

Cheat Sheet for Non-Lawyers

Parental Responsibility

For use by people with intellectual and developmental disabilities and their supporters to respond to regional center service denials



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Disclaimer: This document is general information, not legal advice. It is based in part on examples seen in a small set of California Office of Administrative Hearings (OAH) decisions. This guide is based on the law and the administrative hearing decisions interpreting the law at the time we write them. We try to update our materials; however, laws are regularly changing. If you want up-to-date information about the law, please visit Disability Rights California at www.disabilityrightscalifornia.org or another legal source.



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1. Introduction

Regional center service disputes often involve a few common rules, and those rules can overlap. A service denial may involve questions about IPP goals and disability-related need; whether another system is supported to provide the service first; cost-effectiveness; parental responsibility; or other limits on regional center funding. This guide does not try to cover every kind of service dispute. Instead, it focuses on **parental responsibility** and explains how that issue tends to come up across different kinds of services.

For a denial of a new service or support, the person appealing has to prove that the requested service is needed and should be funded. For a reduction, change, or termination of an existing service, the regional center is the one trying to change the current services, so the regional center usually has to prove that the service should be reduced, changed, or stopped.

2. Summary of topic

When you ask the regional center to pay for a service, they may say no by claiming it is your “**parental responsibility.**” In the regional center system, this means they believe the requested service is part of the typical care, supervision, transportation, or financial support that *any parent* is ordinarily expected to provide for a child without disabilities. However, you can challenge these denials. If your child’s needs go far beyond what is typical, or if the service is uniquely tied to their developmental disability and you have exhausted all other options, the regional center may be required to help.

3. What does the law say about this topic?

Welfare and Institutions Code Section 4646.4

Welfare and Institutions Code section 4646.4 requires regional centers to consider what parents are ordinarily expected to provide for a minor child without disabilities. This is the basic “parental responsibility” rule. But the statute does not allow a regional center to stop there. The regional center must also consider whether the child needs extraordinary care, services, supports, or supervision because of their disability, and whether the family needs timely access to that support. In practice, the question is not simply whether a parent would normally provide some care, transportation, or supervision. The question is whether this child’s disability-related needs go beyond what is typically expected of parents of children without disabilities.

4. Common reasons for regional center denials in these cases

The requested service is considered a typical parenting duty

Regional centers will frequently deny funding for transportation to extracurriculars, basic supervision, weight training, or private music lessons, arguing that these are normal financial and logistical expectations for any parent.

A mismatch with strict service definitions

If parents enroll the claimant in an activity that is not clearly tied to an IPP goal or is not the type of service a regional center can pay for, it is the parents' responsibility to pay for it.

Failure to exhaust "generic resources"

If parents ask the regional center to pay for something without first requesting funding from the general programs available to them (such as the public school or private insurance), which are called "generic resources," it is the parents' responsibility to pay for it.

Conflating medical complexities with developmental needs

If parents ask the regional center to pay for something that addresses the claimant's medical need but does not clearly relate to the claimant's developmental or intellectual disability, it is the parents' responsibility to pay for it.

5. What kind of facts and evidence help people win their cases?

1) Overcoming the “Typical Parenting Duty” Denial: You must clearly document that your child’s needs go far beyond what is ordinarily expected of a parent raising a child without disabilities. You can do this by presenting physician letters confirming your child requires constant supervision for safety, or by using concrete evidence to show that a severe crisis in your family temporarily prevents you from providing typical care to your child.

Case Spotlight

(HRC, OAH No. 2024090790)

A regional center attempted to discontinue a 16-year-old’s funded childcare hours. However, an administrative law judge ordered that the regional center continue providing 275 hours per month because the teenager required intensive supervision due to serious safety risks and aggressive behaviors. The family submitted a physician’s letter stating the claimant needed constant supervision for activities of daily living. They also provided testimony from the grandmother, who was the primary caregiver, and relied on prior IPPs showing a consistent history of needing these hours.

2) Overcoming the “Exhaustion of Generic Resources” Denial: You need to show that you tried other public programs like public school or private insurance first. It’s important to have written proof that these programs denied the service. That kind of documentation helps show that the regional center should step in to cover the need.

Case Spotlight

(TCRC, OAH No. 2024060720)

A regional center was ordered to fund a specialized plant-based formula for a three-year-old after the parents showed it was medically necessary and not otherwise covered. They proved exhaustion of generic resources by showing a denied Medi-Cal claim and the child's enrollment in a public benefits program (Special Supplemental Nutrition Program for Women, Infants, and Children). Because those generic resources failed to provide coverage, the regional center had to step in as the provider of last resort.

3) Overcoming the “Medical vs. Developmental” Denial: If the regional center claims the need is purely medical, you should provide evidence showing how the requested service is connected to the person's developmental disability, functional limitations, or IPP goals. This evidence may come from doctors, therapists, occupational therapists, behavioral providers, school records, assessments, or other professionals who can explain the connection.

Case Spotlight

(TCRC, OAH No. 2024060720)

In the same case, the parents also prevailed by providing a pediatrician's prescription and an occupational therapy assessment showing the child's inability to eat solid food was caused by oral-motor delays associated with Down Syndrome, establishing the need as developmental rather than a general medical preference.

6. What kinds of facts, evidence, or lack of facts and evidence cause people to lose their cases?

1) Losing because of “Typical Parenting Duties”: Families lose when they ask for accommodations without using evidence to prove a complete inability to provide them. For example, driving minor children to extracurricular activities is considered a fundamental parental responsibility, even if the child has complex needs.

Case Spotlight

(OAH No. 2023120807)

A 12-year-old with Type 1 diabetes required constant, high-risk monitoring of her blood sugar during car rides. Despite this severe medical danger, a judge ruled that transporting a minor child to after-school activities remained a basic parental responsibility and denied the request to have the regional center pay for an aide’s driving mileage.

2) Losing because the service does not match the IPP or service type: Cases are weaker when the requested service does not match the person’s IPP goals, the legal purpose of the service category, or the person’s disability-related needs.

Case Spotlight

(IRC, OAH No. 2023030203)

A family requested 40 additional hours of respite care to help manage a five-year-old’s severe behavioral outbursts. The judge denied the request, ruling that respite is legally defined as temporary relief for caregivers, not as a behavioral intervention.

3) **Losing because of “Medical vs. Developmental Needs”:** Families lose when they cannot prove a service is explicitly linked to developmental skill-building or habilitation, or when they lack clinical proof. For example, probiotic supplements were denied because a family did not provide a medical report establishing that they were clinically necessary for the child’s developmental disability.

Case Spotlight

(SCLARC, OAH No. 2022110556)

To support their request for a personal trainer and weight training at a local studio, parents submitted letters from claimants’ pediatricians documenting their morbid obesity, and also linked it to their autism diagnoses. In denying the appeal, the hearing officer did not dispute the importance of the requested services, but noted the absence of any evidence establishing that the claimant could not obtain comparable services through generic resources (potentially with financial assistance), as well as the absence of any evidence (such as information on the family’s income and expenses) showing that all or a portion of the requested service should *not* be parental responsibilities.

7. Pulling it all together: Common denials and how to respond

Use this chart to match a common denial with a short response and the evidence that may help.

Example of a service you might request the regional center to fund	Example of why a regional center may say no to the service you request	Example of an argument you could make in response to the regional center's denial explaining why you need the service and the laws that support your request	Example of facts, witnesses, or records you could use to support your argument about why you need the service
<i>Specialized medical formula for a young child.</i>	Feeding a child is normally a parent's responsibility, and the regional center said insurance or grocery stores should cover it	It's an "atypical need" because the disability makes it impossible for the child to eat solid food. Under the Lanterman Act, if regular sources like insurance have failed or refused to cover it, the regional center must step in as the last resort to provide it.	Evidence such as a letter of medical necessity or prescription from a pediatrician; documentation demonstrating the barriers to accessing generic resources relevant to this request.
<i>Temporary increase in personal assistance hours</i>	Basic supervision is something parents are normally expected to provide without payment. The request for extra support was denied because it does not clearly explain when the medical emergency begins and ends. The regional center argues that the parent should	The Lanterman Act allows temporary increases in services when there is a "change in the participant's circumstances." A caregiver having major surgery could qualify as that kind of change. During the caregiver's recovery, the medical situation may temporarily go beyond what is normally expected from a parent.	Surgeon's letter detailing both the surgery and recovery dates; pediatrician letter noting the child's constant supervision needs.

	instead adjust their current Self-Determination Program budget or use behavior services to address the issue.		
<i>Preventing a reduction in personal assistant hours</i>	The child's needs are already being addressed through services like public school and ABA therapy, and the parent is expected to provide most of the care outside those hours as part of normal parental responsibilities.	The regional center has the legal responsibility to prove that a service should be reduced. They cannot cut hours unless a new assessment shows the child's needs have actually decreased.	Current IPPs showing behavior hasn't improved; school records demonstrating extreme safety risks; doctor's letter confirming the child needs constant supervision to stay safe.
<i>Funding for a personal trainer or weight training program</i>	The parents didn't show that the personal training is needed for a specific developmental issue rather than a general health issue like obesity. They also didn't show that they tried or used other available options, like insurance or school programs. Because of this missing evidence, the regional center can deny the service as not cost-effective, since encouraging exercise is generally considered	The fitness program is part of the IPP and is meant to support the child's developmental goals. Regular encouragement from parents isn't enough to meet the child's specific needs because the personal training is tied to targeted skill-building and development goals. In other words, general parental support alone can't provide what the child needs here.	An IPP that connects fitness to developmental goals; insurance denial letters; therapist's letter explaining why parents alone can't meet the need.

	part of normal parental responsibility.		
<i>Funding for group social or recreational activities</i>	Paying for your child's extracurricular activities is something all parents are expected to do.	The group activity is a specialized "social recreation" service tied directly to an IPP goal to build peer socialization skills, and generic resources are insufficient.	IPP goals focused on socialization; letters showing that school programs do not provide enough support for the child's needs.

Appendix 1:

List of OAH Decisions Reviewed and Analyzed about Parental Responsibility

1. OAH No. 2023050724:

Issue: Whether personal assistant hours should increase to 135 hours or be reduced to 75 hours per month.

Holding: The judge refused to increase the hours, but also prevented the regional center from cutting them down to 75. The hours stayed at 100 per month because the reduction did not have a clear or reasonable basis.

2. OAH No. 2024060720:

Issue: Whether the regional center must pay for a special plant-based formula and probiotic supplements for a three-year-old.

Holding: The judge approved the special formula because it was a unique dietary need, but denied the probiotics because there was not enough medical evidence showing they were necessary.

3. OAH No. 2023030203

Issue: Whether respite hours should be increased by 40 hours per month due to a five-year-old's behavioral outbursts.

Holding: Denied. The judge explained that respite is meant to give caregivers a break, not to manage a child's behavior. The existing unpaid care was considered part of normal parenting responsibilities.

4. OAH Nos. 2024020395 & 2024020302

Issue: Whether the regional center should reimburse a mother for driving her children to after-school activities under the Self-Determination Program.

Holding: Denied. The judge found that taking children to regular activities was a normal parenting responsibility and was not something the program would pay for.

5. OAH No. 2023090283

Issue: Whether the regional center should pay for one-on-one private voice and piano lessons as a social activity.

Holding: Denied. The judge found that private lessons are not the same as social activities with peers and are considered a normal expense for parents.

6. OAH No. 2023120807

Issue: Whether Self-Determination Program funds could be used to reimburse an aide for mileage to drive a 12-year-old with Type 1 diabetes to after-school activities.

Holding: Denied. Even with medical needs, transportation to regular activities was still considered a normal parenting responsibility and not something the regional center must fund.

7. OAH No. 2025020414

Issue: Whether personal assistance hours should be temporarily increased from 200 to 410 hours per month because claimant's mother, who provided some of his care, was about to undergo major surgery and recovery.

Holding: The state agency modified the request and allowed a temporary increase. The judge agreed that the caregiver's upcoming surgery is a significant change in circumstances that can justify extra support beyond normal parental responsibility.

8. OAH No. 2024090790

Issue: Whether the regional center should keep funding 275 hours per month of extra childcare for a 16-year-old.

Holding: Yes, continued funding was granted. The teenager's aggressive behaviors and safety risks require constant supervision that goes beyond what is typically expected of a parent. The regional center also failed to provide enough evidence to justify cutting the hours.

9. OAH No. 2022110556

Issue: Whether the regional center must pay for a personal trainer and weekly weight training to help address obesity in 15-year-old twins with autism.

Holding: The hearing officer did not dispute the benefit of the requested services, but noted that under the regional center's purchase of service (POS) policy, the family had to demonstrate that the claimant could not obtain comparable services through generic resources, potentially with financial assistance; and that given the family financial situation (e.g., income and expenses), paying all or a portion of the requested service should *not* be a parental responsibility. Because no such evidence was provided, funding was denied.

Appendix 2: Glossary of Common Terms

Term	Definition
Atypical Need	Care, supervision, or support requirements that go well beyond what is ordinarily expected of a parent raising a minor child without disabilities
Burden of Proof:	The legal obligation to present evidence that has more convincing force than the opposition. In regional center hearings, the family requesting a new or increased service bears the burden of proof, while the regional center bears the burden when attempting to reduce an existing service.
Generic Resources:	Governmental or private entities and programs that have a legal responsibility to serve the general public or pay for services. Examples include Medi-Cal, public school districts, IHSS, and private health insurance.
Habilitation:	Services and supports that help a person gain, keep, or improve the everyday skills needed to live as independently as possible. Regional centers often ask whether a requested service builds these skills.
Individualized Program Plan:	A person-centered plan developed by a team that outlines the specific needs, preferences, and authorized regional center services and supports for a consumer.
In-Home Supportive Services (IHSS)	A generic public resource program that provides funded in-home assistance and supervision to eligible individuals with disabilities, often allowing family members to act as the paid providers. Regional centers frequently require families to fully utilize their authorized IHSS hours before the center will consider funding additional supervision, personal assistance, or childcare services.
Parental Responsibility	The statutory requirement under the Lanterman Act that regional centers consider the typical care, supervision, and financial support that parents are ordinarily expected to provide for a minor child without disabilities when deciding whether to fund a service

Payor of Last Resort	A fundamental principle of the Lanterman Act requiring regional centers to fund necessary services only after all possible generic resources have been exhausted, made unavailable, or have denied coverage
Respite Care	Services strictly meant to provide temporary relief to family members from the constant responsibility of caring for a consumer. It is not intended to serve as a behavioral intervention or therapeutic treatment
Self Determination Program (SDP)	An initiative put in place in the State of California that creates more flexibility for social recreation activities by giving claimants a set amount of funding and allowing them to switch out activities as needed.

Appendix 3:

List of resources that can help me prepare for IPP meetings and disagreements with regional centers

1. [Rights Under the Lanterman Act](#): This Manual is published by Disability Rights California. It has one purpose: to help you understand some of your rights as a person with developmental disabilities in California. The Manual focuses on your rights to supports and services under the Lanterman Act — your rights with the regional center and service providers. It will not answer every question you may have, but it is a place to start.
2. Search Tools to find hearing decisions about regional center cases
 - a. [Stanford Intellectual and Developmental Disabilities Law and Policy Project Smart Search Tool](#)
 - b. [Office of Administrative Hearings Website](#)
3. [Regional Center Services and IPP Toolkit](#): This Toolkit is published by Disability Rights California and explains how you can prepare for your IPP meetings with your regional center.
4. [Regional Center Hearings and Appeals Toolkit](#): This Toolkit is published by Disability Rights California and has additional information about how you can prepare for hearings when you disagree with a decision your regional center has made about your services.