BEFORE THE
OFFICE OF ADMINISTRATIVE HEARINGS
STATE OF CALIFORNIA

In the Matter of:

CLAIMANT,

vs.

WESTSIDE REGIONAL CENTER,

Service Agency.

OAH No. 2020110415

DECISION

Erlinda G. Shrenger, Administrative Law Judge, Office of Administrative Hearings (OAH), State of California, heard this matter by videoconference on May 5, 2021.

Candace J. Hein, Fair Hearing Specialist, represented Westside Regional Center (Service Agency or WRC).

Melissa Amster, Esq., represented claimant. Claimant's mother (Mother) was present during the hearing.[1]

Oral and documentary evidence was received. The record was held open to allow Service Agency to file and serve two additional documents by May 7, 2021; for claimant's counsel to file and serve any written objection by May 11, 2021; and for both parties to simultaneously file and serve written closing briefs by May 20, 2021.

Service Agency timely filed and served the following documents: (1) a copy of claimant's individual program plan (IPP) dated January 31, 2021, which was marked as Exhibit 5; and (2) a 29-page Progress Report by claimant's ABA provider, Behavior and Education (B&E), which was marked as Exhibit 7. No written objections were filed by claimant's counsel. Exhibits 5 and 7 were admitted.

The parties timely filed and served their written closing briefs. Service Agency's brief was marked as Exhibit 8. Claimant's brief was marked as Exhibit E.

The record closed and the matter was submitted for decision on May 20, 2021.

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[1] Claimant and his family members are referred to by titles to protect their privacy.

ISSUE

Should Service Agency be required to fund the Early Childhood Treatment Center Program at Pediatric Minds (Pediatric Minds Program)[2] for claimant?

EVIDENCE

Documentary: Service Agency's exhibits 1-8; Claimant's exhibits A-E.

Testimonial: Jessica Haro, WRC Autism and Behavioral Specialist, and Mother.

FACTUAL FINDINGS

Jurisdictional Matters

1. Claimant is a five-year-old boy who is eligible for regional center services based on his qualifying diagnoses of autism spectrum disorder and intellectual disability.

2. In August 2020, Mother requested that Service Agency fund the Pediatric Minds Program for claimant.

3. By a letter and a Notice of Proposed Action, both dated September 15, 2020, Service Agency notified Mother it denied her funding request for the Pediatric Minds Program. The reason for the denial was that Mother needed to seek the service

[2] In its exhibits and closing brief, Service Agency refers to the Pediatric Minds Program as the Pediatric Minds - Partial Hospitalization Program. (Exhs. 2, 4, 8.)

through generic resources, pursuant to Welfare and Institutions Code sections 4646.4 and 4659.

4. On September 28, 2020, Mother filed a fair hearing request, on claimant's behalf, to appeal Service Agency's denial of her funding request for the Pediatric Minds Program. In the fair hearing request, Mother explained the reason for her request as follows:

> At this point, my son's behavior is so aggressive and violent, including selfharm [*sic*] and being violent to others, that I will need to put him into a home, which I do not want to do. He has hours long meltdowns where he is slamming his head into the wall, kicking down doors, crying, screaming, punching himself and others. He needs to be under the care of a medical team that can determine if he needs medication, regular psychological and behavioral therapy, as well as speech therapy (he is non-verbal & not toilet trained), physical therapy (he is a toe walker and it causes him to stumble and fall), etc. Pediatric Minds provides this sort of team.

(Exh. 2, p. 8.)

5. On December 18, 2020, Mary Rollins, WRC Director's Designee, held a first level appeal hearing on the telephone with Mother. After reviewing the information provided by Mother, claimant's case file, WRC policy, and applicable law, Ms. Rollins denied the funding request. In a letter dated January 4, 2021, Ms. Rollins explained the basis for the denial, in pertinent part, as follows:

> The services offered in the partial hospitalization program are obtainable in the community through generic services albeit not in one setting. Regional Center by law cannot supplant generic services. Based on our discussion you have requested this program through your insurance and have been denied[;] however you have not requested the services through individual providers which your insurance may fund. I also know that you are in appeal with your health insurance company.

(Exh. 4.)

Claimant's Background

6. Claimant lives at home with Mother and his two brothers, ages 3½ and 1½ years old. Claimant's father passed away unexpectedly in May 2019.

7. Pursuant to claimant's individual program plan (IPP) dated February 18, 2021, Service Agency funds 35 hours per month of in-home respite and 27 hours per month of specialized supervision. In addition, claimant receives in-home behavior intervention services funded through insurance, with B&E as the service provider. The IPP indicates claimant also receives in-home speech therapy funded through insurance.

8. Claimant's current in-home behavior intervention services with B&E support claimant in meeting Outcome #3 of his IPP, which reads: "[Claimant] needs to acquire more expressive language so that he can interact with peers and others." (Exh. 5, p. 10.) Claimant is non-verbal and does not use words to communicate. Instead, he communicates by pointing, shaking his head, or leading by the hand. He understands

the meaning of simple phrases, knows a few American Sign Language (ASL) signs, and utters no intelligible speech.

9. Claimant engages in disruptive behaviors, which are described in the IPP as follows:

> Disruptive social behavior interferes with [claimant's] participation in social settings almost every day. Physical aggression resulting in injury occurred more than once in the past year. [Claimant] hits, scratches, pinches, kicks and bites. He exhibits this behavior with immediate family members only. He displays self-injurious behavior by hitting his head on the floor or windows. He got a cut from a broken window. He requires first aid at least once a month, but not every week. He intentionally caused major property damage more than once in the past year. He broke 2 windows, a television, a gate and an IPad. [Claimant] attempts to run or wander away daily unless prevented. Emotional outbursts occur every day, and [claimant] requires intervention to regain equilibrium. Tantrums last up to 15 minutes. Meltdowns last up to 30 minutes. He is resistive in many situations. [Claimant] requires someone nearby during waking hours to prevent injury and/or harm in all settings.

(Exh. 5, pp. 4-5.)

10. The IPP further notes that claimant "becomes aggressive or hostile (scratches, pinches and bites) in most daily situations when he is thwarted, obstructed, or hindered from doing what he wants to do. He exhibits some repetitive body movements daily, like hand-flapping, toe-walking and repetitive stereotypical vocalizations, regardless of the situation. He is resistive in many situations. . . . He is hyperactive except when given individual attention." (Exh. 5, p. 5.)

11. Claimant receives special education services from his school district under the primary eligibility category of Autism. Pursuant to his individualized education program (IEP) dated January 7, 2021, claimant receives specialized academic instruction; language and speech therapy (individual and group); occupational therapy (group); behavior intervention services (30 minutes per month); and assistive technology services (AAC consultation). The IEP includes goals for occupational, behavior, and language and speech therapies.

12. Mother testified claimant has been authorized to receive In-Home Supportive Services (IHSS) protective supervision of 220 hours per month.

Behavior Intervention Services

13. "'Applied behavioral analysis' means the design, implementation, and evaluation of systemic instructional and environmental modifications to promote positive social behaviors and reduce or ameliorate behaviors which interfere with learning and social interaction." (Welf. & Inst. Code, § 4686.2, subd. (d)(1).)

14. "'Intensive behavioral intervention' means any form of applied behavioral analysis that is comprehensive, designed to address all domains of functioning, and provided in multiple settings for no more than 40 hours per week, across all settings, depending on the individual's needs and progress. Interventions can be delivered in a

one-to-one ratio or small group format, as appropriate." (Welf. & Inst. Code, § 4686.2, subd. (d)(2).)

15. Claimant began receiving in-home behavior intervention services from B&E, funded by insurance, in May 2019. Mother testified claimant received 30 to 35 hours per month of behavior intervention services from June 2019 through May 2020. After May 2020, because of COVID-19 restrictions, claimant received the behavior intervention services through telehealth. Mother testified claimant tried doing five hours per day of behavior intervention services, but he was unable to sit in front of the computer for that length of time. Claimant was able to do only 10 hours per week (two hours per day, five days per week) for about six months. Beginning in November-December 2020, when it was safe to have people inside the home, claimant resumed his in-home behavior intervention services. Currently, claimant receives six hours per day of in-home behavior intervention services. Mother testified claimant is using 25 to 30 hours per week of behavior intervention services.

16. A B&E Progress Report and Updated Treatment Plan dated April 23, 2020 (Progress Report), was presented. The Progress Report covers the reporting period December 10, 2019, through June 18, 2020. The Progress Report indicates claimant is "authorized for 30 hours/week of direct behavior intervention services." (Exh. 7, p. 2.) The Progress Report also indicates that, "during the month of October, [claimant] began speech therapy services." (*Id.*)

17. The Progress Report sets forth strategies and goals for addressing claimant's problem behaviors, i.e., stereotypy, aggression, tantrum, and vocal outburst. The Progress Report sets forth goals for addressing the problem behaviors and describes the status of claimant's progress. The strategies for addressing claimant's problem behaviors include replacement behaviors (i.e., teaching claimant coping

strategies such as deep breaths, hand or body squeezes, and using functional communication to request or terminate activities); antecedent manipulation (i.e., provide choices, priming of upcoming activities, transitions, and behavioral expectations, and visual supports); instructional approach (i.e., dense schedule of reinforcement and differential reinforcement procedures); and consequence manipulations (i.e., positive reinforcement, response blocking, differential reinforcement, and response interruption redirection).

18. The Progress Report includes a De-Escalation Plan and strategies. The Progress Report states: "There is little risk in [claimant's] treatment plan. Although he engages in tantrum behaviors, the intensity of these behaviors is mild and not enough to cause significant physical harm to self and others." (Exh. 7, p. 25.)

19. The Progress Report states: "Due to current levels of maladaptive behaviors and need to address [claimant's] significant deficits across several areas, no formal transition plan is being discussed at the present time. The family will however be notified of the importance of fading services when skills are acquired and generalized. Upon mastery of current FBA goals and parents being trained on behavior management strategies to support [claimant's] problematic behaviors, a transition plan will be proposed." (Exh. 7, p. 25.)

20. The Progress Report summarizes claimant's progress in his behavior intervention program as follows:

> [Claimant] has made considerable progress in his ABA program. Additionally, he is demonstrating the ability to pick up new skills through teaching opportunities presented by staff and his mom. Parent reports some progress in his

> communication, however it continues to be of high priority to parent and the clinical team.
>
> In order to address the following goals, and make [*sic*] to make timely progress toward meeting the goals listed below the clinical team is recommending 25 hours of ABA. Due [to] the current conditions, progress toward [claimant's] treatment goals have been stalled and behavior impacting his learning and attention to others have increased.
>
> A recommendation of 4 hours of Parent Training is made as parent is readily available and willing to participate in sessions to improving her skills in ABA. She requires additional training and support in order to help [claimant] generalize his skills in the home and community settings.

(Exh. 7, p. 25.)

Pediatric Minds Program

21. The Pediatric Minds Program "is a short-term intensive Day Treatment Program (also known as Intensive Outpatient Program – IOP) for children 18 months to six years old, with neurodevelopmental delays, autism, and behavioral issues." (Exh. A.) The Pediatric Minds Program uses a multi-disciplinary team of professionals that work collaboratively to develop highly effective, individualized treatment programs for children. The team includes licensed child neurologists and psychologists; speech and language pathologists; occupational therapists; board certified behavior analysts; and registered behavior technicians.

22. The Pediatric Minds Program is "an intensive day treatment program that runs 3 hours per day, 5 days per week for an average of 30 to 60 days (depending on [the] child's needs). Admission is determined on a case by case basis and is based on medical necessity criteria." (Exh. A, p. 3.) "The treatment program components include psychotherapy, cognitive behavioral therapy (CBT), floor-time therapy and play-based therapy, applied behavior analysis, and components of the Denver Model developmental interventions." (Exh. A, p. 4.)

23. The target goals of treatment in the Pediatric Minds Program include but are not limited to the following: "Emotional regulation and development of coping strategies"; "Improving temper tantrums and behavioral issues"; "Improvement of rigid and controlling behaviors"; "Development of communication skills"; "Improvement of compliance and listening skills"; "Improving of social awareness and social skills including eye contact and joint attention skills"; "Teach and enhance coping skills to better adjust to daily transitions and improve symptoms of anxiety/emotional dysregulation"; "Improve impulse control and organizational skills"'; "Improvement of focus and attention skills"; "Improve everyday life skills"; "Potty training"; "Feeding difficulties"; and "Sleep training." (Exh. A, pp. 4-5.)

24. On March 17, 2021, Pantea S. Hannauer, M.D., a neurologist who oversees the entire Pediatric Minds Program, conducted an evaluation of claimant by telehealth video. Dr. Hannauer prepared a Neurology History and Physical Exam written report that summarized her findings and recommendations. The report stated, in part:

> [Claimant's] neurological exam is limited due to lack of cooperation. However, he is non-verbal, doesn't follow commands, does do bilateral toe walking. Patient [i.e.,

> claimant] had about 10 words per mom, and then he had a regression around 1 yr of age. Since that time, he has continued to struggle and is non-verbal. He also has been having severe emotional lability and aggression, especially over the last year since dad has passed away. AT [*sic*] this time, I recommend he be referred for an overnight VEEG study at UCLA to look for underlying sub-clinical seizures or ESES which may be contributing to his struggles and his history of language regression. He will also need genetic testing with microarray and Fragile X. I will also refer him for a higher level of care in the IOP for treatment and stabilization of symptoms. He is to also increase ABA hours back to 30hrs per week. He will also need an AAC consult and use iPad apps to improve communication. He will then need speech therapy to work on this for at leat [*sic*] 2hrs per week. He needs sensory OT interventions for at least 1hr per week. Follow up in about 6 mos.

(Exh. B, p. 4.)

Insurance Coverage Denial

25. Claimant has medical insurance coverage through Medi-Cal managed by Health Net (MHN). By letter dated February 5, 2020, MHN notified Mother that it denied her request for insurance coverage for the Pediatric Minds Program. The letter explained the basis for the denial as follows:

> You are requesting authorization for 10 weeks of IOP treatment for your son, who is currently receiving ABA services. The clinical information obtained from the ABA provider indicates that your son's behaviors are not impairing his current ABA program. Based on the treatment plan and the clinical determination of the ABA provider who is currently treating your son, the skill deficits are being addressed in his current ABA program sufficiently and would not require IOP level of care. It is my determination there is no clinical justification for the request for the IOP level of care at this time. Therefore, this request for Child Psychiatry Intensive Outpatient Program level of care does not meet MHN clinical treatment guidelines. [¶] Instead of the care requested, please consider the following treatment option: Continue with current ABA services. [¶ . . . ¶] You may appeal this decision.

(Exh. 3.)

Testimony of Jessica Haro

26. Jessica Haro is WRC's Autism and Behavior Specialist. Her responsibilities include reviewing progress reports and making determinations for services and funding. Ms. Haro holds a bachelor's degree in applied psychology and a master of arts degree in teaching. She is a board certified behavior analyst (BCBA). Before working at WRC, Ms. Haro worked as a behaviorist at a local agency for 10 years.

27. Ms. Haro is familiar with claimant's case and has consulted with his service coordinator, Cheryl Dunn. Ms. Haro testified she was never contacted for guidance or consultation by Mother regarding claimant's behavior intervention services with B&E. Ms. Haro testified that, if she had been contacted, she would have been able to suggest different providers for Mother and claimant's insurance to explore. Service Agency acknowledges that COVID-related restrictions and the unexpected death of claimant's father were events that could alter claimant's receptivity to behavior intervention services. Ms. Haro, in her testimony, explained the process for evaluating the appropriateness and effectiveness of a consumer's services, which includes reviewing data on a regular basis, reviewing strategies and their implementation, reviewing the frequency and intensity of services, and identifying whether behaviors are caused by outside influences. Service Agency can modify or change services if, through the IPP process, they are found to be inappropriate or ineffective in meeting a consumer's needs.

28. Ms. Haro's opinion is that Service Agency is not required to fund the Pediatric Minds Program for claimant. The services provided in the Pediatric Minds Program are available through generic resources, specifically Medi-Cal insurance and claimant's school district. Ms. Haro testified Service Agency considered Mother's concern that claimant's maladaptive behaviors are increasing and becoming more aggressive. Claimant, however, is currently receiving behavior intervention services from B&E to address these behaviors. Service Agency cannot fund a service that is already being provided. To do so would be a duplication or replication of services.

29. Ms. Haro reviewed claimant's IEP. She found the IEP addresses Mother's concerns regarding claimant's behavioral issues described in the fair hearing request.

The IEP indicates claimant has a behavior intervention plan on file; the school district is implementing behavior intervention strategies; and the IEP includes behavioral goals.

30. Ms. Haro acknowledged claimant was not consistently receiving 30 hours per week of behavior intervention services due to COVID-related issues. Ms. Haro opined that claimant's maladaptive behaviors will decrease once his in-home behavior intervention services resume at 30 hours per week. B&E reported that claimant made progress with his maladaptive behaviors when he was receiving 30 hours per week of behavior intervention services.

Testimony of Mother

31. Mother testified she is requesting funding for the Pediatric Minds Program to address claimant's behaviors, which are becoming increasingly aggressive and violent. Mother explained she wants the Pediatric Minds Program to supplement claimant's existing behavior intervention services with B&E, not replace them. Mother feels claimant must be trained now, before he grows physically larger and stronger than her, and while he is still at an age where she can control him. Mother testified she is not dissatisfied with B&E's services, but she is dissatisfied that claimant is not meeting his goals after two years of ABA/behavior intervention services. Mother testified she would continue with B&E's services if the Pediatric Minds Program is not available for claimant, because she has a good rapport with their therapists. She believes the B&E therapists are doing their best and want to see claimant do well. Mother, however, feels that ABA services do not address all of claimant's behavioral issues. Mother admitted she has not requested a new ABA provider from Service Agency or claimant's insurance.

32. Mother testified regarding difficulties in accessing physical therapy, occupational therapy, speech therapy, through insurance (i.e., MHN). Mother testified the therapists and providers she has been referred to by claimant's insurance are too far from the family home, do not return her phone calls, are not accepting new patients, or do not accept children as patients, especially those who are non-verbal like claimant. No evidence was presented of Mother making any complaints to MHN regarding these services or that she is in the process of appealing MHN's denial of coverage for the Pediatric Minds Program.

33. Mother contends the Pediatric Minds Program is full spectrum approach to evaluating and treating young children for autism. Claimant will have a brain scan, genetic testing, and a sleep study to measure his brain function and to see if he has had seizures that might be causing verbal issues. The Pediatric Minds Program will use all the data to create a treatment plan for claimant, which will be implemented intensively. Mother believes this is more than ABA offers. The Pediatric Minds Program will address sensory issues, feeding issues, speech issues, neurodevelopmental delays, and grief issues from the unexpected death of claimant's father. The Pediatric Minds Program will also evaluate claimant to determine if medications are needed. Mother testified she has not approached claimant's insurance, MHN, to request a brain scan, a sleep study, or grief counseling for claimant.

LEGAL CONCLUSIONS

Jurisdiction and Burden of Proof

1. The Lanterman Developmental Disabilities Services Act (Lanterman Act) governs this case. (Welf. & Inst. Code, §§ 4500 et seq.)[3] A state level fair hearing to determine the rights and obligations of the parties, if any, is referred to as an appeal of the service agency's decision. Claimant, through Mother, timely requested a fair hearing and jurisdiction for this case was established. (Factual Findings 1-5.)

2. When one seeks government benefits or services, the burden of proof is on him. (*Lindsay v. San Diego Retirement Bd.* (1964) 231 Cal.App.2d 156, 161.) The standard of proof in this case is the preponderance of the evidence, because no law or statute (including the Lanterman Act) requires otherwise. (Evid. Code, § 115.) Preponderance of the evidence means evidence that has more convincing force than that opposed to it. (*Glage v. Hawes Firearms Co.* (1990) 226 Cal.App.3d 314, 324.)

3. In this case, claimant requests funding for the Pediatric Minds Program, which Service Agency has not previously agreed to provide. Therefore, claimant has the burden of proving by a preponderance of the evidence he is entitled to funding for the Pediatric Minds Program. (See Evid. Code, § 500.)

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[3] All further statutory references are to the Welfare and Institutions Code unless otherwise indicated.

Legal Principles

4. A regional center is required to secure the services and supports that meet the needs of the consumer, as determined in the consumer's IPP. (§ 4646, subd. (a)(1).) The determination of which services and supports are necessary for each consumer shall be made through the IPP process. (§ 4512, subd. (b).) 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 IPP participants, the effectiveness of each option in meeting the goals stated in the IPP, and the cost-effectiveness of each option. (*Ibid.*)

5. IPPs are prepared jointly by the planning team, which includes parents or guardians where the consumer is a minor. (§ 4646, subd. (d).) The services and supports to be included in an IPP shall be made by agreement between the regional center's representative and the consumer and his or her parents if a minor, at the program plan meeting. (*Ibid.)* The IPP shall be reviewed and modified by the planning team, through the process described in section 4646, as necessary in response to the person's achievement or changing needs. (§ 4646.5, subd. (b).)

6. Pursuant to section 4646.4, subdivision (a), when purchasing services and supports for a consumer, a regional center shall ensure the following: (1) conformance with the regional center's purchase of service policies, as approved by the Department of Developmental Services pursuant to section 4434, subdivision (d); (2) use of generic services and supports when appropriate; (3) use of other services and sources of funding as contained in section 4659; and (4) consideration of a family's responsibility for providing similar services and supports for a minor child without disabilities.

7. Regional centers are required to identify and pursue all possible sources of funding for consumers receiving regional center services. Such sources of funding include governmental entities or programs required to provide or pay for the cost of providing services, including school districts, and private entities, to the extent they are liable for the cost of services, aid, insurance, or medical assistance to the consumer. (§ 4659, subd. (a)(1), (2).)

8. Pursuant to section 4659, subdivision (c), "regional centers shall not purchase any service that would otherwise be available from Medi-Cal, . . . 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."

9. Pursuant to section 4659, subdivision (d)(1), "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, private insurance, or a health care service plan denial and the regional center determines that an appeal by the consumer or family of the denial does not have merit." Subdivision (d)(1) further provides that regional centers may pay for medical services during the following periods: "(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."

10. Pursuant to Health and Safety Code section 1374.73, subdivision (a)(1), every health care service plan contract that provides hospital, medical, or surgical coverage "shall also provide coverage for behavioral health treatment for pervasive developmental disorder or autism." Section 1374.73, subdivision (c)(1), defines

"behavioral health treatment" to mean "professional services and treatment programs, including applied behavior analysis and evidence-based behavior intervention programs, that develop or restore, to the maximum extent practicable, the functioning of an individual with pervasive developmental disorder or autism." Furthermore, to the extent required by the federal government, such behavioral health/ABA programs are also covered under Medi-Cal for eligible persons with autism under age 21. (Welf. & Inst. Code, § 14132.56, subd. (a)(1).)

Analysis

11. In this case, Service Agency is not required to fund the Pediatric Minds Program for claimant. Mother requested regional center funding for the Pediatric Minds Program after MHN denied insurance coverage. However, no evidence was presented that she appealed MHN's denial of coverage or has an appeal pending. Claimant is currently receiving behavior intervention services funded by generic resources. His services with B&E are funded by Medi-Cal, and his IEP with his school district includes behavior intervention services.

12. Mother's contention that claimant has not made progress under his current program of ABA/behavior intervention services is not persuasive. When claimant was accessing his 30 hours per week of behavior intervention services, B&E found that claimant made "considerable progress in his ABA program" and was "demonstrating the ability to pick up new skills." Claimant's maladaptive behaviors increased when in-person behavior services ceased due to COVID restrictions. Service Agency's expectation that claimant can make progress in his ABA program once he can access his authorized level of in-person services is reasonable.

13. Mother has not requested claimant's insurance to change his behavior services provider from B&E. She also has not communicated her concerns about claimant's behavior program to Service Agency. Ms. Haro, as WRC's Autism and Behavior Specialist, is available to assist Mother in her efforts to obtain services from claimant's insurance. Mother's concerns regarding claimant's insurance-funded behavior services should be raised with the insurance company.

14. Mother requested the Pediatric Minds Program, in part, because claimant would be under the care of a medical team that can determine if he needs medication, and psychological, behavioral, and speech therapies. Service Agency, however, is prohibited from purchasing medical services for a consumer. Mother must seek medical services from claimant's insurance and any other available generic resources.

15. Based on the foregoing, claimant's appeal shall be denied.

ORDER

Claimant's appeal is denied. Service Agency is not required to fund the Pediatric Minds Program for claimant.

DATE:

ERLINDA G. SHRENGER

Administrative Law Judge

Office of Administrative Hearings

NOTICE

This is the final administrative decision; both parties are bound by this decision. Either party may appeal this decision to a court of competent jurisdiction within 90 days.