

Cheat Sheet for Non-Lawyers

Respite Services

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



Prepared by: Reva Kale

Last Updated: 9/17/2026

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.



Sections

1. Introduction..... 2

2. Summary of Topic..... 3

3. What Does The Law Say About This Topic..... 4

4. Common reasons for regional center denials in these cases..... 5

5. What kind of facts and evidence help people win their cases?..... 6

6. What kinds of facts, evidence, or lack of facts and evidence cause people to lose their cases?..... 8

7. Pulling it all together: Common denials and how to respond..... 10

Appendix 1..... 12

Appendix 2: Glossary of Common Terms..... 13

Appendix 3:..... 15

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 focuses on respite and explains what the service is, why people request it, and how those common rules tend to come up in disputes about respite.

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

Respite gives family caregivers temporary relief from the ongoing responsibility of caring for a regional center consumer. Respite may allow a caregiver to rest, attend appointments, care for other family members, run necessary errands, or address other needs while the person is safely supported.

The number of respite hours should be decided through the individualized IPP process. There is no statewide maximum number of respite hours. Regional centers may use purchase-of-service guidelines, but those guidelines cannot operate as automatic caps and cannot replace an individualized review of the family's actual needs.

This practice guide aims to help you advocate for yourself in front of the regional center and secure the amount of respite you really need!

3. What does the law say about this topic?

Before deciding how many hours to grant, the regional center is **required to consider what support the family already has**, such as after-school programs, help from others (such as neighbors or grandparents), or in-home supportive services. These are sometimes called “**generic resources.**”

Regional centers are allowed, and encouraged, to use their own internal systems to measure how much respite is needed in a particular situation. But the law requires them to be flexible when a family has *extraordinary* needs (no cap on respite under the law).

- The statewide caps that used to limit respite (90 hours per quarter of in-home respite and 21 days per year of out-of-home respite) were repealed in 2018.
- This means a regional center cannot deny hours simply by pointing to an old numerical limit.

Respite is technically NOT designed to free up a caregiver to work full time or regularly attend outside activities. It is meant to be intermittent or temporary (not all day or every day).

4. Common reasons for regional center denials in these cases

These are common reasons regional centers give when they deny respite eligibility:

“You already have enough support.”

The regional center adds up all the help you already get (including help that *could* be provided by other family members) and concludes that you already have enough time off from caregiving.

“Nothing has really changed.”

The regional center argues that you are in the same place you were when your respite hours were originally approved. You have not provided new evidence that your circumstances have changed or are somehow *extraordinary*.

“Your request goes above the regional center’s defined internal limits.”

Most regional centers have internal guidelines for how many hours family members typically receive. After you reach that internal cap, they need you to give specific reasons and documents proving that the cap isn’t enough and explaining in detail why your situation is unique.

“Respite isn’t the right service for what you’re describing.”

Although respite is often used as a “catch-all” for other services, the regional center may deny respite if it seems like you are really looking for an independent living program or continuous behavioral/medical support (respite is meant to be temporary).

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

1) Something significant changed in the client's life or needs. Specify exactly what has changed, and why additional support is needed as a result.

Example: A client's aggressive behaviors are getting worse in his teenage years, especially at night. The family member might provide a written report from a therapist that report that identifies the specific behavioral change observed, and why additional support is needed. (For example, the client may have started engaging in self-injurious behaviors in the evenings before bedtime, and existing services are insufficient because the parent needs more coverage during this specific period to keep everyone safe.)

Example: the client no longer qualifies for a day program that previously provided 6 hours of daily supervision. The family member can provide detailed documentation about why the support is no longer available. (For example, eligibility has recently been restricted to clients who do not have any mobility restrictions, which renders the client ineligible.)

2) Something significant changed in the caregiver's life or ability to provide care.

Provide specific evidence and examples of why they are unable to provide the same level of care as before.

Example: the family member was diagnosed with a chronic illness and is experiencing physical weakness. They submit documentation from a physician specifying their physical restrictions, and explain why these restrictions prevent them from carrying, supporting, restraining, assisting their child in the specific ways that the child requires.

Example: a grandparent, who used to live in the house and previously provided 6 hours of care every week, has passed away. No other family members are available to replace the care that the grandparent previously provided.

3) There have been significant, extraordinary change in circumstances.

Example: An urgent and unexpected emergency – such as a global pandemic, other natural disaster, cancer or dementia diagnosis (for the caregiver), or housing loss/instability – has suddenly impacted a caregiver's ability to provide care to a client.

Case Spotlight

Behavioral respite granted due to evidence of high behavioral needs (HRC, OAH No. 2025020893; DDS modified).

A mother requested eight hours per week of behavioral respite for her 15-year-old son with intellectual disability who was physically aggressive and required constant supervision. She brought an ABA report, two school reports, and a letter from his tutor documenting his behavior, and testified in detail about the demands of daily care. The ALJ granted the request on a temporary basis, finding the evidence compelling.

Why it worked: The mother didn't just describe her situation, she backed it up with professional documentation from multiple sources, and her own testimony added credible details.

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

In the hearing decisions we reviewed, people often lost for these reasons:

- 1) The family didn't show anything had changed. The regional center's default argument will always be that nothing changed.

Example: A mother is arguing that 30 hours of respite per week is not enough to allow her to take care of her responsibilities. But she does not say what these new responsibilities are, and why the amount of respite does not work.

Example: A father says 30 hours of respite per week is not enough because his son's behavior has gotten "worse." But he does not provide concrete evidence of how his son's behavior has changed or why the change requires more respite.

-
- 2) The family didn't bring enough evidence to prove they could NOT rely on other sources of support. The family must prove that other options have been genuinely ruled out.

Example: A mother is requesting 20 additional hours of respite per week, but has not prepared a detailed schedule to show how she will use these hours. The regional center provides its OWN schedule showing that the client participates in an after-school program and has grandparents who live nearby, and argues the mother should use these resources more carefully. Because the regional center provided better documentation, the hearing officer sides with the regional center.

3) The family's request looked more like full-time care than temporary care.

Example: A mother is requesting enough hours to cover every weekend day of the month. She has not explained why such a significant amount of respite is necessary, and why the other parent can't share caregiving duties on these days. Because the hearing officer believes both parents should contribute, and there's no reason why they can't, the hearing officer sides with the regional center.

4) The family relied on personal testimony alone, without supporting documentation. The judge may find a request sympathetic but will likely not rule in your favor without objective evidence.

Case Spotlight

Respite not granted because no demonstrated change in circumstances (SCLARC, OAH No. 2025021016).

A mother requested an increase from 46 to 60 hours per month for her 19-year-old son. The regional center had already made an exception to grant 46 hours. When she asked for more, she offered the same reasons as before and no new evidence. The ALJ denied the appeal.

Why it didn't work: Even though the regional center had been generous before, the hearing officer needed a reason to go further—and without new facts, there was nothing to justify the increase.

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 you are not eligible for services	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 are eligible for services
<i>You want more hours than the regional center's internal guidelines allow.</i>	<i>Our guidelines show your current level of respite is appropriate for your situation.</i>	Your internal calculations cannot account for my extraordinary situation . My child's behavioral needs have significantly worsened (provide evidence) or I am experiencing a medical situation and am struggling to provide care (give evidence).	Letter or report from doctor, therapist, or ABA provider; parent log of daily incidents; updated behavioral assessment
<i>You had temporarily higher hours (due to a health crisis or other emergency) and want to keep them.</i>	<i>Regional center says the temporary exception has ended and circumstances have returned to normal</i>	My situation has not returned to normal — my caregiver health issue is ongoing, or my child's needs have independently increased since then.	Medical records showing the caregiver's condition is continuing; physician letter; any documentation of a new or ongoing extraordinary circumstance
<i>You are a single parent caring for multiple children with disabilities and need more hours.</i>	<i>Your child's individual needs haven't changed, and current hours are sufficient.</i>	The regional center's assessment tool does not account for the combined demands of caring for multiple children with disabilities at the same time. This is an extraordinary situation . There are no other sources of help available, or I am struggling with my own medical situation making care more difficult.	Written statement showing no other adults are available to help; testimony from a friend or community member who has seen the household demands firsthand.

<i>You want to increase the amount of respite you receive, because the current amount is not enough!</i>	<i>We took a look at your schedule and identified multiple sources of support other than respite.</i> <i>You are not utilizing your time correctly. The other parent could provide more support.</i>	I cannot rearrange my schedule because of X — here is exactly why other options are not working for me. The grandparents are unavailable. The other parent works night shifts. IHSS services are already inadequate (here is documentation).	A detailed weekly schedule; documentation of the specific obligation (e.g., medical appointment records, school pickup records); explanation of why no family member or other resource can fill that window.
---	--	---	---

Appendix 1

List of OAH Decisions Reviewed and Analyzed about Respite

1. 2022080846: Parent wanted to increase respite hours from the original amount previously granted. The Hearing Officer held that there had not been a change in circumstances to warrant an increase in respite. The Hearing Officer held that the cumulative number of services provided to the family (which also included In-Home Supportive Services, personal assistant hours and respite for claimants two older brothers, who were also developmentally disabled) were sufficient to meet their needs and that the parent should more efficiently utilize and coordinate available caregiving services.
2. 2025021016: Parent wanted to increase the amount of respite hours to relieve her stress and grant her more time to manage her own responsibilities. Regional center determined there was no material change in circumstances or new claim to justify an increase in respite, that the parent has not shown enough proof that more respite is warranted. In addition, the Hearing Officer held that the other resources and agencies that might assist the family had not yet been exhausted.
3. 2024010385: Mother requested respite increase from 60 to 150 hours based on her own medical needs, caring for her other children, Claimant's difficult sleep patterns and being able to have family activities that Claimant could not tolerate. The Hearing Officer denied on the basis that there was no significant change of circumstances, services in the form of generic resources were in place, and that respite is a temporary service, not an unlimited bank of hours which would continue on a long-term basis.
4. 2023090605: The regional center reduced the amount of respite hours which had been provided to Claimant as temporary/emergency services during the COVID pandemic. Mother appealed on the basis that her son's high level of need had not changed post-COVID. The Hearing Officer held that as there had been no change of circumstances, the COVID relief was temporary, and Claimant did not establish extraordinary circumstances which would qualify for an exception and allow for respite as provided during the COVID pandemic.
5. 2025020893: A mother requested eight hours per week of behavioral respite for her 15-year-old son with intellectual disability who was physically aggressive and required constant supervision. She brought an ABA report, two school reports, and a letter from his tutor documenting his behavior, and testified in detail about the demands of daily care. The ALJ granted the request on a temporary basis, finding the evidence compelling. The mother didn't just describe her situation, she backed it up with professional documentation from multiple sources, and her own testimony added credible details.

Appendix 2: Glossary of Common Terms

Term	Definition
Family Member	someone who lives with a person with a developmental disability and who is responsible for their 24-hour care and supervision
POS guidelines	“purchase of service” guidelines that are used by regional center service coordinators to see how much respite people <i>usually</i> get, BUT the guidelines cannot be used to <i>decide</i> the actual amount of respite you get
Decision maker	someone from the regional center (who must attend your IPP meeting) with the authority to say yes or no to your request
NOA	notice of action, written notice you have a right to receive if the regional center says “no” to what you want. Must tell you what the regional center plans to do and what laws allow them to do it (should help prepare for your hearing)
Aid Paid Pending	what you do to keep your respite services the same while you appeal. You must appeal within 30 days of the date you received your NOA.
Mediation	Meeting where a trained mediator from the Office of Administrative Hearings (OAH) meets with you and a regional center representative. The mediator tries to find common ground and new solutions. You are encouraged to attend mediation to get information about the regional center’s case
Good Cause	you have to have a good reason for OAH postpone your fair hearing date. You must file a Motion for Continuance of Hearing and Waiver of Time.

Lay Witnesses	non experts such as family members and former care providers who can testify on your behalf at the hearing
Vendors	approve agencies (by the regional center) who can train and supervise respite workers. You or another family member can become a “vendor” of the regional center so you can hire a respite worker.
In-Home Respite	temporary supervision provided in the home, can be intermittent or regularly scheduled for
Crisis Respite	includes 24-hr observation and temporary care by crisis workers in a licensed residential facility to relieve families of caring for their loved one with I/DD
Behavioral Respite	intermittent or regularly scheduled non-medical care and/or supervision that is provided in-home for individuals with I/DD and behavioral needs.
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.