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UNITED STATES DEPARTMENT OF EDUCATION

Office of Special Education and Rehabilitative Services

Rehabilitation Services Administration

Washington, DC 20202

**ANNUAL REPORT ON APPEALS PROCESS**

State & Agency **California State Department of Rehabilitation**

**[x]** General/Combined **[ ]** Blind Fiscal Year **FFY 2023-2024**

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| **I. MEDIATION:** |
| **A. Requests for Mediation:** |
| 1. Pending requests for mediation, October 1 (carryover from prior fiscal year) | 6 |
| 2. New requests for mediation since October 1 | 67 |
| 3. Total requests for mediation this fiscal year (I.A1+I.A2) | 73 |
| **B. Disputes Resolved during Mediation Process:** |
| 1. Disputes settled prior to the development of a written mediation agreement | 26 |
| 2. Disputes resulting in a written mediation agreement | 10 |
| 3. Total disputes resolved during mediation process (I.B1+I.B2) | 36 |
| 4. Disputes **not** resolved during mediation process | 22 |
| **C. Mediation Requests Carried Over:** |
| 1. Mediation requests pending resolution, September 30 (I.A3-I.B3-I.B4) | 15 |
| **II. IMPARTIAL HEARING PROCESS:** |
| **A. Requests for Impartial Hearings:** |
| 1. Pending impartial hearing requests, October 1 (carryover from prior fiscal year) | 10 |
| 2. New requests for impartial hearings since October 1 | 84 |
| 3. Total requests for impartial hearings this fiscal year (II.A1+II.A2) | 94 |
| 4. Number from Line II.A3 which had also been through the mediation process this fiscal year | 55 |
| **B. Disputes Resolved during Impartial Hearing Process:** |
| 1. Disputes resolved without IHO decision | 38 |
| 2. IHO decisions favoring the individual | 2 |
| 3. IHO decisions favoring the agency | 23 |
| 4. Total IHO decisions (II.B2+II.B3) | 25 |
| 5. Total disputes resolved during impartial hearing process (II.B1+II.B4) | 63 |
| 6. Disputes **not** resolved during impartial hearing process | 9 |
| **C. Impartial Hearing Requests Carried Over:** |
| 1. Impartial hearing requests pending, September 30 (II.A3-II.B5-II.B6) | 22 |
| **III. REVIEW OF IHO DECISIONS:*****Has your agency established a process for review of IHO decisions?*** **[ ] *Yes* [x] No** ***NOTE: If no, skip Section III.*** |
| **A. Requests for Review of IHO Decisions:** |
| 1. Requests for review of IHO decisions in process, October 1 (carryover from prior fiscal year) |  |
| 2. New requests for review of IHO decisions since October 1 |  |
| 3. Total requests for review of IHO decisions this fiscal year (III.A1+III.A2) |  |

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| **B. Reviews of IHO Decisions Completed:** |
| 1. IHO decisions favoring the individual sustained |  |
| 2. IHO decisions favoring the individual reversed |  |
| 3. IHO decisions favoring the agency sustained |  |
| 4. IHO decisions favoring the agency reversed |  |
| 5. Total reviews of IHO decisions completed (Sum of III.B1 through III.B4) |  |
| 6. IHO decisions **not** reviewed (II.B4-III.B5) |  |
| **C. Reviews of IHO Decisions Carried Over:** |
| 1. Reviews of IHO decisions pending, September 30 (III.A3-III.B5) |  |
| **IV. CIVIL ACTIONS:** |
| **A. Civil Actions Filed:** |
| 1. Civil actions pending, October 1 (carryover from prior fiscal year) | 3 |
| 2. New civil actions filed this fiscal year | 0 |
| 3. Total civil actions this fiscal year (IV.A1+IV.A2) | 3 |
| **B. Civil Actions Resolved:** |
| 1. Civil actions resolved in individual's favor (sustaining final administrative decision) |  |
| 2. Civil actions resolved in individual's favor (reversing final administrative decision) | 1 |
| 3. Civil actions resolved in agency's favor (sustaining final administrative decision) | 2 |
| 4. Civil actions resolved in agency's favor (reversing final administrative decision) |  |
| 5. Total civil actions resolved (Sum of IV.B1 through IV.B5) | 3 |
| 6. Civil actions **not** resolved | 0 |
| **C. Civil Actions Carried Over:** |
| 1. Civil actions pending, September 30 (IV.A3-IV.B5-IV.B6) |  0 |
| **V. TYPES OF COMPLAINTS/ISSUES INVOLVED IN DISPUTES:** | **Mediation (a)** | **Impartial Hearings (b)** | **Reviews of IHO****Decisions** **(c)** | **Civil Actions (d)** |
| 1. Applicant eligibility for VR | 3 | 3 |  |  |
| 2. Nature/contents/scope of IPE | 24 | 39 |  | 2 |
| 3. Quality of counseling services | 26 | 36 |  | 1 |
| 4. Delivery/quality of other VR services | 9 | 10 |  |  |
| 5. Cost of services | 24 | 29 |  |  |
| 6. Termination of services/service record closure | 9 | 9 |  |  |
| 7. All other complaints/issues | 25 | 39 |  | 1 |

**VI. DESCRIPTION OF DUE PROCESS PROCEDURES** (See instructions)

**VII. FINAL IHO AND REVIEW DECISIONS** (See instructions)

Person to contact if questions arise about this form (print name): Cruz Fresquez Phone: 916-558-5860 E-mail address (if applicable) cruz.fresquez@dor.ca.gov

Authorized Signature [Joe Xavier digital signature] Date 11-21-2024

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