

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

In the Matter of:

CLAIMANT

and

CENTRAL VALLEY REGIONAL CENTER, Service Agency

DDS No. CS0029218

OAH No. 2025120121

DECISION

Hearing Officer Christopher W. Dietrich, Administrative Law Judge, Office of Administrative Hearings, State of California, heard this matter on February 6, 2026, by videoconference from Sacramento, California.

Perla Ibal Mora, Fair Hearings and Appeals Coordinator, represented Central Valley Regional Center (CVRC).

Claimant's mother represented Claimant, who was not present.

Evidence was received, the record closed, and the matter submitted for decision on February 6, 2026.

ISSUE

Is CVRC required to reimburse Claimant's mother for the costs of a palate expander and orthodontic services for Claimant?

FACTUAL FINDINGS

Background and Jurisdictional Matters

1. Claimant is an 11-year-old CVRC consumer. She receives regional center services based upon her qualifying diagnosis of intellectual disability. Additionally, she is diagnosed with Down syndrome. Claimant's parents are divorced. Claimant spends time at both of her parents' homes but primarily resides with her mother and two siblings.

Request for Reimbursement for Palate Expander and Orthodontic Services

2. Claimant's mother testified at hearing. She is seeking reimbursement for the cost of a palate expander and related orthodontic services for Claimant. Claimant received a palate expander to treat her narrow palate on August 21, 2024. The treatment concluded on July 14, 2025. Before the treatment, Claimant's narrow palate limited her ability to produce clear speech. Additionally, Claimant experienced challenges with sleep apnea due to the shape of her palate. Claimant's mother pursued palate expansion for Claimant after her speech-language pathologist (SLP) recommended this treatment. Claimant's SLP wrote an email explaining Claimant's need for palate expansion as follows:

[Claimant] was recommended to be assessed for a palate expander approximately 1.5 years ago from one of our [SLPs]. The SLP felt it necessary to recommend an assessment for a palate expander to support [Claimant]'s speech sound production and intelligibility. The nature of down syndrome includes a narrow palate and oral structure. Therefore, this palate expander was used as an option that may be used to correct anatomical structures relating to speech production. We have seen the benefits of the palate expander in regards to [Claimant]'s speech sound production and intelligibility. She is approximately 90% intelligible and demonstrates less frustration during our sessions. She can effectively communicate her wants, needs, protest, and self-advocate for herself. Additionally, the palate expander can be used to support her daily activities such as eating, sleeping, and breath support. These daily activities are essential to [Claimant]'s well-being and function.

(Grammar original.)

3. Claimant's mother explained that the palate expansion was successful and beneficial for Claimant. Claimant is able to speak more clearly following the treatment. Further, she snores less and is better able to attend to her dental hygiene.

4. Claimant's orthodontist charged \$2,780 for the palate expander and orthodontic services. Claimant's parents agreed to equally share the cost of the palate expander and orthodontic services. Claimant's dental insurance covered \$1,250 in

costs for these services. Claimant's mother testified that Claimant's father retained the \$1,250 in insurance reimbursements. She is seeking \$1,390 in reimbursement from CVRC for the amount she paid to the orthodontist for her share of the expense. She provided documentation showing that she paid this amount to Claimant's orthodontist.

5. Lucy Esquivel, CVRC Program Manager, testified at hearing. On October 8, 2024, Claimant's mother requested that CVRC reimburse her for the costs of a palate expander and related orthodontic treatment for Claimant. CVRC issued a Notice of Action (NOA) denying the request on October 15, 2024. Claimant did not appeal the October 15, 2024 NOA.

6. An Individual Program Plan (IPP) meeting was held on July 8, 2025. Claimant, Claimant's mother, and CVRC Service Coordinator Tiara Battle were present at the meeting. Ms. Battle prepared a written IPP following the meeting. The IPP states that Claimant was working on developing her speech and was receiving speech therapy through her school district. The IPP further reflects that Claimant was under the care of an orthodontist for monitoring her palate expander. CVRC did not agree to fund any services or supports to address Claimant's speech development.

7. On July 9, 2025, Claimant's mother again requested that CVRC reimburse her for the cost of a palate expander and orthodontic services for Claimant. CVRC denied the request.

Notice of Action and Fair Hearing Request

8. On July 21, 2025, CVRC issued an NOA denying the request to reimburse Claimant's mother for the cost of a palate expander and orthodontic services. On

August 7, 2025, Claimant's mother requested a fair hearing to contest CVRC's denial. In the NOA, CVRC explained the reason for its denial as follows:

Palate expander and orthodontic services are not directed toward the alleviation of a developmental disability and are not specialized or adapted to assist an individual with a developmental disability. If medically necessary Medi-Cal/private insurance, a generic resource needs to be utilized. [CVRC] did not give prior authorization for palate expander or orthodontic services that parent has already started paying for.

(Grammar original.)

Analysis

9. Claimant bears the burden of proving that CVRC is required to reimburse Claimant's mother for the cost of a palate expander and orthodontia. Claimant must establish that this service was directed towards alleviating the impacts of Claimant's qualifying regional center diagnosis of intellectual disability. The palate expansion treatment greatly improved Claimant's quality of life and her ability to produce clear speech. However, these services were directed toward relieving the physical impacts of Claimant's Down syndrome, not her intellectual disability.

10. Additionally, a regional center cannot fund dental services for a consumer unless the consumer provides documentation showing that the consumer's insurance provider denied the requested service. Claimant's dental insurance approved and partially funded Claimant's palate expander and orthodontia.

11. Even if the regional center were permitted to fund dental services in this instance, absent an emergency, a regional center must pre-authorize regional center funds to purchase services and supports for a consumer. CVRC did not approve purchasing a palate expander or orthodontic services for Claimant before treatment commenced. Claimant did not establish that an emergency required treatment to commence before CVRC could approve funding this service.

12. As set forth above, the evidence did not establish that CVRC is required to reimburse Claimant's mother for the cost of a palate expander and orthodontic care. Therefore, the appeal must be denied.

LEGAL CONCLUSIONS

1. The Lanterman Developmental Disabilities Services Act (Lanterman Act) governs this case. (Welf. & Inst. Code, § 4500 et seq.) An administrative fair hearing to determine the rights and obligations of the parties is available under the Lanterman Act. (Welf. & Inst. Code, §§ 4700–4716.)

2. Claimant has the burden of proving by a preponderance of the evidence that CVRC is required to reimburse Claimant's mother for the cost of a palate expander and orthodontic care. (*Lindsay v. San Diego Retirement Bd.* (1964) 231 Cal.App.2d 156, 161 [the party seeking government benefits has the burden of proving entitlement to such benefits]; Evid. Code, § 115 [the standard of proof is preponderance of the evidence, unless otherwise provided by law].) Proof by a preponderance of the evidence means "more likely than not." (*Sandoval v. Bank of America* (2002) 94 Cal.App.4th 1378, 1387.)

3. Under the Lanterman Act, the State of California is responsible for providing individuals with developmental disabilities with the “treatment and habilitation services and supports” to enable such persons to live “in the least restrictive environment.” (Welf. & Inst. Code, § 4502, subd. (b)(1).) To comply with this mandate the Department of Developmental Services contracts with non-profit agencies called regional centers to provide services and supports for individuals with developmental disabilities. (Welf. & Inst. Code, § 4620.)

4. The Lanterman Act defines a developmental disability as “a disability that originates before an individual attains 18 years of age, continues, or can be expected to continue, indefinitely, and constitutes a substantial disability for that individual.” (Welf. & Inst. Code, § 4512, subd. (a)(1).) The term includes “intellectual disability, cerebral palsy, epilepsy, and autism.” (*Id.*) The term further includes “disabling conditions found to be closely related to intellectual disability or to require treatment similar to that required for individuals with an intellectual disability, but shall not include other handicapping conditions that are solely physical in nature.” (*Id.*)

5. Pursuant to Welfare and Institutions Code section 4512, subdivision (b), “services and supports for persons with developmental disabilities” are defined as:

specialized services and supports or special adaptations of generic services and supports directed toward the alleviation of a developmental disability or toward the social, personal, physical, or economic habilitation or rehabilitation of an individual with a developmental disability, or toward the achievement and maintenance of an independent, productive, and normal life.

6. To determine what services a regional center consumer needs, regional centers are directed to conduct a planning process that results in an IPP designed to promote as normal a lifestyle as possible. (Welf. & Inst. Code, § 4646; *Assn. for Retarded Citizens v. Dept. of Developmental Services* (1985) 38 Cal.3d 384, 389.) The planning process includes “gathering information and conducting assessments to determine the life goals, capabilities and strengths, preferences, barriers, and concerns or problems of the [consumer].” (Welf. & Inst. Code, § 4646.5, subd. (a)(1).) The IPP must set forth goals and objectives for the consumer, provisions for acquiring services, contain a statement of time-limited objectives for improving the consumer’s situation, and reflect the consumer’s particular desires and preferences. (Welf. & Inst. Code, §§ 4646, subd. (a)(1), (2), & (4), 4646.5, subd. (a)(2), 4512, subd. (b), & 4648, subd. (a)(6)(E).)

7. In purchasing services and supports for a regional center consumer, a regional center shall ensure that generic services and supports are utilized, if appropriate. (Welf. & Inst. Code, § 4646.4, subd. (a)(2).) A regional center may not purchase dental services for a consumer “unless the regional center is provided with documentation of a Medi-Cal, private insurance, or a health care service plan denial.” (Welf. & Inst. Code, § 4659, subd. (d)(1).)

8. California Code of Regulations, title 17, section 50612 provides in part:

(a) A purchase of service authorization shall be obtained from the regional center for all services purchased out of center funds. This requirement may be satisfied if the information is provided, sent, or delivered, as the case may be, in an electronic record capable of retention by the recipient at the time of receipt.

(b) The authorization shall be in advance of the provision of service, except as follows:

(1) A retroactive authorization shall be allowed for emergency services if services are rendered by a vendored service provider:

(A) At a time when authorized personnel of the regional center cannot be reached by the service provider either by telephone or in person (e.g., during the night or on weekends or holidays);

(B) Where the service provider, consumer, or the consumer's parent, guardian or conservator, notifies the regional center within five working days following the provision of service; and

(C) Where the regional center determines that the service was necessary and appropriate.

Conclusion

9. As discussed above, Claimant did not establish that CVRC is required to reimburse Claimant's mother for the cost of a palate expander and orthodontic services for Claimant. These services were directed towards alleviating the impacts of Claimant's Down syndrome, not Claimant's qualifying regional center diagnosis of intellectual disability. Further, CVRC cannot fund dental services that were covered by Claimant's dental insurance. Finally, CVRC cannot reimburse Claimant's mother for

services that were rendered without CVRC's pre-approval. Therefore, Claimant's appeal must be denied.

ORDER

Claimant's appeal from Central Valley Regional Center's July 21, 2025 Notice of Action denying Claimant's request to reimburse Claimant's mother for the cost of a palate expander and orthodontic care, is DENIED.

DATE: February 11, 2026

CHRISTOPHER W. DIETRICH
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.