

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

**In the Matter of:**

**Claimant,**

**and**

**Frank D. Lanterman Regional Center,**

**Service Agency.**

**DDS No. CS0027188**

**OAH No. 2025060357**

**DECISION**

Nana Chin, Administrative Law Judge, Office of Administrative Hearings (OAH), State of California, heard this matter on November 4 and 5, 2025, in Los Angeles.

Claimant, who was present during much of the hearing, was represented by his parents (Parents). (Names are omitted and family titles are used to protect the privacy of Claimant and his family.) Frank D. Lanterman Regional Center (FDLRC or Service Agency) was represented by Cindy Lopez, FDLRC Regional Manager.

Testimony and documents were received into evidence. The record was closed, and the matter submitted, on November 5, 2025.

## **ISSUE**

1. Whether FDLRC should be required to fund 500 hours of respite and in-home care services as well as 75 hours a month of emergency assistance services.

2. Whether FDLRC should be required to fund 40 hours a week of applied behavior analysis (ABA) services.

3. Whether FDLRC should be required to fund two hours per week of speech therapy, two hours per week of occupational therapy (OT), one hour per week of physical therapy (PT), nutritional counseling, sleep consultation, and regulation support, including behavioral strategy and equipment.

4. Whether FDLRC should be required to fund an emergency home safety inspection and household safety modifications.

## **EVIDENCE**

Documents: Service Agency Exhibits: 1-17 and 19, Claimant's Exhibits: C1-C6, C10-C17, C20-C36, C38-C40 (There was no C19 due to a marking error. In addition, Case Center glitches resulted in page numbers on the printed bundle of Claimant's exhibits used at the fair hearing not matching the page numbers displayed in Case Center, and the admitted exhibits not showing up as admitted in the Exhibit Index generated by Case Center. The missing information was entered manually, and the Exhibit Index was uploaded to Case Center.)

Testimonial: FDLRC Service Coordinator (SC) Augustin Juarez, FDLRC Program Manager (PM) Petra Guinto, and Father

## FACTUAL FINDINGS

### Jurisdictional Matters

1. Claimant is a three-year-old boy who receives services pursuant to the Lanterman Developmental Disabilities Services Act (Lanterman Act), Welfare and Institutions Code section 4500 et seq., based on a diagnosis of autism spectrum disorder (ASD). (Further statutory references are to the Welfare and Institutions Code unless otherwise noted.)

2. In April and May 2025, Parents made multiple requests for services from Service Agency as follows: (1) 500 hours per month of combined in-home care and respite services, and 75 hours per month of “emergency household assistance;” (2) a functional behavior assessment (FBA) and 40 or more hours per week of (ABA therapy; and, (3) two hours per week of speech therapy with an augmentative and alternative communication (AAC) evaluation and device integration, two hours per week of OT, one hour per week of PT, feeding therapy, and nutritional counseling; and (4) an immediate home safety inspection and household safety modifications.

3. On May 22, 2025, FDLRC issued four Notices of Action (NOAs) denying these requests.

4. On June 2, 2025, Father timely filed an appeal on Claimant’s behalf challenging each of the NOAs.

5. All jurisdictional requirements have been met.

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## **Background**

6. Claimant lives in the family home with Parents and his three siblings. Parents operate two self-owned service businesses, one located in West Los Angeles and the other in downtown Los Angeles.

## **2025 Individual Program Plan Meeting**

7. Claimant was diagnosed with ASD when he was three years old. At that time, he was found eligible for Lanterman Act services and became an FDLRC consumer.

8. An initial Individual Program Plan (IPP) meeting was held on April 21, 2025, at Claimant's home with Parents and Service Coordinator (SC) Agustin Juarez (IPP Team). Claimant was also present.

9. During the meeting, Parents described Claimant's current level of functioning. The IPP Team then identified Claimant's goals and objectives and agreed on the services FDLRC would provide to support those goals.

10. With respect to communication, Parents reported that Claimant is currently nonverbal and communicates by making sounds, growling, or guiding others with his hand. They also reported that Claimant may throw objects or bite himself or others to express distress. The short-term goal was for Claimant to improve verbal communication and say at least five functional words.

11. With respect to behavior, Parents reported that Claimant exhibits frequent, intense self-injurious behaviors, including head banging, slapping himself, and biting his arms and hands. They stated that Claimant had broken multiple televisions and routinely threw himself onto hard surfaces. They reported that his

emotional dysregulation requires constant intervention. The goal was for Claimant to demonstrate increased emotional regulation and decreased self-injurious behavior within one year.

12. With respect to safety, Claimant was described as having no safety awareness. He elopes whenever given the chance, placing himself at immediate risk because the family lives on a busy Hollywood street. On one occasion, he turned on the stove at night and left the gas running. He regularly attempts to place his head inside the toilet bowl, jumps from high furniture, and shows no understanding of danger from hot objects, strangers, or sharp items. Parents reported that they live in a state of constant vigilance. The goal was to increase Claimant's safety awareness and reduce dangerous behaviors.

13. It was determined that Service Agency would fund in-home support services to: (1) assist with implementing communication strategies in the home and managing behavioral triggers to supplement delayed school-based services and help the family prepare for and reinforce any recommendations from School District assessments; (2) address emotional dysregulation and implement positive behavioral strategies, including funding a social and adaptive skills assessment to explore additional needs; and (3) prevent caregiver burnout and preserve the family unit, recognizing that respite and in-home support would be essential in supporting the family.

14. Service Agency authorized: (1) 60 hours per month of respite; (2) 69 hours per month of in-home support; (3) a one-time authorization for adaptive skills training; and (4) a one-time authorization for social skills training.

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15. On April 23, 2025, Father contacted SC Juarez to request additional respite services and in-home care. At that time, SC Juarez requested additional information about Claimant's needs and his weekly schedule. Father provided this information on April 24, 2025. In that document, admitted as Exhibit 12, Father described Claimant's daily routine, challenging behaviors, safety concerns, and the family's caregiving responsibilities. Parents reported that they were overwhelmed with Claimant's care and needed additional support so they could work and provide for their children.

16. On May 1, 2025, Father requested emergency services "due to a confirmed absence of educational, clinical, and in-home services across all agencies at this time." He explained that Claimant was not receiving any services from the School District because Parents believed his Individualized Education Program (IEP) was not appropriate, his health insurance plan had not yet authorized therapies, and In-Home Supportive Services (IHSS) had not been activated.

17. In July 2025, the IPP Team agreed that additional supports were needed to further support Claimant's goals. To increase Claimant's emotional regulation and decrease self-injurious behaviors, Service Agency agreed to fund 42 units per month of adaptive skills training through Potential on the Rise from July 15, 2025, through January 31, 2026, and 10 units per month of social skills training from July 15, 2025, through November 30, 2025. In addition, Service Agency agreed to fund an assistive technology evaluation through Goodwill Industries to evaluate Claimant's needs.

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## **Generic Services**

### **INDIVIDUALIZED EDUCATION PLAN**

18. On April 26, 2025, an IEP meeting took place at the School District with Parents. During that meeting, the School District recommended that Claimant attend the Preschool for All Learners (PAL) program at Lexington Avenue Primary Center, an educationally based specialized program operating four and one-half hours per day, five days per week. The School District also offered to fund OT services, behavior consultation services, Extended School Year (ESY) summer programming, and home-to-school transportation.

19. Parents declined the School District's offer, believing that the PAL program was neither safe nor appropriate for Claimant. They believe Claimant should attend a full-time therapeutic program such as the Almansor Center or Atwater Park Center. Having been informed that retaining an attorney would likely delay the resolution, Parents have opted to appeal the School District's decision through internal dispute resolution, and there is no mediation or due process hearing currently scheduled.

### **IN HOME SUPPORTIVE SERVICES**

20. On April 17, 2025, Taryn Lin, M.D., a neurologist at Children's Hospital Los Angeles who has treated Claimant since April 11, 2025, submitted a certification indicating that Claimant needed 24 hours per day, seven days per week supervision.

21. On June 11, 2025, Claimant's April 2, 2025 request for IHSS Protective Supervision was denied on the ground that Claimant did not need services to remain safe in his home. In the denial, it was also noted that two reports Parents submitted in

support of the request were so heavily redacted that they did not provide enough information to support the request. No evidence was submitted that Parents submitted the unredacted reports or otherwise appealed this determination.

## **PRIVATE INSURANCE**

22. Parents submitted documentation showing the following services have been approved for Claimant through his health insurance: medical nutrition therapy for feeding difficulties, granted on May 15, 2025 (Exh. C1, p. B2); a mental health assessment and development of a mental health service plan by a Board Certified Behavior Analyst (BCBA), approved on April 22, 2025 (Exh. C4); an FBA and ABA services with Creative Behavioral Consultants (CBC), authorized prior to July 2025; a PT evaluation and therapeutic exercise through Flex Motion Physical Therapy, granted on July 8, 2025 (Exh. C17, p. B40); an OT evaluation with Therapy Lounge Center, initially approved on July 9, 2025, and further authorized on August 18, 2025, along with 12 OT therapeutic exercise sessions (Exh. C17, pp. B39, B42); a speech and language evaluation and speech/hearing therapy with Therapy Lounge Center, approved on an unspecified date (Exh. C17, p. B41); a comprehensive speech and language evaluation and 12 speech/hearing therapy sessions, with speech/hearing therapy specifically approved at Whittier Hospital Medical Center on August 13, 2025 (Exh. C29, p. B62); and a comprehensive mental health assessment by a BCBA through Ivan Montenegro of True Care Behavioral Solutions, Inc., authorized on October 1, 2025 (Exh. 21).

23. Despite these approvals evidence suggests that implementation of the services was delayed. CBC reported it could not staff the case and projected a one to three-month wait for ABA services; Father chose to remain on CBC's waitlist rather than pursue another provider. Speech and hearing therapy at Children's Hospital Los Angeles (CHLA) was denied but was authorized at Whittier Hospital Medical Center.

Father nonetheless appealed the CHLA denial; the outcome of that appeal was not submitted into evidence (Exh. C5). Parents also reported that Therapy Lounge Center, which received referrals for OT and speech, told them it was over capacity but declined to provide written confirmation (Exh. C22), and that at least one OT referral was for telehealth services only, requiring additional efforts to identify an in-person provider (Exh. C24). Overall, the record shows that while multiple therapies have been authorized through insurance, delays due to waitlists, provider capacity limits, service modality, and Parents' efforts to obtain services from preferred sites have impeded timely implementation.

## **FDLRC Service Standards**

24. FDLRC's Service Standards that are relevant to this matter include standards on respite, behavior services, and therapy/medical therapy. Two of these standards (Respite and Behavior Services) were adopted by the Board of Directors and approved by the Department of Developmental Services (DDS); the Speech/OT/PT and Medical Therapies standards were approved by FDLRC's Board of Directors (Board).

### **RESPITE SERVICE STANDARD**

25. The Respite Service Standard (approved by DDS on March 3, 2025), provides that the regional center does not purchase respite for children under age three except as child care when needed to enable parents to participate in or receive other services under an IFSP. For older consumers, through a person-centered planning process, a person may be considered for up to 30 hours per month of purchased respite to ensure adequate support and to give primary caregivers opportunities to attend to other matters. Additional hours may be authorized only in "exceptional circumstances," including serious documented challenging behaviors

(such as elopement, aggression, or self-injury), significant medical needs, substantial self-help deficits, severe family stress (including caregiver illness or multiple family members with disabilities), care of an older adult consumer, family emergencies, or other circumstances that substantially impede the caregivers' ability to provide care. The standard also calls for consideration of In-Home Supportive Services (IHSS) as a possible resource.

### **BEHAVIOR SERVICES STANDARD**

26. The Behavior Services Standard (approved by DDS on February 28, 2025) provides that, for children over age three, the local school district has primary responsibility for intensive behavior services as part of a comprehensive educational program. The regional center may authorize behavior services to help a child improve adaptive skills in the family and community, but the type and intensity of services are determined based on an assessment, the severity of the child's maladaptive behaviors and developmental deficits, the child's age, other interventions already in place, and the family's ability to support the intervention program.

### **SPEECH AND LANGUAGE, OT, PT, AND OTHER THERAPIES SERVICE STANDARD**

27. The Speech and Language, Occupational, Physical, and Other Therapies Service Standard (approved by the Board on April 27, 2022) and the Medical Therapies Service Standard (Board approval January 27, 2010) both state that these therapies are intended to address significant developmental deficits and to improve or prevent deterioration in functioning. They are typically provided one to two times per week, on a time-limited basis, and must be based on an assessment by a licensed or otherwise qualified clinician who determines that therapy is necessary and develops a treatment

plan with goals, timelines, measurable outcomes, level and length of service, and expectations for parental participation between sessions. Under both standards, the regional center may purchase therapy or medical therapy only after all generic resources (including the school district, Medi-Cal, California Children's Services, and other public or private insurance) have been exhausted, and families must provide evidence that the requested services are not available from those sources.

28. For children over age three, the education authority is responsible for providing therapy and medical therapy as part of the IEP, including during school breaks if needed to prevent deterioration; the regional center may consider funding additional therapy only when no generic resource exists and, for school-age children, generally only for non-educational needs or goals in the family home after clinical review.

### **Service Agency's Denial of Services**

29. In summary, FDLRC's position was that it had already authorized substantial in-home and adaptive services to address Claimant's identified needs, and that the additional services Parents requested either duplicated generic resources, fell within ordinary parental responsibility, or were not supported by documentation showing exhaustion or denial of generic resources.

30. On June 16, 2025, Father participated in an informal meeting with a Service Agency representative to discuss Parents' requests for increased in-home care and respite, emergency household assistance, expanded therapies, ABA and FBA, and home safety modifications. (Exh. 6.) At that meeting, FDLRC explained that it had already authorized 60 hours per month of respite, 69 hours per month of in-home support, adaptive skills training, social skills training, and an assistive technology

evaluation, and that these services were intended to address Claimant's communication, behavioral, safety, and caregiver-burnout needs as identified in the IPP.

31. FDLRC representatives advised Father that additional requests had to be evaluated in light of the Lanterman Act's requirements, including use of generic resources and the limits on regional center responsibility. Father was informed that if Parents were uncomfortable sending Claimant to the PAL program, there were Head Start options through the Los Angeles County Office of Education (LACOE), and that special education legal advocacy could be funded to assist with the IEP dispute. FDLRC also advised that it could not fund for services that fell under parental responsibility such as household chores, cooking, cleaning, and care of siblings. Father was told that in-home care for a child consumer falls under the "respite" umbrella and is designed to provide intermittent relief for caregivers, not ongoing child care or household maintenance, and that "emergency household assistance" of the type requested is not a service FDLRC provides for minor children.

32. With respect to ABA and the FBA, FDLRC informed Father that it is a payor of last resort and that ABA must first be pursued through generic resources such as health insurance or Medi-Cal. Father reported that an ABA assessment had been completed and that Claimant was on a waitlist, but FDLRC did not receive a copy of the ABA assessment, written confirmation of a denial, or documentation of a waitlist exceeding 60 days after its written request for such information. Parents subsequently withdrew their appeal of the FBA denial. Similarly, FDLRC advised that funding for speech, OT, PT, feeding therapy, and related services would require assessments from qualified professionals and documentation that generic resources had been exhausted or significantly delayed; the documents described above show multiple authorizations

through insurance, but there was no evidence that Parents provided FDLRC with denial letters or written confirmation of prolonged waitlists once those authorizations were in place.

33. SC Juarez testified consistently with the informal meeting record and further stated that, during the April 2025 IPP visit, he observed the home to be a typical single-family residence. He testified that Claimant remained in the living room playing with toys and sitting on the couch, did not attempt to elope or enter unsafe areas, and that he saw no cracked windows, damaged flooring, or other observable safety hazards. He recalled a six-foot gate and spring door at the entrance and no visible interior safety modifications. He confirmed that Parents reported feeling overwhelmed, that he discussed generic resources with them, including OT and speech through the School District, insurance-based therapies, Supplemental Security Income (SSI), and IHSS, and that he requested documentation of IHSS status, therapy requests, denials, and waitlists exceeding 60 days. Father provided a weekly schedule (Exh. 12), but no ABA assessment or written insurance denials were submitted.

34. Program Manager Petra Quinto testified regarding FDLRC's application of its service criteria to Parents' requests. She explained that in-home care for a minor consumer is authorized as respite, which is intended to provide intermittent relief to caregivers rather than ongoing child care or performance of routine household tasks. She testified that, in evaluating the requests, FDLRC considered Claimant's age, parental obligations, the requirement not to duplicate services available through the School District or insurance, the need to exhaust generic resources, and whether requested services were related to Claimant's IPP goals and cost effective. After reviewing the seven-day schedule, IEP, case record, and available documentation, it was concluded that the requested levels of in-home care, emergency household

assistance, ABA, and home safety modifications did not meet FDLRC's service standards and were not supported by documentation showing exhaustion or denial of generic resources. PM Quinto confirmed that FDLRC had already authorized adaptive skills therapy, social skills training, respite, in-home care, and an assistive technology evaluation, and that additional supports such as a community navigator, parenting classes, and special education advocacy had been offered. She also testified that documentation of insurance denials, confirmed 60-day waitlists, or completed ABA assessments had not been provided after the NOAs were issued, and that her rationale for denying or limiting the requested services was consistent with the explanations given to Father at the informal meeting.

### **Father's Testimony**

35. At the hearing, Father testified regarding the reasons for Parents' requests and the difficulties they have experienced in obtaining services for Claimant. His testimony was consistent with the information provided at the IPP, in the weekly schedule submitted to SC Juarez, and during the informal meeting. (See Exh. 12.)

36. According to Father, the family's daily routine is chaotic and exhausting, with Claimant requiring constant, intensive supervision from approximately 5:00 a.m. until bedtime. He reported that Claimant engages in unsafe behaviors throughout the day, including climbing, eloping, seeking water, throwing himself onto hard surfaces, self-biting, and throwing objects, and that dressing, hygiene, and diaper changes can become physically difficult and potentially dangerous without a second adult. Father testified that Claimant has a very limited diet, eats slowly, and frequently throws food and dishes, resulting in extended cleanup and further disruption of household routines. As a result, siblings are frequently rushed or unsupported, homeschooling for one sibling is repeatedly interrupted, and household chores such as cooking, cleaning,

laundry, and grocery shopping are routinely deferred or cancelled. Father stated that weekend demands are even higher because there is no school to provide any respite, and that outings and outdoor play are severely limited by Claimant's running and sensory issues and by neighborhood safety concerns.

37. Father also described substantial safety concerns in the home and requested structural and environmental modifications, including reinforced windows, bathroom locks and water controls, enhanced door and entry alarms to address elopement risk, padded flooring or crash mats, additional childproofing, stove covers, door and window alerts, and an enclosed adaptive outdoor play area to provide safe movement and sensory input. He testified that there are no natural supports or backup caregivers, so if either parent is unavailable due to illness, traffic, or emergencies, there is no other adult to maintain safety or transport the children, leading to frequent schedule breakdowns and missed work. Father stated that both Parents are in a state of chronic burnout and sleep disruption, and that Claimant's siblings experience emotional stress, disrupted routines, and reduced access to typical peer activities.

38. Father expressed that he did not believe the School District's offered placement was appropriate due to Claimant's behavioral, emotional, and safety needs. He emphasized that even if school placement occurred in the future, it would only cover a portion of the day and would not address mornings, evenings, weekends, or crises, all of which would still fall entirely on the family. He stated that, as of the time of his statement, no behavioral, therapeutic, respite, or structural supports had been implemented despite the intensity of Claimant's needs, and that the family is functioning in crisis during what he believes is a critical early-intervention window.

39. Father's testimony and Parents' written statements were given careful consideration. However, to the extent their accounts suggested that Claimant is in a

near-constant state of uncontrolled crisis throughout the day, those descriptions were not fully supported by the other evidence. During multiple hours of hearing, Claimant remained in the hearing room, played with toys, transitioned with routine redirection, and did not display the continuous extreme behaviors Parents described. Near the end of the day, Claimant became restless, but his behavior was not anything beyond what could be expected of any other three-year-old child. In addition, SC Juarez credibly testified that he did not observe Claimant exhibit any of the severe behaviors Parents described or any environmental hazards during his home visit, and FDLRC's records contained no Special Incident Reports documenting injuries or dangerous events in the home.

40. The evidence established that Parents are deeply devoted to Claimant and overwhelmed by the caregiving needs while attempting to navigate multiple complex systems at once, but did not establish the need for the extensive services that have been requested.

## **LEGAL CONCLUSIONS**

### **Standard and Burden of Proof**

1. When a party seeks government benefits or services, that party bears the burden of proof. (See, e.g., *Lindsay v. San Diego Retirement Bd.* (1964) 231 Cal.App.2d 156, 161 [disability benefits].) Where a change in services is sought, the party seeking the change must prove that the change is necessary. (Evid. Code, § 500.) No statute establishes a higher standard of proof in Lanterman Act fair hearings, so the applicable standard is proof by a preponderance of the evidence. (Evid. Code, § 115.)

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2. Claimant, as the party seeking additional funding, bears the burden of proving by a preponderance of the evidence that the additional services requested are necessary to meet his needs.

## **Applicable Law**

3. In enacting the Lanterman Act, the Legislature accepted responsibility “to provide an array of services and supports . . . sufficiently complete to meet the needs and choices of each person with developmental disabilities” and to support their integration into community life. (§ 4501.) The purposes of the Act include preventing or minimizing institutionalization and dislocation from family and community (§§ 4501, 4509, 4685) and enabling people with developmental disabilities to approximate the pattern of living of nondisabled persons of the same age and to lead more independent and productive lives in the community. (§§ 4501, 4750–4751.)

4. “Services and supports for persons with developmental disabilities” are defined broadly and must be “individually tailored to the consumer” and directed toward enabling the consumer to live more independent and productive lives and to approximate “the pattern of everyday living available to people without disabilities of the same age.” (§ 4512, subd. (b).)

5. A consumer’s needs are determined through the Individual Program Plan (IPP) process. (§ 4646.) The IPP is developed through a collaborative effort between the regional center, the consumer, and the consumer’s representatives. (§ 4646, subd. (d).) The IPP process includes gathering information from the consumer, the family, and others to identify and accurately assess the consumer’s needs. (§ 4646.5, subd. (a).)

6. The IPP must set forth the consumer’s goals and objectives, identify services and supports to be acquired based on the consumer’s developmental needs,

and reflect the consumer's preferences. (§§ 4512, subd. (b), 4646, 4646.5, subds. (a)(1), (a)(2), (a)(4), 4648, subd. (a)(6)(E).) However, a regional center is not required to provide every service a consumer or family may request. Regional center services must "reflect the cost-effective use of public resources." (§ 4646, subd. (a); see also §§ 4624, 4630, subd. (b), 4651.) This requires consideration of the consumer's needs, progress, and circumstances, the regional center's service policies and resources, and the statutory requirement that services be provided in the least restrictive and most family-like environment. (§§ 4512, subd. (a), 4648, subd. (a)(1).)

7. Regional centers must identify and pursue all possible sources of funding from "generic resources," including school districts and health insurance, before purchasing services themselves. (§§ 4647, subd. (a), 4646.5, subd. (a)(4), 4659, subd. (a)(1), 4648, subd. (a)(8).) Regional centers are payors of last resort. (See §§ 4648, subd. (a)(8), 4659.) They are also required to consider the responsibilities of parents for providing similar services and supports to children without disabilities. (§ 4646.4, subd. (a)(4); see also Cal. Code Regs., tit. 17, § 54326.) Consumers and their parents have a reciprocal obligation to assist the regional center in meeting its mandate; no consumer may gain advantage by withholding information or failing to cooperate. (See Civ. Code, § 3521.)

8. FDLRC's Board-adopted Service Standards, some of which have been approved by DDS, implement these statutory obligations by specifying how FDLRC applies principles of cost-effectiveness, generic resources, and parental responsibility in funding decisions. These Service Standards are not statutes or regulations, but they are relevant as evidence of FDLRC's policies. To the extent any such policy conflicts with the Lanterman Act or controlling regulations, the statute or regulation controls.

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## **Respite/In Home Care Services/Emergency Services**

9. Claimant did not establish by a preponderance of the evidence that FDLRC is required to fund 500 hours per month of combined in-home care and respite services and 75 hours per month of "emergency household assistance."

10. The record establishes that Claimant has significant behavioral, communication, and safety needs and that Parents are under substantial stress. In response, FDLRC has already authorized 69 hours per month of in-home support, 60 hours per month of respite, and additional services including adaptive skills training, social skills training, and an assistive technology evaluation, all directed toward Claimant's communication, behavioral, and safety goals. These authorizations are consistent with the Lanterman Act's requirement for individually tailored services (§§ 4512, subd. (b), 4646.5) and are an exception to FDLRC's Respite Service Standard, which contemplates up to 30 hours per month of purchased respite as a baseline, with additional hours only in documented exceptional circumstances such as serious challenging behaviors, significant medical needs, severe family stress, or emergencies.

11. Father credibly described a demanding daily routine and high levels of caregiver burnout. However, Claimant did not prove that the services already authorized are not sufficient to maintain Claimant's health and safety.

12. On this record, Claimant did not prove that the school-based and other generic options have been exhausted or are unavailable, or that the magnitude of the requested hours is necessary and consistent with cost-effective use of public resources. (§§ 4646, subd. (a), 4648, subd. (a)(1), (a)(8).) The requested level of support would cover most of Claimant's waking hours and a large portion of routine household

functioning, effectively shifting parental responsibilities to the Service Agency. (§ 4646.4, subd. (a)(4); Cal. Code Regs., tit. 17, § 54326; FDLRC Respite Service Standard.)

## **ABA Therapy**

13. Claimant did not establish by a preponderance of the evidence that FDLRC is required to fund 40 hours per week of ABA therapy.

14. The evidence shows that ABA therapy is available as generic health insurance benefits. Parents submitted documentation that Claimant's health plan authorized an FBA and ABA therapy through CBC, and later authorized a comprehensive mental health assessment by a True Care Behavioral Solutions BCBA. Those authorizations confirm that generic resources are available to Claimant and that they must be used before FDLRC purchases similar services. (§§ 4647, subd. (a), 4659, subd. (a)(1), 4648, subd. (a)(8).)

15. Under the Lanterman Act, FDLRC is a payor of last resort and must rely on generic resources such as health insurance before purchasing services. (§§ 4648, subd. (a)(8), 4659.) FDLRC's Behavior Services Service Standard is consistent with this framework and further recognizes that, for children over age three, the local education authority has primary responsibility for intensive behavior services as part of a comprehensive educational program. Father testified to delays and waitlists, and CBC's letter noted a projected one- to three-month wait for staffing. CBC consequently advised Father that he could either remain on CBC's waitlist or seek another ABA provider. Father chose to remain with CBC. FDLRC requested copies of the ABA assessment, denial letters, and written confirmation of waitlists exceeding 60 days. No ABA assessment, treatment plan, denial letter, or written confirmation of a sustained, excessive delay was provided to FDLRC. No documentary evidence established that the

authorized ABA therapy is unavailable, cannot reasonably be accessed, or is insufficient to meet Claimant's needs.

16. Nothing in the Lanterman Act or in FDLRC's Service Standards precludes time-limited "gap funding" in appropriate circumstances where a generic resource has been clearly documented as unavailable or unreasonably delayed despite the family's diligent efforts. However, any such gap funding presupposes that the family cooperates with the regional center by promptly providing assessments, denial letters, and written confirmation of delays, so that the regional center can verify that generic resources have been exhausted or cannot reasonably be used. Here, while CBC's letter suggested there might be a temporary delay, Parents did not provide FDLRC with an ABA assessment, updated written confirmation that services had not begun after the projected waiting period, or evidence that they had pursued alternative ABA providers through the health plan and been unable to obtain timely services. In the absence of that information, FDLRC could not reasonably determine whether gap funding was necessary or appropriate.

17. In light of the existing ABA-related authorizations through insurance, and failure of Parents to share the FBA with FDLRC, Claimant did not establish that FDLRC must purchase 40 hours per week of ABA to support Claimant's needs.

### **Speech Therapy, OT,, and PT**

18. Claimant did not establish by a preponderance of the evidence that FDLRC is required to fund speech therapy, OT, PT, feeding therapy, or nutritional counseling.

19. The record demonstrates that these services are available through generic health insurance resources. Parents submitted documentation that Claimant's

health plan approved medical nutrition therapy for feeding difficulties, OT and PT evaluations and treatment, and speech and language evaluation and therapy, including speech/hearing therapy at Whittier Hospital Medical Center and services through Therapy Lounge Center. These approvals show that speech, OT, PT, feeding, and nutrition-related services fall within Claimant's covered insurance benefits and therefore constitute generic resources within the meaning of the Lanterman Act. (§§ 4647, subd. (a), 4659, subd. (a)(1), 4648, subd. (a)(8).)

20. Parents described delays, provider capacity issues, and waitlists; they reported, for example, that Therapy Lounge Center stated it was over capacity but would not provide written confirmation. However, Parents did not provide FDLRC with therapy assessment reports or treatment plans documenting the specific type, frequency, and duration of clinically necessary services, nor did they submit denial letters, written confirmation of prolonged wait times, or updated documentation showing the authorized services could not be reasonably accessed through Whittier Hospital Medical Center or other providers.

21. Under the Lanterman Act, regional centers may purchase medical and therapeutic services only when generic resources such as health insurance, Medi-Cal, California Children's Services, and the education authority have been exhausted, are unavailable, or cannot reasonably be used. (§§ 4647, subd. (a), 4648, subd. (a)(8), 4659.) FDLRC's Speech and Language, Occupational, Physical, and Other Therapies Service Standard and Medical Therapies Service Standard similarly require both: (1) an assessment and treatment plan establishing necessity, and (2) documented exhaustion or unavailability of generic resources, particularly for children over age three whose educationally related therapy needs are primarily the responsibility of the school district through the IEP process.

22. As with ABA, these Service Standards do not foreclose time-limited gap funding where a family demonstrates that generic therapy services are unreasonably delayed despite diligent efforts. But such gap funding presumes that families cooperate with the regional center by promptly providing assessments, denial letters, and written confirmation of delays so that the regional center can verify that generic resources cannot reasonably be used. Here, while there was some indication that Parents encountered delays or capacity issues, they did not supply FDLRC with the necessary clinical assessments, updated denial letters, or written confirmation of extended waitlists to allow FDLRC to evaluate whether gap funding was warranted.

23. On this record, Claimant did not prove that generic therapy resources have been exhausted or are effectively unavailable, or that FDLRC must nevertheless fund the requested hours of speech therapy, OT, PT, feeding therapy, and nutritional counseling in addition to what insurance has already authorized. Accordingly, Claimant did not meet his burden of proving by a preponderance of evidence that FDLRC is required to fund these requested therapy services.

### **Emergency Home Inspection and Household Safety Modifications**

24. Claimant did not establish by a preponderance of the evidence that FDLRC is required to fund an emergency home safety inspection and the requested household safety modifications.

25. Parents reported serious safety concerns and requested extensive physical modifications, including reinforced windows, padded flooring, bathroom and kitchen safety devices, digital alarm systems, and other structural changes. These stated concerns are consistent with Claimant's significant behavioral and safety needs. However, aside from Parents' testimony and written statements, no documentary

evidence—such as incident reports, medical records, or professional evaluations—was submitted to show that Claimant’s behaviors have resulted in injuries or near-injuries that could not be reasonably managed through supervision and ordinary childproofing.

26. By contrast, SC Juarez credibly testified that during the initial IPP visit he did not observe cracked windows, damaged flooring, or other environmental hazards at Claimant’s home, and that Claimant did not attempt to elope, access bathrooms, or engage in the most extreme behaviors described. Program Manager Quinto testified that there were no Special Incident Reports documenting injuries or dangerous events in the home that would support the need for emergency structural modifications.

27. Under the Lanterman Act, regional centers must consider typical parental responsibilities for maintaining a safe home environment for young children, with or without disabilities, and may not replace those responsibilities with publicly funded services absent a demonstrated need. (§ 4646.4, subd. (a)(4); Cal. Code Regs., tit. 17, § 54326.) FDLRC’s Service Standards, as described in the Factual Findings, reflect this statutory limitation by distinguishing between extraordinary safety measures that may be funded in appropriate cases and routine safety and childproofing measures that remain the responsibility of parents.

28. On this record, the evidence does not establish that the requested “emergency” inspection and structural changes are necessary beyond the level of safety measures that parents of a young child would ordinarily be expected to implement through routine childproofing and close supervision. Accordingly, Claimant did not meet his burden of proving by a preponderance of the evidence that FDLRC is required to fund an emergency home safety inspection and the requested household safety modifications.

## **ORDER**

Claimant's appeal of the four Notices of Action issued by Service Agency on May 22, 2025 is denied.

Notwithstanding the denial of Claimant's appeal, FDLRC shall convene an Individual Program Plan meeting to review the status of Claimant's ABA, speech therapy, occupational therapy, and physical therapy through generic resources and to determine whether time-limited gap funding for any of these services is warranted based on the updated documentation.

At the IPP meeting, Parents shall provide any reasonably available current documentation regarding the status of those requests.

DATE:

NANA CHIN

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.