

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

**In the Matter of:**

**CLAIMANT**

**and**

**CENTRAL VALLEY REGIONAL CENTER, Service Agency**

**DDS No. CS0036010**

**OAH No. 2026041366**

**DECISION**

Administrative Law Judge Patrice De Guzman Huber, Office of Administrative Hearings, State of California, serving as a hearing officer, conducted a fair hearing on May 21, 2026, in Fresno, California.

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

Claimant appeared and represented himself.

Evidence was received, the record closed, and the matter submitted for decision on May 21, 2026.

## **ISSUE**

Under the Lanterman Developmental Disabilities Services Act, Welfare and Institutions Code section 4500 et seq. (Lanterman Act), may CVRC purchase an enclosed mobility scooter for claimant?

## **FACTUAL FINDINGS**

### **Jurisdictional Matters and Background**

1. Claimant is a 37-year-old individual who receives regional center services based on his qualifying disability of Intellectual Disability. He has shared with CVRC that he also suffers from cerebral palsy, vertigo, and seizure disorder. He lives with his mother in Fowler, California.

2. Claimant requested that CVRC purchase an enclosed mobility scooter to allow him to run errands such as attending appointments and shopping for groceries. He explained he would use the enclosed mobility scooter when his mother or Independent Living Services (ILS) attendant is unable to drive him. While claimant is ambulatory and willing to walk to run errands, he explained he is prone to seizures when he overheats from warm weather or physical exertion. An enclosed mobility scooter would allow him to travel without becoming overheated.

3. On February 24, 2026, CVRC issued a Notice of Appeal (NOA) denying claimant's request. The NOA states the following reason:

National Seating and Mobility noted that they are not able to give [claimant] a denial letter for an enclosed mobile [sic]

scooter as it is not medical equipment. [Claimant's] doctor offered to approve a mobile scooter through medi-cal [sic], a generic resource. [Claimant] noted he does not want a mobile [sic] scooter and wants an enclosed mobile [sic] scooter. If medically necessary Medi-Cal/ private insurance, a generic resource[,] needs to be exhausted.

4. On April 22, 2026, claimant appealed the NOA. He explained: "It was not right I was denied an enclosed mobility scooter for transportation purposes."

### **Hearing Testimony and Evidence**

5. Krystal De La Rosa, Program Manager at CVRC, testified. Her duties include supervising service coordinators and supporting clients and families by providing them with available resources. She supervises claimant's service coordinator, Victoria Rocha. Ms. De La Rosa noted that claimant works part-time at a barbershop and receives ILS services at 15 hours per month. His ILS attendant accompanies him to medical appointments, helps him access community resources, and assists with money management. Transportation is included with ILS services.

Ms. De La Rosa reviewed claimant's request and found no supporting documentation. She testified that a letter from claimant's doctor specifically prescribing an enclosed mobility scooter or a denial letter from insurance would have been helpful to CVRC in further looking into claimant's request. She is not sure whether claimant has asked his insurance to fund an enclosed mobility scooter.

CVRC consulted its staff nurse, Jacee Betancourt, about claimant's request. In February 2026, she spoke to National Seating and Mobility (NSM), a provider of specialized rehabilitation and accessibility equipment, about enclosed mobility

scooters. By email to Ms. Rocha, Ms. Betancourt explained that NSM “does not have a medical code” to bill insurance for an enclosed mobility scooter because “this item is not considered to be medical equipment.” NSM also told Ms. Betancourt an enclosed mobility scooter “would not be considered an item of necessity.”

6. Claimant testified. He is upset he was not invited to participate in the discussions between Mses. Rocha and De La Rosa about his request for an enclosed mobility scooter. He feels he could have explained his reasoning if he had been given the opportunity to participate.

Claimant first learned about enclosed mobility scooters from his brother, who saw them online while browsing. According to claimant, enclosed mobility scooters are almost like mini cars, with air conditioning and heating capabilities. Their top speeds range from 20 to 30 miles per hour, and they are rechargeable. Claimant testified that they require no registration and can be driven in the bicycle lane or on the sidewalk, and no driver’s license is necessary to operate one. Claimant testified they cost approximately \$6,000 to \$13,000 and can be purchased online via Amazon, Walmart, or eBay. He believes an enclosed mobility scooter would promote his independence by allowing him to run errands when his mother or the ILS attendant is unable to take him. Currently, he walks to run errands when he is able. However, he noted that the sidewalks in Fowler are generally not safe or accessible.

Upon learning about enclosed mobility scooters, claimant asked his neurologist, Vladimir Royter, M.D., whether one would suit his needs. Claimant testified Dr. Royter agreed he would benefit from using an enclosed mobility scooter. Claimant testified that since October 2025, he has asked Dr. Royter a number of times to prepare a letter or prescription specifically indicating his need for an enclosed mobility scooter, but for an unknown reason Dr. Royter has not yet done so.

Claimant has requested assistance from Disability Rights California's Office of Clients' Rights Advocacy (OCRA). By letter dated January 29, 2026, OCRA recommended that claimant ask Dr. Royter to "send another referral to [NSM] that includes the appropriate HCPCS (Healthcare Common Procedure Coding System) code" and "provide [claimant] a copy of the referral [he] send[s] to [NSM]." Claimant testified he has not asked Dr. Royter for a referral again since receiving OCRA's letter.

Claimant has Medi-Cal and Medicare. He testified neither will issue a denial letter regarding his request for an enclosed mobility scooter. Similarly, he also testified NSM will not issue a denial letter regarding his request for an enclosed mobility scooter. It is unknown whether Dr. Royter has sent a specific referral for an enclosed mobility scooter to Medi-Cal or Medicare. However, claimant believes Dr. Royter sent such a referral to NSM in 2025. Claimant does not have a copy of this referral.

7. Claimant's mother testified. She has been a Licensed Vocational Nurse for 31 years. She testified claimant has been receiving regional center services since he was a toddler. She testified claimant suffers from cerebral palsy and a seizure disorder. He has low physical stamina and tires and overheats easily. She believes an enclosed mobility scooter will enable claimant to regulate his body temperature as he runs errands around town. Although claimant receives ILS services, those services must be scheduled in advance. Claimant's mother is also not always available to transport claimant as she also cares for her elderly mother. An enclosed mobility scooter would help claimant be more independent.

8. Karin Miller, claimant's ILS attendant, testified. Claimant is a relatively new client to her, so she is not fully familiar with his history with the regional center. She accompanies him to medical appointments and the grocery store. She recalls being with claimant when he saw Dr. Royter sometime within the last month. She

recalls that during that appointment, Dr. Royter agreed with claimant that an enclosed mobility scooter would benefit him, but Ms. Miller is not sure why Dr. Royter did not provide claimant with a written referral. She has never seen Dr. Royter complete a prescription for claimant for an enclosed mobility scooter.

## **Analysis**

9. It is undisputed that claimant suffers from a seizure disorder and, although ambulatory, may benefit from using an enclosed mobility scooter. It would promote his independence by allowing him to access his community without being limited by the schedule or availability of his mother or ILS attendant. Additionally, because an enclosed mobility scooter can regulate the temperature inside, claimant's risk of overheating while accessing his community is lower.

10. However, claimant has not yet exhausted generic resources available to him, such as Medi-Cal and Medicare. Until such resources are exhausted, CVRC cannot fund an enclosed mobility scooter for claimant. (Welf. & Inst. Code, §§ 4644, subd. (b) [“generic agency’ means any agency which has a legal responsibility to serve all members of the general public and which is receiving public funds for providing such services”] & 4648, subd. (a)(8) [“Regional center funds shall not be used to supplant the budget of an agency that has a legal responsibility to serve all members of the general public and is receiving public funds for providing those services”].) Accordingly, claimant's appeal must be denied at this time.

## LEGAL CONCLUSIONS

1. The Lanterman Act governs this case. (Welf. & Inst. Code, section 4500 et seq.) Under the Lanterman Act, regional centers fund services and supports for persons with developmental disabilities.

### **Burden and Standard of Proof**

2. An administrative “fair hearing” to determine the rights and obligations of the parties, if any, is available under the Lanterman Act. (Welf. & Inst. Code, §§ 4700–4716.) The burden of proof is on the party seeking government benefits or services. (*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 CVRC must fund an enclosed mobility scooter. (Evid. Code, § 115.)

### **Applicable Law**

3. The Department of Developmental Services (the Department) 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.) To comply with its statutory mandate, the Department contracts with private, nonprofit 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.)

4. Welfare and Institutes Code section 4512, subdivision (b), provides:

“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. Services and supports listed in the individual program plan may include, but are not limited to, diagnosis, evaluation, treatment, personal care, daycare, domiciliary care, special living arrangements, physical, occupational, and speech therapy, training, education, supported and sheltered employment, mental health services, recreation, counseling of the individual with a developmental disability and of the individual's family, protective and other social and sociolegal services, information and referral services, follow-along services, adaptive equipment and supplies, advocacy assistance, including self-advocacy training,

facilitation and peer advocates, assessment, assistance in locating a home, childcare, behavior training and behavior modification programs, camping, community integration services, community support, daily living skills training, emergency and crisis intervention, facilitating circles of support, habilitation, homemaker services, infant stimulation programs, paid roommates, paid neighbors, respite, short-term out-of-home care, social skills training, specialized medical and dental care, telehealth services and supports, as described in Section 2290.5 of the Business and Professions Code, supported living arrangements, technical and financial assistance, travel training, training for parents of children with developmental disabilities, training for parents with developmental disabilities, vouchers, and transportation services necessary to ensure delivery of services to persons with developmental disabilities. This subdivision does not expand or authorize a new or different service or support for any consumer unless that service or support is contained in the consumer's individual program plan.

5. Welfare and Institutions Code section 4646.4 provides in pertinent part:
  - (a) Regional centers shall ensure, at the time of development, scheduled review, or modification of a consumer's individual program plan developed pursuant to Sections 4646 and 4646.5, or of an individualized family

service plan pursuant to Section 95020 of the Government Code, the establishment of an internal process. This internal process shall ensure adherence with federal and state law and regulation, and if purchasing services and supports, shall ensure all of the following:

(1) Conformance with the regional center's purchase of service policies, as approved by the department pursuant to subdivision (d) of Section 4434.

(2) Utilization of generic services and supports if appropriate, in accordance with all of the following:

[¶] . . . [¶]

(B) The individual program plan team under Section 4646 may determine that a medical service identified in the individual program plan is not available within 60 calendar days through the family's private health insurance policy or health care service plan or under the Medi-Cal program and therefore, in compliance with paragraph (1) of subdivision (d) of Section 4659, will be authorized for purchase-of-service funding by the regional center.

(C) For purposes of this paragraph, a regional center shall authorize the provision of medical services through the purchase of services during any plan delays, including the appeals process.

(3) (A) Utilization of other services and sources of funding as contained in Section 4659.

6. Welfare and Institutions Code section 4659 provides in pertinent part:

(a) Except as otherwise provided in subdivision (b) or (e), the regional center shall identify and pursue all possible sources of funding for consumers receiving regional center services. These sources shall include, but not be limited to, both of the following:

(1) Governmental or other entities or programs required to provide or pay the cost of providing services, including Medi-Cal, Medicare, the Civilian Health and Medical Program for Uniform Services, school districts, and federal supplemental security income and the state supplementary program.

(2) Private entities, to the maximum extent they are liable for the cost of services, aid, insurance, or medical assistance to the consumer.

[¶] . . . [¶]

(c) 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.

### **Claimant's Appeal**

7. When all the evidence is considered, as discussed above, CVRC cannot purchase an enclosed mobility scooter for claimant because he has not yet exhausted generic resources to fund such a purchase. Therefore, claimant's appeal is denied.

### **ORDER**

Claimant's appeal is DENIED.

DATE: May 27, 2026

PATRICE DE GUZMAN HUBER  
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.