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

## In the Matter of:

## Claimant,

## and

## Tri-Counties Regional Center,

## Service Agency.

## DDS No. CS0027808

## OAH No. 2025061111

## DECISION

Taylor Steinbacher, Administrative Law Judge, 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 additional appeals relating to the same claimant: (1) DDS No. CS0027806 and OAH No. 2025061085; and (2) DDS No. CS0027807 and OAH No. 2025061099. 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 at the hearing. 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 Claimant's privacy.

## Preliminary Matters

Oral and documentary evidence was received at the hearing on April 16, 2026. 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 argument briefs, which the ALJ marked and admitted as Exhibit 29 and Exhibit HH, respectively.

On May 8, 2026, the ALJ issued an order setting this matter for an additional day of hearing to occur on June 29, 2026. At the hearing in April, TCRC had proffered reasons to deny funding for Claimant's requested service on grounds not stated in the Notice of Action (NOA), even though the Lanterman Developmental Disabilities Services Act (Lanterman Act), which governs this dispute, requires TCRC to state all the reasons and the legal bases for those reasons in the NOA. (Welf. & Inst. Code, §§ 4701, subd. (a)(2), (4); and 4710, subd. (b).) (All undesignated statutory references are to the Welfare and Institutions Code.) This additional day of hearing was to allow Claimant to submit evidence to rebut any reasons for denial not provided in the NOA.

On June 1, 2026, Mother filed a motion to cancel the additional day of hearing and requested that the ALJ issue a decision based on the existing evidentiary record, as well as four new exhibits Claimant submitted that day.

On June 3, 2026, TCRC filed a letter with OAH asking for an additional two weeks to respond to Claimant's motion because counsel for TCRC was recovering from

a recent surgery, and because TCRC wanted time to review Claimant's new evidence and provide a written response.

On June 15, 2026, counsel for Claimant withdrew from this matter. Mother represented Claimant in this matter thereafter.

On June 16, 2026, Mother filed an additional request to cancel the June 29, 2026 hearing, on the ground that the additional day of hearing will cause increased financial and emotional burden on Claimant and her family.

Also on June 16, 2026, TCRC responded to Claimant's original request to cancel the hearing, stating that TCRC did not object to canceling the additional day of hearing, so long as it could introduce three additional documents as evidence to rebut the evidence Claimant submitted together with the motion to cancel the hearing.

On June 17, 2026, the ALJ granted Claimant's request to cancel the June 29, 2026 hearing, and ordered the parties to submit their objections, if any, to each party's newly submitted evidence by no later than June 22, 2026.

Neither party submitted written objections to the other party's evidence. The ALJ marked Claimant's four additional documents as Exhibits II through LL, marked TCRC's additional documents as Exhibits 30 through 32, and admitted all these exhibits into evidence. The record closed, and the matter was submitted for decision on June 22, 2026.

## ISSUE

Should TCRC fund speech therapy for Claimant?

## EVIDENCE RELIED UPON

Documents: TCRC Exhibits 1–32; Claimant's Exhibits A–LL.

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

Witnesses for Claimant: Father; Mother.

## FACTUAL FINDINGS

### Parties and Jurisdiction

1. Claimant is a four-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 Act. (§ 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 issued a NOA and accompanying letter dated June 17, 2025, stating that it was denying Claimant's request for TCRC to fund a specialized speech therapy called Orofacial Myofunctional Therapy (OMT) for Claimant. The bases for TCRC's denial of funding for this service were that: (1) Claimant's school district found her eligible for speech therapy; and (2) Claimant had not yet exhausted other generic resources that could fund speech therapy, such as Medi-Cal and California Children's Services. (Ex. 3, pp. A16, A19.) No other reasons for the denial were provided in the NOA.

4. On June 23, 2025, Claimant filed a fair hearing request to appeal TCRC's decision to deny funding for the speech therapy she requested. This hearing ensued.

## Regional Center Evidence

### CLAIMANT'S MEDICAL ISSUES RELATING TO SPEECH

5. TCRC is aware of Claimant's difficulties with speech and it acknowledges that improvement of her expressive language and communications skills as a goal in her Individual Program Plan (IPP). Claimant's IPP states that:

> [Claimant] continues to make improvements in how she communicates with her caregivers. She does have a speech impairment and language disorder, but still tries her best to get her wants/needs met in her own ways. She can use spoken words and some sign language, but prefers gestures/pointing. She is able to follow some one step directions. Since she has low tone and her tongue movement is limited, verbal communication is difficult for her. She can use some 1-2 word phrases that are familiar to her, especially when imitating, and recognizes routine phrases that are used by her caregivers. Her spoken vocabulary is limited to less than fifty words. She does not always respond to her name and limits her eye contact with unfamiliar people. According to her IEP, [Claimant] will receive 4 hours of speech therapy per month when she begins school in August. [¶] [Claimant] was part of the Early Start Program at TCRC and received early intervention,

> speech therapy and occupational therapy which has ended since she has turned 3 years old and graduated out of the program.

(Ex. 5, pp. A40–A41.)

## 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. Del Castillo has known Claimant since Claimant first entered the Early Start program at TCRC. She explained that, while Claimant was in Early Start, TCRC was obligated to pay for speech therapy for Claimant as an "early intervention service." But once Claimant exited the Early Start program at age three, the burden shifted to Claimant to exhaust other sources for funding before TCRC would continue funding that service because, under the Lanterman Act, TCRC is a "payer of last resort."

8. Del Castillo testified that, when considering whether a client had exhausted other generic resources, TCRC "highly encouraged" parties to appeal service denials from other providers, such as private insurance, school districts, and other applicable agencies. However, Del Castillo also testified that TCRC did not have a policy or a practice of requiring its clients to completely administratively exhaust—in the legal sense—all possible appeals of service denials before TCRC would fund a service.

9. Del Castillo is aware of Claimant's parents' efforts to obtain reimbursement or funding for OMT through their private insurance and is also aware

that private insurance is paying 30 percent of the cost of that therapy. She is also aware that Claimant's school district declined to provide OMT. Del Castillo testified that she encouraged Claimant's family to appeal these funding denials, but was unaware if they had done so.

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

10. 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.

11. Dr. Little testified that she reviewed various medical records relating to Claimant in connection with her evaluation of whether TCRC should fund OMT for Claimant, although she conceded she had never met Claimant or examined Claimant herself. In December 2024, Dr. Little evaluated whether TCRC should fund OMT for Claimant after she exited the Early Start Program and wrote a medical note for Claimant's file at TCRC with her conclusions. (Ex. 12.) Dr. Little noted that OMT

> is a treatment that retrains abnormal movement patterns of the face or the mouth. It can be thought of as similar to providing physical therapy for the facial muscles around the mouth (orofacial muscles) and tongue. This therapy generally involves re-educating or re-patterning the oral and facial muscles when an orofacial myofunctional disorder (OMD) has been diagnosed for which OMT is

known to be clinically effective ("evidence-based"). Examples of such disorders include dental malocclusion or facial deformity, sleep-disordered breathing, tongue thrust interfering with feeding or speaking, adjunctive treatment following a surgical procedure for tongue-tie, etc.

12. Dr. Little then testified that OMT is an evidence-based treatment for disorders involving the muscles of the lower face, mouth, and tongue, including articulation and speech-sound disorders arising from physical conditions such as dysphasia. Dr. Little clarified that OMT is not a treatment for ASD, social-communication deficits, or general expressive and receptive language delay. This is because these types of deficits are rooted in the brain's language and social-communication centers and OMT treats physical conditions.

13. Dr. Little opined that Claimant's dysphasia constitutes a physical condition for which OMT is clinically indicated and further opined that Claimant has an expressive and receptive language delay that is separate from, and more severe than, the social-pragmatic communication deficits typically associated with ASD. According to Dr. Little, Claimant's school district should provide this therapy, even if the district has previously concluded that OMT itself is a medical rather than educational therapy.

## Claimant's Evidence

### FATHER'S TESTIMONY

14. 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. Claimant has private healthcare insurance with Blue Shield California through Father's employer. (Exs. I, J.) Claimant also has secondary healthcare coverage through Medi-Cal/CenCal.

15. Father testified, consistent with Del Castillo's testimony, that TCRC told Father and Mother that although the regional center would fund feeding therapy and OMT for Claimant with local providers while she was in the Early Start Program, once Claimant exited that program at age three, Claimant's parents would need to look to other generic resources to fund those services, such as Claimant's school district, private health insurance, and Medi-Cal.

16. With respect to OMT, Claimant continues to see the local provider recommended and funded by TCRC while she was in the Early Start Program. This provider, however, is not in-network with Blue Shield or CenCal, does not accept private insurance, will not file insurance claims for patients, and will not agree to execute a one-off "single case agreement," as suggested by TCRC. (See Ex. AA.) Moreover, no other in-network providers within 15 miles of Claimant's home provide OMT similar to what she receives now. (Exs. N, P, Q, X.) Father and Mother have spent hours investigating and contacting in-network providers for both Blue Shield and CenCal, trying to find a provider in their area offering similar OMT therapy but were unsuccessful—only their current OMT provider offers that service in their local area. (Ex. R.)

17. Blue Shield initially refused to pay or reimburse Claimant's parents for any expenses relating to Claimant's OMT, but ultimately agreed to pay 30 percent of those costs through reimbursement. CenCal is also a "payer of last resort" and thus requires participants to seek reimbursement from private insurance before it will provide coverage. Unlike Blue Shield, CenCal will not accept claims from providers

outside its network and will not accept "self-claims" for reimbursement, and thus has rejected Father's attempts to have CenCal pay the remaining 70 percent of the co-pay for Claimant's OMT therapy. (See Ex. T, p. B135; Exs. X–Y.) Although Father believed that having primary and secondary health insurance coverage for Claimant would be helpful given her challenging constellation of healthcare needs, he discovered that having two insurance providers resulted in increased difficulties and complexities accessing services for aspects of Claimant's care needs.

18. From Father's perspective, there is no further way to exhaust his coverage with Blue Shield or CenCal to pay for Claimant's OMT. Blue Shield is already paying 30 percent of the cost of that service, and that was only after he pushed them to do so. CenCal outright refuses to reimburse for services provided by any vendor outside its network, and no such vendors are local to Claimant.

19. Father is aware of the letter from Claimant's school district stating that the school district will not fund OMT for Claimant because such therapy is medical in nature and is not an educationally-related service. (See Ex. 27.) Father agrees with the school district's assessment that OMT therapy is not the responsibility of the school district given the district's educational prerogatives and did not appeal that determination further. Father acknowledged that, in theory, he could have appealed this determination, but because he agreed with it, and because he did not want to engage in a futile legal battle, he declined to do so.

20. Claimant's parents also consulted an attorney regarding Blue Shield and CenCal's refusal to pay for OMT for Claimant, but were told that those appeals could take years, but Claimant needs this service now for her own well-being.

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## MOTHER'S TESTIMONY

21. Mother testified that Claimant cannot use her tongue and lips to produce speech sounds on her own. Claimant's physician at UCLA recommended OMT therapy for Claimant, which prompted Mother and Father to seek out local OMT providers. Mother's understanding is that OMT targets the facial muscles, including the lips and tongue, to produce sounds to support Claimant's speech sound making, which is typically outside the scope of the services a general speech therapist can provide.

22. After working with a local OMT provider for seven sessions, Claimant has made obvious progress in using her mouth to produce speech sounds. For example, Claimant could blow a whistle after just two sessions with the provider. Mother fears that stopping this therapy would delay Claimant's meaningful progress with communication and speech.

## CLAIMANT'S ADDITIONAL EVIDENCE

23. In connection with Claimant's request to cancel the additional day of hearing, Claimant submitted four additional exhibits, including two letters from Claimant's team of medical professionals. The letter from Sharon Watson, M.D., F.A.A.P., states that, despite Claimant's parents' efforts to address her speech difficulties, Claimant still presents with "persistent oral-motor, sensory, and communication impairments associated with ASD [which] continue to compromise her feeding safety and speech development." (Ex. II, p. B427.) According to Dr. Watson:

> There is substantial clinical and empirical evidence that feeding difficulties and speech disorders are commonly associated with [ASD] and are frequently mediated by sensory processing differences, oral-motor dysfunction, and

> communication deficits. On the basis of my clinical evaluation and medical judgment, feeding therapy, and speech therapy (OMT) are medically necessary and are directly related to [Claimant's] qualifying conditions.

(Ibid.)

24. Similarly, a letter from Claimant's developmental pediatrician, Irene Koolwijk, M.D., MPH, states that:

> As part of the clinical assessment, [Claimant] demonstrates significant . . . difficulty with oral-motor coordination. . . . For these reasons, I strongly recommend continued monitoring and interventions, which include feeding therapy, occupational therapy, and speech therapy (OMT), and other services as clinically indicated.

(Ex. JJ, p. B428–B429.)

## TCRC's Rebuttal Evidence

25. In rebuttal to Claimant's additional evidence, TCRC submitted three exhibits. TCRC's Staff Psychologist, Christina Aguirre Kolb, Ph.D., drafted a Clinical Interdisciplinary Note, in which she reviewed and considered the letters from Drs. Watson and Koolwijk. (Ex. 30.) Dr. Aguirre Kolb did not conclude that TCRC should pay for ongoing OMT therapy for Claimant. Instead, she noted that Mother and Father should continue exploring the possibility that Claimant's school district could provide speech therapy and that the District "may address oral motor skills within speech services." (*Id.* at p. A355.)

26. TCRC also submitted declarations from two other staff members: Veronica Rodriguez-Torrez, a Services & Supports manager, and Tamika Harris, a Services & Supports Assistant Director. (See Exs. 31–32.) Rodriguez-Torrez's declaration reiterates TCRC's service definitions for Occupational Therapy and for Speech, Hearing, and Language Services. (Ex. 31, p. A357.) Harris's declaration recounts the various parts of the Lanterman Act that TCRC asserts support its determination to deny funding for OMT and reiterates that TCRC is denying Claimant's request to fund OMT on the basis that other generic resources are available. (Ex. 32.)

## LEGAL CONCLUSIONS

### The Lanterman Act

1. The Lanterman Act governs this case. (§ 4500 et seq.) 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 OMT was improper.

## Individual Program Plan Process

7. The "services and supports" that regional centers can provide to a consumer include "specialized services and supports . . . directed toward the alleviation of a developmental disability . . . or toward the achievement and maintenance of

independent, productive, and normal lives . . .” (§ 4512, subd. (b).) The determination of which services and supports are necessary for each regional center client is made through the IPP process with the regional center. (*Ibid.*) 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.)

## Adequate Notice Under the Lanterman Act

9. When a regional center denies a service or support, it must provide claimants with “adequate notice” of its decision, including “[t]he reason or reasons for that action” and “[t]he specific provision or provisions of law, regulation, or policy supporting that action.” (§§ 4701, subd. (a)(2), (4); and 4710, subd. (b).) As noted above, the sole basis stated in TCRC’s NOA to deny Claimant’s funding request for OMT

therapy services was Claimant's alleged failure to exhaust all generic resources, including from her school district. TCRC also put on evidence through Dr. Little asserting an additional basis to deny funding in that OMT would not alleviate Claimant's underlying diagnosis of ASD.

10. At the conclusion of the hearing, the ALJ raised the issue of whether it would be appropriate to find TCRC could deny funding for OMT services while relying on a reason not previously disclosed in the NOA and asked the parties to address that issue in their closing argument briefs, which the parties did.

11. Claimant was also given the opportunity to rebut the evidence of the additional basis for denial asserted by TCRC by setting the matter for another day of hearing. Claimant ultimately declined the opportunity to have another day of hearing and asked that this hearing date be canceled. Claimant did, however, submit additional documentary evidence rebutting TCRC's additional basis for denial, as noted above. Thus, to the extent that TCRC did not state grounds for denial in the NOA that it asserted at the hearing, Claimant has been given a fair and adequate opportunity to address that additional basis for denial.

## Generic Resources

12. The IPP process must ensure conformance with the regional center's purchase of service policies and utilization of generic services and supports when appropriate. (§ 4646.4, subds. (a)(1), (a)(2).) While a regional center is obligated to secure services and supports to meet the goals of each consumer's IPP, a regional center is not required to meet a consumer's every possible need or desire but must provide cost-effective use of public resources. (See, e.g., §§ 4512, subd. (b), 4640.7, subd. (b), 4651, subd. (a), 4685, subd. (c)(3)(A), 4697, subd. (b)(2).)

13. Regional centers must "identify and pursue all possible sources of funding for consumers receiving regional center services." Those sources include, but are not limited to, Medi-Cal, school districts, and private health insurance providers. (§ 4659, subds. (a), (c).) If a generic agency fails or refuses to provide a regional center consumer with those supports and services which are needed to maximize the consumer's potential for integration into the community, the Lanterman Act requires the regional centers to fill the gap (*i.e.*, fund the service) to meet the goals outlined in the IPP. (§ 4648, subd. (a)(1); *Assn. for Retarded Citizens*, *supra,* 38 Cal.3d at p. 390.)

14. Here, Claimant's IPP includes as a goal the improvement of her expressive language and communication skills. Under section 4659, TCRC identified in its NOA three possible sources for funding for OMT that Claimant must pursue: private health insurance, Medi-Cal, and Claimant's school district. (Factual Finding 3.) TCRC's additional evidence reiterated this as a basis to deny Claimant's request to fund OMT. (Factual Finding 25.) Having identified possible sources of generic resources, the burden shifts to Claimant to show that these generic resources have failed or refuse to provide those services.

15. The evidence established that Father and Mother conducted an exhaustive search and invested several hours investigating, in good faith, each of these possibilities for complete funding of OMT, without success. Father's undisputed testimony was that there are no providers within 15 miles of Claimant that provide pediatric OMT like what she receives from her local provider that are in-network for Blue Shield or CenCal such that all those costs would be covered. Blue Shield has agreed, after being pressed, to pay for only 30 percent of the cost of this therapy. Claimant's school district also declined to pay for this therapy, stating it is medical, rather than educational, in nature. (Factual Findings 14-20.)

16. Under these circumstances, Claimant has demonstrated that the applicable generic resources have either failed or refused to pay for OMT such that the regional center may be relied on to fill that funding gap. Contrary to TCRC's suggestion, nothing in the Lanterman Act requires a Claimant to take Herculean efforts to exhaust generic resources, such as litigating a funding denial to the highest possible court. On these facts, it is sufficient that Claimant has presented credible evidence about their reasonable and good-faith (but ultimately unsuccessful) efforts to exhaust the generic resources identified by the regional center.

## Whether OMT Alleviates a Developmental Disability

17. As noted above, the Lanterman Act defines "services and supports for persons with developmental disabilities" as

> specialized 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.

(§ 4512, subd. (b).) These services and supports may include "physical, occupational, and speech therapy." (*Ibid.*)

18. Dr. Little opined that she would not recommend that TCRC fund OMT for Claimant because of her understanding that the regional center has a duty to fund only those services that alleviate or treat Claimant's developmental disability of ASD. According to Dr. Little, because Claimant's speech issues are unrelated to her ASD, the

regional center may not pay for that therapy. But the Lanterman Act does not limit the services a regional center can provide solely to those related to alleviation of a client's developmental disability. Rather, the regional center can also provide services that provide "physical . . . habilitation or rehabilitation" or those services that empower a person to live an "independent, productive, and normal life." It can hardly be said that learning to speak would not empower Claimant to live an independent and normal life. Dr. Little's opinion does not appear to have accounted for "services and supports" providing anything but alleviation of a developmental disability, even though the statutory definition is not so limited.

19. Even assuming Dr. Little was correct, however, she also testified that she might revise her opinion about the appropriateness of TCRC funding OMT for Claimant if there was some evidence from Claimant's care providers linking her ASD diagnosis to her speech difficulties. The letters from Drs. Watson and Koolwijk provide this evidence. (Factual Findings 23-24.)

## Disposition

20. Claimant has met her burden to show by a preponderance of the evidence that she has exhausted generic resources to fund OMT and that TCRC is not prohibited from funding OMT for her on the basis that it would not alleviate her developmental disability.

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## ORDER

Claimant's appeal is granted. TCRC shall pay the cost of OMT for Claimant, less any contribution from Claimant's private insurance provider.

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.