

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

In the Matter of:

CLAIMANT

and

FRANK D. LANTERMAN REGIONAL CENTER

Agency Case No. CS0024993

OAH No. 2025030429

DECISION

Thomas Lucero, Administrative Law Judge (ALJ), Office of Administrative Hearings, State of California, heard this matter by videoconference on September 11, 2025.

Cindy Lopez, Hearing Representative, represented the Frank D. Lanterman Regional Center (FDLRC or Service Agency). Mother represented Claimant. To preserve privacy, names of family members are not used.

This matter is governed by the Department of Developmental Services (DDS) and the Lanterman Developmental Disabilities Services Act, Welfare and Institutions Code sections 4500 through 4885 (Lanterman Act), and by implementing regulations.

Each regulation cited below is a section of title 17 of the California Code of Regulations.

Documents and testimony were received in evidence. The record was held open until September 22, 2025, for Claimant to provide additional documents and until September 29, 2025, for the Service Agency's response. On September 18, 2025, Claimant submitted an SLP Outpatient Pediatric Interim Evaluation and related documents signed by Speech-Language Pathologist (SLP) Amy Ganser on April 17, 2025. These documents were marked for identification as Exhibit A and admitted into evidence.

By letter dated September 24, 2025, the Service Agency moved for an extension of the September 29, 2025 deadline to respond to documents it received from Claimant on September 18, 2025, explaining that it needed additional time to obtain a clinical recommendation from its vendor. The extension was granted and the ALJ issued a Second Continuance Order for Evidence Only on October 1, 2025, continuing the hearing to October 20, 2025, for submission of the clinical assessment. On October 17, 2025, the Service Agency submitted SLP Donabedian's Speech-Language Consultation/Update Review dated September 26, 2025. This review was marked Exhibit 12 and admitted into evidence. Note that Exhibit 12 appears in Additional Documents in Case Center, pages Z1 to Z5.

In an October 17, 2025 letter, marked for identification as Exhibit 13, the Service Agency advised that it had reviewed SLP Ganser's April 17, 2025 updated evaluation and correspondence from Mother with other materials: an SLP Developmental Evaluation, a letter from Claimant's medical provider, documentation from OT Studios, and service statements from Rebecca Kidanian, M.S. CCC SLP. As the Service Agency

noted, Claimant's evidence submitted post-hearing confirmed that Claimant would benefit from speech therapy services.

The hearing was continued to October 27, 2025, for the taking of documentary evidence only. The record closed and the matter was submitted for decision on October 27, 2025.

STATEMENT OF THE CASE

Claimant contends the Service Agency should fund speech therapy sessions two to three times per week. The Service Agency contends generic sources, such as Claimant's private health insurance, make speech therapy available to Claimant and, as payor of last resort, the Service Agency may not fund such services.

FINDINGS OF FACT

1. The Service Agency served the Notice of Action (NOA), Exhibit 2, on February 6, 2025. The proposed action is set out on page A16: "FDLRC . . . did not approve your funding request for private speech therapy services in the amount of \$160.00 per session, two to three times per week, for [Claimant]." DDS received Claimant's timely appeal request on March 5, 2025.

2. Claimant, who recently turned five years old, is eligible for services based on a diagnosis of Autism, also called Autism Spectrum Disorder (ASD). She lives with her parents and two siblings. Mother signed Claimant's most recent Individual Program Plan (IPP) on April 1, 2024. Mother signed an Amendment to the IPP on

January 24, 2025. A description of Claimant's then current status in the Amendment states in part, Exhibit 4, page A30:

[Claimant] does not possess the functional verbal communication skills to express her wants and/or needs consistently. [Claimant] requires prompting and support with communicating appropriately, learning skills of daily living, and socialization with peers. Augmentative ATEC evaluation will determine if [Claimant] is eligible for AAC device to assist with improving her communication and generalizing these skills in naturalistic settings.

The Amendment states further, Exhibit 4, page A 31, that during the three-month period ending March 31, 2025, the Service Agency would "fund up to one unit of Augmentative ATEC evaluation for AAC device eligibility provided by Goodwill Industries" of Orange County. ATEC refers to the Autism Treatment Evaluation Checklist, used by parents and others to track ASD symptoms and progress in learning and communicating by the person with ASD. AAC refers to an Augmentative and Alternative Communication evaluation. An AAC device is a tool that assists with communication and may take many forms, such as a chart with letters or pictures to point to or a laptop or tablet computer.

3. An initial meeting regarding Claimant's Individualized Education Program (IEP) took place at the Los Angeles Unified School District (LAUSD) on November 3, 2023. The IEP states, Exhibit 7, page A46:

Through the Regional Center, [Claimant] received speech therapy 2 x per week for 45 minute sessions. In addition to

speech therapy, she received occupational therapy (OT) 2 x per week. Services ended on her 3rd birthday. After speech services ended, parent began paying privately for services two times per week for 45 minute sessions. [¶] . . . [¶]

Per the previous speech report, [Claimant] demonstrated delayed language comprehension and language expression skills. At the time of the assessment 5/15/23, her receptive skills had an age equivalency of 15-18 months with expressive language skills scattered up to age equivalency of 12-15 months. During the LAUSD evaluation, [Claimant] was not observed to use words for a variety of pragmatic functions (e.g. requesting repetition, requesting variety of actions or objects, and asking for help). An educational impact was identified.

Impact of Disability: Based on the current speech report by Gayle Slott Harris, M.A; CCC-SLP, speech delays will impact her ability to functionally communicate with adults and peers in a preschool program.

The IEP goes on to state, page A48: "Overall, [Claimant's] language skills are found to be in the below average range.

4. Claimant was found eligible for Special Education. The IEP includes a Language and Speech Services Certification (LAS Certification) that states, Exhibit 7, page A72:

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The IEP team has determined that speech and language related services and support are necessary for the student to benefit from Special Education. Speech and Language Services are necessary due to the results of a formal assessment, which indicates that the student demonstrates difficulty understanding or using spoken language to such an extent that it adversely affects his/her educational performance and cannot be corrected without speech and language related services.

5. Service Coordinator (SC) Abigail Adan reviewed the IEP quoted above, as she testified at the hearing. On January 29, 2025, SC Adan wrote, Exhibit 7, page A94, in the Interdisciplinary (ID) Notes that personnel of the Service Agency use to track events relating to clients:

SC met with RM [Regional Manager] (CG) [Caroline Garabedian] to discuss funding request for ST [Speech Theory] services. RM (CG) informed SC that request was discussed with funding committee [and] information provided by mother is insufficient. The committee recommended the family to access the community navigator program to aid with accessing generic resources. RM (CG) informed SC that NOA was requested by mother.

6. As she testified at the hearing, RM Garabedian had several discussions regarding Claimant's request for speech therapy services, including with Mother. In the ID Notes on January 31, 2025, RM Garabedian noted, Exhibit 7, page A94 to A95:

RM C.G. spoke with mother . . . this morning and discussed her request for speech therapy services. RM C.G. informed mother that [RM Garabedian] spoke with the regional center LA Care liaison . . . who informed that the best way to request any type of speech therapy, physical therapy, or occupational therapy is to request the list of contracted providers through child's pediatrician and pick a provider then ask the pediatrician to send the referral over to that provider. RM stated that can follow that process and if gets added to a wait list then RC can review an assessment/progress report by the speech therapist, confirm the need/frequency for the ST sessions and temporarily provide the services based on the recommendations pending wait list availability. Mother . . . stated that she is rejecting the offer and would like her [NOA] to appeal the decision.

Evaluation at Rancho Los Amigos

7. On March 20, 2025, a SLP Ganser, at Rancho Los Amigos, (RLA), Speech Therapy, Health Services of Los Angeles County, evaluated Claimant. SLP Ganser recommended, Exhibit 8, page A80:

Pt [patient, Claimant] requires speech therapy services for speech ineligibility and receptive and expressive language in order to improve pt's communication skills in the home and community.

Claimant could not proceed with the recommendation that she obtain speech therapy at RLA because its facility is in Downey, California, and Mother was unable to commute there. SLP Ganser noted that Claimant would benefit from in-home or in-person, rather than virtually provided, speech therapy. RLA could not provide such services, however, because, as SLP Ganser noted, page A80: "RLA Outpatient Speech Therapy is a medical facility whose primary goal is to treat children who have experienced onset of a medical condition and/or traumatic event requiring speech therapy services. We are only able to provide short term programs for children with developmental disabilities and/or Autism." SLP Ganser also recommended that Claimant continue school-based speech therapy as recommended by her IEP team.

8. SLP Ganser wrote in summary, Exhibit 8, page A81: "[Claimant] demonstrates a moderate articulation and phonological processing delay et this time based on Cluster Reduction and sound substitutions which make it difficult for others to understand her when she speaks. She is about 60% intelligible to a new listener."

9. A July 10, 2025 report by SLP Aimee Donabedian, MS, CCC-SLP, Smile Pediatric Therapy & Diagnostics, summarized her findings and made recommendations as stated in Exhibit 9, page A85:

Current recommendations noted Amy Genser SLP in pages 2-4 and 6-11 of the comprehensive speech and language evaluation report dated April 17, 2025 stated per the results of the evaluation, it is recommended that "Pt. [patient, Claimant] requires speech therapy services for speech intelligibility and receptive and expressive language in order to improve pt's communication skills in the home and community" and that [Claimant] "Continue school-based

speech therapy as recommended by IEP Team.” Based on her current levels of functioning, this recommendation continues to be valid for the next 6 months as suggested by the independent analysis conducted by Speech-Language Pathologist Aimee Donabedian.

10. SLP Donabedian wrote a Speech-Language Consultation/Update Review on September 26, 2025. She noted that Claimant continues to have speech and language delays. She concluded, Exhibit 12, page Z5:

[I]t is suggested that additional assessment/evaluation be conducted in the next reporting period to determine the severity of her articulation delay and to confirm or negate that she presents with characteristics associated with Childhood Apraxia of Speech (see specific suggestions in body of report.

11. Claimant did not present evidence to show a professional support for her request for two to three sessions per week of speech therapy services. There is no evidence that Claimant’s private speech therapist, or any SLP, made such a request or a similar recommendation.

LEGAL CONCLUSIONS

PRINCIPLES OF LAW

1. Under Evidence Code sections 115 and 300, the standard of proof in this matter is proof by a preponderance of the evidence. A service agency that seeks to

terminate funding it provides a consumer has the burden of demonstrating its decision is correct, because the party asserting a claim or making charges generally has the burden of proof in administrative proceedings. (See, e.g., *Hughes v. Board of Architectural Examiners* (1998) 17 Cal.4th 763, 789, fn. 9.)

2. Welfare and Institutions Code section 4646 provides:

(a) It is the intent of the Legislature that the [IPP] and provision of services and supports by the regional center system is centered on the individual and the family of the individual with developmental disabilities and takes into account the needs and preferences of the individual and the family, if appropriate. It is further the intent of the Legislature that the [IPP] be developed using a person-centered approach that reflects the needs and preferences of the consumer, and, as appropriate, their family. The services and supports provided by the regional center should assist each consumer in achieving their personal outcomes and life goals and promote inclusion in their community. It is the further intent of the Legislature to ensure that the provision of services to consumers and their families be effective in meeting the goals stated in the [IPP], reflect the preferences and choices of the consumer, and reflect the cost-effective use of public resources.

(b) The [IPP] is developed through a process of individualized needs determination. The individual with developmental disabilities and, if appropriate, the

individual's parents, legal guardian or conservator, or authorized representative, shall have the opportunity to actively participate in the development of the plan.

3. Welfare and Institutions Code section 4646.4 provides in pertinent part:

(a) Regional centers shall ensure, at the time of development, scheduled review, or modification of a consumer's [IPP] developed pursuant to Sections 4646 and 4646.5, . . . the establishment of an internal process. This internal process shall ensure adherence with federal and state law and regulation, and if purchasing services and supports, shall ensure all of the following:

(1) Conformance with the regional center's purchase of service policies, as approved by the department pursuant to subdivision (d) of Section 4434.

(2) Utilization of generic services and supports if appropriate, in accordance with all of the following:

[¶] . . . [¶]

(B) The [IPP] team under Section 4646 may determine that a medical service identified in the [IPP] is not available within 60 calendar days through the family's private health insurance policy or health care service plan or under the Medi-Cal program and therefore, in compliance with paragraph (1) of subdivision (d) of Section 4659, will be

authorized for purchase-of-service funding by the regional center.

(C) For purposes of this paragraph, a regional center shall authorize the provision of medical services through the purchase of services during any plan delays, including the appeals process.

(3) (A) Utilization of other services and sources of funding as contained in Section 4659.

(B) For purposes of this paragraph, a regional center shall authorize the provision of medical or dental services through the purchase of services during any plan delays, including the appeals process.

(4) Consideration of the family's responsibility for providing similar services and supports for a minor child without disabilities in identifying the consumer's service and support needs as provided in the least restrictive and most appropriate setting. In this determination, regional centers shall take into account the consumer's need for extraordinary care, services, supports and supervision, and the need for timely access to this care.

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(5) . . . [C]onsideration of information obtained from the consumer and, if appropriate, the parents, legal guardian, conservator, or authorized representative about the consumer's need for the services, barriers to service access, and other information.

4. Welfare and Institutions Code section 4646.5 provides

(a) The planning process for the [IPP] described in Section 4646 shall include all of the following:

(1) Gathering information and conducting assessments to determine the life goals, capabilities and strengths, preferences, barriers, and concerns or problems of the person with developmental disabilities. For children with developmental disabilities, this process should include a review of the strengths, preferences, and needs of the child and the family unit as a whole. Assessments shall be conducted by qualified individuals and performed in natural environments whenever possible. Information shall be taken from the consumer, the consumer's parents and other family members, the consumer's friends, advocates, authorized representative, if applicable, providers of services and supports, and other agencies. The assessment process shall reflect awareness of, and sensitivity to, the lifestyle and cultural background of the consumer and the family.

(2) A statement of goals, based on the needs, preferences, and life choices of the individual with developmental disabilities, and a statement of specific, time-limited objectives for implementing the person's goals and addressing the person's needs. These objectives shall be stated in terms that allow measurement of progress or monitoring of service delivery. These goals and objectives should maximize opportunities for the consumer to develop relationships, be part of community life in the areas of community participation, housing, work, school, and leisure, increase control over the consumer's life, acquire increasingly positive roles in community life, and develop competencies to help accomplish these goals.

5. Welfare and Institutions Code section 4659 provides in pertinent part:

(a) Except as otherwise provided in subdivision (b) or (e), the regional center shall identify and pursue all possible sources of funding for consumers receiving regional center services. These sources shall include, but not be limited to, both of the following:

(1) Governmental 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.

(2) Private entities, to the maximum extent they are liable for the cost of services, aid, insurance, or medical assistance to the consumer.

6. Welfare and Institutions Code section 4648, subdivision (a)(8), provides:

In order to achieve the stated objectives of a consumer's individual program plan, the regional center shall conduct activities, including, but not limited to, all of the following:

(a) Securing needed services and supports. [¶] . . . [¶]

(8) Regional center funds shall not be used to supplant the budget of an agency that has a legal responsibility to serve all members of the general public and is receiving public funds for providing those services.

ANALYSIS

7. The evidence demonstrates that Claimant is in need of speech therapy. The evidence also demonstrates that Claimant has available to her the speech therapy she needs, including from a generic resource, the school district where she was found eligible for special education services.

8. Claimant argues that she is not receiving enough speech therapy, that she should be receiving the therapy two to three times per week. But the evaluations and recommendations of speech therapy professionals such as SLP's Ganser and Donabedian do not support Claimant's argument. Claimant presented no substantive evidence that Claimant should be receiving as much speech therapy as she urges.

9. The extensive quotations above from the Lanterman Act, various sections of the Welfare and Institutions Code, may be understood as counseling the parties in this matter to cooperate. They should communicate and cooperate in order to reach agreement that will be recorded in an IPP. The ID notes quoted above indicate that the Service Agency has made considerable efforts to advise and assist Claimant to obtain the therapy she seeks and has worked toward an IPP to meet Claimant's needs, for speech therapy and otherwise. Mother's cooperation is less evident. But the Service Agency has resources and knowledge and experience that most parents cannot match, so that, more than a parent, it is properly looked to for the greater efforts that may lead to agreement and an IPP signed by both parties. Mother would be well advised to rely more on the Service Agency and efforts such as RM Garabedian's.

10. Claimant's evidence did not demonstrate that the speech therapy she seeks is not available from generic resources such as the school district. There was no showing that Claimant has exhausted generic resources, as she must, before the Service Agency may provide funding for the services she seeks. A generic resource a claimant would do well to consider is private insurance. Claimant bears the burden of proof, but has not carried that burden, has not shown that she has considered this resource and that it is not available to fund speech therapy.

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ORDER

Claimant's appeal is denied.

DATE:

THOMAS LUCERO

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 a 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.

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

In the Matter of:

CLAIMANT

and

Frank D. Lanterman Regional Center,

Service Agency.

DDS No. CS0024993

OAH No. 2025030429

ORDER DENYING CLAIMANT’S APPLICATION FOR RECONSIDERATION

Background

An Administrative Law Judge (ALJ) from the Office of Administrative Hearings (OAH) issued a Decision in this matter on November 10, 2025.

On November 17, 2025, Claimant’s authorized representative applied to OAH for reconsideration of the Decision under Welfare and Institutions Code section 4713 (Application). (All undesignated statutory references are to the Welfare and Institutions

Code.) The Application was timely submitted. Service Agency was notified of the Application, as was the Department of Developmental Services.

The Application contends the Decision is "Incorrect and Contrary to the Lanterman Act" in five ways:

- (1) the regional center's failure to conduct an individualized assessment to ascertain whether Claimant requires speech therapy services violates statutory due process under sections 4645.5, subdivision (a)(1), and 4648, subdivision (a)(1);
- (2) the Decision improperly ignores findings from a licensed speech-language pathologist, Claimant's doctor, and her school's individualized education program team, all of which found she requires speech therapy;
- (3) the Decision failed to address the Claimant's struggles with speech, reading, and expressive language under section 4646.5, subdivision (a)(2);
- (4) the Decision incorrectly concludes that Claimant has appropriate generic resources accessible to her; and
- (5) the Decision improperly denied Claimant's request for speech therapy services because no provider expressly stated Claimant needed those services two to three times per week.

Service Agency did not respond to the Application.

The undersigned hearing officer, who did not hear the matter or write the decision for which reconsideration is requested, was assigned to decide the Application.

Legal Standard

Under section 4713, subdivision (b), a party may apply for reconsideration to correct a mistake of fact or law or a clerical error in the decision, or to address the decision of the original hearing officer not to recuse themselves following a request under section 4712, subdivision (g). Under section 4713, subdivision (d), the application for reconsideration must be decided within 15 days of receipt; the hearing office responsible for deciding the application may deny it, grant it and modify the decision, or grant it and set the matter for another hearing.

Analysis

As noted above, section 4713, subdivision (b), allows reconsideration “for a correction of a mistake of fact or law.” The wording of section 4713, subdivision (b), as well as the expedited deadline for deciding an application set by section 4713, subdivision (d), make clear that the mistake of fact or law in question must be apparent from the decision, such as an obvious mathematical error in calculating hours of service, an order that fails to accurately encompass the legal conclusions, citation to the wrong statute, or reliance on a law that is no longer in effect. In such instances, the hearing office can either correct the mistake if the resolution is apparent from the decision, or order the matter to be reheard if the resolution is not apparent.

There is nothing in section 4713 suggesting an application for reconsideration contemplates the hearing office reviewing the entire record, including the admitted exhibits and the recorded hearing, to determine whether the ALJ made errors in

evidentiary rulings or made mistakes of fact or law. That process is undertaken in an appeal of the decision to the Superior Court, not in an application for reconsideration under section 4713.

In this case, the Application does not specify a particular "mistake of fact" or "mistake of law" in the decision that must be corrected. Instead, Claimant asserts the ALJ did not consider certain evidence or did not apply the law correctly. As noted above, such claims are not redressable by section 4713. Here, there appears to be no mistake of fact or law apparent from a review of the decision alone. For this reason, the application must be denied.

ORDER

Claimant's application for reconsideration is denied.

DATE:

TAYLOR STEINBACHER

Administrative Law Judge

Office of Administrative Hearings