BEFORE THE
OFFICE OF ADMINISTRATIVE HEARINGS
STATE OF CALIFORNIA

In the Matter of:

CLAIMANT

and

FRANK D. LANTERMAN REGIONAL CENTER, Service Agency

DDS No. CS0036651

OAH No. 2026050732

DECISION

Thomas Heller, Administrative Law Judge, Office of Administrative Hearings, State of California, heard this matter on July 1, 2026, in Los Angeles, California.

Claimant was represented by his mother. The names of Claimant and his family members are not used in this decision for privacy reasons.

Mirka Guerrero, Fair Hearing and Compliance Coordinator, represented the Frank D. Lanterman Regional Center (FDLRC).

Oral and documentary evidence was received. The record was closed, and the matter was submitted for decision on July 1, 2026.

ISSUE

Whether FDLRC must reimburse Claimant for the costs of family therapy services from April 2025 through April 2026.

EVIDENCE RELIED UPON

FDLRC's evidence: exhibits 1 through 34; testimony of Rachel Acosta and Katy Granados.

Claimant's evidence: exhibits 101 through 146; testimony of Claimant's mother.

FACTUAL FINDINGS

Background

1. The Department of Developmental Services (Department) administers the Lanterman Developmental Disabilities Services Act (the Lanterman Act or the Act) to ensure that necessary services and supports are provided to persons with developmental disabilities to help them lead more independent, productive, and normal lives. (Welf. & Inst. Code, § 4500.) FDLRC is one of 21 nonprofit regional centers established by the Act to "evaluate the developmentally disabled persons (whom the Act calls 'consumers'), develop individually tailored plans for their care, enter into contracts with direct service providers to provide the services and support set forth in the plans, and monitor the implementation of those contracts and the consumers' plans. [Citations.]" (*Shalghoun v. North Los Angeles County Regional Center, Inc.* (2024) 99 Cal.App.5th 929, 937.) Each regional center serves consumers

within a particular geographic area of the state known as a "service catchment area," as specified in a contract with the Department. (Welf. & Inst. Code, §§ 4620, subd. (a), 4640, subd. (a); Cal. Code Regs., tit. 17, § 54302, subd. (a)(58).)

2. Claimant is a 19-year-old man who is eligible for regional center services due to a diagnosis of autism spectrum disorder. He has also been diagnosed with major depressive disorder, generalized anxiety disorder, and attention-deficit hyperactivity disorder. Claimant lives within FDLRC's catchment area with his mother and father, who have been appointed as his conservators. He has been a regional center consumer since he was a young child. Over the years, FDLRC has funded various Lanterman Act services and supports for Claimant through his Individual Program Plan (IPP), but family therapy has never been one of them. Claimant's most recent IPP was approved in April 2023 and amended several times in 2024 and 2025. (Exhibit 3.)

3. In December 2023, Claimant had a panic attack at the local private school he attended, which led to several school-recommended mental health referrals and assessments. On December 19, 2023, his mother requested a total of $6,600 from FDLRC as reimbursement for a neuropsychological assessment, a psychiatric evaluation, and "ongoing visits" for psychiatric services. (Exhibit 29.) Claimant's mother requested a decision from FDLRC within 30 days, while also stating "we cannot wait on this matter as [Claimant] has expressed thoughts of hurting himself." (*Ibid.*) She also reported that Claimant had exited out of special education services in his public school district in 2017 under a settlement agreement she reached with the district, which she contended made FDLRC the "payor of last resort." (*Ibid.*)

4. At FDLRC's request, Claimant's mother provided a consent form to allow FDLRC to obtain relevant documents from the public school district. In February 2024, before FDLRC's decision on the reimbursement request, she submitted paid invoices to

FDLRC for the neuropsychological and psychiatric services. On February 27, 2024, FDLRC sent Claimant's mother a Notice of Action denying the reimbursement request on the grounds that FDLRC did not pre-authorize the services; no exception to the pre-authorization requirement applied; Claimant's mother did not document that she had first requested funding from the public school district or Claimant's Medi-Cal insurance plan; and the services were not required to meet the goals in Claimant's IPP. (Exhibit 28.) Claimant's mother did not appeal that Notice of Action.

5. In May 2024, Claimant's mother contacted his private school to request recommendations for an Intensive Outpatient Program (IOP) for Claimant due to continued concerns about his mental health. (Exhibit 5.) In July 2024, Claimant's mother enrolled Claimant in an IOP through a company named Clear Behavioral Health, and subsequently requested reimbursement from FDLRC for the cost of the program. (Exhibits 6, 22.) Claimant's mother explained that the IOP services were necessary to ensure Claimant's health and safety because he was suffering from suicidal ideation and other mental health disorders.

6. FDLRC's clinical team requested additional information and referred Claimant's request to Leslie Richard, M.D., a psychiatrist, for further consultation. (Exhibits 7, 8, and 9.) After meeting with Claimant's mother, Dr. Richard recommended that FDLRC fund the IOP for Claimant as a one-time exception for an emergency service. In January 2025, FDLRC reimbursed the family in the amount of $14,999 for IOP services provided to Claimant from July 8, 2024 to November 15, 2024. (See Exhibit 3, p. A17.)

7. In February 2025, Claimant's parents held an IPP meeting with Claimant's service coordinator at FDLRC. At the end of the meeting, the service coordinator prepared and signed a form that referenced "conversion respite" and no other services

and supports, which Claimant's parents signed with the statement, "This certifies only attendance." (Exhibit 4.) After the meeting, Claimant's mother prepared a document entitled "My Individual Program Plan" that listed a variety of other services and supports to be funded by FDLRC, including the statement, "Lanterman to fund family therapy." (Exhibit 140.) However, FDLRC did not sign that document.

8. In March 2025, FDLRC assigned a new service coordinator for Claimant at the family's request. On March 11, 2025, Claimant's mother emailed the new service coordinator, Rachel Acosta, about a reimbursement request for family therapy and other matters, stating, "We would like to move forward a[nd] ask for the following services . . . Reimbursement for weekly family therapy sessions starting March 24, 2025, as neither Medi-Cal nor Department of Mental Health covers this service." (Exhibit 11, p. A70.) On March 14, 2025, Ms. Acosta informed Claimant's mother that a clinical review would be needed and Claimant's mother replied, "we will wait to hear from you about family therapy." (*Id.* at p. A69.) On May 29, 2025, Ms. Acosta emailed Claimant's mother stating, "I apologize, I still haven't met with the clinical department to request reimbursement for family therapy. I will schedule this hopefully by next week, depending on the Clinical Team[']s schedule." (*Id.* at p. A68.)

9. In June 2025, Claimant's mother signed an IPP amendment in which FDLRC agreed to fund up to 10 hours per month of psychological sessions for Claimant with Dr. Richard for six months. (Exhibit 4, p. A29.) Claimant's mother emailed Dr. Richard asking if the sessions could include family therapy, but Dr. Richard did not respond to that question, and Claimant's mother was never able to schedule any therapy for Claimant with Dr. Richard, who belatedly offered sessions only during school hours. In October 2025, Claimant's mother emailed Ms. Acosta that "[d]ue to delay in services [with Dr. Richard], I would like to readdress getting reimbursement for

[Claimant's] family therapy. It is essential that he continue some sort of therapy with us parents, since he is no longer getting intensive therapy and is still on the waiting list for ABA [i.e., Applied Behavior Analysis therapy]." (Exhibit 125, p. B122.) Ms. Acosta replied that she would reach out to her manager and to Dr. Richard.

10. In December 2025, Ms. Acosta reported that she met with FDLRC's Autism Team to request funding for family therapy, and the team asked for additional information and recommended that Claimant's mother consult a developmental-behavioral pediatrician to discuss Claimant's needs and service options. (Exhibit 14, p. A78.) On February 5, 2026, Claimant's mother emailed Ms. Acosta again requesting family therapy reimbursement, stating "[i]t was recommended in [Claimant's] exit report from his Intensive Outpatient Program, and we have been seeing his counselor that he worked with at the IOP since November 2024." (Exhibit 129.) Subsequently, Claimant's mother submitted a paid invoice for $250 for a psychotherapy session on March 18, 2026, in support of the reimbursement request.

11. On April 30, 2026, Ms. Acosta emailed Claimant's mother that FDLRC was denying the request for family therapy services reimbursement because "you have not exhausted your generic resources. [Claimant] can receive counseling services through private health insurance." (Exhibit 132.) FDLRC also denied other reimbursement requests that were pending at the time, none of which are at issue in this appeal. (*Ibid.*) On May 7, 2026, FDLRC sent a Notice of Action for the denial of reimbursement for family therapy services, explaining that regional centers "are not allowed to provide retroactive reimbursement for services that were not pre-approved, except in very limited circumstances. Your request does meet the requirements for an exception because ongoing family therapy is not an emergency service and [Claimant's] mental health was stable when he completed his IOP program in November 2024." (Exhibit 1.)

As additional grounds for denial, FDLRC stated that the IOP exit report did not recommend family therapy; Claimant's mother did not exhaust generic resources before seeking reimbursement; the funding is not cost-effective due to the availability of generic resources and parental responsibility; and regional centers cannot purchase mental health services for consumers' parents or conservators. (*Ibid.*)

12. On May 13, 2026, Claimant's mother appealed the Notice of Action, contending that FDLRC "did not approve or deny reimbursement for family therapy . . . for over one year;" there were no generic resources available for such therapy; parent training is an allowable service and support under the Lanterman Act; Claimant's ABA therapy had been on hold, which deprived him of a continuum of care; and there was no timely discussion by FDLRC regarding family therapy. (Exhibit 2.) A mediation in early June 2026 did not resolve the appeal.

13. Claimant recently graduated from high school. In early June 2026, he transitioned from the traditional model of receiving services and supports from FDLRC to the Self-Determination Program. The Self-Determination Program is a voluntary program under the Lanterman Act that allows participants and their families to have an annual budget for services and supports to meet the objectives of the participant's Individual Program Plan (IPP). (See Welf. & Inst. Code, § 4685.8.) The reimbursement request at issue is limited to amounts incurred before the transition.

Hearing

14. The parties offered documents establishing the facts described above, and FDLRC called Ms. Acosta and Katy Granados, the Assistant Director of Client and Family Services, to testify in support of the Notice of Action. Ms. Acosta acknowledged a delay of FDLRC in issuing the May 2026 Notice of Action about the reimbursement

request. Ms. Acosta also testified that the "My Individual Program Plan" document that Claimant's mother prepared was not Claimant's IPP because FDLRC did not finalize and approve it.

15. Ms. Granados testified the reimbursement request did not meet the standards for retroactive authorization and payment because FDLRC did not pre-approve the services, and retroactive authorization is only available for emergency services under limited circumstances. FDLRC reimbursed the costs of the IOP as an emergency service, but FDLRC does not view the requested family therapy after the IOP ended as an emergency service.

16. Claimant's mother testified that Claimant desperately needed help and was suicidal when she initially contacted FDLRC in late 2023 about Claimant's mental health. The family needed to make quick decisions to save his life. According the Claimant's mother, the IOP included family therapy, which was also part of Claimant's exit plan from that program in November 2024. She first requested reimbursement for family therapy from FDLRC in March 2025, and the family decided to start that therapy in April 2025 because the family could not wait for FDLRC any longer. Since then, FDLRC has not timely responded to her repeated reimbursement requests. She requests reimbursement for family therapy sessions between April 2025 and April 2026, totaling about $5,000 at $250 per session.

Analysis of Evidence

17. Considering the evidence, the family therapy services at issue were not shown to be emergency services. Family therapy provided over the course of a year seems unlikely to be an emergency service, and the evidence presented does not prove otherwise. This is particularly true when the therapy at issue took place months

after Claimant's exit from the IOP, which FDLRC funded. Furthermore, FDLRC did not pre-approve the family therapy; Claimant's mother began the therapy without FDLRC's approval, despite telling Ms. Acosta in March 2025 that she would wait to hear from FDLRC. Claimant's IPP also does not include approval for the services; the "My Individual Program Plan" document that Claimant's mother prepared was not finalized and approved. Claimant's IPP from 2023 and subsequent amendments do not state that FDLRC will pay for the family therapy services.

18. These facts are dispositive of this appeal, notwithstanding the claimed delays of FDLRC in responding to the reimbursement requests in 2025 and 2026, which FDLRC's witnesses did not contest. The delay in responding is not a justification for retroactive reimbursement for non-emergency services, as discussed below.

LEGAL CONCLUSIONS

Legal Standards

1. Disputes about the rights of disabled persons to receive services and supports under the Lanterman Act are decided under the fair hearing and appeal procedures in the Act. (Welf. & Inst. Code, § 4706, subd. (a).) "'Services and supports for persons with developmental disabilities' means specialized services and supports or special adaptations of generic services and supports directed toward the alleviation of a developmental disability or toward the social, personal, physical, or economic habilitation or rehabilitation of an individual with a developmental disability, or toward the achievement and maintenance of an independent, productive, and normal life." (Welf & Inst. Code, § 4512, subd. (b).) The determination of Claimant's services and supports "shall be made on the basis of the needs and preferences of the consumer or,

when appropriate, the consumer's family, and shall include consideration of a range of service options proposed by individual program plan participants, the effectiveness of each option in meeting the goals stated in the individual program plan, and the cost-effectiveness of each option." (*Ibid.*; see also Welf. & Inst. Code, § 4646, subd. (a).)

2. As relevant here, the services and supports listed in an IPP may include "mental health services," "counseling of the individual with a developmental disability and of the individual's family," and "training for parents of children with developmental disabilities." (Welf & Inst. Code, § 4512, subd. (b).) When funding services and supports, regional centers shall ensure "[u]tilization of generic services when appropriate" (Welf. & Inst. Code, § 4646.4, subd. (a)(2)), and the provision of resources must "reflect the cost-effective use of public resources" (Welf. & Inst. Code, § 4646, subd. (a)). The Lanterman Act requires regional centers to control costs so far as possible and to conserve resources that must be shared by many consumers. (See, e.g., Welf. & Inst. Code, §§ 4640.7, subd. (b), 4651, subd. (a), 4659, and 4697.)

3. When purchasing services and supports, "[a] purchase of service authorization shall be obtained from the regional center for all services purchased out of center funds." (Cal. Code Regs., tit. 17, § 50612, subd. (a).) "The authorization shall be in advance of the provision of service, except as follows: [¶] (1) A retroactive authorization shall be allowed for emergency services if services are rendered by a vendored service provider: [¶] (A) At a time when authorized personnel of the regional center cannot be reached by the service provider either by telephone or in person (e.g., during the night or on weekends or holidays); [¶] (B) Where the service provider, consumer, or the consumer's parent, guardian or conservator, notifies the regional center within five working days following the provision of service; and [¶] (C) Where

the regional center determines that the service was necessary and appropriate." (*Id.*, subd. (b).)

4. Claimant's mother contends that FDLRC should reimburse her for the costs of family therapy services for Claimant, which FDLRC has not agreed to fund in the past. As the party proposing to change the status quo, Claimant bears the burden of proving the change is justified. (See Evid. Code, § 500; *In re Conservatorship of Hume* (2006) 140 Cal.App.4th 1385, 1388.) The burden of proof requires proof by a preponderance of the evidence, because nothing in the Lanterman Act or another law provides otherwise. (Evid. Code, § 115 ["Except as otherwise provided by law, the burden of proof requires proof by a preponderance of the evidence."].)

Analysis

5. The evidence presented does not show a basis for granting this appeal. FDLRC did not pre-approve the services, and the family therapy services at issue were not shown to be emergency services. Therefore, the criteria for retroactive authorization and payment for emergency services under California Code of Regulations, title 17, section 50612 are not met. These facts are dispositive of this appeal, notwithstanding the claimed delays of FDLRC in responding to the reimbursement requests of Claimant's mother in 2025 and 2026. The claimed delays are not a recognized basis for retroactive authorization and payment for non-emergency services under the regulation.

6. FDLRC also contends that the reimbursement request should be denied for a variety of other reasons, which Claimant's mother disputes. Those additional disputes need not be decided given the dispositive facts described above.

ORDER

Claimant's appeal is denied.

DATE:

THOMAS HELLER
Administrative Law Judge
Office of Administrative Hearings

NOTICE

This is the final administrative decision. Each party is bound by this decision. Either party may request reconsideration pursuant to subdivision (b) of Welfare and Institutions Code section 4713 within 15 days of receiving the decision, or appeal the decision to a court of competent jurisdiction within 180 days of receiving the final decision.