BEFORE THE
OFFICE OF ADMINISTRATIVE HEARINGS
STATE OF CALIFORNIA

In the Matter of:

CLAIMANT

and

ALTA CALIFORNIA REGIONAL CENTER, Service Agency

DDS No. CS0035937

OAH No. 2026041075

DECISION

Jennevee H. de Guzman, Administrative Law Judge, Office of Administrative Hearings, State of California, serving as a hearing officer, conducted a fair hearing on July 13, 2026, in Sacramento, California.

Jordan Cody, Legal Services Manager, represented the service agency, Alta California Regional Center (ACRC).

Claimant's parents represented Claimant, who was present.

Evidence was received, the record closed, and the matter submitted for decision on July 13, 2026.

ISSUE

Is ACRC required to fund a vertical platform lift (platform lift) in claimant's home?

FACTUAL FINDINGS

Background and Jurisdictional Matters

1. Claimant is a five-year-old girl found eligible for ACRC services and supports under the Lanterman Developmental Disabilities Services Act (Lanterman Act) (Welf. & Inst. Code, § 4500 et seq.) based on her diagnosis of cerebral palsy (CP) with an etiology of severe hypoxic ischemic encephalopathy. Claimant resides with her parents in their family home in Antelope, California.

2. On February 2, 2026, claimant's mother requested ACRC to fund a platform lift in their two-story family home due to the safety concerns associated with carrying a growing child up and down the stairs. On March 30, 2026, ACRC sent a notice of action (NOA) denying claimant's request. ACRC reasoned as follows:

> The requested vertical platform lift is not necessary to meet [claimant]'s assessed needs. ACRC determined that [claimant]'s needs for safe access to a bedroom and bathroom can be met on the first floor of her home. The home contains an accessible bedroom and bathroom on the first floor that can safely and appropriately meet [claimant]'s identified needs. Because [claimant]'s identified needs can be met through use of the existing accessible

first-floor space, the requested structural modification is not necessary and does not address an unmet need.

3. On April 20, 2026, ACRC received claimant's appeal from its denial of funding and request for a fair hearing.

Regional Center's Evidence

CLAIMANT'S INDIVIDUAL PROGRAM PLAN (IPP)

4. On June 25, 2025, claimant, her parents, and ACRC representatives met for claimant's annual IPP meeting. Claimant is nonverbal and quadriplegic. She requires the support of another for dressing, personal care, bathing, toileting, eating, walking, and operating her wheelchair. She exhibits self-injurious behaviors. It is important that claimant has her family's support when completing her activities of daily living (ADL). Claimant receives one hour every other month of feeding therapy and 16 hours per week of Applied Behavioral Analysis therapy, one hour every other month of physical therapy, and one hour every other month of occupational therapy.

5. Claimant's short and long-term goals include a lower level of care, increased physical capability, less dependence on medication, and increased ADL capabilities. Claimant wishes to maintain good physical, mental, and dental health. Claimant has a history of seizures. She generally sleeps well but will wake up in the middle of the night. It is important for claimant to be monitored for seizures, choking hazards, and to be safe from injury. It is also important for claimant to access appropriate medical support and durable medical equipment.

6. Claimant also wishes to reduce the risk of harm and be safe at home and in the community. She requires constant supervision during her waking hours to

prevent injury and harm in all settings. It is important for claimant to have safe spaces to roll around on the floor.

ENVIRONMENTAL ACCESSIBILITY (EA) ASSESSMENTS

7. Mallory Seifert is claimant's ACRC service coordinator. She testified at hearing regarding her role in processing claimant's platform lift request. In consultation with Sarah Burton, ACRC client services manager, and pursuant to ACRC's internal procedures, Ms. Seifert initiated a request for an occupational therapist and physical therapist (OT/PT) to conduct an EA assessment of claimant's home. According to ACRC's Procedures Manual, a platform lift falls within Lanterman Act services provided for EA, which is defined as follows:

> [EA] adaptations shall be deemed necessary to ensure the health, welfare and safety of the client, and/or enable the client to function with greater independence in their home, or without which the client would require placement in a more restrictive setting. Such adaptations may include the installation of ramps, grab bars, widening of doorways, and modification of bathrooms. Excluded are those adaptations or improvements to the home that are of general utility and are not of direct medical or remedial benefit to the individual. All services shall be provided in accordance with applicable State or local building codes.

8. ACRC retained the services of Periscope to perform an initial EA assessment. On March 15, 2026, Alyssa Hibben, PT, performed an "in-home" assessment. Ms. Hibben did not testify at hearing. She collected information pertaining

to the following categories: living situation; accessibility; support; physical evaluation; functional assessment; medical appointments; general health; balance; falls; seizures; endurance; cognition; pressure injuries history; pediatric; gait; pain; surgeries; vision; and equipment. Specifically, Ms. Hibben noted as follows:

> **Living Situation**
>
> Residence [¶] [Claimant] lives in a two-story home.
>
> Current Activities [¶] Member requires assistance for all activities of daily living.
>
> Activity Goals [¶] Improve independence of activities of daily living.
>
> **Accessibility**
>
> Ingress/Egress: Accessible
>
> Within: Not Accessible [¶] # Stairs [¶] Within [¶] 16
>
> Reasons: Non-modifiable structural limitations
>
> Resolvable with Portable Ramp? No
>
> Resolvable with Custom Ramp? No
>
> **Support**
>
> [Claimant] lives with her family. She spends 0 hours per day alone. This number of hours is based on a 24-hour period and takes into consideration formal and informal support as well as time with family and friends. [Claimant] receives formal in-home support unknown [*sic*].

(Emphasis in original.)

9. Ms. Hilary Gans, MS, OTR/L, CAPS, AOEAS, ATP, prepared a report following Ms. Hibben's in-home assessment (March report). Ms. Gans did not testify at

hearing. In her report, she identified the primary complaint as "[claimant] must be carried up and down the stairs to access her bedroom and bathroom on the second floor of her home[,] and she is getting too big for her parents to continuously carry her." Ms. Gans concluded claimant's platform lift request "does not appear appropriate." Her assessment summary provided as follows:

> The requested vertical platform lift, for access to the second floor, is not medically necessary.
>
> [Claimant] lives in a two-story home with her family. She is non-ambulatory and requires assistance for all [ADL] due to the effects of [CP]. [Claimant] sleeps upstairs on the same level as her parents and[,] as she gets older, it has become more difficult to carry her up and down the stairs. She is unable to utilize a stair glide due to impaired sitting balance. The home has a fully accessible bedroom and bathroom downstairs; however, the parents do not want to utilize this room because they want her on the same level as them. While the family's preference for upstairs is understandable, the downstairs bedroom and bathroom are accessible and can meet her needs and a video camera can be used to monitor her overnight. Therefore, modifications to allow access to the second floor are not medically necessary.

10. Ms. Burton, who also testified at hearing, received the March report and reviewed it with an ACRC associate director. Because the March report concluded a platform lift was not medically necessary, Ms. Burton explained ACRC had no

alternative but to defer to Periscope's expertise and assessment and issue an NOA denying claimant's request. However, because the March report referenced an accessible first floor bedroom and bathroom, ACRC requested Periscope to conduct an additional EA assessment.

11. On May 11, 2026, Patrice Chin-Jones, OTR/L, conducted a follow-up in-home assessment. She did not testify at hearing. Ms. Chin-Jones evaluated essentially the same categories as identified in the March report. Ms. Gans again prepared the report following Ms. Chin-Jones's assessment (May report). Ms. Gans summarized the information collected pertaining to claimant's first and second floor accessibility as follows:

> [Claimant] lives in a [two-]story home. The front door, garage door, and sliding back door all contain a small threshold step (ranging from 3.5-4.5" in height) that would require a threshold ramp to establish wheelchair accessibility. Once inside the home, the ground level is wheelchair accessible into all rooms. The second floor, which contains [claimant]'s bedroom, bathroom and play/therapy area is not wheelchair accessible due to the stairs, but is accessible once on the second floor. The second-floor bathroom that [claimant] currently uses consists of a double vanity in front of the entry, and then a toilet and tub/shower combo to the right, which are separated by a single door. Both bathroom doorways have an open-door width of approximately 26". [Claimant] has a

bath chair with tilt (18″ x 34″), which fits within the tub (23.75″ x 51″).

The first-floor bathroom consists of a single-sink vanity, toilet, and standing shower stall with sliding glass doors (28″ x 55.5″). The bathroom open door width is the same as the upstairs bathroom, at 26″.

12. Ms. Gans identified the primary complaint as follows:

> [Claimant] is non-ambulatory and dependent for all of her [ADL]. She lives in a [two-]story home with her parents, and her bedroom, bathroom and play/therapy area area [*sic*] all located on the second floor. Although there is a wheelchair accessible bedroom and bathroom on the first floor of the home, her family is requesting an elevator to be installed to improve accessibility to the second floor, as she is becoming too heavy to carry up/down the stairs.

13. Ms. Gans concluded, in pertinent part, as follows:

> The first floor of [claimant]'s home consists of a generally open floor plan, with kitchen, family room, dining room, and one bedroom and bathroom. The second floor consists of a primary bedroom and bathroom, and open loft space to the left of the stairs, and three additional bedrooms to the right of the stairs, one of which is [claimant's] bedroom, and another is used as a play area/therapy room. There is

> also a bathroom with a tub/shower combination, which [claimant] utilizes for her baths.
>
> [Claimant] spends the majority of her time at home on the second floor, in either her bedroom or play area, but will eat her meals downstairs, and also spend time with her parents on the couch in her family room. Currently, her parents are carrying her up/down the stairs, which is becoming more challenging as she grows and gains weight. Her family is requesting a home elevator to be installed that will decrease caregiver burden with carrying [claimant] up/down the stairs multiple times per day. A prior Periscope assessment was completed to address the request to allow [claimant] access to the second floor, and was determined to not be a medical need as the bedroom and bathroom on the main floor can be utilized without the need to negotiate steps.
>
> The first-floor bathroom can accommodate [claimant's] bath chair; however, if the glass shower doors were removed, a hand-held shower head attachment was installed, and a base for the shower chair was obtained, [claimant] can be showered with improved caregiver ease. Modifications to the upstairs bathroom are not a medical need.

14. Ms. Burton explained ACRC has offered, and continues to offer, to fund the suggested modifications to the first-floor bathroom. She further explained that,

due to ACRC's duty to protect public funds, it must strictly limit its spending to address a consumer's medically necessary needs or needs that are necessary to meet a specific, eligibility-related goal.

Claimant's Evidence

15. Claimant's parents testified at hearing. Mother described the family home as their "forever" home. As claimant's primary caregiver, mother requested the platform lift because it is increasingly becoming more difficult for her to safely carry claimant up and down the stairs. Mother described the stairs as "steep." Claimant must be transported up and down the stairs because she currently accesses each floor for different purposes. While at home, claimant primarily eats her meals downstairs in the kitchen and spends the majority of her time upstairs where her bedroom, bathroom, therapy room, play area, and parents' bedroom are located. Claimant's bedroom and therapy room are each equally 12 by 12 feet. The downstairs bedroom, which faces the street, is 10 by 10 feet. Mother explained the second floor layout allows her to care for and enjoy time with claimant, while simultaneously tending to claimant's other needs such as washing her bibs and doing her laundry.

16. Claimant's bedroom is adjacent to her parents' bedroom, and they all sleep with their bedroom doors open. Although parents have a video monitor, they primarily rely on claimant's movements and sounds to know when she is in need. Claimant's nighttime needs include adjusting pillows away from her face, repositioning her hands and legs, and removing her fingers from her mouth. Claimant sometimes chokes and vomits in her bed because she chews on her fingers. Parents tend to claimant's needs multiple times per night on a nightly basis. Parents are also concerned about claimant's potential for seizures though they acknowledged they

have been effectively managed with medication for the last six months. Claimant will also sleep with her parents when she is not feeling well.

17. Parents argued moving claimant downstairs would not meet her needs for several reasons. First, the first floor does not have enough space to accommodate claimant's personal items, durable medical equipment, and therapy sessions. Mother testified Ms. Hibben and Ms. Chin-Jones did not enter claimant's therapy room or inventory its contents. Second, isolating claimant to the first floor would deprive her of access to her entire home, including her parents' bedroom. Mother stated that, although claimant may not have the cognition of a five-year-old child, claimant would realize she no longer has access to the second floor of her home and feel isolated and away from her parents at night. This would cause claimant distress. Third, they would be unable to hear claimant. Fourth, the fatigue caused from having to repeatedly take the stairs throughout the night would pose a safety hazard to them. Fifth, because the downstairs bedroom faces the street, claimant would be vulnerable to street noise and hazards.

Analysis

18. A preponderance of the evidence demonstrates a platform lift is necessary to meet claimant's safety goal as identified in her IPP. An IPP goal specifically includes increasing claimant's safety while at home. Claimant and her family reside in a two-story home. Her parents must assist claimant in accessing each floor by carrying her up and down the stairs. Parents credibly testified claimant must access each floor for different necessary purposes. Mother, claimant's primary caregiver, credibly testified it is presently difficult for her to continue doing so because claimant is growing. Mother's risk of falling will only increase as claimant grows. Mother's increased risk of falling on the stairs while carrying claimant clearly decreases

claimant's safety at home. Under these circumstances, claimant's safety is inextricably intertwined with that of her mother. Consequently, the installation of a platform lift in the family home would eliminate this risk, provide a direct remedial benefit to claimant, and support her goal of increasing her safety at home.

19. ACRC argues its denial of claimant's request must be upheld because it lost discretion to grant the request when Periscope concluded a platform lift was not medically necessary due to the availability of an accessible first-floor bedroom and bathroom. ACRC's position is problematic for two reasons.

20. First, the EA assessments were deficient. They failed to meaningfully consider the accessible space necessary for claimant's therapy, play, safe space for rolling, and equipment. It was incumbent upon Periscope, the vendor tasked with performing the in-home assessments, to gather all pertinent information prior to making any recommendations. Mother credibly testified neither Ms. Hibben nor Ms. Chin-Jones looked at, measured, or considered the contents inside claimant's therapy room. Parents credibly testified the downstairs space is insufficient to accommodate the contents of claimant's therapy room as well as the rest of her belongings. The data collected during the in-home assessments are thus incomplete, and any conclusions made by Ms. Gans based on this incomplete information are unreliable and unpersuasive.

21. Second, ACRC failed to give due consideration to the "strengths, preferences, and needs of [claimant] and the family unit as a whole." (Welf. & Inst. Code, § 4646.5, subd. (a)(1).) Assuming arguendo Periscope's EA assessments were complete and the first floor could accommodate the contents of claimant's therapy and playroom and equipment, it nevertheless would have been improper for ACRC to deny claimant's request. The overwhelming evidence established that claimant's

parents are integral to her safety. Relocating claimant to the first floor would be disruptive and detrimental to her parents' ability to ensure her safety at night. Parents credibly testified they wake several times during the night, based on their hearing abilities, to address claimant's safety needs, such as minimizing suffocation and choking hazards. They are able to address such needs without delay because claimant's bedroom is adjacent to theirs.

22. Moreover, relocating claimant to the first floor would also be in contravention of her IPP goal of maintaining good mental health. Parents persuasively testified claimant is presently aware she has full access to her entire home, including her parents' bedroom. Parents also persuasively testified relocating claimant to the first floor would result in claimant's feelings of isolation and distress. Such feelings are undoubtedly unhealthy.

23. In sum, rather than giving full deference to Periscope's flawed assessments, the Lanterman Act required ACRC to have factored claimant's family-unit considerations into their decision-making process. Accordingly, based on the evidence as a whole, restricting claimant to the first floor of her home squarely falls outside the spirit and requirements of the Lanterman Act.

LEGAL CONCLUSIONS

Burden and Standard of Proof

1. The party seeking government benefits or services has the burden of proof. (*Lindsay v. San Diego County Retirement Bd.* (1964) 231 Cal.App.2d 156, 161.) In this case, claimant bears the burden of proving, by a preponderance of the evidence, that ACRC is required to fund a platform lift within their family home. The term

preponderance of the evidence means "more likely than not." (*Sandoval v. Bank of America* (2002) 94 Cal.App.4th 1378, 1388.)

Applicable Statutes

2. Under the Lanterman Act, the State of California accepts responsibility for persons with developmental disabilities and pays for the majority of 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).) The State Department of Developmental Services (Department) is charged with implementing the Lanterman Act and is authorized to contract with regional centers to provide the developmentally disabled access to the services and supports needed. (Welf. & Inst. Code, § 4620, subd. (a); *Williams v. State of Cal.* (9th Cir. 2014) 764 F.3d 1002, 1004.)

3. To determine how an individual consumer is to be served, regional centers are directed to conduct a planning process that results in an IPP designed to "assist individuals with developmental disabilities to achieve the greatest self-sufficiency possible and to exercise personal choices." (Welf. & Inst. Code, §§ 4646, 4646.5, & 4648, subd. (a)(1).) This process includes "[g]athering information and conducting assessments to determine the life goals, capabilities and strengths, preferences, barriers, and concerns or problems of the person with developmental disabilities." (Welf. & Inst. Code, § 4646.5, subd. (a)(1).)

4. "Assessments shall be conducted by qualified individuals and performed in natural environments whenever possible." (Welf. & Inst. Code, § 4646.5, subd. (a)(1).) Specifically, for children with developmental disabilities, this process "should include a review of the strengths, preferences, and needs of the child and the family unit as a whole." (*Ibid.*) Information shall be taken from, among others, the consumer and the

consumer's parents. (*Ibid.*) "The assessment process shall reflect awareness of, and sensitivity to, the lifestyle and cultural background of the consumer and the family." (*Ibid.*) The regional center must then "secure services and supports that meet the needs of the consumer" within the context of the IPP. (Welf. & Inst. Code, § 4648, subd. (a)(1).)

5. Based on the Factual Findings as a whole, and when all the evidence is considered, ACRC's NOA denying claimant's request for a platform lift must be reversed.

ORDER

Claimant's appeal from ACRC's March 30, 2026 NOA denying claimant's request for a platform lift is REVERSED. ACRC is ordered to fund the purchase and installation of a platform lift in Claimant's family home.

DATE: July 22, 2026

JENNEVEE H. DE GUZMAN
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.