BEFORE THE
OFFICE OF ADMINISTRATIVE HEARINGS
STATE OF CALIFORNIA

In the Matter of:

CLAIMANT

and

INLAND REGIONAL CENTER, Service Agency

DDS No. CS0035134

OAH No. 2026040127

DECISION

Debra D. Nye-Perkins, Administrative Law Judge, Office of Administrative Hearings, State of California, heard this matter by videoconference and telephone on July 8, 2026.

Roxana Soto, Fair Hearings Representative, Fair Hearings and Legal Affairs, represented Inland Regional Center (IRC).

Claimant's Authorized Representative, represented claimant, who was not present.

Oral and documentary evidence was received. The record was closed, and the matter was submitted for decision on July 8, 2026.

ISSUE

Is IRC required to fund claimant's request for orthodontic extractions, braces, retainers, and related dental work (braces) to help correct claimant's teeth?

FACTUAL FINDINGS

Jurisdictional Matters

1. Claimant is a 22-year-old regional center consumer pursuant to the Lanterman Developmental Disabilities Services Act (Lanterman Act), Welfare and Institutions Code section 4500 et seq. Claimant is eligible for services based on her diagnosis of cerebral palsy and mild intellectual developmental disorder (IDD).[1] Claimant resides in her family home with her mother, stepfather, and four siblings. Claimant is currently receiving the following services and supports: $1,236 per month in Supplemental Security Income (SSI), 124 hours per month of In-Home Supportive

[1] The Lanterman Act was amended long ago to eliminate the term "mental retardation" and replace it with "intellectual disability," as reflected in the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* (DSM-5). The more current DSM-5, text revision (DSM-5-TR) no longer uses the term "intellectual disability" and instead refers to the condition as IDD. Many of the regional center forms have not been updated to reflect this change, and during testimony and in documents received in evidence, these terms were used interchangeably. Accordingly, for purposes of this decision, as well as all admissible documentary evidence, "mental retardation," "intellectual disability," and "IDD" mean the same thing.

Service (IHSS) funded by San Bernardino County Aging and Adult Services, and 80 hours per month of preferred provider respite and 65 hours per month of Coordinated Family Services (CFS) funded by IRC.

2. In September 2025, claimant requested IRC fund orthodontic extractions, braces, retainers, and related dental work to help correct claimant's teeth for a total cost of approximately $3,960.

3. On February 24, 2026, IRC denied claimant's request in a Notice of Action Letter (NOA), which provided the following reasons for the denial:

> -Funding for braces is not a regional center specialized service or support.
>
> -Needed dental care should be covered by private insurance and/or Denti-Cal.
>
> -It is not uncommon for individuals to have a share of costs for dental procedures. If there is a share of costs, SSI benefits may also be [*sic*] financial resource available to you. Natural supports such as family may also assist you with this expense.
>
> -IRC must consider whether funding the dental service is needed in order to meet services and supports identified in the IPP [Individual Program Plan] and is unavailable from generic resources such as Medi-Cal.

-If Denti-Cal has denied a service that you believe is a covered benefit, please file an appeal. The assigned CSC can assist you with this process.

-The urgency and level of need for dental treatment is also considered.

-Your selected dental office is not a vendor of Inland Regional Center.

4. On March 20, 2026, claimant filed an appeal of IRC's denial of her request.

5. On April 7, 2026, IRC had an informal meeting with claimant and her authorized representative to discuss claimant's request for IRC to fund braces. IRC summarized the informal meeting in an April 13, 2026, letter, which was received in evidence. As written in the letter, after the informal meeting, IRC "is standing by its decision to deny the funding of Orthodontia treatment/braces."

6. This hearing followed.

IRC's Evidence

7. IRC presented the testimony of three witnesses at hearing, namely Program Manager Mona Jaber, Consumer Service Coordinator Dania Diaz, and Dental Care Coordinator Rene Caccavale-Zambel. The following factual findings are made from their testimony, as well as from numerous documents received in evidence.

TESTIMONY OF MONA JABER

8. Mona Jaber is employed as a program manager at IRC, and prior to that position, she worked as a senior service coordinator with the Medicaid waiver team at IRC with the job title of qualified intellectual disability professional. Prior to that position, she worked at IRC as a consumer services coordinator with an adult caseload. Ms. Jaber has worked at IRC for the past 15 and a half years. Ms. Jaber's responsibilities as a program manager include supervision and oversight of consumer service coordinators and their caseloads. Ms. Jaber currently oversees a caseload of almost 1,200 consumers. Ms. Jaber is the supervisor of claimant's current consumer service coordinator, Dania Diaz. Ms. Jaber became familiar with claimant's request for braces when Ms. Diaz brought it to her attention. Ms. Jaber discussed claimant's request with both Ms. Diaz and with Ms. Jaber's supervisor, the program administrator.

9. Ms. Jaber testified that after learning of claimant's request that IRC fund orthodontic/braces services, she reviewed all the records provided by claimant and those in claimant's file regarding the request. Ms. Jaber's review of the dental records provided by claimant showed that claimant's need for braces arises from alignment issues with her teeth. Ms. Jaber stated that claimant's dental records use the service codes for the proposed braces related to cosmetic purposes rather than for medical necessity purposes. Ms. Jaber also noted that claimant received a denial letter from her Medi-Cal Dental[2] insurance, which was provided to IRC in January 2026, denying

[2] Medi-Cal is California's Medicaid program that provides free or low-cost health and dental coverage to eligible individuals and families, including children and adults with limited income and resources. Medi-Cal Dental is the dental coverage portion of Medi-Cal. Medi-Cal Dental is sometimes referred to as Denti-Cal. As used in

claimant's request to fund the braces. Ms. Jaber also testified that, to her knowledge, claimant did not appeal the Medi-Cal denial, and IRC has received no such documentation from claimant. Ms. Jaber and her supervisor both reviewed claimant's request, the documents provided related to her request, and the department's requirements related to services and supports. After doing so, Ms. Jaber and her supervisor determined that IRC was prohibited from funding claimant's request for braces.

10. Ms. Jaber drafted the February 24, 2026, NOA letter sent to claimant denying claimant's request for IRC to fund braces. Ms. Jaber testified that the NOA letter set out the reasons for IRC's denial. She also stressed that claimant's dental records show that claimant needs braces because of a realignment issue, which is not a medical necessity, claimant's dental records do not identify a medical necessity requiring braces, and the requested braces are not related to claimant's qualifying condition for regional center services, namely cerebral palsy and mild IDD. As a result, IRC is prohibited from funding claimant's request for braces. Furthermore, claimant has also failed to provide any records of her appeal of the Medi-Cal denial for braces.

TESTIMONY OF DANIA DIAZ

11. Dania Diaz has worked at IRC as a consumer service coordinator since March 2025. Her duties include coordination and implementation of services for consumers, participation in the creation and implementation of consumer IPPs, and

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various documents received in evidence and in this decision, the terms Medi-Cal, Medi-Cal Dental, and Denti-Cal are used interchangeably to mean the same thing, namely the dental coverage provided by Medi-Cal.

advocating for consumers' needs. Ms. Diaz has been claimant's consumer service coordinator since April 2025. Ms. Diaz participated in the creation of claimant's most recent IPP in 2026, which was received in evidence, as well as claimant's previous IPP in 2025.

12. Ms. Diaz explained that among the services provided to claimant by IRC, as discussed above, are CFS, which is a service that provides consumers with further case coordination to help them research generic resources and access resources with the goal of enabling consumers to continue to live in their family homes. The CFS vendor for IRC, and which provides CFS to claimant, is Thrive Pathways.

13. Ms. Diaz testified that she first learned of claimant's request for IRC to fund braces in September 2025. At that time, Ms. Diaz spoke to her supervisor, Ms. Jaber, to get additional information and research potential generic resources and to determine next steps. In September 2025, Ms. Diaz received the Medi-Cal denial letter related to claimant's request for braces, as well as a copy of claimant's dental treatment plan for braces from claimant's dentist. Ms. Diaz documented claimant's request for braces in claimant's 2026 IPP. After speaking to Ms. Jaber, Ms. Diaz was requested to involve a dental consultant to review the records for a determination of whether IRC should fund the braces. Ms. Diaz involved the dental consultation of Rene Caccavale-Zambel for that purpose.

14. Ms. Diaz provided Ms. Caccavale-Zambel with claimant's dental records, and all documents in IRC's possession related to claimant's request for funding for braces. After Ms. Caccavale-Zambel reviewed the documents, she concluded that there was no evidence that the braces were required for a medical necessity, no evidence that the braces were related to claimant's qualifying condition, and the vendor provided by claimant to provide the braces was not a vendor for IRC. Ms. Caccavale-

Zambel recommended that Ms. Diaz speak to her program manager and present the case for further clinical review at IRC, which Ms. Diaz did.

15. Ms. Diaz stated that a service review was conducted regarding claimant's request after Ms. Caccavale-Zambel gave her review, and Ms. Diaz participated in that service review along with Ms. Jaber and the clinical program administrator. At that service review, a determination was made that IRC would not fund claimant's request for braces because IRC does not fund braces for cosmetic reasons without a medical necessity, the dentist is not an IRC vendor, and based on Ms. Caccavale-Zambel's review as well, IRC is prevented from funding claimant's request. Ms. Diaz also testified that she provided claimant with information regarding a dental office and dental provider that is vendored with IRC, Vernon Dental. Documents from Vernon Dental received in evidence show that claimant received a consultation from Vernon Dental on March 27, 2026, and was found to have "mild crowding of the upper teeth and moderate crowding of the lower teeth." The Vernon Dental documents also provided that based on that finding, comprehensive orthodontic treatment is recommended for an estimated 24 months. Nothing in the documents from Vernon Dental documents showed that claimant required braces for a medical necessity.

16. Based on the service review of all evidence, IRC made the determination to send the NOA letter denying claimant's request for braces.

TESTIMONY OF RENE CACCAVALE-ZAMBEL

17. Ms. Caccavale-Zambel has worked for IRC as a dental care coordinator for the past 23 years. She holds two licenses from the State of California: she is a registered dental hygienist and holds a license as a hygienist in alternative practice. Her position as a dental care coordinator at IRC requires her to review cases for

determination of whether they are appropriate for funding by IRC, review treatment plans, review insurance documents, and provide resources for dental needs to consumers. When making her determination on whether funding for dental-related services by IRC is appropriate, Ms. Caccavale-Zambel reviews the consumer's dental records, IPP, qualifying diagnosis for services, medical history, oral health history, and dental findings to determine whether the dental treatment is medically necessary, whether the dental treatment is related to the consumer's qualifying disability, and whether the consumer's insurance will pay for the dental services. Ms. Caccavale-Zambel also takes into account all applicable laws and policies regarding funding for the dental services.

18. Ms. Caccavale-Zambel is familiar with claimant because she was asked by Ms. Diaz to review all records related to claimant's request that IRC fund braces. Ms. Caccavale-Zambel reviewed the dental records provided by claimant from her dentist, Family Dental Group, which were received in evidence. Those records show that claimant was diagnosed with "class II malocclusion," which Ms. Caccavale-Zambel explained means that claimant has a misalignment of her teeth on "how they come together." Ms. Caccavale-Zambel further explained that class II malocclusion is not considered a medical condition, and correction of it is not a medical necessity. Based on her review of the dental records, claimant's need for braces is not based on a medical condition or medical need, but rather for cosmetic purposes. Ms. Caccavale-Zambel also reviewed the Medi-Cal denial letter and attachments regarding claimant's request for Medi-Cal to fund the braces, which was received in evidence. Those Medi-Cal documents show that Medi-Cal denied claimant's request because "information sent by your dentist about your current dental condition does not meet the minimum requirements for approval of this service."

19. Ms. Caccavale-Zambel found, as part of her review of documents, that Family Dental Group is not a vendored provider for IRC. Ms. Caccavale-Zambel also found that the proposed orthodontic treatment of braces is not related to or characteristic of claimant's qualifying disability for regional center services, namely cerebral palsy and mild IDD, and the braces will not alleviate claimant's qualifying developmental disability.

20. Ms. Caccavale-Zambel additionally explained that, as reflected in claimant's 2026 IPP, "Inland Regional Center will fund appropriate dental services, consistent with Denti-Cal program rates and guidelines." The Denti-Cal guidelines, which were received in evidence, show that in order for Denti-Cal, and therefore IRC, to fund braces, the braces must be "for medically necessary handicapping malocclusion, cleft palate and facial growth management cases for patients under the age of 21 and shall be prior authorized." Additionally, the Denti-Cal guidelines provide that six specifically listed conditions are automatically qualifying conditions for the funding of braces. Ms. Caccavale-Zambel noted that claimant does not have any of those six conditions, which are (1) cleft palate, (2) craniofacial anomaly, (3) a deep impinging overbite in which the lower incisors are destroying the soft tissue of the palate, (4) a crossbite of individual anterior teeth causing destruction of soft tissue, (5) an overjet greater than 9 mm or reverse overjet greater than 3.5 mm, and (6) a severe traumatic deviation with written documentation of the trauma or pathology.

21. Ms. Caccavale-Zambel stressed that claimant simply does not meet the necessary requirements and criteria for IRC to fund her braces.

Testimony of Claimant's Authorized Representative

22. Claimant presented the testimony of her authorized representative. The following factual findings are based on claimant's authorized representative's testimony and related documents received in evidence.

23. Claimant's authorized representative is an employee of Thrive Pathways and has been claimant's case worker or service coordinator at Thrive Pathways since October 2025. Claimant's authorized representative's title at Thrive Pathways is case worker supervisor, and she supervises the work of other case workers and has done so since April 2026. Claimant's authorized representative has worked as a case worker since July 2025. Claimant's authorized representative is also claimant's authorized representative in this matter and has been so since October 2025. As claimant's case worker at Thrive Pathways, claimant's authorized representative is responsible for providing resources to claimant to help her with independent living.

24. Claimant's authorized representative testified that claimant believes that braces are medically necessary for her because she has trouble eating and speaking because of her teeth. Claimant's authorized representative stressed that the dental records from both Family Dental Group and Vernon Dental show that both of those dentists recommend braces for claimant for her overall wellbeing and future.

25. Claimant's authorized representative stated that Medi-Cal denied claimant funding for braces because claimant is 22 years old, and Medi-Cal automatically does not fund braces if the patient is over 21 years of age. Claimant's authorized representative admitted during her testimony that after receiving the denial letter from Medi-Cal, claimant has not yet appealed that denial.

26. Claimant's authorized representative stressed that claimant would definitely benefit from braces, and claimant cannot afford to pay for braces on her own. As a result, claimant's authorized representative hopes that IRC will fund the braces.

LEGAL CONCLUSIONS

Burden and Standard of Proof

1. Each party asserting a claim or defense has the burden of proof for establishing the facts essential to that specific claim or defense. (Evid. Code, §§ 110, 500.) In this case, claimant bears the burden to demonstrate that she is entitled to receive funding for braces.

2. The standard by which each party must prove those matters is the "preponderance of the evidence" standard. (Evid. Code, § 115.) A preponderance of the evidence means that the evidence on one side outweighs or is more than the evidence on the other side, not necessarily in number of witnesses or quantity, but in its persuasive effect on those to whom it is addressed. (*People ex rel. Brown v. Tri-Union Seafoods, LLC* (2009) 171 Cal.App.4th 1549, 1567.)

The Lanterman Act

3. The State of California accepts responsibility for persons with developmental disabilities under the Lanterman Act. (Welf. & Inst. Code, § 4500, et seq.) The purpose of the Lanterman Act is to rectify the problem of inadequate treatment and services for the developmentally disabled and to enable developmentally disabled individuals to lead independent and productive lives in the

least restrictive setting possible. (Welf. & Inst. Code, §§ 4501, 4502; *Assn. for Retarded Citizens v. Dept. of Developmental Services* (1985) 38 Cal.3d 384.) The Lanterman Act is a remedial statute; as such it must be interpreted broadly. (*Cal. State Restaurant Assn. v. Whitlow* (1976) 58 Cal.App.3d 340, 347.)

4. When an individual is found to have a developmental disability under the Lanterman Act, the State of California, through a regional center, accepts responsibility for providing services to that person to support his or her integration into the mainstream life in the community. (Welf. & Inst. Code, § 4501.) The Lanterman Act acknowledges the "complexities" of providing services and supports to people with developmental disabilities "to ensure that no gaps occur in . . . [the] provision of services and supports." (Welf. & Inst. Code, § 4501.) To that end, section 4501 states: "An array of services and supports should be established which is 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. . . ."

5. The Department of Developmental Services (DDS) is the public agency in California responsible for carrying out the laws related to the care, custody, and treatment of individuals with developmental disabilities under the Lanterman Act. (Welf. & Inst. Code, § 4416.) A regional center's responsibilities to its consumers are set forth in Welfare and Institutions Code sections 4640-4659. In order to comply with its statutory mandate, DDS contracts with private non-profit community agencies, known as "regional centers," to provide the developmentally disabled with "access to the services and supports best suited to them throughout their lifetime." (Welf. & Inst. Code, § 4620.)

6. "Services and supports" are defined in Welfare and Institutions Code section 4512, subdivision (b), and in order to be authorized, a service or support must

be included in the consumer's IPP. In implementing an IPP, regional centers must first consider services and supports in the natural community and home. (Welf. & Inst. Code, § 4648, subd. (a)(2).) Welfare and Institutions Code section 4512, subdivision (b) provides, in part:

> "Services and supports for persons with developmental disabilities" means 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. The determination of which services and supports are necessary for each consumer shall be made through the individual program plan process. The determination shall be made on the basis of the needs and preferences of the consumer or, when appropriate, the consumer's family, and shall include consideration of a range of service options proposed by individual program plan participants, the effectiveness of each option in meeting the goals stated in the individual program plan, and the cost-effectiveness of each option. . . .

7. "Natural Supports" is defined in the Lanterman Act as "personal associations and relationships typically developed in the family and community that

enhance or maintain the quality and security of life for people." (Welf. & Inst. Code, § 4512, subd. (e).)

8. Pursuant to Welfare and Institutions Code section 4646, subdivision (a), the planning process is to take into account the needs and preferences of the consumer and his or her family, "where appropriate." Services and supports are to assist disabled consumers in achieving the greatest amount of self-sufficiency possible. (Welf. & Inst. Code, § 4648, subd. (a)(1).) The regional center is also required to consider generic resources and the family's responsibility for providing services and supports when considering the purchase of regional center supports and services for its consumers. (Welf. & Inst. Code, § 4646.4.)

9. Services provided must be cost effective (Welf. & Inst. Code, § 4512, subd. (b)), and the Lanterman Act requires the regional centers to control costs as far as possible and to otherwise conserve resources that must be shared by many consumers. (See, e.g., Welf. & Inst. Code, §§ 4640.7, subd. (b); 4651, subd. (a); 4659; and 4697.)

10. Welfare and Institutions Code section 4659, subdivision (c), prohibits regional centers from purchasing services available from generic resources, including IHSS. Welfare and Institutions Code section 4659, subdivision (c), states as follows:

> Effective July 1, 2009, notwithstanding any other law or regulation, regional centers shall not purchase any service that would otherwise be available from Medi-Cal, Medicare, the Civilian Health and Medical Program for Uniform Services, In-Home Support Services, California Children's Services, private insurance, or a health care service plan

> when a consumer or a family meets the criteria of this coverage but chooses not to pursue that coverage. If, on July 1, 2009, a regional center is purchasing that service as part of a consumer's individual program plan (IPP), the prohibition shall take effect on October 1, 2009.

11. Welfare and Institutions Code section 4659, subdivision (d) prohibits regional centers from the "purchase [of] medical or dental services for a consumer three years of age or older unless the regional center is provided with documentation of a Medi-Cal, private insurance, or a health care service plan denial and the regional center determines that an appeal by the consumer or family of the denial does not have merit."

Evaluation

12. The Lanterman Act and the applicable regulations set forth criteria that a claimant must meet in order to qualify for regional center services. Claimant had the burden of demonstrating she is entitled to funding for braces, and claimant did not meet that burden.

13. While claimant provided dental records from two dental providers regarding claimant's need for braces based on her diagnosis of class II malocclusion, Ms. Caccavale-Zambel credibly testified that class II malocclusion does not constitute a medical necessity and is simply a misalignment of teeth, which is cosmetic in nature. Pursuant to Welfare and Institutions Code section 4512, is the requested braces are not a regional center specialized service or support and do not alleviate claimant's qualifying disability of cerebral palsy or mild IDD in any way, which is a requirement for IRC to fund the service. Additionally, as the funder of last resort, IRC is required to

be fiscally responsible and to pursue all possible sources of funding for consumers receiving regional center services, including Medi-Cal, prior to funding services. Claimant has failed to establish that she has appealed the Medi-Cal denial of her request for funding for braces. Even if she had, IRC would still not be required to fund the service as claimant failed to establish the braces request is medically necessary or needed to alleviate her qualifying disability of cerebral palsy or mild IDD.

14. Based on all evidence provided, claimant has failed to meet her burden to demonstrate she is entitled to funding from IRC to pay for braces.

ORDER

Claimant's appeal is denied.

DATE: July 15, 2026

DEBRA D. NYE-PERKINS
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.