 2026 directive, which requires consideration of the range and effectiveness of service options rather than merely counting authorized services on paper.

XVI. The Presence of "Two Loving Parents" Does Not End the Individualized Analysis

Robin states:

"Kaleb is fortunate in that along with all of the services he is already receiving, he has two loving parents available to meet his care needs."

We agree that Kaleb has two parents who love him and are committed to caring for him.

We also agree that this is relevant.

We do not ask ACRC to treat us as though we have no parental responsibilities.

But the existence of two parents does not itself determine how much disability-related respite is appropriate.

WIC § 4646.4(a)(4) expressly balances these considerations.

It requires consideration of the family's responsibility for services and supports ordinarily provided to a child without disabilities, while also requiring the regional center to take into account the consumer's need for extraordinary care, services, supports, and supervision.

Robin herself has already supplied the important factual finding on the second side of that balance:

"Kaleb's care needs are great due to his developmental disabilities and blindness, and ... they are far greater than the needs of a typical child."

We therefore submit that the appropriate analysis is not whether Kaleb has two parents.

It is:

Given that Kaleb has two parents who retain substantial parental responsibility, but also has disability-related needs acknowledged to be far greater than those of a typical child, what amount of respite appropriately recognizes both facts?

Our request for 200 hours does not eliminate parental responsibility.

As the corrected calculation demonstrates, even at 200 hours substantial care remains with us.

XVII. The "Maintain the Client in the Home" Pathway Should Be Evaluated as a Sustainability Standard, Not Only as a Crisis Standard

Robin concludes:

"I have seen no information to suggest that Kaleb requires the additional respite in order to remain in his home."

We respectfully ask ACRC to reconsider that conclusion in light of the complete record.

We recognize that Robin did address the maintain-in-the-home pathway.

Our disagreement is with the apparent threshold being applied.

We also recognize that ACRC's procedure states that an exception above the 120-hour quarterly level is time limited. We are not requesting a permanent, irrevocable, or indefinitely guaranteed exception from ACRC's respite procedure. Nor are we arguing that an authorization above 120 hours can never be reassessed.

Rather, our position is that the maintain-in-the-home criterion should be evaluated at each reassessment based upon Kaleb's then-current individualized circumstances. If his care and supervision needs continue to demonstrate that respite above 120 hours is necessary to assist in maintaining him in the family home, the fact that an exception is subject to periodic reassessment does not, by itself, establish that the appropriate level must revert to 120 hours.

In other words, **“time limited” and “subject to reassessment” are not the same as “available only once.”** The relevant question at the present reassessment remains whether Kaleb's current circumstances satisfy ACRC's exception criteria.

ACRC's own procedure states that an exception may be approved if the client's care and supervision needs are such that additional respite is necessary to maintain the client in the home, or if an extraordinary event impacts the family member's ability to meet those needs.

WIC § 4690.2(a) expressly provides that respite is designed to assist family members in maintaining the client at home and to relieve family members from the constantly demanding responsibility of caring for the client.

The Legislature's use of “assist” is important.

Respite is not merely a service that becomes relevant after a family has already reached the point of being unable to maintain the consumer at home.

Its statutory purpose includes helping make the home-care arrangement sustainable.

This makes sense practically.

If additional respite could be considered necessary to maintain a consumer at home only after the family reached an imminent breaking point, the preventive purpose of respite would be substantially undermined.

A family should not have to demonstrate that the home placement is already failing before respite can help sustain it.

Our own historical correspondence also bears directly on this issue.

In October 2024, when Ger specifically asked us to provide information before the management staffing concerning the 180-hour level, we wrote:

“The goal of all the services we seek for Kaleb has been to keep him in the most appropriate and least restrictive environment at home and support him with those who could provide the most appropriate support—us and his family.”

That statement does not prove that Associate Director Kenisha Hurd formally found the maintain-in-home exception satisfied.

We do not claim that it does.

But it demonstrates that information linking the respite issue to sustaining Kaleb's care in his family home was presented to ACRC before the management review that resulted in restoration of 180 hours.

It is therefore difficult to reconcile the complete historical record with a categorical conclusion that there is no information suggesting additional respite is connected to maintaining Kaleb at home.

The better question, in our view, is prospective:

Given Kaleb's extraordinary and continuing supervision needs, the intensity of the care his family provides, the actual relief available from generic resources, barriers to obtaining appropriate outside providers, and ACRC's own prior respite determinations, what level of respite reasonably helps sustain his care in the family home over time?

That is the individualized determination we ask ACRC to make.

XVIII. The Extraordinary-Event and Maintain-in-the-Home Pathways Should Remain Analytically Distinct

The decision concludes both that there is no current time-limited extraordinary event and that additional respite has not been demonstrated necessary to maintain Kaleb at home.

Those are separate grounds.

Appendix C confirms that structure. ACRC's procedure permits an exception when either the client's care and supervision needs are such that additional respite is necessary to maintain the client in the home, or there is an extraordinary event affecting the family member's ability to meet the client's care and supervision needs.

Although the procedure states that an exception is time limited, it does not state that the maintain-in-the-home criterion itself requires the existence of a separate extraordinary event.

We recognize that the particular school crisis that previously supported the increase to 200 has changed because Kaleb has returned to school.

That is relevant to the extraordinary-event pathway.

But the maintain-in-the-home pathway addresses a different concern.

An ongoing need for respite to sustain an extraordinarily demanding caregiving arrangement does not necessarily depend upon the existence of a temporary crisis.

That distinction is especially important here because Kaleb's underlying disability-related needs are continuing rather than temporary.

His blindness is permanent.

His developmental disabilities are ongoing.

His autism-related needs continue.

His safety risks continue.

His need for unusually intensive supervision continues.

Thus, even if ACRC reasonably determines that the former school crisis no longer constitutes a current extraordinary event, that does not automatically resolve the separate question of whether respite above 120 hours is appropriate under the maintain-in-the-home pathway.

The two inquiries should not collapse into one.

XIX. We Continue to Believe the Current Evidence Supports 200 Hours Per Quarter

We are not relying solely on the prior authorization.

We believe Kaleb's current circumstances, considered as a whole, support **200 hours per quarter**.

Kaleb is six years old.

He is completely blind.

He has autism and developmental delays.

He has substantial communication limitations.

He receives IHSS Protective Supervision because of his safety needs.

He requires unusually intensive safety supervision.

His April 2026 IEP, attached as Appendix D, now contains highly specific continuous 1:1 safety protections, including a designated school-district 1:1 adult throughout the school day, continuous awareness of Kaleb and his surroundings, continuous line-of-sight supervision and sufficient proximity to permit immediate intervention when needed, and active monitoring and redirection of environmental hazards and unsafe behaviors.

His current IHSS Notice of Action independently confirms that these safety needs extend beyond the school setting: it continues Protective Supervision at **45 hours and 2 minutes per week** and states that Kaleb needs **24-hour supervision to avoid getting hurt**.

As previously reported to ACRC, ABA has been unavailable or interrupted for an extended period.

And the parents continue providing substantial care both during funded IHSS/WPCS periods and during the substantial periods that remain outside those resources.

The care does not stop when an IHSS timesheet stops.

The safety risks do not disappear when the parents are no longer being paid.

At the same time, 200 hours per quarter is itself limited.

The difference between 120 and 200 is:

80 hours per quarter

or approximately:

26.67 hours per month

6.15 hours per week

less than one additional hour per day on average.

We are not asking ACRC to assume every remaining hour of Kaleb's care.

We are asking for approximately six additional respite hours per week beyond the proposed 120-hour level in recognition of the extraordinary and continuous nature of his disability-related care and supervision.

Substantial parental responsibility remains.

The corrected calculation illustrates that point.

Even at 200 hours per quarter, approximately **103.19 hours per month, or 3.39 hours per day**, remain uncovered under the same resource-mapping framework.

We accept those remaining responsibilities.

There is also a narrower question concerning the difference between the historical 180-hour level and the requested 200.

That difference is only:

20 hours per quarter

or approximately:

6.67 hours per month

1.54 hours per week.

Since the earlier 180-hour determination, the evidence documenting Kaleb's extraordinary supervision needs has become more developed.

His April 2026 IEP, as documented in Appendix D, now contains significantly more specific continuous 1:1 safety and supervision protections.

His current IHSS Notice of Action likewise continues to document the need for 24-hour safety supervision.

ABA has remained unavailable or interrupted for an extended period.

And his continuing Protective Supervision remains evidence relevant to the intensity of his supervision needs.

Thus, the current question should not be limited to:

Does the old school crisis still exist?

It should be:

Do Kaleb's current individualized circumstances, considered as a whole, support 200 hours today?

We believe they do.

XX. Cost-Effectiveness Does Not Make Theoretical or Distinct Services Automatically Interchangeable

We recognize ACRC's obligation to use public resources responsibly.

We do not challenge that obligation.

Robin's decision itself cites WIC § 4646(a) concerning cost-effective use of public funds and § 4659 concerning generic resources.

But cost-effectiveness does not operate in isolation from individualized need and effectiveness.

DDS's March 5, 2026 Directive D-2026-Case Management-001 is particularly helpful on this issue.

DDS explains that, under WIC § 4648(a)(6)(D)(i), the regional center's cost-effectiveness analysis involves the least costly available provider of comparable service, a provider capable of accomplishing all or part of the IPP, and a service consistent with the particular needs of the individual and family identified in the IPP.

Each of those concepts matters here:

available;

comparable;

capable of accomplishing the relevant IPP need; and

consistent with the particular needs of Kaleb and his family.

Accordingly, if transferring 27 IHSS/WPCS hours to another provider is being proposed as the less costly alternative to additional respite, the analysis should not stop with:

27 hours of IHSS/WPCS costs less to ACRC than 27 hours of additional ACRC-funded respite.

The analysis should also ask:

Is an appropriate provider actually available?

Can that provider safely meet Kaleb's needs?

Will the proposed arrangement actually provide the caregiver relief being attributed to it?

Is the service functionally comparable for the particular need ACRC says it will replace?

Is it consistent with Kaleb's and the family's individualized circumstances?

The same individualized principle applies when considering Social Recreation Coaching.

Because Charity is both Kaleb's Social Recreation provider and his respite worker, the two services should not be treated as though they necessarily represent separate pools of caregiver availability simply because they are separately authorized services.

This does not reject cost-effectiveness.

It applies cost-effectiveness within the individualized framework DDS itself describes.

XXI. Requested Corrections and Reconsideration

Based upon the foregoing, we respectfully request that ACRC:

1. Correct Kaleb's IHSS resource figure to **278 hours per month effective October 1, 2026**, as documented by the current IHSS Notice of Action attached as Appendix E.
2. Correct the decimal conversion of 269 hours 20 minutes to approximately **269.33 hours**.
3. Correct the reconstructed original uncovered-hours calculation accordingly to approximately **96.67 hours per month**.
4. Identify the methodology used to calculate **132 hours per month of school**.
5. Review Appendix A's calculation of approximately **1,081.67 annual school hours and 90.14 average monthly hours** when annualized across 12 months, or explain why another methodology more accurately reflects the resource available to Kaleb.
6. Clarify whether parent-provided transportation was included in the school-resource calculation and, if so, explain why time during which we remain responsible for transporting and supervising Kaleb is treated as caregiver relief.
7. Apply WIC § 4646.4(a)(4) by considering both ordinary parental responsibility and Kaleb's extraordinary disability-related care, services, supports, and supervision needs. DDS specifically identifies both considerations as part of the required analysis.
8. Apply WIC § 4646.4(a)(5) by considering information from the family concerning service need, barriers to service access, and other relevant circumstances.

9. Continue to consider IHSS/WPCS and other appropriate generic resources consistent with WIC § 4659, while distinguishing between publicly funded caregiving performed by the parents and actual caregiver relief provided by another person.
10. Consider the statutory purposes of respite under WIC § 4690.2(a), including assisting family members in maintaining Kaleb at home and relieving family members from the constantly demanding responsibility of caring for him.
11. If transferring approximately 27 IHSS/WPCS hours is relied upon as an alternative source of caregiver relief, consider whether an appropriate, willing, available, and capable provider actually exists.
12. Consider actual barriers to obtaining such a provider rather than treating administrative transferability of IHSS/WPCS hours as proof that equivalent relief is readily available.
13. Clarify Robin's statement that the approximately-three-hours-per-day calculation "includes 120 hours per month of respite," because the authorization sustained by the decision is 120 hours per quarter.
14. Confirm whether the underlying calculation used approximately 40 hours per month corresponding to 120 quarterly hours, or 120 hours per month.
15. Consider the complete 2024 respite history documented in Appendix B.
16. Consider that the July 2024 180-hour authorization followed Ger Lor's discussion with her manager and was subsequently implemented.
17. Consider that when the authorization was later reduced from 180 to 120 following the Protective Supervision development, Ger advised that the matter would need to be restaffed with her manager and Associate Director.
18. Consider that Ger specifically requested our additional information before that staffing and that we supplied a detailed explanation concerning Kaleb's continuing caregiving needs, Protective Supervision, extraordinary supervision requirements, and the goal of sustaining his care in the family home.
19. Consider Ger's subsequent communication that Associate Director Kenisha Hurd supported returning Kaleb's respite to 180 hours per quarter.
20. Treat that history as relevant evidence rather than as a claim that a prior authorization permanently controls the current reassessment.
21. Identify what has materially changed in Kaleb's needs, family circumstances, generic resources, provider availability, or available supports that supports reducing the previously restored 180-hour authorization to 120 hours.
22. Recognize that the later school crisis explains the subsequent increase from 180 to 200 hours but does not, by itself, explain a reduction from 180 to 120.

23. Evaluate the extraordinary-event pathway separately from the maintain-in-the-home pathway, consistent with Appendix C, which identifies them as alternative grounds for an exception above ACRC's 120-hour quarterly level.
24. Evaluate the maintain-in-the-home pathway prospectively, including whether respite assists in sustaining Kaleb's intensive family-home caregiving arrangement, rather than requiring the family to first approach an actual breakdown of the home placement. We recognize that Appendix C describes an exception as time limited and therefore subject to reassessment; our request is that the current reassessment determine whether Kaleb continues to satisfy the maintain-in-the-home criterion based upon his circumstances today.
25. Consider Kaleb's April 8, 2026 IEP safety provisions, attached as Appendix D, as current objective school-based evidence concerning the extraordinary intensity of his supervision needs, including its requirements for designated 1:1 adult support, continuous line-of-sight supervision, sufficient proximity for immediate intervention, and active monitoring and redirection of safety hazards and unsafe behaviors.
26. Consider Appendix E as additional current evidence of the intensity and continuity of Kaleb's supervision needs, including his continued 45 hours and 2 minutes per week of Protective Supervision and the County's statement that he requires 24-hour supervision to avoid getting hurt.
27. Consider the prolonged absence or interruption of ABA, as previously reported to ACRC, as relevant context concerning the totality of supports actually available without treating ABA and respite as interchangeable.
28. Consider Social Recreation Coaching as an appropriate resource while recognizing that it is provided by Charity, who is also Kaleb's respite worker; distinguish authorized Social Recreation hours from actual utilization and actual caregiver relief; and avoid treating Social Recreation Coaching and respite as though they necessarily represent two independent sources of caregiver availability.
29. Apply WIC § 4512(b)'s individualized framework concerning needs, preferences, service options, effectiveness, and cost-effectiveness, as reiterated by DDS's March 5, 2026 directive.
30. Apply WIC § 4648(a)(6)(D)(i) and DDS's cost-effectiveness guidance by considering whether a proposed alternative is actually available, comparable, capable of accomplishing the relevant IPP need, and consistent with Kaleb's and his family's particular needs.
31. Consider the existence of two parents together with—not in place of—Robin's own acknowledgment that Kaleb's care needs are "far greater than the needs of a typical child."

32. Reconsider the conclusion that funding 200 hours would amount to protecting the family's maximum employment income. Our request concerns individualized disability-related need and actual caregiver relief, not preservation of IHSS/WPCS earnings.
33. Reconsider Kaleb's current request for **200 hours per quarter** based upon his circumstances as they exist today, rather than solely as continuation of the former school-crisis authorization.

XXII. Requested Resolution

Based upon the corrected record, WIC §§ 4512(b), 4646, 4646.4(a)(4)–(5), 4648, 4659, and 4690.2(a), ACRC's In-Home Respite Services Procedure attached as Appendix C, DDS Directive D-2026-Case Management-001, the historical evidence documented in Appendix B, the school-hours calculations documented in Appendix A, Kaleb's April 8, 2026 IEP 1:1 support and safety provisions attached as Appendix D, Kaleb's current IHSS Notice of Action documenting his 278-hour monthly authorization and continuing Protective Supervision attached as Appendix E, and the totality of Kaleb's current individualized circumstances, we respectfully request that ACRC reconsider the September 25, 2026 Informal Meeting Decision and continue Kaleb's respite authorization at **200 hours per quarter**.

This request does not ask ACRC to disregard generic resources.

It does not ask ACRC to disregard parental responsibility.

It does not ask ACRC to fund every uncovered hour.

It does not ask ACRC to preserve our IHSS/WPCS income.

Rather, it asks that all of these considerations be evaluated together.

WIC § 4659 supports utilization of generic resources. DDS likewise instructs regional centers to identify and pursue available generic funding sources.

WIC § 4646.4(a)(4) requires consideration of ordinary family responsibility while also requiring consideration of Kaleb's extraordinary disability-related care, services, supports, and supervision and timely access to that care.

WIC § 4646.4(a)(5) requires consideration of information concerning Kaleb's service needs and barriers to service access.

WIC § 4512(b), as summarized by DDS, requires the necessary services and supports to be determined through the individualized IPP process with consideration of needs, preferences, service options, effectiveness, and cost-effectiveness.

WIC § 4690.2(a) expressly recognizes that respite is intended to assist family members in maintaining the consumer at home and to relieve family members from the constantly demanding responsibility of caregiving.

And the current cost-effectiveness framework requires more than identifying the lowest theoretical cost. DDS explains that the alternative must involve an available provider of comparable service, be capable of accomplishing all or part of the IPP, and be consistent with the particular needs of the individual and family.

Applied together, these authorities support an individualized analysis rather than a single-factor determination.

Robin herself acknowledges:

“Kaleb’s care needs are great due to his developmental disabilities and blindness, and that they are far greater than the needs of a typical child.”

That finding is consistent with the other evidence.

Kaleb remains completely blind.

His autism and developmental delays continue.

His communication and safety limitations continue.

His Protective Supervision continues.

His April 2026 IEP, attached as Appendix D, provides objective school-based documentation of unusually intensive continuous 1:1 safety and supervision needs, including continuous line-of-sight supervision and sufficient proximity to permit immediate intervention when needed.

Appendix E independently confirms that those extraordinary supervision needs remain current outside the school setting as well. **His IHSS authorization effective October 1, 2026 continues 45 hours and 2 minutes per week of Protective Supervision and expressly states that he needs 24-hour supervision to avoid getting hurt.**

As previously reported to ACRC, ABA has remained unavailable or interrupted for an extended period.

And the parents continue to provide substantial caregiving even after all identified resources are counted.

The corrected resource calculation reinforces this point.

Even at 200 hours per quarter, approximately **103.19 hours per month—or 3.39 hours per day on average—remain uncovered under the same resource-mapping framework.**

We are not asking ACRC to fund those remaining hours.

They remain substantial family responsibility.

That is precisely why our request should not be understood as an effort to shift all responsibility for Kaleb’s care to public programs.

We are requesting approximately **6.15 additional respite hours per week** beyond the proposed 120-hour level.

And compared with Kaleb's previously restored 180-hour authorization, the requested 200-hour level represents only approximately **1.54 additional hours per week**.

We respectfully submit that this amount is reasonable to consider in light of the intensity and continuity of Kaleb's disability-related care.

The historical record further strengthens the need for reconsideration.

Appendix B demonstrates that 180 hours did not originate from the later school crisis.

ACRC had already authorized that level.

When ACRC subsequently sought to reduce it following the Protective Supervision development, the family raised substantially the same conceptual concern now before ACRC: Protective Supervision compensation had not reduced Kaleb's underlying care needs or created equivalent caregiver relief.

Ger specifically requested our additional information before restaffing.

We supplied it.

The issue proceeded through management and the Associate Director.

Ger then informed us:

"The AD supports the respite to be back at 180hrs/qtr. It will be reassessed again annually in September 2025."

Again, we do not contend that this permanently establishes 180 hours.

We do not claim to know every consideration underlying Associate Director Kenisha Hurd's decision.

And we do not contend that the prior decision prevents ACRC from reassessing Kaleb now.

We ask that the history be given its appropriate evidentiary weight.

The later school crisis then resulted in the additional increase from 180 to 200 hours.

Kaleb's return to school therefore provides a logical basis for ACRC to reconsider the additional 20 hours associated with that circumstance.

But it does not, without further analysis, explain the separate 60-hour reduction from the previously restored 180 hours to 120 hours.

If ACRC remains unwilling to continue 200 hours, we therefore alternatively request that ACRC specifically explain:

What has materially changed in Kaleb’s needs, family circumstances, generic resources, actual caregiver relief, provider availability, or other available supports that now makes 120 hours appropriate when ACRC previously reconsidered and restored 180 hours after Protective Supervision had already been approved?

We also respectfully request reconsideration of Robin’s conclusion:

“I have seen no information to suggest that Kaleb requires the additional respite in order to remain in his home.”

The historical record assembled in Appendix B contains information directly relevant to that issue.

In October 2024, immediately before Ger’s management staffing, we expressly explained that the services sought for Kaleb were intended to keep him in the appropriate and least restrictive environment at home with his family.

That statement should not be overstated as proof that the Associate Director formally found the maintain-in-the-home exception satisfied.

But neither should it be overlooked.

More fundamentally, WIC § 4690.2(a) itself identifies assisting families in maintaining a consumer at home as a purpose of respite.

We therefore respectfully submit that the maintain-in-the-home inquiry should consider sustainability prospectively, rather than requiring evidence that the family has already reached a point of impending breakdown before additional respite can be considered necessary.

Kaleb remains at home because his family continues to provide the extraordinary care and supervision he requires.

The success of that arrangement should not itself become evidence that support is unnecessary.

The relevant question is whether the requested support reasonably helps sustain that arrangement over time.

We also request clarification regarding Robin’s statement that the approximately-three-hours-per-day calculation “includes 120 hours per month of respite.”

Because the formal decision sustains 120 hours per quarter, clarification is necessary to ensure the underlying calculation used the correct figure.

We further request that ACRC revise the calculation using Kaleb’s current 278 IHSS hours, as documented in Appendix E, explain the methodology underlying the 132 monthly school hours, reconcile that methodology with Kaleb’s actual annual school calendar, and clarify whether parent-provided transportation was counted as caregiver relief.

These issues are raised based upon the resource information ACRC had previously identified as underlying its assessment. We are not presenting Sara's explanation of those figures as newly obtained information; rather, we are reviewing the methodology and conclusions reflected in the record in response to Robin's September 25 decision.

If ACRC continues to rely upon transferring approximately 27 IHSS/WPCS hours to another provider, we ask that the analysis include actual provider availability and Kaleb's individualized needs. This is consistent with § 4646.4(a)(5)'s consideration of barriers to service access and DDS's cost-effectiveness framework requiring an available, comparable service consistent with the particular needs of the individual and family.

We further ask that Social Recreation Coaching be considered accurately within that individualized assessment. We agree that it is an available resource and that actual caregiver relief occurring during those services may appropriately be considered. At the same time, Charity is both Kaleb's Social Recreation provider and his respite worker. Those two separately authorized services therefore should not be treated as though they necessarily represent two independent caregiver resources or two separate pools of provider availability. Their actual utilization, purpose, practical effect, and Charity's overall availability should be considered.

Finally, we respectfully request reconsideration of the conclusion that continued 200-hour respite would protect our:

"maximum employment income at the expense of public funds."

That is not what we are asking ACRC to do.

We recognize that IHSS and WPCS are public resources.

We recognize that those resources must be considered.

We recognize that another provider could potentially provide some of those services.

And we recognize that if another appropriate provider actually assumes those hours and relieves us from caregiving, that relief should be considered.

Our narrower point is that **compensation for caregiving is not itself caregiver relief.**

When we provide Kaleb's IHSS/WPCS services, we remain the caregivers.

That fact does not mean IHSS should be ignored.

It means the resource should be characterized accurately.

Likewise, the existence of separately authorized Social Recreation Coaching does not mean that its purpose or practical effect should be ignored. It means that the service should be characterized accurately—including the fact that the individual providing that service, Charity, is also the individual upon whom Kaleb's respite services presently rely.

Our goal remains the same as it has throughout our communications with ACRC: **to maintain Kaleb safely and sustainably in his family home while recognizing our parental**

responsibilities, utilizing available generic resources, and obtaining the individualized disability-related support reasonably necessary in light of his extraordinary care and supervision needs.

For these reasons, we respectfully request that ACRC reconsider the September 25 Informal Meeting Decision and continue Kaleb's respite authorization at **200 hours per quarter**.

If ACRC does not agree that the current record supports 200 hours, we alternatively request that ACRC reconsider the reduction below the previously restored **180 hours per quarter** and specifically explain the individualized factual basis for concluding that the circumstances that supported 180 no longer support that level.

Thank you for considering this response and the supporting documentation.

Respectfully,



Yang Xiong
Father of Kaleb Xiong



Mary Xiong
Mother of Kaleb Xiong

Attachments

Appendix A — Calculation of Kaleb's Average Monthly School Hours — 2026–2027 School Year

Appendix B — 2024 ACRC Correspondence Regarding Kaleb Xiong's 180-Hour Respite Authorization

Appendix C — ACRC In-Home Respite Services Procedure

Appendix D — Kaleb Xiong April 8, 2026 IEP — 1:1 Support and Safety Provisions

Appendix E — IHSS Notice of Action Documenting Kaleb Xiong's Current 278-Hour Monthly Authorization