BEFORE THE
OFFICE OF ADMINISTRATIVE HEARINGS
STATE OF CALIFORNIA

In the Matter of:

CLAIMANT

and

INLAND REGIONAL CENTER, Service Agency

DDS No. CS0036783

OAH No. 2026050980

DECISION

Michelle C. Hollimon, Administrative Law Judge, Office of Administrative Hearings, State of California, heard this matter by videoconference and telephone on July 27, 2026.

Keri Neal, Fair Hearings Representative, Fair Hearings and Legal Affairs, represented Inland Regional Center (IRC).

Claimant's mother, who is also 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 27, 2026.

ISSUE

Is IRC required to fund Augmented and Alternative Communication (AAC) programming, page set reconstruction, and caregiver training services for a Tobii DynaVox TD Pilot speech generating device (TD Pilot) by a specific provider requested by claimant?

FACTUAL FINDINGS

Background

1. Claimant is a 27-year-old unconserved male who resides with his mother and stepfather. He is eligible for regional center services under the category of cerebral palsy.

2. On May 13, 2026, IRC issued a Notice of Action (NOA) denying claimant's request for AAC programming, page set reconstruction, and caregiver training services for a TD Pilot to be provided by Rachel Madel, CEO and Founder of Rachel Madel Speech Therapy Inc. (RMST), a private practice serving children in Los Angeles. The NOA provides the reason for service denial as the following:

> This decision was made because [RMST] is not vendored by any regional center and does not have a rate agreement or contract with IRC. Since this is not a regional center vendor, there are no quality assurance measures, qualification expectations, or oversight to ensure service provider accountability and program effectiveness. Additionally, IRC is exploring generic resource options as well as working to

courtesy vendor a provider who is able to assist with AAC support. Moreover, IRC is unable to fund AAC support without a payment mechanism through regional center vendorization or parental reimbursement which you have indicated non agreement with.

3. Claimant timely appealed this decision.

IRC's Evidence

TESTIMONY OF AURORA RODRIGUEZ

4. The testimony of Aurora Rodriguez, Consumer Services Coordinator (CSC) at IRC, and related documents received in evidence, are summarized as follows: Ms. Rodriguez was assigned as claimant's CSC in February 2026. Claimant's last finalized individual program plan (IPP) was completed in July 2025. She has attempted to schedule a meeting with claimant's mother to discuss claimant's IPP, as his next IPP was due July 21, 2026, but has been unable to schedule the IPP meeting with claimant's mother to date. A more recent IPP was drafted in January 2026 by claimant's former CSC, and sent to claimant's mother, but it was never finalized. At the IPP meeting Ms. Rodriguez has attempted to schedule, claimant's mother's concerns that she has expressed to IRC regarding the IPP would be addressed, current services and new services requests would be discussed, and any corrections needed and agreed upon would become part of claimant's IPP.

5. Ms. Rodriguez has reviewed claimant's available records, including the July 2025 IPP. The July 2025 IPP meeting summary indicates that claimant and his mother both attended the IPP meeting. Claimant's mother signed the July 2025 IPP meeting summary on July 21, 2025. The July 2025 IPP meeting summary does not

indicate a second IPP meeting was requested due to lack of final agreement regarding services and supports to be provided by IRC, and it is her understanding the IPP was agreed upon.

6. The July 2025 IPP meeting summary indicates that claimant has medical insurance through three entities-Anthem Blue Cross, HealthComp and Inland Empire Health Plan (IEHP).

7. Ms. Rodriguez testified that IRC is being asked to fund AAC programming, support and training for claimant's TD Pilot. Both she and claimant's former CSC contacted multiple vendored providers regarding requested services without initial success, but IRC recently identified a vendored provider that can provide AAC programming, support and training for claimant's TD Pilot, and that vendor's information was given to claimant's mother.

TESTIMONY OF AMANDA MCGUIRE

8. The testimony of Amanda McGuire, Program Administrator of Resource Development and Transportation at IRC, and related documents received in evidence, are summarized as follows: All services funded by IRC fall under one of several service codes. Service providers interested in providing services to IRC clients go through a process to become a vendored service provider. A service provider has to be within the regional center's catchment area. If a regional center does not have a particular type of vendor, a "courtesy vendorization" can be approved for a vendored service provider of another regional center. Payment rates are set for services and depending on the type of service, may be a rate set by the Department of Developmental Services (DDS), a "usual and customary" rate or a Medicaid rate. IRC cannot fund any provider at any rate.

9. Ms. McGuire testified that on June 2, 2026, she emailed the associate executive director of the Orange County Regional Center requesting information regarding one of their vendored service providers, Goodwill of Orange County Assistive Technology Exchange Center (Goodwill), who is vendored to provide communication aide services. On June 9, 2026, an email response was sent stating that Goodwill's rate was "RCOC's median rates" of $92.62 per hour for individual services and $21.80 for group services. Ms. McGuire testified these rates were set by DDS. Mileage reimbursement is a set rate of $0.72 per mile.

10. Ms. McGuire testified that the service provider claimant is requesting, RMST, is located in Santa Monica, which is not in IRC's catchment area. RMST's hourly rate for AAC programming and training, per RMST's rate sheet, is $225 per hour; travel fees for travel outside a 10-mile radius of Santa Monica are additional and to be agreed upon. RMST confirmed via email on July 9, 2026, that they were not willing to accept the vendored AAC services rate.

11. RMST is not vendored with a regional center. If RMST were vendored with a regional center other than IRC, IRC would have the option to provide courtesy vendorization for RMST. Because RMST is not vendored, their services cannot be funded by IRC. The only services that can be funded outside of vendorized services are though the Self-Determination Program, in which claimant does not participate, and purchase reimbursement if appropriate. IRC cannot fund any requested service through purchase reimbursement; IRC is still obligated to pursue and exhaust generic resources and vendored providers before considering purchase reimbursement. IRC is the payor of last resort. IRC is also the "keeper of tax dollars" and as such, IRC has to fund the most appropriate, cost-effective service.

TESTIMONY OF MONICA SIEGERS

12. The testimony of Monica Siegers, Program Manager of the Riverside Adult South Unit at IRC, and related documents received in evidence, are summarized as follows: Ms. Siegers is familiar with claimant's request for AAC support with RMST. RMST is not a vendored provider with IRC or any other regional center.

13. Ms. Siegers testified that IRC was not provided any proof that claimant's three medical insurance providers denied coverage for AAC programming and training. Despite not receiving this proof, IRC still attempted to secure a vendored provider. IRC secured Goodwill, another regional center vendored provider that IRC courtesy vendored as of July 22, 2026. Goodwill confirmed via email that they provide AAC programming, page set migration, caregiver training/support and ongoing support and services, among other services. Claimant's mother was notified on July 22, 2026, that a vendored provider had been secured, and was provided the referral packet requested by Goodwill to be reviewed and completed in order for Goodwill to have a consultation with claimant and claimant's mother, which IRC has agreed to fund. As of the date of the hearing, the consultation has not taken place.

14. RMST is not vendored with any regional center, and therefore IRC cannot provide courtesy vendorization to them. Ms. Siegers testified it is her understanding that RMST does not want to be vendored and is not willing to accept regional center payment rates. IRC has identified a vendored provider that can meet claimant's needs that is more cost effective and over which IRC can provide quality assurance.

Claimant's Evidence

TESTIMONY OF CLAIMANT'S MOTHER

15. The testimony of claimant's mother, and related documents received in evidence, are summarized as follows: Claimant's mother has been requesting AAC programming services for years, not just since May 2026. She made multiple written requests to IRC, and was told that because IRC did not purchase the device, they will not fund support of it. IRC has refused to add AAC programming to claimant's IPP despite repeated requests. The first written NOA was the May 13, 2026, providing her the right to appeal this issue.

16. Claimant needs the TD Pilot to communicate. The device itself is failing, is cracked and presents safety issues, and has not been updated for years. She wants something done before the device completely fails, and claimant's entire vocabulary for his entire life is gone. She was previously unwilling to pay for services and be reimbursed, but because of the crisis her son is in and risk of him losing his entire history on the device, she is willing to pay for services if she needs to and be reimbursed.

17. IRC has had years to address claimant's request. Claimant presented a qualified person to perform the requested services, RMST, in February 2026. IRC reached out to several vendors and could not find one to provide the services requested. Claimant's mother testified she did not understand why Goodwill was being contacted, that she was sent the email with the information requested from Goodwill only five days before the hearing, she was unable to speak with anyone at Goodwill as the program administrator was on vacation until the day of the hearing, and that she has started completing the requested paperwork. Further, the paperwork that was

submitted was just for training, and does not address all services claimant needs. IRC did not provide claimant a Notice of Resolution or any documentation stating IRC was willing to do anything.

18. Claimant does not have three separate insurance policies. HealthComp is the plan administrator for Blue Cross/Blue Shield. Claimant's medical insurance providers will not cover programming of the TD Pilot. Claimant is unable to get a written denial for a service not offered by his providers.

19. Claimant's mother is requesting authorization of AAC services with RMST, and if not fully authorized, interim services to begin using emergency vendor authority and voucher authority authorized under the Welfare and Institutions Code.

LEGAL CONCLUSIONS

Burden and Standard of Proof

1. In a proceeding to determine whether an individual is eligible for services, the burden of proof is on claimant to establish by a preponderance of the evidence that IRC should fund the requested service. (Evid. Code, §§ 110, 115, 500; *McCoy v. Bd. of Retirement* (1986) 183 Cal.App.3d 1044, 1051-1052.)

2. 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. It is "evidence that has more convincing force than that opposed to it." (*People ex rel. Brown v. Tri-Union Seafoods, LLC* (2009) 171 Cal.App.4th 1549, 1567.)

The Lanterman Act

3. The legislature enacted a comprehensive statutory scheme known as the Lanterman Developmental Disabilities Act (Lanterman Act), set forth in Welfare and Institutions Code section 4500 et seq., to meet the needs of each person with developmental disabilities, regardless of that person's degree of handicap or age, and at each stage of that person's life. The purpose of the statutory scheme is twofold: To prevent or minimize the institutionalization of developmentally disabled persons and their dislocation from family and community, and to enable them to approximate the pattern of everyday living of nondisabled persons of the same age in order to lead more independent and productive lives in the community (*Association of Retarded Citizens v. Department of Developmental Services* (1985) 38 Cal.3d 384, 388.)

4. 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.) 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.)

5. "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. 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. . . .

6. The IPP is developed through a process of individualized needs determination. (Welf. & Inst. Code, §4646, subd. (b).) IPPs are prepared jointly by the planning team, and the services and support that are included in the IPP and purchased by the regional center, or obtained from generic resources, are to be agreed upon by the regional center and the consumer (or the consumer's representative) (Welf. & Inst. Code, §4646, subd. (d).) The planning team consists of the consumer, the parents or guardian of a minor or legally appointed conservator of an adult consumer, the consumer's authorized representative, any individual the consumer wishes to have participate, and regional center representative(s). (Welf. & Inst. Code, §4512, subd. (j).)

7. The regional center is required to control costs as much as possible and to otherwise conserve resources that must be shared by many consumers. (Welf. & Inst. Code, §§ 4640.7, subd. (b); 4646, subd. (a); 4651, subd. (a).) The regional center is required to use the "least costly available provider of comparable service" that is consistent with the consumer's needs and can accomplish all or part of the consumer's IPP. (Welf. & Inst. Code, § 4648, subd. (a)(6)(D)(i).) Regional centers are required to identify and pursue all possible sources of funding for consumers receiving regional center services, including governmental and private entities. (Welf. & Inst. Code, § 4659, subd. (a).) Regional centers are required to consider generic resources for providing services and supports when considering the purchase of regional center supports and services for its consumers. (Welf. & Inst. Code, § 4646.4, subd. (a)(2).) Regional center funds cannot 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." (Welf. & Inst. Code, § 4648, subd. (a)(8).)

8. The regional center is required to consider all the following when selecting a provider of consumer services and supports: whether the provider can deliver quality services or supports to accomplish all or part of the consumer's IPP; a provider's success in achieving IPP objectives; the licensing, accreditation, or professional certification of the provider if appropriate; the cost of providing services or supports of comparable quality by different providers; and the choice of provider of the consumer, or, where appropriate, the parents, legal guardian, conservator, or authorized representative of the consumer. (Welf. & Inst. Code, § 4648, subd. (a)(6).)

9. A regional center is authorized to purchase services and supports for a consumer pursuant to vendorization or a contract in order to best accomplish all or any part of the IPP. (Welf. & Inst. Code, § 4648, subd. (a)(3).) A regional center cannot

reimburse a vendor unless they have an established rate in effect, and regional centers are prohibited from reimbursing for services greater than the established rate. (Welf. & Inst. Code, § 4648, subd. (a)(3)(D); Cal. Code Regs., tit. 17, § 57300, subd. (c).) A regional center may not provide reimbursement to a claimant for services and supports without authorization in advance of the provision of services or supports, unless the services or supports are for emergency services provided by a regional center vendor, are determined by the regional center to be necessary and appropriate, and are provided at a time when regional center personnel cannot be reached (e.g. nights, weekends, holidays). (Cal. Code Regs., tit. 17, § 50612, subd. (b).)

Evaluation

10. Claimant has the burden of demonstrating he is entitled to funding for RMST to provide AAC programming, page set reconstruction, and caregiver training services for a TD Pilot, and claimant did not meet that burden.

11. IRC is not denying funding for AAC programming, page set reconstruction, and caregiver training services for a TD Pilot, but rather is denying claimant's request that these services be provided by RMST. RMST is not a vendored provider with any regional center, and is unwilling to accept DDS rates for their services and become vendored. As such, IRC cannot agree to pay for services by RMST for claimant.

12. The regional center is required to use the least costly available provider of comparable service that is consistent with the consumer's needs and can accomplish all or part of the consumer's IPP. Goodwill is that provider. Goodwill is a vendored provider that can provide AAC programming, page set reconstruction, and caregiver training services for a TD Pilot as requested for claimant. IRC notified

claimant about Goodwill and sent claimant's mother information to complete for an initial consultation with Goodwill. While claimant's mother expressed concerns regarding the paperwork and the timing of securing Goodwill as a service provider, these concerns do not invalidate Goodwill as a service provider or otherwise provide sufficient grounds to grant claimant's appeal.

13. Claimant also did not present sufficient evidence to demonstrate that the requested services are emergency services, and that he should be able to pay for the services and later seek reimbursement. While important to claimant, the services being sought are not emergency services and, even if they were, RMST is not a vendored provider. Emergency services reimbursement can only be funded if services are rendered by a vendored provider.

14. Based on all evidence provided, claimant has failed to meet his burden to demonstrate he is entitled to funding from IRC to pay for RMST to provide AAC programming, page set reconstruction, and caregiver training services for a TD Pilot.

ORDER

Claimant's appeal is denied.

DATE: August 5, 2026

MICHELLE C. HOLLIMON
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.