BEFORE THE
OFFICE OF ADMINISTRATIVE HEARINGS
STATE OF CALIFORNIA

In the Matter of:

CLAIMANT

and

FRANK D. LANTERMAN REGIONAL CENTER,

Service Agency

DDS No. CS0033516

OAH No. 2026010842

DECISION

Nana Chin, Administrative Law Judge (ALJ), Office of Administrative Hearings, State of California, Office of Administrative Hearings, heard this matter on June 24, 2026, by videoconference.

Claimant was represented by his father (Father). (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 Katy Granados, Assistant Director for Adult/Ongoing Units.

Testimony and documentary evidence was received. The record closed and the matter was submitted for decision on June 24, 2026.

ISSUE

Must FDLRC provide funding for dental treatment for single-unit crowns or a bridge on teeth numbers 3 through 5 for Claimant?

EVIDENCE RELIED ON

Documents: Service Agency Exhibits 1 through 9, Claimant's Exhibits A-C

Testimony: Katy Granados, Father

FACTUAL FINDINGS

Jurisdiction

1. Claimant is a regional center consumer who receives services from FDLRC under the Lanterman Developmental Disabilities Services Act (Lanterman Act) (Welf. & Inst. Code, § 4500 et seq.) based upon a qualifying diagnosis of autism spectrum disorder (ASD) and intellectual disability (ID). (All statutory references are to the Welfare and Institutions Code, unless otherwise noted.)

2. On November 17, 2025, Service Agency issued a Notice of Action (NOA) denying Father's request that FDLRC fund single unit crowns or a bridge for Claimant's teeth numbers 3 through 5. The NOA explained that the request was denied because: (1) both Claimant's treating dentist and FDLRC's Dental Coordinator confirmed that

the requested treatment was not medically necessary; and (2) the requested dental services were not necessary for Claimant to achieve the goals identified in his Individual Program Plan (IPP).

3. On November 21, 2025, Father appealed the NOA stating he was requesting Service Agency fund "a bridge" for Claimant's teeth numbers 3 through 5 because he "kicks his jaws aggressively together causing [him] to bite his own [cheeks] and more self inflective [sic] harms." (Exh. 2, p. A6.)

4. All jurisdictional requirements have been met.

Background

5. Claimant is a 33-year-old male consumer who lives independently in an apartment with 24-hour support staff. Because of the severity of his behaviors, Claimant has not been accepted into a day program. Instead, he receives two-to-one personal assistance services that enable him to safely participate in community activities. Parents and Brother are his conservators and are authorized to make decisions regarding his care.

6. Claimant's IPP meeting was held on March 11, 2026, with Parents and Service Coordinator (SC) Narine Abrahamyan at Claimant's apartment. After the meeting, SC Abrahamyan prepared an IPP report addressing Claimant's current status, desired outcomes, and the supports he was given or needed to reach his desired outcomes.

7. During the meeting, Parents reported that Claimant continued to exhibit significant maladaptive behaviors, including severe tantrums and self-injurious behaviors. When upset, Claimant may repeatedly strike his head with his fists, bite his

hands, pick at his skin, damage property, or become aggressive toward himself and others. Due to these behaviors, Claimant requires extensive supervision while at home and in the community.

8. In the area of Healthcare/Wellness, Claimant's desired outcome was to "remain in good physical and dental health with the ongoing support and supervision from his family as needed." (Exh. 7, p. A61.)

9. To support this goal, the IPP provides that FDLRC "may fund non-cosmetic dental procedures that are denied by Denti-Cal, Medi-Cal, or private insurance, when services are provided by an FDLRC-vendored provider approved by the FDLRC dental consultant and in accordance with FDLRC Service Standards." (Id. at p. A62.)

Dental Services

10. On December 4, 2024, Claimant was examined by Diana E. Zschaschel, D.D.S., an FDLRC-vendored dentist. During the visit, Claimant was placed under general anesthesia and underwent periodontal scaling, root planing, x-rays, and a dental examination. Following the examination, Dr. Zschaschel found Claimant had extensive decay on teeth numbers 12, 14, and 30.

11. Dr. Zschaschel informed Family that Claimant required crowns for teeth numbers 12, 14, and 30. Parents expressed concern that Claimant was missing tooth number 13, and asked for a bridge for teeth numbers 12 through 14 instead, and crowns on teeth numbers 8 and 9. Dr. Zschaschel informed Parents that she would seek FDLRC funding for the medically necessary crowns and periodontal treatment but would not request funding for either the bridge or crowns on teeth numbers 8 and 9 because those procedures were not medically necessary. Parents agreed to pay for the

additional treatment, and Dr. Zschaschel placed a bridge on teeth numbers 12 through 14 and placed crowns on teeth numbers 8 and 9.

TEETH NUMBERS 8 AND 9

12. Father later sought reimbursement from FDLRC for approximately $3,000 for crowns placed on Claimant's front teeth, teeth numbers 8 and 9. FDLRC initially denied the request because the crowns were cosmetic and had not been preapproved. Father appealed the denial.

13. An informal meeting on the appeal was held on April 3, 2025. During the meeting, Father explained that Claimant frequently engaged in self-injurious head-banging and that the sharp edges of his damaged teeth caused repeated cuts to Claimant's lips and gums. Father also explained that he did not seek pre-approval for these dental services because Claimant was already under general anesthesia for another procedure on his other teeth.

14. Based upon the additional information Father presented, FDLRC agreed to reimburse Parents for the cost of the crowns as a one-time exception to its policies regarding retroactive authorization. FDLRC advised Father that future dental treatment required regional center preapproval. (Exh. C.)

TEETH NUMBERS 12, 14 AND 30

15. FDLRC reimbursed the cost of the medically necessary treatment, which included the cost of crowns for teeth numbers 12, 14, and 30 and periodontal treatment, but denied reimbursement for the additional cost of the bridge. Father appealed the denial.

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16. On August 21, 2025, following a hearing on August 14, 2025, ALJ Karen Reichmann issued a decision in DDS No. CS0027260/OAH No. 2025060350, upholding FDLRC's decision, concluding that FDLRC properly reimbursed the medically necessary treatment but was not required to reimburse the additional cost of the bridge because replacing the missing tooth was not medically necessary. (Exh. B.)

Current Request-Teeth Numbers 3 through 5

17. The present appeal concerns Father's request that FDLRC fund a bridge involving Claimant's teeth numbers 3 through 5.

18. On a date not established by the record, Father asked Dr. Zschaschel to seek authorization for placement of a bridge on teeth numbers 3 through 5. Dr. Zschaschel, however, declined to do so.

19. In a letter dated March 27, 2025, Dr. Zschaschel explained that she did not seek authorization for payment because the requested treatment was not medically necessary because teeth numbers 3 through 5 did not have active decay and Claimant could function without the requested treatment.

20. FDLRC's interdisciplinary team reviewed Father's request. FDLRC's Dental Consultant independently reviewed Dr. Zschaschel's findings and agreed that dental treatment for Claimant's teeth numbers 3 through 5 was not medically necessary because Claimant had no active decay and could adequately function without the requested crowns or bridge.

21. On September 9, 2025, after the Dental Consultant concluded that the requested dental treatment was not necessary, she emailed SC Abrahamyan information regarding a dental grant available through Westview Services that could

be provided to Parents. There was no evidence that this information was ever provided to Parents.

22. Father later renewed his request for funding, asserting that Claimant's self-injurious behaviors justified the proposed dental treatment. Dr. Zschaschel and FDLRC's Dental Consultants repeatedly reaffirmed that the requested crowns and bridge were not medically necessary because Claimant had no active decay and remained able to eat, drink, chew, and swallow without difficulty.

23. On January 28, 2026, an informal meeting was held with FDLRC on the appeal. During the meeting, Father again asserted that Claimant forcefully clenched his jaws during behavioral episodes, causing him to bite the inside of his cheeks and injure himself. Although FDLRC had previously offered specialized behavioral services to address Claimant's self-injurious behaviors, Parents declined those services.

24. Following the informal meeting, FDLRC affirmed its decision in a letter dated February 2, 2026. FDLRC concluded that the additional information Father provided did not demonstrate that the requested dental services were medically necessary and that funding dental services that are not medically necessary would neither be cost-effective nor further the goals of Claimant's IPP.

Father's Evidence

25. At hearing, Father testified that Claimant frequently forcefully clicks or clenches his teeth during behavioral episodes, causing him to bite the inside of his cheeks. Father introduced a video depicting one such episode and testified that the video demonstrated the medical necessity of the requested dental treatment. Father stated he believed FDLRC denied the dental services because it had been unable to

access the video, which Father claimed established the medical necessity for the dental services.

26. Father also asserted that because FDLRC previously reimbursed the cost of crowns on Claimant's front teeth, FDLRC should similarly fund the requested treatment involving teeth numbers 3 through 5.

27. Father did not present testimony or written opinions from Dr. Zschaschel or any other dentist, physician, psychologist, behavior specialist, or other qualified professional stating that the requested crowns or bridge were medically necessary or that the proposed treatment would prevent or reduce injuries associated with Claimant's self-injurious behaviors.

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., Evid. Code, § 500, *Lindsay v. San Diego Retirement Bd.* (1964) 231 Cal.App.2d 156, 161 [disability benefits].) Because neither the Lanterman Act nor any other applicable law prescribes a different standard, the applicable standard of proof is proof by a preponderance of the evidence. (Evid. Code, § 115.)

2. Claimant, as the party seeking additional funding, has the burden of proving, by a preponderance of the evidence, that the requested dental treatment is necessary to meet his needs. Claimant has not met his burden.

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Applicable Law

3. In enacting the Lanterman Act, the Legislature accepted its responsibility to provide for the needs of developmentally disabled individuals and created a comprehensive scheme to provide "an array of services and supports . . . sufficiently complete to meet the needs and choices of each person with developmental disabilities, regardless of age or degree of disability, and at each stage of life and to support their integration into the mainstream life of the community." (§ 4501.) The purpose of the scheme is twofold: (1) to prevent or minimize the institutionalization of developmentally disabled persons and their dislocation from family and community (§§ 4501, 4509, 4685); and, (2) to enable developmentally disabled persons 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, 4685, 4750-4751.)

4. A consumer's needs are determined through the IPP process. (§ 4646.) The IPP is developed through a collaborative effort involving the appropriate regional center, the consumer and/or the consumer's representatives. (§4646, subd. (d)). Regional centers are required to purchase only those services and supports necessary to implement a consumer's IPP and must do so in a cost-effective manner. (§§ 4646, subd. (a), 4648, subd. (a)(1).)

5. Regional centers also must utilize generic services and supports whenever appropriate. (§ 4646.4, subd. (a)(2).) Regional center funds cannot be used to supplant the budget of another public agency that has a legal responsibility to provide those services. (§ 4648, subd. (a)(8).) Regional centers must identify and pursue all possible sources of funding, including Medi-Cal, school districts, and private insurers. (§ 4659, subd. (a).) And, except in certain circumstances not applicable in this case, regional centers are prohibited from purchasing any service otherwise available from

Medi-Cal or private insurance when a consumer or a family meets the criteria of this coverage but chooses not to pursue that coverage. (§ 4659, subd. (c).)

6. A regional center generally may not purchase medical or dental services for a consumer three years of age or older unless it receives documentation that Medi-Cal, private insurance, or a health care service plan denied coverage and the regional center determines that an appeal of the denial would lack merit. (§ 4659, subd. (d)(1).)

Discussion

7. Because a consumer's needs are identified through the IPP process (§ 4646), Claimant must establish that the requested treatment is necessary to implement the goals identified in his IPP. Claimant's relevant IPP goal is to "remain in good physical and dental health." (Factual Finding 8.)

8. Here, there was no evidence presented establishing that the requested treatment would support that goal. Dr. Zschaschel consistently concluded that Claimant has no active decay in teeth numbers 3 through 5, is able to eat, drink, chew, and swallow without difficulty, and does not require the requested treatment. FDLRC's Dental Consultants also independently reviewed Dr. Zschaschel's findings on multiple occasions and reached the same conclusion. (Factual Findings 18-20, 22.)

9. Although Father sincerely believes that the requested treatment would reduce injuries associated with Claimant's self-injurious behaviors, Father presented no testimony or written opinion from a dentist, physician, psychologist, behavior specialist, or other qualified professional establishing that the requested treatment would prevent those injuries, reduce the frequency or severity of Claimant's self-injurious behaviors, or otherwise serve as an appropriate intervention for those behaviors. (Factual Findings 25, 27.) In the absence of such evidence, Father's opinion

is insufficient to establish that the requested treatment is necessary to implement Claimant's IPP.

10. Claimant also failed to establish that the statutory prerequisites for regional center funding were satisfied. As set forth above, a regional center generally may not purchase dental services for an adult consumer absent documentation that Medi-Cal, private insurance, or a health care service plan denied coverage, together with a determination that an appeal of the denial would lack merit. (§ 4659, subd. (d)(1).) Claimant's IPP incorporates that requirement, providing that FDLRC may fund non-cosmetic dental procedures that are denied by Denti-Cal, Medi-Cal, or private insurance. (Factual Finding 9.) Claimant presented no evidence that coverage for the requested treatment was sought through Medi-Cal, private insurance, or another health care service plan, that coverage was denied, or that an appeal of any denial would lack merit. (Factual Findings 17-24.) Claimant therefore failed to establish that the statutory prerequisites for regional center funding under section 4659 were met.

11. Father argues that because FDLRC previously reimbursed the cost of crowns placed on Claimant's front teeth, numbers 8 and 9, FDLRC should likewise fund the requested treatment. (Factual Findings 12-14, 26.) The evidence establishes, however, that FDLRC approved reimbursement for those crowns as a one-time exception after Father explained that the damaged teeth had sharp edges that repeatedly cut Claimant's lips and gums during episodes of self-injurious behavior. FDLRC expressly advised Father that future dental treatment required FDLRC's preapproval. (Factual Findings 13-14.) The prior exception does not establish that FDLRC is required to fund the treatment requested here, particularly where the treating dentist declined to seek authorization because she concluded the requested

treatment was not medically necessary, and FDLRC's Dental Consultants independently reached the same conclusion. (Factual Findings 18-20, 22.)

12. Finally, the Lanterman Act requires regional centers to purchase services in a cost-effective manner. (§§ 4646, subd. (a), 4648, subd. (a)(1).) In this case, FDLRC offered specialized behavioral services to address Claimant's self-injurious behaviors, Parents declined those services. (Factual Finding 23.) While Parents were entitled to decline those services, the evidence does not establish that the requested dental treatment is a medically necessary, cost-effective alternative for addressing those behaviors.

13. Based on the forgoing, Claimant's request that Service Agency fund dental treatment for single-unit crowns or a bridge on teeth numbers 3 through 5 for Claimant is denied.

ORDER

Claimant's appeal is denied.

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.