BEFORE THE
OFFICE OF ADMINISTRATIVE HEARINGS
STATE OF CALIFORNIA

In the Matter of:

CLAIMANT

and

CENTRAL VALLEY REGIONAL CENTER, Service Agency

DDS No. CS0035759

OAH No. 2026040934

DECISION

Hearing Officer Coren D. Wong, Administrative Law Judge (ALJ), Office of Administrative Hearings, State of California, heard this matter on May 27, 2026, in Visalia, California.

Jacqui Molinet, Fair Hearings and Appeals Manager, represented Central Valley Regional Center (CVRC), the service agency.

Claimant's parents (collectively parents and individually mother or father) represented claimant.

Evidence was received, and the record was left open to allow the parties to brief a legal issue parents raised at hearing. The ALJ issued an Order Clarifying Record on May 28, 2026.

The parties submitted their post-hearing briefs. CVRC's brief was marked as Exhibit 15, claimant's as Exhibit DDD, and both were admitted as argument. However, both parties addressed issues other than the one for which the ALJ invited briefing. The parties presented oral arguments at fair hearing, so Exhibits 15 and DDD were considered only as to the retroactivity of any relief granted.

The record was closed and the matter submitted for decision on June 1, 2026.

ISSUES

Does the Lanterman Developmental Disabilities Services Act (Welf. & Inst. Code, § 4500 et seq.; Lanterman Act) authorize CVRC to fund claimant's requests for: (1) occupational therapy (OT); (2) applied behavior analysis (ABA) therapy; (3) daycare; (4) a one-to-one aide for community access; and (5) caregiver training and American Sign Language (ASL) instruction?

FACTUAL FINDINGS

Background

1. Claimant is a three-year-young little girl who "is curious, affectionate, funny, and persistent." She lives at home with parents and younger sister in California's Central Valley. Everyone who meets her immediately "falls in love with her."

2. Claimant was diagnosed while in utero with Down syndrome due to trisomy 21, the most common genetic cause of Down syndrome that occurs when the fetus has three copies of chromosome 21 in each cell instead of two. She was born with atrial septal defect (ASD), a hole in the wall between her heart's upper chambers that is a common complication of Down syndrome. She underwent a procedure for placement of an ASD occluder at two years of age. Claimant has hypotonia, poor muscle tone that causes her muscles to feel soft and doughy, limbs to be limp, joints to be highly flexible and prone to hyperextension, and poor posture and balance due to diminished core strength. Her primary health insurance provider is Anthem Blue Cross, and her secondary provider is Medi-Cal.

3. Claimant is non-verbal and uses ASL as her primary means for communicating with others. Parents taught her about 100 ASL signs, some of which are "approximations" of the intended signs due to her impaired fine motor skills. Anthem Blue Cross recently covered an augmentative and alternative communication (AAC) device to assist with her communication.

Services and Supports Under the Early Start Program

4. CVRC initially began providing claimant services and supports under the California Early Intervention Services Act (Gov. Code, § 95000; Early Start Program). The Early Start Program serves infants and toddlers: (1) two years of age and younger; (2) for whom the need for services and supports has been documented through an assessment and evaluation; and (3) who have certain developmental delays, established risk conditions, or a high risk of having a substantial developmental disability. (Gov. Code, § 95014, subd. (a)(1)-(3).)

Eligibility for Services and Supports Under the Lanterman Act

5. On July 12, 2024, CVRC convened an interdisciplinary eligibility review team to review claimant's eligibility for CVRC's services and supports under the Lanterman Act. About four weeks later, the review team determined she was eligible based on: (1) a diagnosis of intellectual disability (ID); (2) that originated prior to her 18th birthday; (3) is expected to continue indefinitely; and (4) constitutes a substantial disability for her in communication skills, learning, self-care, and self-direction.

Eligibility for Programs and Services Under the IDEA

6. CVRC referred claimant to the Kings County Special Education Local Plan Area (SELPA) to determine her eligibility for special education programs and services under the Individuals with Disabilities Education Act (20 U.S.C. § 1431 et seq.; IDEA). Between August and September 2025, a school psychologist administered various assessments to evaluate claimant's overall cognitive abilities, communication development, gross and fine motor skills, social emotional and behavioral skills, vocational skills, and adaptive and daily living skills. At the same time, a school nurse reviewed claimant's medical records, interviewed parents, and tested her hearing and vision.

7. On October 16, 2025, an individual education plan (IEP) team consisting of the school nurse, the school psychologist, a speech therapist, a designee of school administration, and parents met to discuss claimant's eligibility for special education programs and services. The team identified claimant's strengths and challenges and how to best support her while obtaining an education. She was evaluated for eligibility for special education programs and services based on the categories of Intellectual Disability, Other Health Impairment, and Speech Language Impairment and ultimately

deemed eligible under the last two. However, the team recommended that claimant be reassessed for eligibility under Intellectual Disability sometime in the future.

8. The IEP team established annual goals designed to help claimant overcome her challenges and short-term objectives for periodically measuring her progress toward reaching those goals. They agreed she would receive special education programs and services in a full-inclusion classroom, an educational model where both general education and special education students are taught side-by-side in general education classrooms for the entire school day.

9. Programs and services started November 10, 2025, and included Specialized Academic Instruction for three hours, four days per week, and Speech Services for 40 minutes, four times per month. Speech Services were provided in her classroom on a "push in" basis, meaning the speech therapist came into the classroom to provide services. Claimant initially attended preschool in the morning but subsequently switched to the afternoon.

10. The IEP team considered, but ultimately decided against, providing Extended School Year services to cover the months during which students are traditionally on summer break and Transportation Services. An IEP documenting the IEP meeting, claimant's annual goals and short-term objectives, and the special education programs and services she will receive was prepared and signed by all team members.

11. An IEP team met on April 13, 2026, because parents submitted ideas for new goals to claimant's teacher and speech therapist. After discussing claimant's current goals, her progress toward reaching them, the need to amend any, and parents' ideas for new goals, the team discussed her current classroom placement. Her

special education teacher expressed concerns over claimant's need to build upon her "ready to learn skills," the foundational behaviors, emotional controls, and cognitive abilities necessary for learning. The special education teacher explained that changing claimant's placement to the moderate support special day classroom will provide her with more opportunities to improve her ready-to-learn skills because the classroom has a lower student-to-teacher ratio and the overall structure of the class.

12. After discussing the special education teacher's proposal and claimant's needs, the IEP team agreed to move claimant to the moderate support special day classroom. The team further agreed that she would spend one hour each day in the full-inclusion classroom so she can interact with classmates the same age as her. Claimant moved to her new classroom April 20, 2026.

Initial IPP Planning Team Meeting

13. On January 7, 2026, an individual program plan (IPP) planning team consisting of claimant's service coordinator at CVRC and parents met for the first time. They discussed the history of claimant's Down syndrome and ID, how those disabilities impact her parents' and her lives, and what needs, challenges, and barriers they create for her and her family.

14. Based on their discussion, the IPP planning team created a list of goals addressing claimant's and her family's needs and specific, short-term objectives for accomplishing those goals. They identified services and supports that will help her meet her short-term objectives and achieve her goals. They also determined whether the services and supports will be funded by CVRC, a generic agency, or another resource. For example, CVRC agreed to fund in-home respite services and social recreation services.

Claimant's Requests for Additional Services and Supports

15. During and after the initial IPP planning team meeting, parents requested, on claimant's behalf, that CVRC fund: (1) an AAC device; (2) OT; (3) ABA therapy; (4) daycare and a one-to-one behavioral aid for community access; (5) AAC and ASL training for claimant and her family; (6) Rachel Taylor Swim School; and (7) an additional 30 hours of in-home respite each month. Claimant's service coordinator discussed these requests with their program manager, and it was ultimately determined that CVRC could not fund any of the requested services or supports.

NOA and Requests for Fair Hearing

16. On April 7, 2026, CVRC issued a Notice of Action (NOA) denying claimant's requests for funding for the seven additional services and supports. The NOA provided the following reasons for denial:

- AAC Device: A device may be covered by the Kings County SELPA. Parents told claimant's service coordinator that the Kings County SELPA can provide a device. If the device is medically necessary, it may be covered by Anthem Blue Cross and/or Medi-Cal. All three entities are generic resources that must be exhausted prior to using CVRC's funds. The California Department of Rehabilitation's Voice Options Program is another generic resource that must be exhausted.

- OT: If OT is medically necessary, it may be covered by Anthem Blue Cross and/or Medi-Cal. If an IEP team determines Claimant qualifies for OT, the service will be funded by the Kings County SELPA. All three entities are generic resources that must be exhausted prior to using CVRC's funds.

- ABA Therapy: If ABA therapy is medically necessary, it may be covered by Anthem Blue Cross and/or Medi-Cal. Claimant's service coordinator identified an ABA provider who accepts claimant's health insurance and does not have a waiting list for services.

- Daycare and One-to-One Behavioral Aide: Providing daycare for a three-year-young child is a parental responsibility.

- AAC and ASL Training for Family: The provider of the AAC device is responsible for training claimant and her family on its use. ASL training for claimant and family is unrelated to her qualifying disability.

- Rachel Taylor Swim School: The service provider is unwilling to receive payment through Maxim FMS and is not one of CVRC's vendors. The service coordinator provided parents with other swim programs that are CVRC vendors or accept payment through Maxim FMS.

- Additional In-Home Respite: CVRC currently funds 30 hours of in-home respite per month, and parents requested funding for an additional 30 hours per month. They did not provide sufficient evidence to support their need for additional hours. In-home respite is provided to allow parents a break from continuous care and is not intended as a substitute for daycare or childcare responsibilities.

17. The following day, claimant's parents filed separate appeals for each request. They also filed "a formal appeal of the denial of caregiver training for [claimant] . . . ." They explained,

> CVRC service coordinator Kelli Meraz identified this as NOA 5 in a written email dated April 8, 2026. However[,] the actual Notice of Action document dated April 7, 2026[,] lists item 5 as a denial of AAC and ASL training, not caregiver training. Caregiver training does not appear as a separately numbered denial item in the NOA document. The basis for this discrepancy has not been explained.

Clarification of Issues at Fair Hearing

18. Parents met with Ms. Molinet, Perla Ibal Mora, CVRC's Fair Hearings and Appeals Coordinator, and Janelle Ditomasso, CVRC's Assistant Director of Specialty Teams, for an informal meeting on April 29, 2026. Parents clarified the services and supports for which they are requesting funding. For instance, they explained that the Kings County SELPA never agreed to provide an AAC device. Indeed, it declined to evaluate claimant's need for a device. However, Anthem Blue Cross recently agreed to cover the purchase of an AAC device. Therefore, this request is moot. At fair hearing, parents confirmed that they are no longer appealing CVRC's denial of funding for an AAC device.

19. Parents clarified that they want in-home OT because the Kings County SELPA only provides OT that focuses on school-related issues. Consequently, claimant receives no OT addressing issues that arise outside the school environment. They further explained that they are going through their health insurance company's referral process. Valley Children's Hospital is a covered provider but has an extensive waiting list. No accessible in-home provider has been identified.

20. Parents confirmed that they are no longer requesting that CVRC fund ABA therapy. However, they continued to argue that CVRC's denial was procedurally defective because it did not first conduct a behavioral assessment as required by Welfare and Institutions Code sections 4647, subdivision (a), and 4686.2, subdivision (a).

21. Parents also clarified that father does not currently work and is claimant's primary caregiver. Nonetheless, she attends daycare each morning for "structured peer support" because she spends two hours each afternoon in a moderate support special day classroom with classmates who are neurodivergent and non-verbal. She is mainstreamed into the full-inclusion classroom for only one hour each afternoon. Therefore, parents rely on daycare so she can interact with neurotypical peers.

22. Parents explained that their request for a one-to-one aide is moot if CVRC funds daycare. Otherwise, they reasoned that a one-to-one aide is necessary because claimant's inability to effectively communicate her wants and needs creates several barriers, raises safety concerns, and often leads to her frustration. At hearing, parents clarified that they are requesting funding for only daycare or a one-to-one aide, not both.

23. Parents amended their request regarding training to request that CVRC fund caregiver training and ASL instruction for claimant and her family. They "paused" their request for AAC device training pending receipt of the AAC device covered by Anthem Blue Cross and the device provider's initial training.

24. Lastly, parents and CVRC resolved their differences over the requests for funding for Rachel Taylor Swim School and additional hours of in-home respite during

the informal meeting. Parents confirmed at fair hearing that neither appeal was being pursued.

Additional Evidence

CVRC's Evidence

25. Shelley Celaya is CVRC's Director of Case Management. She supervises six assistant directors, those assistant directors supervise eight to nine program managers, and those program managers each supervise 10 to 14 service coordinators. Ms. Celaya estimated that the combined number of CVRC employees she oversees and the consumers they serve is approximately 33,000.

26. Ms. Celaya generally is not involved in granting or denying consumers' requests for services and supports. She is involved only when the request cannot be resolved by a program manager or assistant director. She is familiar with claimant's requests for funding that are the subject of fair hearing.

27. Ms. Celaya understands that claimant is seeking in-home OT. She explained that CVRC rarely funds OT for its consumers because there usually is a generic resource available such as the consumer's school district or health insurance company. It is her understanding that the Kings County SELPA provides OT to address matters involving claimant's education, but her parents are looking for OT to address other issues.

28. Parents provided CVRC with a referral for OT at Valley Children's Medical Occupational Therapy that claimant's primary care physician, Michael Gage, M.D., issued February 10, 2026. Dr. Gage provided a diagnosis of fine motor delay and

referred claimant to OT for a "consultation." He did not specify that OT is to occur in claimant's home, and no evidence of an assessed need for in-home OT was produced.

29. Parents did not provide any evidence that Anthem Blue Cross or Medi-Cal denied Dr. Gage's referral for OT. Indeed, they explained during the informal meeting that they are going through the insurance company's referral process. At fair hearing, they did not provide evidence of the current status of Valley Children's Hospital's waiting list, any efforts to find another covered provider, or updated information on the referral process.

30. Ms. Celaya disagreed with parents' argument that CVRC's denial of funding for ABA therapy is procedurally defective because CVRC did not first obtain an assessment of claimant's need for the service. She explained that what typically happens is that the service coordinator meets with the consumer and/or their family to determine their concerns and needs. If it is determined that ABA therapy would be appropriate, the service coordinator initiates a referral to an ABA provider vendored with CVRC to perform a behavioral assessment; create an intervention plan that identifies the type of service, number of hours, and amount of parental participation required to meet the goals and objectives outlined in the consumer's IPP; and share the intervention plan with the IPP planning team. In other words, CVRC requests a behavioral assessment only after it has agreed to fund ABA therapy, and to determine the appropriate scope of treatment and when it should end.

31. Ms. Celaya explained that parents reported that claimant attends Bright and Littles Daycare each morning to be in an environment that provides structured peer support, rather than for traditional daycare services. They do not need the latter services because father cares for her when she is not at Bright and Littles Daycare or in school. Ms. Celaya is unfamiliar with any service that provides "structured peer

support" that regional centers fund. Consumers who are claimant's age generally receive such support at preschool or through social recreation.

32. Ms. Celaya is not entirely clear what service parents are looking for by requesting a one-to-one aide to access the community. They did not provide the name of a provider or any assessments determining that one is needed. However, they previously explained that claimant's struggles with effective communication create barriers to her accessing the community, give rise to safety issues, and frequently lead to her frustration.

33. CVRC offered to help parents find an ABA provider who accepts their insurance to address any behavioral components of claimant's needs. It also offered them an opportunity to meet with one of its Board Certified Behavior Analyst (BCBA) to discuss their struggles and needs. After, the BCBA can recommend services and supports to address those struggles and needs. Parents declined both offers.

34. Ms. Celaya's understanding of the basis for parents' request for caregiver training is to help claimant's caregivers learn how to effectively communicate with her. CVRC completed a Behavior Services Referral Form referring parents to DBM Consulting for a series of online courses about behavior management for caregivers. It also extended the offer to consult with one of its BCBAs as discussed above. Both resources were rejected.

35. Ms. Celaya understands that parents taught claimant and themselves numerous ASL signs. They previously subscribed to Lingvano, an online platform and mobile application designed to teach ASL through interactive videos. However, they recently canceled their subscription because they felt it was not "child friendly" and focused on learning individual words rather than having conversations. Parents are

unable to identify a provider that meets their needs, so they want CVRC to find one and pay for the training.

36. Ms. Celaya explained that the Department of Developmental Services (DDS) recently developed a new service titled "American Sign Language (ASL) Training and Support." According to a DDS memorandum announcing the new service, it is designed to "enable individuals who are deaf, hard of hearing[,] or deafblind to lead full and inclusive lives." Additionally, it "is intended to help individuals improve functional communication skills through the use of formal ASL and to reduce the use of home signs." The consumer's "direct support professionals and family members may also receive training while the individual is present . . . ."

37. Ms. Celaya further explained that claimant does not qualify for the new service because there is no evidence that she is "deaf, hard of hearing[,] or deafblind." Nor is there any evidence of a formal assessment determining she would benefit from ASL instruction or concluding that ASL is her only effective means of communicating.

38. Nonetheless, CVRC provided parents with several generic resources for obtaining ASL instruction. Claimant's service provider sent an email providing several links to both free and paid ASL training resources. CVRC included with its decision after the informal meeting a flyer for an eight-week ASL training course that was previously mailed to parents. Shortly before fair hearing, claimant's service coordinator sent parents an email providing ASL training resources sent by CVRC's Deaf Access Coordinator, notifying them of an upcoming ASL class that DDS and CVRC are co-hosting, and including links to YouTube videos on ASL training.

39. Ms. Celaya concluded her testimony by opining that CVRC's denials of claimant's requests for funding OT, ABA therapy, daycare, a one-to-one aide for

community access, and caregiver training and ASL instruction for claimant and her family are consistent with the Lanterman Act. She also explained that CVRC does not dispute that claimant has concerning behaviors, and the issue is not so much whether she needs the requested services, but who is responsible for funding them. The Lanterman Act requires consumers to exhaust all generic resources before using regional funds to purchase services and supports, and claimant has not done so. Therefore, Ms. Celaya determined that the Lanterman Act prohibits CVRC from funding any of the requested services at this time.

CLAIMANT'S EVIDENCE

40. Parents introduced at hearing a written statement describing who claimant is and their efforts to provide her a lifestyle like that of a child without a developmental disability. Although non-verbal, she uses "approximately 100 American Sign Language signs . . . as her primary mode of functional communication." However, due to her impaired fine motor skills, many of her signs are "approximations" of the official ASL ones, and only her family understands them. Anthem Blue Cross recently provided claimant an AAC device. Parents wrote, "The training provided with the device was brief and does not address the individualized instruction a non-verbal three-year-old needs to use AAC functionally, nor the training for family needs to model and respond to it."

41. Parents describe claimant as requiring constant supervision. She frequently elopes from her home and through parking lots when in the community. Parents built a fence around the perimeter of their half-acre property to keep her at least partially contained when she escapes from home. However, mother recently pulled claimant from the top of the fence after she eloped while mother was using the restroom.

42. "[Claimant] has [a] documented climbing and falling risk" and is unable to recognize even the most basic threats to her safety. Parents recently documented her involvement in "20 life-threatening vehicular incidents and 6 incidents involving access to hazardous objects" "over a 170-day period." Although she knows signs for "wait," "stop," and "help," "in moments of dysregulation she does not consistently use them."

43. Claimant began attending preschool four days a week in a full-inclusion classroom on November 10, 2025. She initially attended in the morning, but her parents switched her to the afternoon after about two months so she could attend Bright and Littles Daycare in the morning. They wanted her to have "a full day of peer interaction." They "removed her nap time to maximize the developmental time available to her."

44. In April 2026, claimant was moved to a moderate support special day classroom to receive more intensive academic support. All her new classmates are non-verbal, and "daycare [is] the only environment where [claimant] is consistently exposed to typically-developing [*sic*] peers who use verbal language."

45. Claimant's parents have self-funded social recreation activities for claimant. In August 2025, they enrolled her in dance at Kings Dance Center. "Over the summer CVRC indicated it would fund dance through Kings Dance Center if Kings Dance was willing to become a CVRC vendor." But "after looking at the scheduling, [mother] told CVRC the schedule did not align with what would work for [claimant] and asked them to set that option aside."

46. Parents enrolled claimant in her first beauty pageant in August 2025 because they "recognized [she] needed more peer exposure and developmental

support." They subsequently enrolled her in several more beauty pageants. They did not request CVRC funding for beauty pageants until February 25, 2026, at which time claimant's service coordinator immediately began the process for securing funding. Less than two months later, CVRC notified parents that funding was approved.

47. Parents explained that CVRC first funded social recreation services for claimant when she enrolled in a music appreciation class in March 2026. After the class was canceled four times in a row, parents asked CVRC to discontinue the service due to frequent cancellations and "music appreciation as a communication intervention for a non-verbal three-year-old was not aligned with [claimant's] documented need."

48. Parents wrote the following about the social recreation services CVRC currently funds for claimant:

> CVRC currently funds [her] Cinderella Pageant, her AAG Pageant, cheer at Valley Extreme, and tumbling at Valley Extreme. Cheer started March 24, 2026; we paid ourselves until CVRC took over. We paid for tumbling ourselves before CVRC took it over as well. The cheer class currently has no other students besides [claimant] and her younger sister [redacted]. The tumbling class has had no other students for the past three weeks; only [redacted] attends with [claimant]. We are working on building peer interaction in these other settings. Valley Extreme is holding a spot on their official novice cheer team for [claimant] during tryouts she will miss because of a pageant, which reflects how the gym treats her. But the peer interaction we are trying to

build through those activities is not consistently materializing.

49. Mother testified consistently with the written statement produced at hearing. Additionally, she explained that once she learned claimant has Down syndrome, she researched the disability extensively so she could learn as much about it as possible. She vowed that "good enough would not be good enough" for claimant. She and her husband are extremely proactive in providing for claimant's care and support.

50. Mother also explained that she and her husband have "tried generic resources from the start." However, she did not produce any evidence of those efforts. Specifically, mother did not produce any evidence that she or her husband sought insurance coverage from Anthem Blue Cross or Medi-Cal for any of the services and supports they are requesting CVRC to fund.

51. Parents no longer sleep together because they "have shifts because someone needs to be awake or coherent enough to hear" when claimant gets out of bed in the middle of the night. She tries to walk out of the home in the middle of the night. Mother works outside the home during the day while her father brings her to daycare and cares for her younger sister. When both parents are home, they each take one child. Recently, claimant eloped while mother was using the restroom.

52. Parents did not originally intend to learn ASL or teach it to claimant. However, they realized it was the only means of communication that "clicked" with her. When dysregulated, she signs to communicate her wants and needs. She also uses signs at school, but school staff often does not understand her because she uses "approximations" of actual ASL signs. Parents are thrilled to have received an AAC

device because "she's going to have a voice." Father was recently serving claimant dinner, and she repeatedly pushed the buttons on the AAC for "Goldfish"[1] and "cookie" to express what she wanted to eat.

53. Mother repeatedly testified that Bright and Littles Daycare is the only environment in which claimant interacts with neurotypical children since she moved to the moderate support special day program classroom. Mother did not produce any evidence of whether she pays more for daycare than the other parents because of claimant's disability.

54. Claimant has four preschool classmates, all of whom have autism spectrum disorder and are non-verbal. There are no other students enrolled in her cheer or tumbling classes, other than her younger sister, and there are only four other students enrolled in her dance class. Claimant's beauty pageants are not limited to contestants with disabilities.

Evidentiary Rulings

55. At fair hearing, CVRC offered into evidence an email providing parents information about ASL trainings (Exhibit 13) and the decision after informal meeting (Exhibit 14). Parents objected to both exhibits on the grounds that neither was provided to them "at least two business days prior to the hearing" as required by Welfare and Institutions Code section 4712, subdivision (d)(1). CVRC responded that Exhibit 13 is an email sent directly to parents and Exhibit 14 is the same document that

[1] A type of cracker manufactured by Pepperidge Farm.

was originally provided to parents as Exhibit 7. The ALJ took the matter under submission.

56. Welfare and Institutions Code section 4712, subdivision (d)(1), requires the regional center to "prepare a position statement and send it electronically to the . . . claimant . . . at least two business days prior to the hearing," along with "copies of all documentary evidence that it intends to use." "The hearing officer may prohibit . . . the introduction of documents that have not been disclosed. However, the hearing officer may allow introduction of documents . . . in the interest of justice." (*Id.* at subd. (d)(4)(A).)

57. CVRC sent its position statement and 13 proposed exhibits to parents on May 22, 2026, two business days prior to hearing. Exhibit 13 is an email of the same date that a CVRC employee sent parents. CVRC uploaded it to Case Center as one of its proposed exhibits later that day. Exhibit 14 is CVRC's April 29, 2026 decision after the informal meeting. The letter was sent to parents the same day by email, certified mail, and regular mail. CVRC originally uploaded the letter to Case Center as its seventh proposed exhibit.

58. Parents' objections to Exhibits 13 and 14 are overruled, and both exhibits are admitted. It is undisputed that the email included as Exhibit 13 was created the same day as CVRC's statutory deadline for producing its fair hearing exhibits. The purpose of advance disclosure of proposed exhibits is to provide claimants an opportunity to respond to them at fair hearing, not to handcuff the regional center from producing admissible evidence that was not created until on or after the statutory deadline.

59. Parents do not dispute that they received a copy of Exhibit 13 when it was originally sent. The purpose of Welfare and Institutions Code section 4712, subdivision (d)(1), is still served by admitting the evidence, and it would put "form over substance" to exclude it simply because it did not exist prior to the disclosure deadline. (See *U.S. v. DiFrancesco* (1980) 449 U.S. 117, 142 ["The exaltation of form over substance is to be avoided"].)

60. The documented admitted as Exhibit 14 was originally sent to parents on April 29, 2026. They did not dispute that. It is the same identical document that CVRC originally uploaded to Case Center as its proposed Exhibit 7 on the deadline for doing so. Parents did not dispute that. Therefore, their argument that Exhibit 14 should be excluded because a document labeled as such was not produced until after the deadline is unpersuasive. The exhibit label on an exhibit is not evidence; the underlying exhibit is. Exhibit 14 is identical to that which was originally identified as Exhibit 7.

61. Parents' argument that Exhibit 14 should be excluded because it was produced late in the evening on the deadline and, therefore, not a full "two business days prior to the hearing" is unsupported by the plain language of the statute and unpersuasive.

Analysis

OT

62. Claimant requests that CVRC fund in-home OT. However, parents did not produce sufficient evidence that they exhausted generic resources prior to requesting funding. Their claim to the contrary is not corroborated by the evidence. Indeed, they produced evidence that Valley Children's Hospital is a provider covered by their health

insurance. Although parents also explained that Valley Children's Hospital has a long waiting list, they did not produce sufficient evidence of the applicability of the exception to the statutory prohibition against regional centers funding medical services. Additionally, their desire specifically for in-home OT, as opposed to OT addressing issues beyond the school setting, is not supported by an assessed need that OT occur in a specific setting. Dr. Gage's referral contains no such specificity.

ABA THERAPY

63. Parents are no longer requesting ABA therapy. Nonetheless, they are still challenging CVRC's denial of the service on procedural grounds. Specifically, they argue that CVRC was required to obtain a behavioral assessment prior to denial. Their argument is premised on a misreading of Welfare and Institutions Code section 4647, subdivision (a), and is unpersuasive. The statute says nothing about a regional center obtaining a behavioral assessment, let alone it doing so as a prerequisite to denying a request for behavioral services. Instead, the statute defines the general responsibilities of a consumer's service coordinator.

64. Although Welfare and Institutions Code section 4686.2, subdivision (a)(1), requires a behavioral assessment whenever behavioral services are provided, it is the "vendor who provides" such services who is required to conduct the assessment. Though the statute does not explicitly say when such assessment must occur in relation to a regional center's approval or denial of a request for funding for behavioral services, a reasonable interpretation of the statute is that the timing is typically as Ms. Celaya testified, i.e., after the regional center has approved funding and before formal treatment begins.

DAYCARE

65. Parents are currently self-funding claimant's attendance at Bright and Littles Daycare prior to attending preschool. They candidly admitted that she is not attending for traditional daycare services because father is her primary caregiver. Instead, she attends daycare because it is "the only environment where [she] is consistently exposed to typically-developing [*sic*] peers who use verbal language." The Lanterman Act prohibits CVRC from funding claimant's attendance at Bright and Littles Daycare or any other daycare provider.

66. Ms. Celaya's testimony that there is no service under the Lanterman Act for "structured peer support" or allowing consumers to socialize with neurotypical children is persuasive. So is her testimony that such support is generally provided to consumers claimant's age through preschool and social recreation. Additionally, parents' repeated insistence that daycare is "the only environment where [claimant] is consistently exposed" to neurotypical peers is belied by uncontroverted evidence that she is mainstreamed into a full-inclusive classroom each day for one hour. Additionally, there are four neurotypical children in her dance class. Although less frequently, she socializes with neurotypical children during beauty pageants.

67. Although "the State of California accepts a responsibility for persons with developmental disabilities and an obligation to them which it must discharge," it does not shoulder that responsibility alone. (Welf. & Inst. Code, § 4501.) Parents of a consumer who is a minor are obligated to provide similar services and supports they would otherwise provide "a minor child without disabilities." (Welf. & Inst. Code, § 4646.4, subd. (a)(4).)

68. When all the evidence is considered, parents did not persuasively establish that the Lanterman Act permits CVRC to fund Bright and Littles Daycare, or any other daycare provider, to provide claimant socialization with neurotypical children. Nor did they establish that such service is an appropriate and cost-effective option for providing socialization with different children. (See Welf. & Inst. Code, §§ 4512, subd. (b), 4646, subd. (a), 4646.5, subd. (a)(5).) Additionally, parents have an equal responsibility to socialize claimant and her younger sister with all children, whether neurodivergent, neurotypical, verbal, or non-verbal.

ONE-TO-ONE AIDE

69. Parents are requesting a one-to-one aide to ameliorate the effects of claimant's inability to effectively communicate her wants and needs. Considering all the evidence, they did not persuasively establish that the Lanterman Act permits CVRC to fund a one-to-one aide. In particular, they did not prove that such service is an appropriate and cost-effective option for helping claimant communicate more effectively. Nor did they provide the name of a provider of the service or evidence that claimant has been assessed as needing a one-to-one aide.

CAREGIVER TRAINING

70. Parents appear to be requesting training to ameliorate the effects of claimant's inability to effectively communicate specifically with caregivers and the resulting negative behaviors when she becomes dysregulated. Considering all the evidence, they did not persuasively establish that the Lanterman Act permits CVRC to fund caregiver training for such purposes. In particular, they did not prove that such service is an appropriate and cost-effective option for helping claimant communicate more effectively and control her negative behaviors with caregivers. Nor did they

provide the name of a provider of the proposed training or evidence that training would benefit claimant.

ASL INSTRUCTION

71. Parents request formal instruction on ASL to improve their and claimant's fluency. When all the evidence is considered, they did not persuasively establish that the Lanterman Act allows CVRC to fund such service. It was undisputed that the service ASL Training and Support is available only to "individuals who are deaf, hard of hearing[,] or deafblind." There is no evidence that claimant satisfies any of those conditions.

72. Additionally, parents did not prove that formal instruction on ASL is an appropriate and cost-effective option for helping claimant communicate more effectively. Nor did they provide any evidence of a formal assessment determining that she would benefit from formal ASL instruction or that ASL is the only effective means of communication available to her. Indeed, mother testified to being excited over the recent receipt of an AAC device and claimant's ability to tell her father she wanted a cookie or Goldfish for dinner.

Request for Retroactive Relief

73. Claimant's request that funding for the requested services be granted retroactively to when she first requested them is moot considering Factual Findings 62 and 72. Additionally, "a purchase of service authorization" is required "for all services purchased out of [regional] center funds." (Cal. Code Regs., tit. 17, § 50612, subd. (a).) Such authorization must be obtained before services are provided. (*Id.* at subd. (b).) The only exception is for: (1) emergency services provided by a regional center vendor; (2) when no one to authorize services can be reached by telephone or in person; (3)

the service coordinator and consumer, or consumer's representative, notifies the regional center that services were provided; and (4) the regional center deems the services necessary and appropriate. (*Id.* at subd. (b)(1)(A)-(C).)

LEGAL CONCLUSIONS

Applicable Burden/Standard of Proof

1. Claimant has the burden of proving by a preponderance of the evidence that the Lanterman Act authorizes CVRC to fund OT, ABA therapy, daycare, a one-to-one aide, caregiver training, and ASL instruction. (*Lindsay v. San Diego Retirement Bd.* (1964) 231 Cal.App.2d 156, 161 [party seeking government benefits has burden of proving entitlement to such benefits]; Evid. Code, § 115 [standard of proof is preponderance of evidence, unless otherwise provided by law].) The preponderance of the evidence standard requires claimant to produce evidence of such weight that, when balanced against evidence to the contrary, is more persuasive. (*People ex rel. Brown v. Tri-Union Seafoods, LLC* (2009) 171 Cal.App.4th 1549, 1567.) In other words, she must prove it is more likely than not that the Lanterman Act permits CVRC to fund the requested services. (*Lillian F. v. Super. Ct.* (1984) 160 Cal.App.3d 314, 320.)

Applicable Law

2. Under the Lanterman Act, "the State of California accepts a responsibility for persons with developmental disabilities and an obligation to them which it must discharge." (Welf. & Inst. Code, § 4501.) "Services and supports should be available to enable persons with developmental disabilities to approximate the pattern of everyday living available to people without disabilities of the same age." (*Ibid.*) Services and supports are defined as follows:

> "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.

(Welf. & Inst. Code, § 4512, subd. (b).)

3. To determine how an individual consumer is to be served, a regional center is required to form a planning team to conduct a planning process that results in an IPP designed to promote as normal a lifestyle as possible. (Welf. & Inst. Code, § 4646, subds. (a) & (d); *Assn. for Retarded Citizens v. Dept. of Developmental Services* (1985) 38 Cal.3d 384, 389.) The planning team shall include a representative from the regional center, the consumer, "and, if appropriate, the individual's parents, legal guardian or conservator, or authorized representative." (Welf. & Inst. Code, § 4646, subd. (b).)

4. Welfare and Institutions Code section 4646, subdivision (d), provides the following about preparing of the IPP:

> 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 individual program plan 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, if appropriate, the parents, legal guardian, conservator, or authorized representative at the program plan meeting.

5. Among other things, the IPP must set forth goals and objectives for the consumer, contain provisions for the acquisition of services (which must be based upon the consumer's developmental needs), contain a statement of time-limited objectives for improving the consumer's situation, and reflect the consumer's particular desires and preferences. (Welf. & Inst. Code, §§ 4512, subd. (b); 4646, subd. (a); 4646.5, subd. (a)(1), (2), & (5); and 4648, subd. (a)(6)(E).) The IPP shall also include:

> A schedule of the type and amount of services and supports to be purchased by the regional center or obtained from generic agencies or other resources in order to achieve the individual program plan goals and objectives, and identification of the provider or providers of service responsible for attaining each objective, including, but not limited to, vendors, contracted providers, generic service agencies, and natural supports. The individual program plan shall specify the approximate scheduled start date for services and supports and shall contain timelines for actions necessary to begin services and supports, including generic services.

(Welf. & Inst. Code, § 4646.5, subd. (a)(5).)

6. When selecting the providers of the services and supports, the planning team must consider: (1) the providers' ability to provide services or supports of sufficient quality to meet the goals and objectives; (2) the providers' success at meeting those goals and objectives; (3) the providers' cost-effectiveness in comparison with similarly qualified providers; and (4) the consumer's preferences. (Welf. & Inst. Code, § 4648, subd. (a)(6)(A), (B), (D)(i), & (E).) "[T]he least costly available provider of comparable service . . . shall be selected." (*Id.* at subd. (a)(6)(D)(i).)

7. Upon conclusion of the planning team meeting, the regional center's representative "shall provide to the consumer . . . a list of the agreed-upon services and supports, and, if known, the projected start date, the frequency and duration of the services and supports, and the provider." (Welf. & Inst. Code, § 4646, subd. (g).) The representative must sign the list provided. (*Ibid.*)

8. If the team cannot reach an agreement about services and supports to be provided, another meeting shall be held. (Welf. & Inst. Code, § 4646 subd. (h).) The regional center representative shall provide the consumer a signed list of agreed-upon services and supports upon conclusion of the subsequent meeting. (*Ibid.*) If disagreement over services and supports remains, the regional center shall send the consumer written notice of their right to have the disagreement resolved at fair hearing. (*Id.* at subd. (i).)

9. The regional center must "secure services and supports that meet the needs of the consumer" outlined in the IPP. (Welf. & Inst. Code, § 4648, subd. (a)(1).) In doing so, it "shall identify and pursue all possible sources of funding for consumers receiving regional center services." (Welf. & Inst. Code, § 4659, subd. (a).) The regional center may not purchase services or supports unless and until all generic resources

have been exhausted. (Welf. & Inst. Code, §§ 4646.4, subd. (a)(2), (3)(A), 4648, subd. (a)(8), & 4659, subd. (b).)

10. Although regional centers are required to provide a wide range of services to facilitate implementation of a consumer's IPP, they must do so in a cost-effective manner. (Welf. & Inst. Code, §§ 4640.7, subd. (b), 4646, subd. (a).) They are not required to provide all the services and supports a consumer may require, but are required to "find innovative and economical methods of achieving the objectives" of the IPP. (Welf. & Inst. Code, § 4651, subd. (a).) "The [D]epartment shall encourage and assist regional centers to use innovative programs, techniques, and staffing arrangements to carry out their responsibilities." (*Id.* at subd. (b).)

11. Regional centers "shall not purchase any service that would otherwise be available from Medi-Cal . . . [or] private insurance . . . when a consumer or a family meets the criteria of this coverage but chooses not to pursue that coverage." (Welf. & Inst. Code, § 4659, subd. (c).) Furthermore, "a regional center shall not purchase medical . . . services for a consumer three years of age or older unless the regional center is provided with documentation of a Medi-Cal [or] private insurance . . . denial and the regional center determines that an appeal by the consumer or family of the denial does not have merit." (*Id.* at subd. (d)(1).) An exception applies during the following:

> (A) While coverage is being pursued, but before a denial is made.
>
> (B) Pending a final administrative decision on the administrative appeal if the family has provided to the

> regional center a verification that an administrative appeal is being pursued.
>
> (C) Until the commencement of services by Medi-Cal, private insurance, or a health care service plan.

(*Id*. at subd. (d)(1).)

12. When funding daycare service for a minor consumer who lives in the family home, "the regional center may pay only the cost of the day care service that exceeds the cost of providing day care services to a child without disabilities." (Welf. & Inst. Code, § 4685, subd. (c)(6).) When a regional center funds ABA therapy, intensive behavioral intervention services, or both, the provider must:

> (1) Conduct a behavioral assessment of each consumer to whom the vendor provides these services.
>
> (2) Design an intervention plan that shall include the service type, number of hours needed, and recommended parent participation to achieve the consumer's goals and objectives, as set forth in the consumer's individual program plan (IPP) or individualized family service plan (IFSP). The intervention plan shall also set forth the frequency at which the consumer's progress shall be evaluated and reported.
>
> (3) Provide a copy of the intervention plan to the regional center for review and consideration by the planning team members.

(Welf. & Inst. Code, § 4686.2, subd. (a).)

Regional center funding shall terminate "when the consumer's treatment goals and objectives, as described under subdivision (a), are achieved." (Welf. & Inst. Code, § 4686.2, subd. (b)(1)(C).)

Conclusion

13. Claimant did not meet her burden of producing a preponderance of evidence establishing that the Lanterman Act authorizes CVRC to fund her requests for OT, ABA therapy, daycare, a one-to-one aide, caregiver training, and ASL instruction as discussed in Factual Findings 62 through 72. Therefore, CVRC properly denied each of her requests for funding, and her appeal must be denied.

ORDER

Claimant's appeal from Central Valley Regional Center's April 7, 2026 Notice of Action is DENIED.

DATE: June 9, 2026

COREN D. WONG
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.