

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

In the Matter of:

CLAIMANT

and

SOUTH CENTRAL LOS ANGELES REGIONAL CENTER,

Service Agency.

DDS No. CS0015732

OAH No. 2024040728

DECISION

Taylor Steinbacher, Administrative Law Judge, Office of Administrative Hearings, State of California, heard this matter via videoconference on April 1, 2025.

Tami Summerville, Fair Hearings Manager, appeared and represented South Central Los Angeles Regional Center (SCLARC).

Claimant's mother (Mother) appeared and represented Claimant, who was not present. Names are omitted to protect the privacy of Claimant and his family. Mother was assisted by Spanish-language interpreters during the hearing.

Oral and documentary evidence was received. The record was closed, and the matter was submitted for decision on April 1, 2025.

ISSUE

Is SCLARC required to fund, or reimburse Claimant for, the cost of his orthodontic braces?

EVIDENCE RELIED UPON

Documents: SCLARC Exhibits 1-6.

Witnesses for SCLARC: Candy Rodriguez; Dr. Samatha Rowles; Dr. Mitra Rouintan.

Witness for Claimant: Mother.

FACTUAL FINDINGS

Parties and Jurisdiction

1. Claimant is an unconserved, 20-year-old man who lives with his parents and siblings in the catchment area served by SCLARC.
2. SCLARC is a regional center designated by the Department of Developmental Services (DDS) to provide funding for services and supports to persons with developmental disabilities under the Lanterman Developmental Disabilities Services Act (Lanterman Act). (Welf. & Inst. Code, § 4500 et seq.)

3. Claimant receives services and supports from SCLARC based on a qualifying diagnosis of Autism Spectrum Disorder (ASD). In connection with the services and supports Claimant receives from SCLARC, Mother requested that SCLARC fund the costs of Claimant's orthodontic braces, and later, once he had already received them, to reimburse her for those orthodontic braces. On February 8, 2024, SCLARC sent Claimant a Notice of Action denying Claimant's request for SCLARC to fund, or reimburse Claimant for, the cost of his orthodontic braces. (Ex. 1, pp. A13–A16.) That same month, SCLARC sent Claimant two additional letters explaining the reasons for the denial. (*Id.* at pp. A8–A11.) On April 12, 2024, Mother filed a fair hearing request appealing SCLARC's denial. (*Id.* at pp. A5–A7.) This hearing ensued.

SCLARC's Evidence

SCLARC's FUNDING STANDARDS FOR DENTAL CARE

4. SCLARC's Funding Standards for Medical/Dental/Laboratory Services (Funding Standards), approved by DDS on October 18, 2010, provides the regional center's policies for funding those types of medical services for its consumers. (Ex. 5.) The Funding Standards provide that

SCLARC shall not fund the general health care needs of its consumers unless special circumstances exist. Parents are generally expected to provide for the medical and health care of their children. SCLARC will assist consumers and families in accessing services through existing health care resources. These resources may include but are not limited to: private health insurance, Medi-Cal, Medicare, [California Children's Services (CCS)], [Child Health and Disability

Prevention Program/Early and Periodic Screening Diagnostic, and Treatment (EPSDT)], county health care services and fee for service providers. SCLARC shall not fund any medical or related services before existing generic resources for the service are explored. Consumers who are not covered by other generic resources should be referred to county health care facilities for their general medical needs.

[¶] . . . [¶]

Funding will be considered under the following conditions:

- 1) A consumer demonstrates an exceptional need that is directly related to the consumer's developmental disability (as defined by regional center eligibility criteria).
- 2) SCLARC will consider funding services that will be formally authorized prior to provision of the service. SCLARC will not fund services without such a prior authorization.
- 3) SCLARC will fund services at applicable Medi-Cal Statewide Maximum Allowance (SMA) rates. In general health care services not funded by Medi-Cal will not be funded by SCLARC.
- 4) SCLARC shall not purchase experimental treatments, therapeutic services or devices that have not been clinically

determined or scientifically proven to be effective or safe for which risks and complications are unknown.

[¶] . . . [¶]

It is recommended that most consumers have periodic medical evaluations (usually annually). However, this routine medical care as well as any acute or chronic medical care is expected to be provided by the health care system (e.g., Medi-Cal, Los Angeles County hospitals and public health centers, private insurance, CHDP, etc. and other generic sources). Therefore, these services would not be funded by the regional center. A similar expectation exists with regards to dental services.

(*Id.* at pp. A74–A76 [bolding omitted].)

CLAIMANT’S REQUEST FOR FUNDING

5. Candy Rodriguez was Claimant’s SCLARC service coordinator in July 2022. As Claimant’s service coordinator, Rodriguez was responsible for providing case management services to Claimant. On July 5, 2022, Rodriguez received a request from Mother for SCLARC to fund orthodontic braces for Claimant—Rodriguez was unaware of any previous similar requests made by Mother. Rodriguez told Mother that SCLARC needed a denial letter from Medi-Cal before SCLARC could consider the request. After receiving a Medi-Cal denial letter from Mother, Rodriguez forwarded Mother’s request to SCLARC’s clinical department for review.

6. On July 13, 2022, Rodriguez called Mother to tell her SCLARC needed Claimant to be evaluated by a dentist at a clinic in Pasadena to receive a second opinion regarding his orthodontic care needs. Mother told Rodriguez that she would look into it, but Rodriguez never heard back from Mother. SCLARC has no record that Claimant was ever evaluated by the dentist in Pasadena to receive a second opinion. Sometime after this, SCLARC transferred Claimant to a different service coordinator.

7. Samatha Rowles is a SCLARC program manager and has a doctorate in social work. In her role as program manager, Dr. Rowles supervises service coordinators, assists with day-to-day case management, and approves purchase of service agreements. In January 2024, Dr. Rowles supervised Claimant's most recent intake coordinator who received another request for funding for Claimant's braces from Mother. In that request, Mother requested that SCLARC pay the future costs of, and reimburse her for the money already spent on, Claimant's orthodontic braces which he had received in October 2023 from a dentist of Mother's choosing. In response to Mother's request, SCLARC again referred Claimant to the dental clinic in Pasadena for a second opinion regarding his orthodontic plan of care. SCLARC did not pre-authorize payment for Claimant's orthodontic braces before he received them, nor has SCLARC authorized reimbursement for them. SCLARC denied Mother's January 2024 request for SCLARC to fund, or reimburse Claimant for, the cost of Claimant's orthodontic braces because Claimant did not receive the second opinion as required by the regional center and because he received treatment before the regional center authorized it.

8. According to Dr. Rowles, Claimant can use his monthly Social Security benefit as a generic resource to pay for his braces.

ASSESSMENT OF CLAIMANT'S ORTHODONTIC NEEDS

9. Mitra Rouintan is a dentist who provides dental consulting services to SCLARC. Although Dr. Rouintan has never met or personally examined Claimant, she has reviewed the dental records submitted in support of his request for SCLARC to pay for his orthodontic braces. Dr. Rouintan characterized Claimant's orthodontic issues as "moderate" rather than "severe." She explained that if Claimant's orthodontic issues had been severe, Claimant likely would have met the requirements to have his orthodontic braces paid for by Medi-Cal.

10. Dr. Rouintan further explained there is no connection or correlation between a diagnosis of ASD and an increased risk of developing orthodontic deformities. For this reason, records from a neurologist, a speech pathologist, or some other medical professional indicating that Claimant's orthodontic issues were attributable to Claimant's ASD diagnosis would be necessary before SCLARC could fund orthodontic braces for Claimant. However, SCLARC has received no such records from Claimant.

Claimant's Evidence

MOTHER'S TESTIMONY

11. Mother wanted orthodontic braces for Claimant because he was embarrassed by his teeth and it was affecting him emotionally and socially. Claimant would cover his mouth when he smiled; if he laughed, he would occasionally hit himself in the stomach to stifle himself to avoid showing his teeth. When Mother received the Medi-Cal denial for Claimant's orthodontic braces, she did not understand why the request was denied because the denial letter just listed "numbers" or "codes." (See Ex. 3, pp. A45–A46.) Mother did not appeal the denial.

12. Mother first requested SCLARC pay for Claimant's orthodontic braces in December 2021 by speaking to Claimant's assigned service coordinator. SCLARC assigned Rodriguez to be Claimant's service coordinator sometime this request. Mother submitted a second request for funding for orthodontic braces to Rodriguez in July 2022. Mother understood she was required to have Claimant evaluated by the Pasadena dentist. However, Mother declined to take Claimant to Pasadena because the clinic was far from where Claimant and Mother live, Mother does not drive on the freeway, and because Claimant would not have wanted to be taken out of class for the appointment. Mother did not communicate these concerns to the regional center or request an evaluation closer to their home as she was unaware evaluation by another dentist was an option. Instead, Mother took Claimant to a dentist of her choosing who was closer to their home for him to receive orthodontic braces. During her hering testimony, Mother expressed frustration about the lack of written communication the regional center provided her concerning the prerequisites for SCLARC to pay for Claimant's orthodontic braces.

LEGAL CONCLUSIONS

The Lanterman Act

1. The Lanterman Act governs this case. (Welf. & Inst. Code, § 4500 et seq.) (All further undesignated statutory references are to the Welfare and Institutions Code.) The Legislature enacted the Lanterman Act to provide a pattern of facilities and services sufficiently complete to meet the needs of each person with developmental disabilities, regardless of age or degree of handicap, and at each stage of life. The purpose of the statutory scheme is twofold: To prevent or minimize the institutionalization of developmentally disabled persons and their dislocation from

family and community, and to enable them to approximate the pattern of everyday living of nondisabled persons of the same age and to lead more independent and productive lives in the community. (*Assn. for Retarded Citizens v. Dept. of Developmental Services* (1985) 38 Cal.3d 384, 388.)

2. DDS is the state agency charged with implementing the Lanterman Act; DDS, in turn, contracts with private, non-profit community agencies called "regional centers" to provide developmentally disabled persons with access to the services and supports best suited to them throughout their lifetime. (§§ 4416, 4620.)

3. Under the Lanterman Act, an administrative proceeding, also known as a "fair hearing," is available to determine the rights and obligations of regional centers and claimants when claimants disagree with a regional center decision. (§§ 4700-4717.)

4. Claimant timely requested a fair hearing, and jurisdiction for this case was established. (Factual Findings 1–3.)

Standard and Burden of Proof

5. The party proposing a change in existing services or asserting a new claim holds the burden of proof in administrative proceedings. (See, e.g., *In re Conservatorship of Hume* (2006) 140 Cal.App.4th 1385, 1388 [the law has "a built-in bias in favor of the status quo," and the party seeking to change the status quo has the burden "to present evidence sufficient to overcome the state of affairs that would exist if the court did nothing"].) The standard of proof for these proceedings is the preponderance of the evidence because no other law or statute, including the Lanterman Act, provides otherwise. (Evid. Code, § 115.) This standard is met when the party bearing the burden of proof presents evidence that has more convincing force

than that opposed to it. (*People ex rel. Brown v. Tri-Union Seafoods, LLC* (2009) 171 Cal.App.4th 1549, 1567.)

6. Here, Claimant bears the burden of proving by a preponderance of the evidence that SCLARC should be required to fund, or reimburse him for, the cost of his orthodontic braces.

Regional Center Funding for Dental Care

7. Regional centers are responsible for the cost-effective use of public resources. (§§ 4646, 4646.5, 4647, and 4648.) Regional centers must ensure “[u]tilization of generic services and supports when appropriate.” (§ 4646, subd. (a)(2).) Regional centers must identify and pursue all possible sources of funding for consumers receiving Lanterman Act services and supports. Those sources include, but are not limited to, “[g]overnmental or other entities or programs required to provide or pay the cost of providing services, including Medi-Cal, Medicare, the Civilian Health and Medical Program for Uniform Services, school districts, and federal supplemental security income and the state supplementary program.” (§ 4659, subd. (a)(1).)

8. With respect to the purchase of medical or dental services, section 4659 provides, in pertinent part,

Effective July 1, 2009, notwithstanding any other law or regulation, a regional center shall not purchase medical or dental services for a consumer three years of age or older unless the regional center is provided with documentation of a Medi-Cal, private insurance, or a health care service plan denial and the regional center determines that an appeal by the consumer or family of the denial does not

have merit. . . . Regional centers may pay for medical or dental services during the following periods:

(A) While coverage is being pursued, but before a denial is made.

(B) Pending a final administrative decision on the administrative appeal if the family has provided to the regional center a verification that an administrative appeal is being pursued.

(C) Until the commencement of services by Medi-Cal, private insurance, or a health care service plan.

(§ 4659, subd. (d)(1).)

Analysis

9. Claimant's diagnosis of ASD qualifies him to receive regional center services. But there is no evidence that Claimant's orthodontic condition is related to, or a consequence of, his ASD diagnosis. (Factual Finding 10.) Dr. Rouintan characterized Claimant's orthodontic issues as "moderate," and thus there is no evidence those issues demonstrate an "exceptional need" under the Funding Standards. (Factual Findings 4, 9.) In addition, SCLARC did not formally authorize funding for orthodontic braces before he received them in October 2023. (Factual Findings 7, 12.) Further, there is no evidence Claimant has exhausted other generic resources, including CCS, EPSDT, or a health care service plan, as required by the Funding Standards. Under these circumstances, SCLARC's Funding Standards do not allow it to fund, or reimburse Claimant for the cost of, his orthodontic braces.

10. Similarly, section 4659 generally prohibits SCLARC from paying for dental care, such as orthodontic braces, except during specific periods during the Medi-Cal appeals process, such as while coverage is being pursued or during the pendency appeal. But here, Claimant's orthodontic braces were installed in October 2023, well after coverage was being pursued, and no appeal of the Medi-Cal denial was filed. Under these circumstances, the regional center may not fund, or reimburse Claimant for the cost of, his orthodontic braces. (Legal Conclusion 8.)

11. Claimant has not met his burden of establishing by a preponderance of the evidence the Lanterman Act requires SCLARC to fund, or reimburse Claimant for, the cost of his orthodontic braces.

ORDER

Claimant's appeal is denied.

DATE:

TAYLOR STEINBACHER

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.