

**BEFORE THE  
OFFICE OF ADMINISTRATIVE HEARINGS  
STATE OF CALIFORNIA**

**In the Matter of:**

**CLAIMANT**

**and**

**INLAND REGIONAL CENTER, Service Agency**

**DDS No. CS0023876**

**OAH No. 2025020899**

**DECISION**

Michelle C. Hollimon, Administrative Law Judge, Office of Administrative Hearings, State of California, heard this matter on August 7, 2025, in San Bernardino, California.

Keri Neal, Fair Hearings Representative, Fair Hearings and Legal Affairs, represented Inland Regional Center (IRC), the service agency.

Claimant's mother represented claimant, who was not present.

Oral and documentary evidence was received. The record was closed, and the matter was submitted for decision on August 7, 2025.

## **ISSUE**

Should IRC continue to provide copayment assistance to claimant for Speech Therapy (ST), Occupational Therapy (OT), Physical Therapy (PT), and Applied Behavioral Analysis (ABA) therapy?<sup>1</sup>

## **FACTUAL FINDINGS**

### **Background and Jurisdictional Matters**

1. Claimant is a six-year-old boy who resides in the family home with his mother and father. Claimant qualifies for regional center services based on a diagnosis of Autism Spectrum Disorder (ASD).

2. Through claimant's October 2024 Individualized Program Plan (IPP), approved in December 2024, IRC agreed to continue to provide copay assistance for ST, OT, PT and ABA services through December 31, 2024. According to the IPP, the request for an income exemption was denied effective January 1, 2025, based on an income reassessment that had been conducted by IRC on December 4, 2024. The IPP further provided that all copay authorizations would end on January 31, 2025.

3. On December 30, 2024, IRC issued a Notice of Action (NOA). The NOA set forth the determination that claimant was not eligible for copayment assistance based on the income requirements for assistance, as claimant's family income exceeds

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<sup>1</sup> As of February 24, 2025, claimant no longer receives ABA services. As of December 13, 2024, claimant no longer receives PT.

the maximum qualifying amount. The NOA further provided that claimant did not qualify for any of the three possible exemptions to income requirements that would allow continued copayment assistance. The NOA provided that copayment assistance would terminate on February 1, 2025, unless an appeal was received within 30 days. The NOA further provided that if an appeal was received within 30 days, claimant would continue to receive copayment assistance until an appeal decision was made under the Aid Paid Pending program.

4. On January 23, 2025, claimant's representative filed an appeal. This hearing followed.

### **Evidence Presented by IRC**

5. The following factual findings are based on testimony of the below-referenced witnesses and documentary evidence presented.

#### **TESTIMONY OF AMY CLARK**

6. Amy Clark is a program manager at IRC. She has a bachelor's degree in psychology and sociology and a master's degree in education. Ms. Clark has been a program manager for approximately nine years, and was a service coordinator for 15 years prior to working as a program manager.

7. Ms. Clark is familiar with claimant. Claimant's mother works outside the home and his father is his In-Home Supportive Services (IHSS) caregiver. Claimant has private insurance through Sharp as well as Medi-Cal managed care through the Inland Empire Health Plan (IEHP). Claimant was previously receiving OT, ST, PT and ABA services, but currently only receives OT and ST. IRC additionally provides 48 hours of respite care and monthly social/recreation activity reimbursement.

8. Ms. Clark testified that she is familiar with the income requirements for copayment assistance and the exemption to the income requirements criteria. Claimant's mother wrote a letter to IRC, dated November 26, 2024, requesting copayment assistance. Ms. Clark testified that claimant's mother's identification of inflation and related rent, utility, gas and grocery expense increases are not significant unreimbursed medical costs that would qualify as an exemption to the income requirements criteria. Notably, claimant's mother also noted in her November 26, 2024, letter the following other expenses/expense related issues: (1) there are no in-network providers for in home ABA therapy, so they were using Tier One benefits under a separate insurance carrier with copayment costs of \$30 per session and claimant was receiving ABA therapy one to four times per week; (2) the copayments for other therapies claimant received weekly were \$90 per week; and (3) functional medicine doctor expenses were \$10,000 annually.

9. Ms. Clark also addressed various reasons listed by claimant's mother in her appeal request, such as medical insurance premium cost increase, trampoline and swing set purchases, a vehicle lease and no increase in wages. These expenses do not qualify as unreimbursed medical costs that would qualify as an exemption to the income requirements criteria, either.

10. Ms. Clark addressed the list of home environment recommendations written out by claimant's mother based on The Australian Center for Genomic Analysis (TACGA)'s recommendations, stating they were not unreimbursed medical expenses, but rather primarily home upgrades. Homeowner costs are not something Ms. Clark has seen recommended for ASD treatment.

11. Ms. Clark was asked on cross-examination if the home environment recommendations were recommended by claimant's doctor to treat underlying root

causes, why they would not be considered unreimbursed medical costs. Ms. Clark testified that if a device or equipment were recommended, claimant would first need to go through insurance and if not covered, IRC's clinical team would review to see if it was something specifically related to ASD that could be covered. Ms. Clark testified that IRC is the payor of last resort for services. Generic resources must be pursued and exhausted first.

12. Claimant's family's decision to work with a functional medicine doctor not covered by insurance does not, in turn, make IRC responsible for those expenses. For example, with dietary concerns, a nutrition consult could be undertaken through claimant's primary and/or secondary insurance. IRC has a dietary consultant and nutritionist on staff, as well, if claimant's insurance did not cover such expenses.

13. Claimant's family income is well above the 400 percent poverty guideline and therefore does not qualify for copayment assistance based on income. Claimant does not meet any of the exemption to the income requirements criteria.

### **TESTIMONY OF DR. YOUNG-MIN KIM**

14. Dr. Young-Min Kim is a consulting neurologist for IRC and has served in this capacity since 2017. Dr. Kim is a board-certified neurologist with a special competency in child neurology. Dr. Kim is a member of the Loma Linda University faculty and runs a clinic treating children and adults affected by neurological conditions. Dr. Kim takes care of children affected by ASD through his clinic and has presented and given seminars on various ASD topics.

15. Dr. Kim testified that he makes treatment recommendations for ASD. As far as medical treatments for ASD, you have to have an understanding of the environment of the individual diagnosed with ASD. ASD is a diagnosis that has been

clinically constructed for certain symptoms. Often ASD can be a symptom of other medical conditions and co-exists with other conditions, such as Attention Deficit Hyperactivity Disorder (ADHD) that can be medically treated.

16. Dr. Kim testified that he has heard of the term functional medicine and that its definition can be articulated differently by different people. Dr. Kim does not practice functional medicine, but understands that it distinguishes itself from mainstream medicine and emphasizes the functional aspects of medicine. Dr. Kim testified that he was not aware of any generalized evidence that supports functional medicine to treat autism, and it is not medically necessary to treat ASD.

17. Dr. Kim testified he reviewed the March 25, 2025, letter from Amanda Mullard, Senior Practitioner, ANTA, Nutrition Society of Australia of TACGA that was admitted into evidence. This letter states that claimant has been identified with "suspected PANDAS/PANS with immune-mediated neurological symptoms." Dr. Kim testified that PANDAS/PANS are conditions that have specific definitions/criteria. PANDAS is related to children who have an acute disorder onset with psychiatric symptoms related to strep infections. PANS includes a very abrupt onset of obsessive-compulsive disorder or severe eating restrictions. There are no good studies that validate unequivocally that these are specific conditions at all. A PANDAS/PANS diagnosis and treatment can be highly sought after and there are concerns in the medical community that PANDAS/PANS treatment does nothing and may even be harmful. PANDAS/PANS treatment is not necessary to treat ASD. ASD is not a diagnosis under PANS and PANDAS more broadly includes psychiatric symptoms but not ASD specifically.

18. The March 2025 TACGA letter also lists claimant having been identified with "gut dysbiosis." Dr. Kim testified that gut dysbiosis implies there is something

wrong with the composition of bacteria and how that interacts with the digestive system. Dr. Kim testified that he is not aware of any evidence-based support that treating gut dysbiosis is needed for the treatment of ASD.

19. Dr. Kim testified that the same is true for detoxification and chronic inflammation. There is no evidence-based support that treatment for these conditions is medically necessary in treating ASD. Dr. Kim stated that medical treatment for mold toxicity is also not medically necessary in treating ASD. Anyone with mold toxicity should be treated, but mold toxicity is not creating or causing ASD.

20. Dr. Kim was asked during direct examination if the specific foods, air purifier and supplements purchased by claimant's family are medically necessary for the treatment of ASD. Dr. Kim testified that he does not know the specifics of claimant's medical history and treatment, but speaking in general terms, these interventions may have some health benefits but are not medically necessary for treating ASD.

21. On cross-examination, Dr. Kim was asked if neuroinflammation caused ASD. Dr. Kim testified that it was extremely rare, but a person could have an inflammatory condition that can lead to ASD. This does not mean there is continued inflammation, but inflammation can change the course of brain development that leads to ASD. Cases do exist where there is continued inflammation that continues to affect the brain. Brain inflammation in persons with ASD is not broadly applicable, but case specific.

### **TESTIMONY OF BONNIE DUENEZ**

22. Bonnie Duenez is a behavior services technician at IRC. She has a bachelor's degree in psychology. Ms. Duenez has been a behavior services technician

for approximately three years, and was a case manager for 20 years prior to her current role. As a behavior services technician, Ms. Duenez assists service coordinators with copayment assistance requests. Since 2024, Ms. Duenez has performed income assessments for copayment assistance. Income assessments are performed annually.

23. IRC can provide copayment assistance for insurance funded services if the claimant is income eligible, or qualifies for an income exemption, and the medical service requiring copayment assistance meets an IPP outcome.

24. Claimant's mother had requested copayment assistance from IRC previously and IRC had provided it. However, IRC's decision to fund previously was incorrect and copayment assistance should not have been approved. IRC failed to send NOAs previously and IRC funded in good faith due to lack of NOAs being sent. IRC should have been more clear and not identified the copayment assistance provided as an exemption as it was not.

25. Claimant's 2024 income assessment was completed December 2024. The family's gross income for 2024 was \$185,214, which included \$44,223 in non-taxable income paid to claimant's father for IHSS. Claimant's family's adjusted gross income per their tax return was \$141,274.

26. IRC uses the federal poverty guidelines for the year the assessment was completed to determine income eligibility for a claimant. A claimant's family income must not exceed 400 percent of the federal poverty level. In 2024, for a household size of three, 400 percent of federal poverty level was \$103,280. As such, claimant's family income exceeds 400 percent of the federal poverty level and is not income eligible for copayment assistance.



27. Claimant submitted an income exemption request. IRC denied the request as claimant does not qualify for any of the three allowable exemptions under Welfare and Institutions Code section 4659.1. IRC is currently providing copayment assistance pending the outcome of claimant's appeal.

28. Ms. Duenez was present and participated in the informal meeting that took place with IRC and claimant's mother on February 4, 2025. IRC discussed with claimant's mother the use of generic resources in conjunction with private insurance to eliminate copayments. Claimant's mother expressed concern with changing therapy providers because of claimant's comfort level with the current provider but was open to changing ABA service providers as those services are provided at home. ABA services have now stopped. According to the ABA discharge report, direct service stopped on February 24, 2025, as claimant was available less than 10 percent of the prescribed 25 hours per week for services, and service discontinuation was recommended until the family's availability opened up.

### **TESTIMONY OF HOLLY MILLER-SABOUI**

29. Holly Miller-Sabouhi is a staff psychologist at IRC. She has a doctorate in clinical psychology and is a licensed clinical psychologist. Dr. Miller-Sabouhi has been a staff psychologist at IRC for approximately nine years. Her primary role is to conduct case reviews and consultations, and diagnostic assessments for eligibility determinations. Dr. Miller-Sabouhi also makes treatment recommendations.

30. Dr. Miller-Sabouhi has taken coursework that included psychometrics, a field of psychology that addresses construction and validation of tests and instruments. Her education and training also included validity and reliability of testing,

which is essential for good quality research. If tests used in research are not reliable or valid, the results of that research study are meaningless.

31. Dr Miller-Sabouhi testified regarding multiple articles and a webinar she reviewed in connection with this matter. Some of the authors of the articles and webinar presenter are affiliated with TACGA, with whom claimant currently receives functional medicine treatment.

32. Dr. Miller-Sabouhi reviewed an article entitled "Genomics as a Clinical Decision Support Tool: Successful Proof of Concept for Improved ASD Outcomes." There were some suggestions made in the article that this was an initial sample. The article itself discussed only four case studies, providing brief anecdotal discussions of their outcomes and what was described as progress and proof of their hypothesis. Dr. Miller-Sabouhi testified that there were several limitations in the article. It was not clear how the significant improvement was measured, the individuals studies were all different ages, there was no real discussion of specific measures or any real data provided, no control group and no objective data. Further, all of the authors of this article are involved with TACGA.

33. Dr. Miller-Sabouhi reviewed another article entitled "Utilizing Genomically Targeted Molecular Data to Improve Patient-Specific Outcomes in Autism Spectrum Disorder" and expressed concerns similar to the other article she reviewed. Here, there were only six case discussions, one of which was the same as the prior article. Only four of the six case discussions involved persons with an ASD diagnosis. There was not a lot of detail provided regarding data and analyses performed. There would need to be a more empirical basis for the analyses done to remove bias. The perception of success and improvement noted appeared to be based on parent

comments. The discussions in this article were primarily anecdotal and some of the authors of this article are involved with TACGA, as well.

34. Dr. Miller-Sabouhi also testified as to a webinar presentation by Dr. Heather Way, director of TACGA. Dr. Way primarily described and highlighted main points in the above two articles as support for the program and those were the only articles cited, which raises questions regarding the quality of the information and empirical support for the claims made. Additionally, Dr. Way uses the term “recovering” with regard to children with ASD, which is concerning as it suggests resolution of ASD and “ASD is a condition for which we treat symptoms and make recommendations for treatment.”

### **Evidence Presented on Behalf of Claimant**

35. The following factual findings are based on testimony of the below-referenced witness and documentary evidence presented.

#### **TESTIMONY OF CLAIMANT’S MOTHER**

36. Claimant’s mother testified that “nothing has changed” and she is unsure why copayment assistance was previously approved and now denied. Claimant’s mother provided copies of letters sent in years past when her copayment assistance request was approved.

37. Claimant’s mother testified that they are paying out of pocket for functional medicine treatment as they were not seeing progress with claimant and traditional medical treatments. They initially followed the western model of treatment, ABA, ST, PT and OT, without success. Traditional therapies alone were not meeting

claimant's needs. Claimant's mother found TACGA after using a local functional medicine provider without progress for approximately one year.

38. TACGA's program is approximately \$6,800 for 18 months of visits, with visits occurring every three to four months. Claimant has only paid through December 2025. TACGA performed significant testing, including urine and stool testing, as well as a DNA analysis by Intellix DNA, which is used by many functional medicine providers. Functional medicine has to do with determining root causes, both environmental and medical. Based on test results, an individual treatment plan is created that includes home environment changes, supplements, diet and food recommendations.

39. The supplement list provided is based on the DNA gene analysis performed. Claimant's parents are spending approximately \$1,159 per month on recommended supplements. Claimant's mother acknowledged that she grossly underestimated the supplement costs when she filed the present appeal. She created a list of supplements and their costs, which was admitted into evidence at the hearing. The air filters were recommended based on claimant's urine test because mycotoxins were found. The water filters were recommended to provide a clean water source. The yogurt ferment makers and probiotics were recommended based on claimant's stool test.

40. Since claimant began treatment with TACGA, he has made tremendous progress. Claimant is now verbal, uses the toilet and interacts with others. Claimant started talking last July and is now speaking in three to four word sentences. Claimant is reading, as well. Claimant's mother described his progress as "a complete turnaround."

41. Claimant's mother pointed out that TACGA does not recommend stopping ST or OT as they don't overlap with what TACGA offers, but complement TACGA's work. Further, the recommendations for air purifiers and filters, a water purification system, probiotic yogurt ingredients and equipment, anti-inflammatory diet and the supplements recommended are "not lifestyle choices" but rather "they are critical medical interventions based on objective laboratory findings."

42. Claimant's mother testified on cross-examination that she is not surprised that Amanda Mullard, who drafted correspondence on TACGA's behalf setting forth treatment recommendations for claimant, is not a doctor. However, she was directly trained by Dr. Way. Claimant's mother is a physician's assistant, not a physician, and she prescribes medication. Claimant's mother is unaware of how titles and designations for medical providers are done in Australia. Claimant's mother testified she did not know if Dr. Way, who holds a Ph.D. designation, is a medical doctor.

43. Claimant's mother testified that recovery is possible for persons diagnosed with ASD. She has heard of multiple accounts where children are diagnosed based on *Diagnostic and Statistical Manual of Mental Disorders* (DSM) criteria and as children progress and get better, they "no longer tick the ASD boxes and no longer have ASD," so they are recovered.

44. Claimant continues to receive ST and OT through Cortica in Carlsbad. Because of the distance between Carlsbad and claimant's home in Temecula, he participates in therapy one day a week. Claimant changed insurance tiers so that claimant could continue to receive therapy through Cortica; otherwise, therapy was not covered. Claimant's mother has looked into other places for therapy, but claimant has been resistant and did not like other facilities. Rady Children's Hospital no longer

accepts children for speech therapy without the child having been diagnosed with a traumatic brain injury.

45. Claimant no longer receives ABA services through Cortica as claimant was required to participate in ABA services five days a week, four hours a day. The ABA program changed and hours were no longer flexible—it was “all or nothing” and it was not possible for claimant to participate in the program given the distance and his school schedule.

46. Claimant’s mother was asked about her testimony that traditional therapies alone were not benefiting claimant and the fact that claimant’s medical records evidenced improvement with ABA therapy and how not adhering to clinical recommendations was inhibiting claimant’s ability to thrive and improve. Claimant’s mother again reiterated the distance between her home and Carlsbad, claimant refusing treatment with other providers, and stated “one is better than none” with regard to the therapy claimant is currently receiving once weekly.

## **LEGAL CONCLUSIONS**

### **Burden and Standard of Proof**

1. The party asserting a claim generally has the burden of proof in administrative proceedings. (*Hughes v. Board of Architectural Examiners* (1998) 17 Cal.4th 763, 789, fn. 9.) In this case, IRC bears the burden of proving, by a preponderance of the evidence, that the Lanterman Act requires IRC to cease its copayment assistance for therapy services. (Evid. Code, §§ 115, 500.)

## Applicable Law

### THE LANTERMAN ACT

2. The Legislature enacted the Lanterman Act (Welf. & Inst. Code, § 4500 et seq.) to provide an array of facilities and services sufficiently complete to meet the needs of each person with developmental disabilities, regardless of age or degree of handicap, and at each stage of life. The purpose of the Lanterman Act is twofold: to prevent or minimize the institutionalization of developmentally disabled persons and their dislocation from family and community, and to enable them to approximate the pattern of everyday living of nondisabled persons of the same age and to lead more independent and productive lives in the community. (*Assn. for Retarded Citizens v. Dept. of Developmental Services* (1985) 38 Cal.3d 384, 388.)

3. Welfare and Institutions Code section 4501 outlines the state's responsibility for persons with developmental disabilities and the state's duty to establish services for those individuals.

4. Welfare and Institutions Code section 4512, subdivision (b), defines "services and supports" as:

[S]pecialized 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.

## **REGIONAL CENTER RESPONSIBILITIES**

5. The Department of Developmental Services (department) 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.) In order to comply with its statutory mandate, the department contracts with private non-profit 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.) A regional center's responsibilities to its consumers are set forth in Welfare and Institutions Code sections 4640-4659.2.

6. Regional centers are responsible for conducting a planning process that results in an IPP, which must set forth goals and objectives for the consumer. (Welf. & Inst. Code, §§ 4512, subd. (b), 4646.5, subd. (a).)

7. To achieve the stated objectives of a consumer's IPP, the regional center must secure the consumer with needed services and supports which assist the consumer in achieving the greatest self-sufficiency possible, and with exercising



personal choices which allow the consumer to interact with persons without disabilities in positive, meaningful ways. (Welf. & Inst. Code § 4648, subd. (a)(1).)

## **COST CONSIDERATIONS**

8. Although regional centers are mandated to provide a wide range of services to implement the IPP, they must do so in a cost-effective manner, based on the needs and preferences of the consumer, or where appropriate, the consumer's family, must consider generic resources, and may not fund experimental treatment. (Welf. & Inst. Code, §§ 4512, subd. (b), 4640.7, subd. (b), 4646, subd. (a), 4646.4, subd. (a), and 4648, subd. (a)(8), (a)(17).)

9. If a needed service or support cannot be obtained from another source, a regional center must fund it. (*Assn. for Retarded Citizens v. Dept. of Developmental Services* (1985), *supra*, 38 Cal.3d at p. 388.) Generic resources shall be utilized first. A regional center is the provider of last resort.

10. Welfare and Institutions Code section 4659.1, subdivisions (a) and (d,) provide the following requirements for copayment support:

(a) If a service or support provided pursuant to a consumer's individual program plan under this division is paid for, in whole or in part, by the . . . health insurance policy of the consumer's parent . . . the regional center may, when necessary to ensure that the consumer receives the service or support, pay any applicable copayment, coinsurance, or deductible . . . if all of the following conditions are met:

(1) The consumer is covered by their parent's . . . health insurance policy.

(2) The family has an annual gross income that does not exceed 400 percent of the federal poverty level.

(3) There is no other third party having liability for the cost of the service or support, as provided in subdivision (a) of Section 4659 and Article 2.6 (commencing with Section 4659.10).

[¶] . . . [¶]

(d) Notwithstanding paragraph (2) of subdivision (a) . . . a regional center may pay a copayment, coinsurance, or deductible associated with the . . . health insurance policy for a service or support provided pursuant to a consumer's individual program plan if the family's or consumer's income exceeds 400 percent of the federal poverty level, the service or support is necessary to successfully maintain the child at home or the adult consumer in the least-restrictive setting, and the parents or consumer demonstrate one or more of the following:

(1) The existence of an extraordinary event that impacts the ability of the parent . . . to meet the care and supervision needs of the child or impacts the ability of the parent . . . to pay the copayment, coinsurance, or deductible.

(2) The existence of catastrophic loss that temporarily limits the ability to pay of the parent . . . with a health care service plan or health insurance policy and creates a direct economic impact on the family or adult consumer. For purposes of this paragraph, catastrophic loss may include, but is not limited to, natural disasters and accidents involving major injuries to an immediate family member.

(3) Significant unreimbursed medical costs associated with the care of the consumer or another child who is also a regional center consumer.

## **Evaluation**

11. IRC established by a preponderance of the evidence that it does not have authority under the Lanterman Act to provide copayment assistance to claimant because claimant's family has an annual gross income that exceeds 400 percent of the federal poverty level for a family of three.

12. IRC further established by a preponderance of the evidence that claimant's family does not meet any of the exemptions provided in Welfare and Institutions Code section 4659.1. Claimant is not experiencing an extraordinary event that impacts the ability of his parents to meet claimant's needs or impacts the parents' ability to pay the copayment. Claimant's family has not experienced a catastrophic loss that temporarily limits his parents' ability to pay that created a direct economic impact on the family. Claimant did not establish that his family has experienced significant unreimbursed costs that would qualify as medical costs associated with claimant's care.

13. Claimant's mother's argument that IRC previously provided copayment assistance and "nothing has changed" is without merit. IRC credibly explained that it should not have provided copayment assistance previously and that IRC's mistake in that regard was now being corrected. IRC cannot be expected to continue to provide copayment assistance it should never have provided in the first place. (Welf. & Inst. Code, § 4646.4, subd. (a).)

14. Further, the costs claimant's family has and continues to incur based on the functional medicine treatment he is undergoing, while significant, are not medically necessary to treat ASD. Claimant's family has chosen to pursue alternative treatment, which they are well within their right to do. However, claimant has medical insurance and access to treatment from medical providers covered by his insurance. These resources must be used and exhausted first. Moreover, claimant did not establish that functional medicine is evidence-based and no evidence refuted Dr. Miller-Sabouhi's testimony that it is not. IRC may not fund experimental treatments.

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## **ORDER**

Claimant's appeal is denied. Claimant is not eligible for copayment assistance as claimant's family has an annual gross income that exceeds 400 percent of the federal poverty level and claimant's family does not meet the requirements for any of the exemptions to income requirements that would allow continued copayment assistance.

DATE: August 19, 2025

MICHELLE C. HOLLIMON

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.