

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

In the Matter of:

CLAIMANT

and

WESTSIDE REGIONAL CENTER, Service Agency

DDS No. CS0027948

OAH No. 2025070535

DECISION

Irina Tentser, Administrative Law Judge (ALJ), Office of Administrative Hearings, State of California, heard this matter on April 2, 2026, at Westside Regional Center, located at 777 S. Aviation Boulevard, Suite 105, El Segundo, California 90245.

Sonia Tostado, Westside Regional Center (WRC or Service Agency) Appeal and Resolution Specialist, appeared on WRC's behalf. Claimant's mother (Mother) appeared on Claimant's behalf, who was not present at the fair hearing. (Family titles are used to protect privacy rights.)

The ALJ received testimony and documentary evidence. The record was closed, and the matter was submitted for decision on April 2, 2026.

ISSUE

Whether Service Agency must continue to fund occupational therapy (OT) and speech therapy (ST) through vendor Therapy Place 4 Kids (TP4K), at a rate of 2 hours of OT, 2 hours of ST, and the \$20 administrative fee for each one-hour session of OT and ST, for Claimant even though TP4K no longer participates in Service Agency's co-pay assistance program?

EVIDENCE

The documentary evidence at hearing consisted of: Service Agency exhibits 1 through 16; and Claimant exhibit A. The testimonial evidence at hearing was provided by Sonia Tostado and Claimant's mother.

FACTUAL FINDINGS

Parties and Jurisdiction

1. Service Agency determines eligibility and provides funding for services and supports to persons with developmental disabilities under the Lanterman Developmental Disabilities Services Act (Lanterman Act), among other entitlement programs. (Welf. & Inst. Code, § 4500 et seq.)

2. Claimant is a five-year old who qualifies for regional center services under a diagnosis of Autism Spectrum Disorder (ASD).

3. Claimant is a participant in the traditional regional center service and supports model, but has begun the process of transitioning into the Self-

Determination Program (SDP). It is unclear from the evidence when Claimant's transition into SDP will be completed.

Claimant's Funded OT and ST and Administrative Fees through TP4K

4. Claimant has received medically necessary OT and ST for the past two years through WRC vendor TP4K, since Claimant was a participant in the Early Start program. WRC has funded Claimant's TP4K OT and ST services at a rate of 2 hours per week of OT and 2 hours of ST, plus a \$20 administrative fee per hour of ST and OT.

5. The parties acknowledge that Claimant's OT/ST services at TP4K are medically necessary based on his various challenges, including difficulty with transitions. Medically necessary OT/ST are services required to treat Claimant's underlying deficits across all environments (i.e., home and community). In contrast, educational OT/ST services provided by a generic resource, like a school district, focus primarily on enabling a student to access and participate in their academic curriculum.

6. TP4K dropped out of WRC's co-payment, co-insurance, and deductible program as of May 1, 2024. TP4K is now under new ownership but has not resumed participating in the co-pay assistance program as of the date of the hearing. Under the co-pay assistance program, WRC can pay for insurance copays, coinsurance, or deductibles for services in a consumer's Individual Program Plan (IPP) or Individual Family Services Plan (IFSP) provided the family's income is at or below 400 percent of the federal poverty level and no other third party is responsible. The family is required to use all other generic resources first.

7. Claimant's family qualifies for the co-pay program based on income. WRC continued to fund Claimant's OT and ST services until June 26, 2025. On June 26, 2025, WRC issued a letter and a Notice of Action (NOA) to Claimant notifying Mother

that after reviewing Claimant's information, WRC's Purchase of Service team determined that Claimant does not qualify for ST or OT funded by WRC. The basis for WRC's decision was that WRC does not fund medical services for children ages three years and older and that Claimant's medical needs should be funded by Medi-Cal, "which is a generic resource that needs to be accessed first through [Claimant's] Medi-Cal health plan per Welfare and Institutional (WIC) 4648 (a)(8) and 4659." (Exhibit 4, p. A14.) Mother was directed to contact her Medi-Cal health provider to obtain the ST and OT services she was requesting for Claimant.

8. On June 30, 2025, Mother filed an appeal of WRC's NOA on Claimant's behalf. The stated reason for the appeal was as follows:

For the last two years [Claimant] has been receiving 2HRS-OT and 2HRS-ST at TP4K. I specifically chose TP4K because they were a contracted WRC ther[apy] vendor for early start and the copay assistance program. Although [Claimant] had private health insurance, TP4K dropped out of the copay assistance program because of ongoing staffing issues, which caused huge delays in the vendor being paid in a timely manner. I reached out to WRC last year about this issue and this was also during the same [] time that [Claimant] did not have a service coordinator. After months of trying to get help with this issue, they assigned me to a temporary SC/Supervisor who provided a temporary fix, but did not resolve the issue. [Claimant] no longer has private health insurance, and I tried to explain to the SC/Supervisor that the issue stemmed from the vendor dropping out of

the copay assistance program because WRC was not paying them on time, but now the issue is that [Claimant] no longer has private health insurance, which means that the therapy needs to be directly paid to TP4K. [Claimant] has been making great progress with TP4K, they have been extremely consistent with providing both forms of therapy, and have built both a routine and a strong relationship with [Claimant] where they are able to navigate his behavioral needs and he trusts them. Asking him to switch to any other therapy vendor would cause a huge disruption and regression.

(Exhibit 4, p. A10.)

9. On July 15, 2025, the parties held an informal meeting. Mother provided WRC with information, including that Mother was trying to obtain Medi-Cal for Claimant while waiting to see if Claimant could return to his private insurance, Claimant was not attending school, and Mother wanted Claimant to continue to stay at TP4K to receive OT and ST since he had been attending TP4K for some time.

10. After reviewing the information provided at the July 15, 2025 informal meeting, by letter dated July 21, 2025, WRC notified Mother that it had decided to grant three months of OT and ST therapies, two times per week for each therapy with one of WRC's vendor providers (i.e., TP4K) as a one-time exception. (Exhibit 7.) WRC explained that the exception was being made to provide Claimant with OT and ST services for three months while Mother continued to work to obtain these services from generic resources, such as Claimant's school district and Medi-Cal.

11. WRC has continued to fund Claimant's OT and ST and the \$20 administrative fee per one-hour session of OT/ST on an aid paid pending basis until the fair hearing in this matter. Because TP4K stopped participating in WRC's co-pay assistance program, at some point, Mother became a vendor of WRC. As of the date of the fair hearing in this matter, WRC has reimbursed Mother for the cost of Claimant's attending 2 hours of OT and 2 hours of ST weekly at TP4K, as well as the \$20 administrative fee for each one-hour session of OT/ST.

Hearing

12. According to WRC's Position Statement, WRC can no longer fund Claimant's OT, ST, and the associated administrative fee because TP4K is no longer part of WRC's co-pay assistance program. (Exhibit 1.) Accordingly, WRC notified Mother that Claimant's OT and ST could only continue to be funded by Service Agency if Claimant moved to another WRC vendor covered by Claimant's private insurance that participates in WRC's co-pay assistance program. It was unclear from the evidence whether TP4K intended to resume participating in the co-pay assistance program now that it is under new ownership.

13. WRC did not assert at hearing, as set forth in the NOA, that Claimant's OT and ST services could be provided by a generic resource, like his school district. WRC agreed with Mother's argument that Claimant's OT and ST services cannot be fulfilled by his school district because, unlike the OT/ST provided by school districts, which are educationally focused, the OT/ST services provided by TP4K are medically necessary for Claimant.

14. Mother argued and submitted corroborating evidence that because the vendor repayment delay issue was a systemic and ongoing WRC issue, a change to

another vendor would not alleviate the co-assistance program participation requirement. Mother explained that even if Claimant changed to another vendor, because of the systemic vendor payment delay issues, she would likely have to continue to be reimbursed as a vendor for the co-pays for Claimant's OT and ST services.

15. The ongoing issues with vendor repayment delays were acknowledged by WRC as accurate, but did not change Service Agency's position. Further, Mother asserted Claimant would be unduly harmed by a switch to another vendor by suffering a gap in services at a time when Claimant's behavioral issues due to transition difficulties had increased. She continued to maintain that Claimant's TP4K OT and ST services were critical because the services effectively addressed his developmental issues.

16. During the hearing, after WRC's representative, Ms. Tostado, was informed by Mother that Claimant was in the process of transitioning into SDP, Service Agency modified its position. WRC, while not opposing Claimant's need for OT and ST medically necessary services, continued to maintain that the family can access the services from a WRC vendor that participates in Service Agency's co-insurance program. However, WRC recognized that requiring Claimant to switch to another vendor who participates in Service Agency's co-pay assistance program would not only result in a likely gap in OT and ST services for Claimant, but would also be counterintuitive and unduly cumbersome for the family because the family would switch back to TP4K, Claimant's desired service provider, after completing SDP transition. As a result, given that the family is going through the SDP process, WRC did not oppose to continue to fund OT, ST, and the administrative fees associated with those services for Claimant under the current reimbursement structure to Mother as a

vendor and TP4K as the service provider until Claimant's transition into SDP is finalized in July 2026 or, recognizing the time it takes to transition into SDP, at the latest, by the end of 2026. (Exhibit 16.)

LEGAL CONCLUSIONS

1. An administrative hearing to determine the rights and obligations of the parties is available under the Lanterman Act to appeal a regional center decision. (Welf. & Inst. Code, §§ 4700-4716.) Claimant timely requested a hearing following the Service Agency's recommended termination of funding approval for TP4K, and therefore, jurisdiction for this appeal was established.

2. When a party seeks government benefits or services, he 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 bears the burden of proving that a change in services is necessary. (See Evid. Code, § 500.) The standard of proof in this case is a preponderance of the evidence, because no law or statute (including the Lanterman Act) requires otherwise. (See 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.)

3. In proposing to terminate its funding approval for Claimant's TP4K OT and ST services and repayment of the administrative fees to the family, WRC bears the burden of providing by a preponderance of the evidence that terminating funding of TP4K is appropriate. WRC has not met its burden.

///

4. The Lanterman Act mandates an “array of services and supports should be established . . . to meet the needs and choices of each person with developmental disabilities . . . and to support their integration into the mainstream life of the community.” (Welf. & Inst. Code, § 4501.) The determination of which services and supports are necessary for each consumer shall be made through the IPP process and shall “reflect preferences and choices of the consumer and reflect the cost-effective use of resources.” (Welf. & Inst. Code, § 4646, subd. (a).)

5. Here, WRC acknowledges that Claimant’s OT and ST services are medically necessary. WRC concedes that requiring Claimant to switch from TP4K to an OT and ST service vendor who participates in the co-pay assistance program while Claimant is in the process of transitioning into SDP would be disruptive to Claimant and result in unjustified gaps in service. Accordingly, WRC agreed to continue to fund Claimant’s OT and ST services and pay for the administrative fees associated with TP4K’s services under the current repayment structure to Mother until Claimant transitions into SDP either by the end of July 2026 or, recognizing the realistic time it takes a family to transition into SDP, by the end of 2026, whichever date is soonest.

ORDER

1. Claimant’s appeal is granted. Westside Regional Center’s termination of funding approval for OT and ST services and payment of the administrative fees associated with the services is reversed.

///

///

2. Westside Regional Center shall continue to fund for Claimant's OT and ST services at a rate of two hours of each service per week, a total of four hours per week, and payment of the \$20 fee associated with each hour of OT/ST services under the current reimbursement to Mother as vendor arrangement until such time as Claimant transitions into SDP, but no later than December 31, 2026.

DATE:

IRINA TENTSER

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.