

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

**In the Matter of:**

**Claimant,**

**and**

**Tri-Counties Regional Center,**

**Service Agency.**

**DDS No. CS0027806**

**OAH No. 2025061085**

**DECISION**

Taylor Steinbacher, Administrative Law Judge (ALJ), Office of Administrative Hearings, State of California, heard this matter via videoconference on April 16, 2026. This matter was consolidated for hearing only with two other appeals relating to the same claimant: (1) DDS No. CS0027807 and OAH No. 2025061099; and (2) DDS No. CS0027808 and OAH No. 202506111. Separate decisions are being issued in each appeal.

Attorney Donald Wood of Wood & Finck represented Tri-Counties Regional Center (TCRC).

Attorney Melissa Meira Amster of Amster Law Firm represented Claimant. Claimant's father (Father) and mother (Mother) were present throughout the hearing. Claimant's name and the names of her family members have been omitted to protect their privacy.

Oral and documentary evidence was received. The record was held open until April 24, 2026, for the parties to submit closing argument by brief. On that date, TCRC and Claimant submitted closing briefs, which the ALJ marked and admitted as Exhibit 29 and Exhibit HH, respectively. The record was closed, and the matter was submitted for decision on April 24, 2026.

## **ISSUE**

Should TCRC fund a sleep consultant for Claimant?

## **EVIDENCE RELIED UPON**

Documents: TCRC Exhibits 1–29; Claimant's Exhibits A–HH.

Witnesses for TCRC: Anne E. Little, M.D.; Jennifer Del Castillo.

Witnesses for Claimant: Father; Mother.

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## FACTUAL FINDINGS

### Parties and Jurisdiction

1. Claimant is a three-year-old girl who lives with Father, Mother, and her brother in the catchment area served by TCRC.

2. TCRC is a regional center designated by the Department of Developmental Services (DDS) to provide funding for services and supports to persons with developmental disabilities under the Lanterman Developmental Disabilities Services Act (Lanterman Act). (Welf. & Inst. Code, § 4500 et seq.)

3. Claimant began receiving services from TCRC under the Early Start Program when she was nine months old. Claimant currently receives services from TCRC under the Lanterman Act with an eligible diagnosis of Autism Spectrum Disorder (ASD). TCRC sent Claimant a Notice of Action and accompanying letter dated May 29, 2025, stating that it was denying Claimant's request for TCRC to fund a sleep consultant from a provider called "Meet You In Dreamland." The basis for TCRC's denial of funding for this service was that a sleep consultant is "not evidence-based and is not directly related to the general treatment of Autism," and thus was an experimental treatment. (Ex. 2.)

4. On June 23, 2025, Claimant filed a fair hearing request to appeal TCRC's denial of funding for her requested sleep consultant. This hearing ensued.

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## Regional Center Evidence

### CLAIMANT'S ISSUES WITH SLEEP

5. TCRC is aware of Claimant's significant sleep difficulties, and improvement of Claimant's sleep is an identified goal in her Individual Program Plan (IPP). Claimant's IPP states that:

Claimant has done a few sleep studies and has been found to have sleep apnea and insomnia. Her and her family report feeling exhausted and in need of help with her sleep schedule/routine. She currently sleeps about 7-8 hours per day total and wakes at least every 3-4 hours. She has many night terrors and it takes her a long time to calm down enough to go back to sleep. She is unable to sleep through the night and does not nap during the day. When sleeping on her back in the supine position, it is difficult for [Claimant] to breathe, therefore she wakes often. Her parents feel that they have tried everything, including Melatonin, and nothing seems to help with getting her to stay asleep through the night. It has been very hard for [Claimant] and her family to function with so much sleep deprivation. . . . [Claimant] would like to be better rested so that she is able to do the activities she enjoys during the day. . . . It's imperative that [Claimant] gets her needed sleep of 10-12 hours per night for her own health and wellbeing. Not only does her lack of sleep affect her, but it is also contributing to keeping her whole household awake

and sleep deprived. Being well rested would help [Claimant] and her family have a happy family environment.

(Ex. 5, pp. A43–A44.)

### **Jennifer Del Castillo**

6. Jennifer Del Castillo is the Supports and Services Manager for Early Childhood at TCRC. In this role, Castillo supervises 14 support staff who administer services to persons under the age of six who receive regional center services.

7. Claimant's parents submitted a request for a sleep consultant to Claimant's TCRC service coordinator. Claimant's service coordinator forwarded that request to Del Castillo. Del Castillo testified that when requests for services that TCRC does not ordinarily fund, such as sleep consultant services, are requested by a TCRC client, she forwards the request to a TCRC clinical team for review. When Claimant requested funding for a sleep consultant, Del Castillo met with this clinical team, which included a psychologist, a pediatrician, and Claimant's service coordinator, to discuss the request. The clinical team determined that TCRC would not fund a sleep consultant for Claimant because a sleep consultant is not an "evidence-based" intervention, and because it was the team's opinion that Claimant's issues with sleep would be better addressed by applied behavior analysis (ABA).

### **ANNE E. LITTLE, M.D.**

8. Anne E. Little, M.D., is a licensed medical doctor who has worked with persons with developmental disabilities, including ASD, for over 40 years. (Ex. 28.) Dr. Little has worked with TCRC since 2012. She currently works as a vendored physician consultant for TCRC, reviewing regional center eligibility claims and

reviewing claims for requests for medical disability services, medical equipment, and health needs.

9. Dr. Little reviewed Claimant's medical records but has not personally examined Claimant. The records confirm diagnoses of obstructive sleep apnea and behavioral sleep insomnia. Dr. Little acknowledged that Claimant is being treated at Stanford University by a physician specializing in sleep medicine. (Ex. A.)

10. Dr. Little explained she would not recommend funding a pediatric sleep consultant for Claimant because sleep consultant services are not recognized as an evidence-based treatment for ASD. According to Dr. Little, accepted evidence-based interventions with a positive effect on ASD are determined through research that creates a body of evidence confirming that a particular intervention has been effective for most people. Moreover, a risk-benefit analysis must be undertaken to confirm that the intervention will cause a positive outcome without undue risk of harm to the patient.

11. Dr. Little further explained that the National Clearinghouse on Autism Evidence and Practice (NCAEP) is an authority for determining what evidence-based practices or interventions can positively assist with treating various behaviors attendant to a diagnosis of ASD. (See Ex. 13.) NCAEP identifies several approved interventions to assist persons with ASD, including, for example, behavioral momentum intervention, functional behavioral assessment, and music-mediated intervention. All these services are recognized by NCAEP as evidence-based interventions helpful in assisting persons with ASD, depending on their age group and specific ASD-related functional deficits. (See Exs. 13–15.) Dr. Little opined that if a particular intervention has not been assessed as "evidence-based" and thus effective by NCAEP, then it is by default "experimental" under the Lanterman Act.

12. According to Dr. Little, NCAEP has not recognized a sleep consultant as an evidence-based intervention with a positive effect on persons with ASD. Instead, the only recognized evidence-based intervention for persons with ASD is ABA therapy, according to Dr. Little. Moreover, general pediatric sleep consultants are not trained to provide treatment for medical disorders or for ASD. Although Dr. Little conceded that ASD can cause issues with sleep, there was no support in Claimant's medical records suggesting a direct link between Claimant's ASD and her difficulties sleeping. Dr. Little testified that she would have expected a specific diagnosis from one of Claimant's treating physicians if such a link had been established, but no such diagnosis had been made. Regarding Claimant's diagnosis of sleep apnea, Dr. Little opined that this is a physical condition wholly unrelated to Claimant's ASD diagnosis.

## **Claimant's Evidence**

### **FATHER'S TESTIMONY**

13. Claimant lives at home with Mother and Claimant's older brother, who is also a TCRC client. Claimant was first diagnosed with ASD in October 2024. Claimant has been diagnosed with several other medical and developmental issues, such as speech and language disorder, global developmental delay, dysphasia, and was very recently diagnosed with Pediatric Acute-onset Neuropsychiatric Syndrome.

14. Father emphasized that Claimant's sleep problems significantly affect her daily functioning. He explained that when Claimant sleeps poorly, she becomes "a different child," with noticeable behavioral and functional changes the next day. Father believes that Claimant's sleep issues are connected to her existing medical conditions, such as sleep apnea, as well as her ASD diagnosis. Father believes Claimant needs help

with her sleep issues and that sleep support is an important part of her overall treatment needs.

15. Claimant's parents have subjected Claimant to a battery of tests, including genetic testing, to find the cause of her sleep apnea. But to date, Claimant's doctor assigned to assist with her sleep issues has been unable to make any progress on alleviating her sleep apnea.

16. Father also testified about the family's efforts to obtain a sleep consultant for Claimant. Claimant's private health insurance does not cover any services related to sleep-related issues. Father also contacted a sleep coaching program called Brightline to assist Claimant with her sleep needs after TCRC recommended it. Father discovered that Brightline only provided a "free four-week program," which unfortunately did not meet Claimant's needs. (Ex. Z.)

### **MOTHER'S TESTIMONY**

17. Mother testified that Claimant has experienced years of broken sleep, waking every two to three hours, often screaming, and taking about an hour to fall back asleep. This pattern has persisted well beyond infancy. These regular occurrences of disrupted sleep make the following days much more difficult for Claimant, who exhibits higher anxiety on these days. Complicating matters is that Claimant's limited communication skills make it difficult for her to explain to her parents what causes her sleep difficulties. Claimant introduced into evidence a log kept by her parents showing how often she wakes up in the night, and for how long, which confirms her parents' observations regarding the connection between her lack of sleep and behavioral issues the following day. (Ex. B.)

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18. Claimant was born with a laryngo-cleft, which is an opening between the airway and the esophagus, which also exacerbated her sleep apnea. Surgery to repair this cleft was successfully performed when Claimant was 15 months old. This surgery improved—but unfortunately did not eliminate—Claimant’s sleep apnea. Subsequent medical evaluations confirmed Claimant continues to have mild sleep apnea, and physicians repeatedly recommended obtaining local, in-person sleep consultant support due to the complexity of her condition. One of Claimant’s physicians recommended a sleep consultant in their area called Meet You In Dreamland. Following this recommendation, Claimant’s parents sought funding from TCRC for that service.

## **LEGAL CONCLUSIONS**

### **The Lanterman Act**

1. The Lanterman Act governs this case. (Welf. & Inst. Code, § 4500 et seq.) (All further undesignated statutory references are to the Welfare and Institutions Code.) The Legislature enacted the Lanterman Act to provide a pattern 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 statutory scheme 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.)

2. DDS is the state agency charged with implementing the Lanterman Act; DDS, in turn, contracts with private, non-profit community agencies called "regional centers" to provide developmentally disabled persons with access to the services and supports best suited to them throughout their lifetime. (§§ 4416, 4620.)

3. Under the Lanterman Act, an administrative proceeding, also known as a "fair hearing," is available to determine the rights and obligations of regional centers and claimants when claimants disagree with a regional center decision. (§§ 4700-4717.)

4. Claimant requested a fair hearing under the Lanterman Act, and thus, jurisdiction for this case was established. (Factual Findings 1-4.)

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

5. The party proposing a change in existing services or asserting a new claim holds the burden of proof in administrative proceedings. (See, e.g., *In re Conservatorship of Hume* (2006) 140 Cal.App.4th 1385, 1388 [the law has "a built-in bias in favor of the status quo," and the party seeking to change the status quo has the burden "to present evidence sufficient to overcome the state of affairs that would exist if the court did nothing"].) The standard of proof for these proceedings is the preponderance of the evidence because no other law or statute, including the Lanterman Act, provides otherwise. (Evid. Code, § 115.) This standard is met when the party bearing the burden of proof presents evidence that has more convincing force than that opposed to it. (*People ex rel. Brown v. Tri-Union Seafoods, LLC* (2009) 171 Cal.App.4th 1549, 1567.)

6. Here, Claimant bears the burden of proving by a preponderance of the evidence that the regional center's denial of funding for a sleep consultant was improper.

## **Individual Program Plan Process**

7. The determination of which services and supports are necessary for each regional center client is made through the IPP process with the regional center. (§ 4512, subd. (b).) This 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.*; § 4646, subds. (a), (b) [noting that the IPP is developed through an “individualized needs determination” that includes the client as well as their parents, guardians, or authorized representatives, and should reflect “the needs and preferences of the consumer, and, as appropriate, their family”].) These cost control measures are in place to conserve resources that must be shared by many consumers. (See, e.g., §§ 4640.7, subd. (b), 4651, subd. (a), 4659.)

8. The IPP process includes “[g]athering information and conducting assessments to determine the life goals, capabilities and strengths, preferences, barriers, and concerns or problems of the person with developmental disabilities.” (§ 4646.5, subd. (a)(1).) This information gathering process allows the regional center to “identify and pursue all possible sources of funding for consumers receiving regional center services.” (§ 4659.)

## **Section 4648**

9. The Lanterman Act prohibits regional centers from funding experimental treatments or scientifically unproven services. Section 4648, subdivision (a)(17), provides:

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Notwithstanding any other law or regulation . . . regional centers shall not purchase experimental treatments, therapeutic services, or devices that have not been clinically determined or scientifically proven to be effective or safe or for which risks and complications are unknown. Experimental treatments or therapeutic services include experimental medical or nutritional therapy when the use of the product for that purpose is not a general physician practice.

10. Although Father and Mother’s testimony proved that Claimant’s issues with sleep are serious and pose significant issues for her, Claimant has not shown by a preponderance of the evidence that TCRC should fund sleep consulting services for her. Dr. Little’s testimony, which was unrebutted by any contrary expert opinion, established that pediatric sleep consultant services have not been clinically determined or scientifically proven to be effective or safe for treating ASD-related symptoms. She testified that ABA therapy remains the only evidence-based intervention currently recognized for addressing sleep-related issues relating to ASD.

11. Accordingly, because funding a pediatric sleep consultant is prohibited by section 4648, subdivision (a)(17), TCRC cannot fund that service for Claimant. This decision does not preclude Claimant from requesting this service again should a pediatric sleep consultant later become an established intervention for persons diagnosed with ASD.

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## **ORDER**

Claimant's appeal is denied.

DATE:

TAYLOR STEINBACHER

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.