BEFORE THE
OFFICE OF ADMINISTRATIVE HEARINGS
STATE OF CALIFORNIA

In the Matter of:

CLAIMANT

and

CENTRAL VALLEY REGIONAL CENTER,

Service Agency

DDS No. CS0036458

OAH No. 2026050468

DECISION

Hearing Officer Brian Weisel, Administrative Law Judge, Office of Administrative Hearings, State of California, heard this matter on June 15, 2026, in Visalia, California.

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

Claimant's mother represented claimant. Claimant's father also appeared.

Evidence was received, the record was closed, and the matter was submitted for decision on June 15, 2026.

ISSUE

Whether (1) under the Lanterman Developmental Disabilities Services Act, Welfare and Institutions Code section 4500 et seq. (Lanterman Act), CVRC is required to fund additional speech therapy services for claimant and (2) whether CVRC must provide claimant an additional 20 hours of respite services previously approved.

FACTUAL FINDINGS

Background and Jurisdiction

1. Claimant is a three-year-and-eight-month-old girl who lives with her parents in Lemoore, California. She receives regional center services based on her qualifying disability of Down syndrome under the category of intellectual disability.

2. Claimant has an Individualized Education Program (IEP) through Lemoore Elementary School District (District). Her most recent IEP, dated October 16, 2025, states claimant scores in the 1st percentile in receptive language and the 0.4th percentile in expressive language. Per the IEP, the District provides claimant with 40 minutes per week of speech therapy services at her school.

3. Claimant is nonverbal. Her parents teach her American Sign Language (ASL) in the home. She signs approximately 100 words. Claimant cannot precisely imitate some signs because of her current fine motor skills limitations. Claimant "approximates" them in a way her parents can understand.

4. Claimant's school speech therapy decreased on June 2, 2026, at the conclusion of the school year. Speech therapy will return to 40 minutes per week in August when the next school year begins.

5. Claimant also receives 50 minutes of speech therapy per month through Access Speech Therapy (Access). Claimant currently pays for Access through private insurance and Medi-Cal. These services are provided at the Access office in Hanford, California.

6. Claimant receives 30 hours per month of respite services. Claimant also participates in a few social recreational activities funded by CVRC including a Cinderella pageant and a gymnastics class.

7. On January 7, 2026, the Individualized Program Plan (IPP) team met to discuss updating claimant's IPP. Claimant's mother requested authorization to increase claimant's speech therapy hours and provide the service in-home through Spot On Speech Therapy (Spot On). At the meeting, CVRC indicated they could not approve the request.

8. Through February and March 2026, claimant's parents and CVRC staff exchanged several emails about claimant's request and other issues not pertinent to this decision. On April 1, 2026, the IPP team met again and discussed speech therapy services. The resulting IPP did not contain information regarding claimant's proposed increase in speech therapy services. On April 7, 2026, CVRC issued seven Notice of Actions (NOA) to claimant concerning issues not pertinent to this decision. Speech therapy services were not among the services denied in those NOAs.

9. Claimant considered CVRC's actions a functional denial of her request for in-home speech therapy services without issuing a NOA pursuant to Welfare and

Institutions Code section 4710.5. On May 6, 2026, claimant filed a Request to Set a Fair Hearing (Fair Hearing Request or FHR) regarding the denial. In her FHR, claimant also requested a fair hearing regarding respite hours which were approved by CVRC, but not provided for over two weeks after the approval.

10. On May 13, 2026, CVRC issued claimant a NOA denying claimant's request to fund additional speech therapy services because claimant has not shown the additional speech therapy is medically necessary and generic resources have not yet been exhausted. The NOA does not address the respite hours at issue. This hearing followed as to both of claimant's FHRs.

Claimant's Evidence

11. Claimant's mother testified. She is frustrated by the responses she receives from CVRC. She finds errors in some emails and IPP drafts CVRC prepares. She requested help from CVRC to find additional speech services for her daughter. She feels she asks CVRC staff for help and receives responses that do not adequately address her concerns.

12. Claimant's mother requested CVRC fund additional in-home speech therapy for claimant. CVRC notified claimant's mother that claimant needs to utilize generic resources, including school services and their private insurance before CVRC may authorize further speech services. Claimant's mother provided emails to CVRC from Spot On stating that they do not accept her private insurance or Medi-Cal. Therefore, claimant's mother contends she attempted to use her private insurance to pay for Spot On. Since they are not yet approved, CVRC should fund the service.

13. CVRC also notified claimant's mother that there is no documented need for additional in-home speech services. Claimant's mother admitted she has not yet

found success obtaining a recommendation from a "person with the right letters behind their name" stating a set number of additional hours of speech therapy services in-home are necessary. However, claimant's mother sees claimant engage more when she receives in-home services. Claimant's mother is a teacher. She knows that these pre-school years are a critical time to provide as many services as possible to ensure claimant's success. She wants to provide whatever services may help her nonverbal daughter thrive.

14. Claimant requested respite services from CVRC in March 2026. CVRC eventually approved the request. However, the respite hours were not provided in March. CVRC did not provide a welcome packet or process the approval for over two weeks from claimant's initial request. Claimant now receives 30 hours of respite services per month. Claimant contends CVRC's delay barred claimant from 20 hours of respite services she would have otherwise received.

15. Claimant's father also testified. He resigned from his job to work as claimant's primary caretaker when she was born. He described claimant as super friendly, giggly, and playful. Claimant's parents read to her every night. They practice ASL with her every day.

16. Claimant's father notices claimant is significantly more comfortable with service providers when she is in her home. He recalled when a music teacher came to their home for the first time. Claimant reached out to him and gave him a hug as soon as she saw him. She had a productive first session of music therapy because of her comfort when she met the provider.

17. In contrast, claimant often shuts down when she is at school or in a service provider's office. Claimant's father believes claimant will show greater

improvement with supplemental speech services in her home. He and claimant's mother requested 30 to 60 minutes of in-home speech therapy services per week to supplement the services already available at school and at Access.

18. Claimant provided several documents at hearing. Payton Sitterding, MA, CCC-SLP, CLC, is claimant's speech therapist at Access. Ms. Sitterding wrote a June 10, 2026, letter detailing claimant's speech progress. She wrote that claimant has severely delayed receptive and expressive language skills that significantly impact her functional communication.

19. Ms. Sitterding also wrote that claimant would benefit from "continuity of care and support to increase her current skills in communication in both structured and non-structured environments." Ms. Sitterding did not conduct an assessment or opine on any minimum hours of speech therapy that claimant requires or whether claimant requires speech therapy in her home.

20. Claimant is pursuing Spot On for in-home speech services. Claimant provided emails she exchanged with Danielle Martinez at Spot On inquiring about their services. Spot On currently does not accept claimant's private insurance or Medi-Cal. Spot On is in the process of contracting with those insurance providers in the future. Claimant did not provide any letter from Medi-Cal or her private insurance that any speech therapy service she requested was denied.

CVRC's Evidence

21. Shelly Celaya is CVRC's director of case management. She supervises CVRC's services coordinators, program managers, and assistant directors of the service coordinator department.

22. Ms. Celaya explained why CVRC denied claimant's request for additional speech therapy services. CVRC does not dispute that claimant requires speech therapy services. However, CVRC has not received evidence that the services already provided do not meet claimant's needs.

23. Claimant's IEP states she requires 40 minutes per week of speech therapy. Her school provides those therapy hours. Claimant also receives an additional 50 minutes per month of speech therapy through her private insurance and Medi-Cal. If claimant's parents wish to pursue additional therapy, they may do so. However, CVRC cannot fund additional services absent a documented need.

24. Claimant also requested additional in-home speech therapy services. Claimant has not provided any documentation from a medical provider stating that in-home speech therapy is necessary. Therefore, CVRC cannot approve funding for the service.

25. CVRC also denied the request for additional speech therapy because they contend claimant has not exhausted all available generic resources. Claimant receives services through her school, her private insurance, and Medi-Cal. Claimant has not provided evidence that any of those three entities denied funding for a necessary service. CVRC is a payor of last resort. CVRC cannot fund any service absent evidence that those resources are exhausted.

26. CVRC does not dispute claimant is entitled to 20 additional respite hours. Due to delays in communication, CVRC did not approve respite hours for March when claimant's mother originally requested them. Respite services have been in place since April 2026 without issue. CVRC will work with claimant's family to include 20 additional respite hours in the coming months in a way that fits their schedule.

Analysis

27. Claimant's parents provided sincere testimony. It is clear they want to provide claimant every advantage possible to help her thrive. Claimant's parents also credibly expressed their frustration with the Lanterman Act, the regional center, and the difficulties they have experienced obtaining services they believe are necessary.

28. However, the Lanterman Act does not allow regional centers to provide every possible service a claimant might request. CVRC must only provide the services and supports that are necessary for each consumer. That includes a review of the effectiveness of each possible service and the cost effectiveness of the proposed option.

29. Here, claimant has not provided sufficient evidence that additional speech therapy services or in-home speech therapy services are necessary. Claimant already receives significant speech services. Claimant provided emails and letters from two speech therapy providers. Neither indicates that claimant requires additional hours of speech therapy beyond what she already receives from school and through Access. Also, neither letter states that claimant requires in-home speech therapy.

30. Further, claimant is required to exhaust generic resources before the regional center may provide a service. A regional center cannot purchase a service that is available from a school district, Medi-Cal, or private insurance (Welf. & Inst. Code, § 4659.) If claimant requires additional speech therapy, claimant must pursue all other possible sources of funding before CVRC may fund the service.

31. Claimant provided credible evidence that Spot On does not accept her insurance. However, that is not the same as showing that generic resources are not available to fund a necessary service. Claimant did not provide any documentation that

her private insurer, the District, or Medi-Cal denied funding for speech therapy that was determined to be necessary.

32. In summary, claimant did not establish that additional in-home speech therapy is necessary or that she has exhausted all available generic funding sources. Thus, CVRC properly denied her request. Claimant's appeal regarding additional speech therapy must be denied.

33. Claimant also requests 20 additional respite hours to account for the hours claimant did not receive in March 2026. CVRC does not dispute it originally denied claimant the hours in question due to delays in their own processing. CVRC is now willing to provide claimant with 20 additional respite hours to account for the error. As there no longer is a dispute over respite hours, claimant's appeal is moot as to that issue. Claimant and CVRC will work together to determine which month(s) should include additional hours to rectify the error.

LEGAL CONCLUSIONS

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

Burden and Standard of Proof

2. An administrative "fair hearing" to determine the rights and obligations of the parties, if any, is available under the Lanterman Act. (Welf. & Inst. Code §§ 4700–4716.) The burden of proof is on the party seeking government benefits or services. (*Lindsay v. San Diego County Retirement Bd.* (1964) 231 Cal.App.2d 156, 161.) In this

case, claimant bears the burden of proving, by a preponderance of the evidence, that CVRC must fund additional speech therapy and provide additional respite services. (Evid. Code, § 115.)

Applicable Law

3. The Department of Developmental Services is the public agency in California responsible for carrying out the laws related to the care, custody and treatment of individuals with developmental disabilities under the Lanterman Act. (Welf. & Inst. Code, § 4416.) To comply with its statutory mandate, the Department contracts with private, nonprofit community agencies, known as "regional centers," to provide the developmentally disabled with "access to the services and supports best suited to them throughout their lifetime." (Welf. & Inst. Code, § 4620.)

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

> "Services and supports for persons with developmental disabilities" means specialized services and supports or special adaptations of generic services and supports directed toward the alleviation of a developmental disability or toward the social, personal, physical, or economic habilitation or rehabilitation of an individual with a developmental disability, or toward the achievement and maintenance of an independent, productive, and normal life. The determination of which services and supports are necessary for each consumer shall be made through the individual program plan process. The determination shall be made on the basis of the needs and preferences of the

consumer or, when appropriate, the consumer's family, and shall include consideration of a range of service options proposed by individual program plan participants, the effectiveness of each option in meeting the goals stated in the individual program plan, and the cost-effectiveness of each option. Services and supports listed in the individual program plan may include, but are not limited to, diagnosis, evaluation, treatment, personal care, daycare, domiciliary care, special living arrangements, physical, occupational, and speech therapy, training, education, supported and sheltered employment, mental health services, recreation, counseling of the individual with a developmental disability and of the individual's family, protective and other social and sociolegal services, information and referral services, follow-along services, adaptive equipment and supplies, advocacy assistance, including self-advocacy training, facilitation and peer advocates, assessment, assistance in locating a home, childcare, behavior training and behavior modification programs, camping, community integration services, community support, daily living skills training, emergency and crisis intervention, facilitating circles of support, habilitation, homemaker services, infant stimulation programs, paid roommates, paid neighbors, respite, short-term out-of-home care, social skills training, specialized medical and dental care, telehealth services and supports, as described in Section 2290.5 of the Business and

Professions Code, supported living arrangements, technical and financial assistance, travel training, training for parents of children with developmental disabilities, training for parents with developmental disabilities, vouchers, and transportation services necessary to ensure delivery of services to persons with developmental disabilities. This subdivision does not expand or authorize a new or different service or support for any consumer unless that service or support is contained in the consumer's individual program plan.

5. Welfare and Institutions Code section 4646.4 provides that regional centers shall ensure the utilization of other services and sources of funding contained in section 4659.

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

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

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

supplemental security income and the state supplementary program.

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

[¶] . . . [¶]

(c) Effective July 1, 2009, notwithstanding any other law or regulation, regional centers shall not purchase any service that would otherwise be available from Medi-Cal, Medicare, the Civilian Health and Medical Program for Uniform Services, In-Home Support Services, California Children's Services, private insurance, or a health care service plan when a consumer or a family meets the criteria of this coverage but chooses not to pursue that coverage. If, on July 1, 2009, a regional center is purchasing that service as part of a consumer's individual program plan (IPP), the prohibition shall take effect on October 1, 2009.

7. The Lanterman Act sets forth a fair hearing process to resolve disputes with regional centers about a person's eligibility for services, or the nature, scope, or amount of services and supports that a person should receive. (Welf. & Inst. Code, § 4700 et seq.) Welfare and Institutions Code section 4710.5, subdivision (a) states:

Any applicant for or recipient of services, or authorized representative of the applicant or recipient, who is dissatisfied with a decision or action of the regional center

> or state-operated facility under this division shall, upon filing a request within 60 days after notification of that decision or action, be afforded an opportunity for an informal meeting, a mediation, and a fair hearing.

8. When all the evidence is considered, CVRC cannot fund additional speech therapy services because claimant has not shown the service is necessary and claimant has not yet exhausted generic resources to fund such a service. Therefore, claimant's appeal of CVRC's decision to deny funding for additional speech services is denied.

9. As discussed above, claimant's appeal regarding additional respite hours has been resolved and therefore is denied as moot.

ORDER

Claimant's appeal is DENIED.

DATE: June 24, 2026

BRIAN WEISEL
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.