BEFORE THE
OFFICE OF ADMINISTRATIVE HEARINGS
STATE OF CALIFORNIA

In the Matter of:

CLAIMANT

and

SAN GABRIEL/POMONA REGIONAL CENTER,

Service Agency.

DDS No. CS0037197

OAH No. 2026060248

DECISION

Nana Chin, Administrative Law Judge, Office of Administrative Hearings (OAH), State of California, heard this matter by videoconference on July 21, 2026.

Claimant was represented by his mother (Mother). (Family titles are used to protect the privacy of Claimant and his family.)

Daniel Ibarra, Manager of Appeals and Resolution, represented San Gabriel/Pomona Regional Center (Service Agency or SG/PRC). Rosa Fernandez, Appeals & Resolutions Specialist, was also present.

Testimony and documents were received into evidence. The record was closed, and the matter was submitted for decision.

ISSUE

Whether the regional center should reimburse Mother for mileage to drive Claimant to his medical appointments, therapy sessions, and social recreational activities.

EVIDENCE RELIED UPON

Documents: Exhibits 1-5, 7, B-F.

Service Agency Witness: Magdalena Cenovio, Manager of Preschool Services.

Claimant's Witness: Mother.

FACTUAL FINDINGS

Parties and Jurisdiction

1. Claimant is a regional center consumer who receives services from SG/PRC under the Lanterman Developmental Disabilities Services Act (Lanterman Act) (Welf. & Inst. Code, § 4500 et seq.) based on a qualifying diagnosis of Autism Spectrum Disorder (ASD). (All statutory references are to the Welfare and Institutions Code, unless otherwise noted.)

///

2. On May 4, 2026, Mother requested mileage reimbursement for transporting Claimant to his medical appointments, therapy appointments, and social-recreational activities.

3. On May 18, 2026, Service Agency issued a Notice of Action (NOA) denying Mother's request, stating the request was being denied because "[p]arents are expected to provide routine transportation similar to those provided for a child without disabilities, including medical appointments and community activities." (Exh. 1, p. A2.) Service Agency further stated that Mother had "not provided sufficient written documentation demonstrating [she was] unable to provide or arrange transportation for [Claimant]." (*Ibid.*) Mother timely appealed Service Agency's NOA. All jurisdictional requirements have been met.

Claimant's Background

4. Claimant is four years old and resides in the family home with Mother and his older brother. Mother has not worked outside the home for approximately two years. She left her career and came to California because she was unable to obtain appropriate specialized services for Claimant in Indiana. Claimant's father (Father) resides outside California and is sporadically involved in Claimant's care, but he does not regularly contribute financially to Mother's household.

5. Mother is on a fixed income and testified that her household income is below 200 percent of the federal poverty level. Mother is authorized to receive 30 hours per month of In-Home Supportive Services (IHSS) to care for Claimant. She testified that she receives approximately $2,100 per month in combined income from Supplemental Security Income (SSI), IHSS, and child support for Claimant's older brother. This amount does not include the family's monthly CalFresh benefits.

Claimant's IPP and Services

6. Claimant's annual Individual Program Plan (IPP) meeting was conducted virtually on May 4, 2026. Mother, independent facilitator Stephanie Wayne, and Claimant's service coordinator participated. Following the meeting, the service coordinator prepared an IPP addressing Claimant's current circumstances, desired outcomes, and the services and supports provided or needed to achieve those outcomes. The IPP was admitted into evidence as Exhibit 7. It does not identify the service coordinator who attended the meeting. At hearing, Mother stated that she has not approved the IPP because an issue concerning Claimant's food thickener remains unresolved, but she otherwise agrees that the IPP is accurate.

7. Claimant has several medical conditions, including pica, gastroesophageal reflux disease (GERD), and asthma. He sees his pediatrician in Burbank as needed. Claimant sees his neurologist in Pasadena once a month and his ear, nose, and throat specialist (ENT) at Children's Hospital Los Angeles (CHLA) every three months for appointments related to his ear tubes and dysphagia. Claimant recently saw his ENT because he had an infection related to his ear tubes. His medical care is funded through Medi-Cal/L.A. Care.

8. Claimant has participated in the individualized education program (IEP) process but does not presently attend school. According to Mother, she declined offered school services so that Claimant could attend an applied behavior analysis (ABA) program at Dream Big to address his maladaptive behaviors. Claimant attends Dream Big five days a week, generally from 9:00 a.m. to 4:30 p.m., except on Thursday mornings, when he receives therapy. The ABA services are funded by Medi-Cal.

///

9. Claimant receives weekly occupational and feeding therapy to address his overstuffing behaviors and limited tolerance for certain food textures. He also receives speech therapy to improve his speech. To develop his social skills and safety awareness, Claimant attends a gymnastics program provided by Adaptive Athletics on Saturday mornings, takes swim lessons provided by Waterworks, and participates in activities at We Rock the Spectrum, an indoor playground.

10. Through the IPP process, SG/PRC agreed to fund the following services: (1) 10 swimming sessions per month through Waterworks from July 1 through December 31, 2026; (2) occupational and feeding therapy once per week through Wonderkind at CHLA from July 1 through September 30, 2026; (3) speech therapy once per week through Wonderkind at CHLA from July 1 through September 30, 2026, pending funding by health insurance; and (4) $150 per month through parent reimbursement for Claimant's participation in gymnastics through Adaptive Athletics from July 1 through December 31, 2026.

Mileage Reimbursement Request

11. Mother requests mileage reimbursement for transporting Claimant in her personal vehicle to appointments with his ENT and neurologist, urgent care, feeding therapy, swimming lessons, gymnastics, other therapeutic services, ABA sessions, and an indoor playground. The round-trip distances stated below reflect Mother's testimony and the documentation she provided.

12. Claimant's medical care, including his specialist visits and urgent care, is funded through Medi-Cal. The round-trip distances are 52 miles to the ENT at CHLA, 28 miles to the neurologist, and 14.6 miles to urgent care at CHLA. The round-trip distance to Claimant's Medi-Cal-funded ABA program is 12.4 miles.

13. The round-trip distances to the remaining destinations are 24 miles to Waterworks for swimming, 52 miles to Wonderkind at CHLA for occupational and feeding therapy, 52 miles to Wonderkind for speech therapy, and 32 miles to Adaptive Athletics for gymnastics.

14. During the IPP meeting, Mother expressed financial concerns and described difficulties using transportation services available through Medi-Cal. She requested mileage reimbursement for transporting Claimant to his therapy services. SG/PRC agreed to review the request.

Purchase of Service Guidelines

15. Service Agency's Purchase of Service (POS) Policy for Transportation states, in relevant part:

> For minors living at home, the regional center shall take into account the family's responsibilities for providing transportation services similar to those provided for a child without disabilities. Parents, legal guardians, or caregivers are expected to provide for routine transportation, such as to medical appointments, from after-school programs, to and from Saturday programs, and to and from programs during times when public schools are not in session. The regional center may provide transportation to the above services if the family provides sufficient documentation to demonstrate that they cannot provide or arrange transportation.

///

> The regional center may purchase transportation for children under school age to a required early intervention service or program other than a public school, as required by Early Start program regulations. Transportation will be provided by the most cost-effective method that meets the needs of the child and family. If vendored transportation services are authorized, the parent or caregiver is strongly encouraged to accompany the child in the transportation vehicle.

Claimant's Transportation Needs and Generic Services

16. Mother explored services for Claimant closer to the family home but concluded that the available local services were not "special needs friendly." She therefore transports Claimant to programs and providers outside the immediate community. Mother testified that the increased gasoline costs associated with Claimant's long-distance trips to medical appointments and disability-related services have become a financial barrier to her continued ability to transport him to the services and appointments identified above.

17. Mother maintains that transportation through Medi-Cal's Call the Car program is not appropriate for Claimant because the wait times could trigger "unsafe behavioral episodes." (Ex. 2, p. A7.) Mother asserts that Service Agency acknowledged Claimant's special transportation needs by agreeing to purchase a BRU-VSL-6000 Curb-Sider through MobilityWorks, at a total cost of $5,489, to modify Mother's vehicle so that it could accommodate Claimant's adaptive stroller.

///

18. Mother testified that she is willing and able to provide documentation concerning the household's finances and the transportation expenses she incurs on Claimant's behalf. She did not know that such documentation was required until she received the NOA.

19. At hearing, Service Agency asserted that reimbursing parents of minor children for mileage was contrary to SG/PRC's POS policy. Service Agency instead offered to arrange and fund Claimant's transportation through a transportation provider. No transportation provider had been identified by the time of hearing.

LEGAL CONCLUSIONS

Jurisdiction

1. An administrative hearing to determine the rights and obligations of the parties is available under the Lanterman Act to appeal a contrary regional center decision. (§§ 4700-4716.) Claimant timely requested a hearing following Service Agency's denial of Claimant's request, and therefore, jurisdiction for this appeal was established.

Standard and Burden of Proof

2. The party seeking government benefits or services bears the burden of proof. (See, e.g., *Lindsay v. San Diego Retirement Bd.* (1964) 231 Cal.App.2d 156, 161 [disability benefits].) Because no statute specifies a different standard of proof for this proceeding, the standard of proof in this case is preponderance of the evidence. (See Evid. Code, §§ 115, 500.)

///

3. As the party seeking mileage reimbursement, Claimant must prove by a preponderance of the evidence that he is entitled to the requested funding.

Applicable Law

4. In enacting the Lanterman Act, the Legislature accepted its responsibility to provide for the needs of developmentally disabled individuals and recognized that services and supports should be established to meet the needs and choices of each person with developmental disabilities. (§ 4501.) The Lanterman Act gives regional centers, such as SG/PRC, a critical role in the coordination and delivery of services and supports for persons with disabilities. (§ 4620, et seq.) Regional centers are responsible for developing and implementing IPPs, for taking into account consumer needs and preferences, and for ensuring service cost-effectiveness. (§§ 4640.7, 4646, 4646.5, 4647, and 4648.)

5. A consumer's needs are determined through the IPP process. (§ 4646.) "Individual program plans shall be prepared jointly by the planning team. Decisions concerning the consumer's goals, objectives, and services and supports that will be included in the consumer's [IPP] and purchased by the regional center or obtained from generic agencies shall be made by agreement between the regional center representative and the consumer or, where appropriate, the parents, legal guardian, conservator, or authorized representative at the program plan meeting." (§ 4646, subd. (b).)

6. "Services and supports" are defined as "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 independent, productive, and normal lives" and include respite services. (§ 4512, subd. (b)).

7. Although an IPP must reflect the needs and preferences of the consumer, regional centers are not mandated to provide all the services a consumer may request. The services provided must be cost-effective (§§ 4512, 4646, subd. (a)), and the Lanterman Act requires regional centers to control costs as far as possible and to otherwise conserve resources that must be shared by many consumers. (See, e.g., §§ 4640.7, subd. (b), 4651, subd. (a), 4659, and 4697.)

8. Regional centers must identify and pursue all possible sources of funding for their consumers from generic resources, including school districts (§ 4659, subd. (a)(1)), and secure services from generic sources when possible (§§ 4647, subd. (a), 4646.5, subd. (a)(4)). This entails reviewing a consumer's needs, progress, and circumstances and considering the regional center's service policies, resources, and professional judgment regarding how the IPP can best be implemented. (§§ 4624, 4630, subd. (b), 4646, 4648, 4651.)

9. The provision of services and supports is subject to additional limitations. Regional centers must consider a family's responsibility to provide a minor child with services and supports similar to those provided to a child without disabilities. (§ 4646.4, subd. (a)(4); Cal. Code Regs., tit. 17, § 54326.) They must also secure services from generic sources when possible. (§ 4647, subd. (a).)

10. Section 4648.35, subdivision (d), provides: "A regional center shall fund transportation services for a minor child living in the family residence, only if the family of the child provides sufficient written documentation to the regional center to demonstrate that it is unable to provide transportation for the child."

11. California Code of Regulations, title 17, section 54355 provides, in relevant part:

> (a) A regional center may offer vouchers to family members or adult consumers to allow the families and consumers to procure their own diaper/nutritional supplements, day care, nursing, respite, and/or transportation services. When vouchers are issued they shall:
>
> (1) Be used in lieu of, and shall not exceed the cost of services the regional center would otherwise provide; and
>
> (2) Be issued only for services which are unavailable from generic agencies.
>
> (b) The regional center shall provide prospective voucher recipients with information to assist them in determining liabilities they may incur by participating in a voucher program. Information provided shall include, but need not be limited to:
>
> (1) Identification of the following areas of potential impact:
>
> (A) Impact of vouchers on Supplemental Security Income (SSI) and/or other benefits; (B) Voucher recipient's status as an employer and employer responsibilities; (C) Impact of vouchers on personal taxes; (D) Potential increase in insurance needs; (E) Voucher recipient's responsibility for worker's compensation; and (F) Voucher recipient's

responsibility to withhold and pay the appropriate Federal, State and local taxes . . . .

[¶] . . . [¶]

(g)(5) Transportation—Family Member—Service Code 425.

(A) A regional center shall classify a vendor as transportation - family member if the vendor secures the transportation to and/or from authorized services identified in the consumer's IPP and the vendor: 1. Is a family member or adult consumer. The family member or adult consumer may either provide the transportation service or secure an individual to provide the transportation services identified in the consumer's IPP;

(B) The individual who is actually providing the transportation service shall: 1. Possess a driver's license which is valid in California; and 2. Have evidence of maintenance of adequate insurance coverage pursuant to Welfare and Institutions Code, Section 4648.3.

(C) Vouchers for transportation shall only be issued by regional centers to cover transportation costs which exceed the transportation costs that the family member would incur for a minor child without disabilities. The regional center may pay in excess of this amount when a family can demonstrate a financial need and when doing so will enable the consumer to remain in the family home.

Analysis

12. In considering a request to fund transportation for a minor residing in the family home, a regional center must consider the family's responsibility to provide services and supports similar to those provided for a child without disabilities. It must also consider the consumer's need for extraordinary care, services, supports, and supervision and the need for timely access to that care. (§ 4646.4, subd. (a)(4).)

13. Transportation necessary to ensure the delivery of services may constitute a service or support under the Lanterman Act. (§ 4512, subd. (b).) When transportation is required, a regional center must fund the least expensive transportation modality that meets the consumer's needs as identified in the IPP. (§ 4648.35, subd. (b).) A regional center may offer a family member transportation voucher for transportation to and from authorized services identified in the consumer's IPP. (Cal. Code Regs., tit. 17, § 54355, subds. (a), (g)(5)(A).) Such a voucher may cover transportation costs exceeding those the family would incur for a child without disabilities. The regional center may pay more when the family demonstrates financial need and doing so will enable the consumer to remain in the family home. (*Id.*, subd. (g)(5)(C).)

14. Before a regional center may fund transportation for a minor child living in the family residence, however, the family must provide sufficient written documentation demonstrating that it is unable to provide transportation. (§ 4648.35, subd. (d).) Here, Mother testified about the family's limited income and the gasoline costs associated with Claimant's frequent, long-distance trips. She also expressed her concern that the wait times associated with Call the Car could trigger unsafe behavioral episodes. This evidence shows that Claimant's transportation needs differ from the routine transportation needs of a child without disabilities and that the family may be unable to provide all necessary transportation without assistance.

15. Service Agency's position that its POS policy categorically prohibits mileage reimbursement to a parent of a minor child is inconsistent with California Code of Regulations, title 17, section 54355. That regulation expressly permits a family-member transportation voucher for transportation to and from authorized IPP services. A voucher may include reimbursement for eligible transportation costs that exceed those a family would incur for a child without disabilities. (Cal. Code Regs., tit. 17, § 54355, subd. (g)(5).) However, Mother must provide Service Agency with sufficient written documentation of the household's financial circumstances and Claimant's transportation expenses to satisfy section 4648.35, subdivision (d).

TRANSPORTATION TO MEDI-CAL FUNDED SERVICES

16. Claimant's ENT and neurologist visits, urgent care, and ABA services are funded through Medi-Cal. Regional centers must identify and pursue other available sources of funding and generally may not purchase a service otherwise available through Medi-Cal. (§§ 4646.4, subd. (a)(2)–(3), 4659, subds. (a), (c).)

17. Medi-Cal/L.A. Care offers transportation through its Call the Car program. However, the record does not establish that Claimant has used the transportation service for any appointment or ABA session. Mother is concerned that Call the Car's wait times may trigger a behavioral episode. Claimant did not establish, however, that Call the Car, with appropriate accommodations, or another form of Medi-Cal transportation would be inadequate to meet his needs. Because Claimant has not shown that the available generic transportation resource is inadequate, he has not established grounds for mileage reimbursement for transportation to his Medi-Cal-funded appointments and ABA services.

///

TRANSPORTATION TO SERVICE AGENCY-FUNDED SERVICES

18. The record does not establish that Call the Car would transport Claimant to swimming through Waterworks, occupational and feeding therapy or speech therapy through Wonderkind, or gymnastics through Adaptive Athletics, all of which are currently funded by Service Agency.

19. If Mother provides sufficient written documentation demonstrating that the family is unable to provide transportation, the IPP team must consider the available transportation options, their effectiveness in meeting Claimant's needs, the family's circumstances and preferences, and their cost-effectiveness. (§§ 4646.4, subd. (a)(4), 4648.35, subds. (b), (d).) Transportation through a Service Agency provider and a family-member transportation voucher, potentially including reimbursement of eligible mileage expenses, are legally permissible options. (Cal. Code Regs., tit. 17, § 54355, subd. (g)(5).)

20. Receipt of a family-member transportation voucher, however, may affect the household's SSI payment, CalFresh eligibility or benefits, or other financial obligations. Before issuing a voucher, Service Agency must provide the prospective recipient with information concerning the potential impact of the voucher on SSI and other benefits, personal taxes, insurance needs, workers' compensation obligations, and federal, state, and local tax-withholding responsibilities. (Cal. Code Regs., tit. 17, § 54355, subd. (b).)

///

///

///

21. The possibility that a voucher may affect SSI or CalFresh does not disqualify Mother from receiving one. It does, however, make it inappropriate to impose that arrangement without informed consideration during the IPP process. Mother must receive the disclosures required by section 54355, subdivision (b), before the IPP team determines whether a family-member transportation voucher is preferable to transportation through a Service Agency provider.

ORDER

Claimant's appeal is granted in part and denied in part.

Claimant's request for mileage reimbursement for transportation to Medi-Cal-funded medical appointments and ABA services is denied.

Within 14 days of the date this Decision becomes final, Service Agency shall reconvene Claimant's IPP meeting. At or before the meeting, Service Agency shall inform Mother of the written documentation necessary to establish that the family is unable to provide transportation within the meaning of section 4648.35, subdivision (d), and shall give Mother a reasonable opportunity to submit that documentation.

If Mother provides sufficient written documentation, the IPP team shall arrange transportation to the services funded by Service Agency, including swimming through Waterworks, occupational and feeding therapy and speech therapy through Wonderkind, and gymnastics through Adaptive Athletics. The IPP team shall consider both transportation through a Service Agency provider and a family-member transportation voucher, which may include reimbursement of eligible mileage expenses. Before the team selects a family-member transportation voucher, Service Agency shall provide Mother with the disclosures required by California Code of

Regulations, title 17, section 54355, subdivision (b). Service Agency shall arrange and fund the least expensive transportation modality that meets Claimant's needs.

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.