

**BEFORE THE  
DEPARTMENT OF DEVELOPMENTAL SERVICES  
STATE OF CALIFORNIA**

**In the Matter of:**

**CLAIMANT**

**and**

**ALTA CALIFORNIA REGIONAL CENTER, Service Agency**

**DDS No. CS0028175**

**OAH No. 2025070462**

**PROPOSED DECISION**

Hearing Officer Christopher W. Dietrich, Administrative Law Judge, Office of Administrative Hearings, State of California, heard this matter on January 13, 2026, by videoconference from Sacramento, California.

Robin M. Black, Legal Services Manager, represented Alta California Regional Center (ACRC).

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

Evidence was received, the record closed, and the matter submitted for decision on January 13, 2026.

## **ISSUE**

Is ACRC obligated to allow Claimant to reallocate funds in his Self-Determination Program (SDP) budget to purchase autism coaching services through Thrive Autism Coaching (Thrive)?

## **FACTUAL FINDINGS**

### **Background and Jurisdictional Matters**

1. Claimant is a 16-year-old ACRC consumer. Since September 2020, he has received ACRC services based upon his qualifying diagnosis of autism spectrum disorder. His autism causes disabilities in self-care, self-direction, expressive and receptive language, and his capacity for independent living. Additionally, Claimant is diagnosed with gender dysphoria, functional neurological disorder, dysautonomia, depression, and anxiety. Claimant's parents are divorced. Claimant spends time at both parents' homes. Claimant has received ACRC services through the SDP for the past year and a half.

### **Request for Autism Coaching Services**

2. Claimant's SDP budget and spending plan for August 1, 2024, to July 31, 2025, allocated \$35,603.71 in services to Claimant. Claimant was allotted funds for respite care, community integration reports, individual training and education, and non-medical transportation.

3. Micaela Fletes, ACRC Service Coordinator, testified at hearing. She has served as Claimant's service coordinator for three and a half years. On March 6, 2025,

Claimant's SDP Independent Facilitator (IF) emailed Ms. Fletes requesting that Claimant be permitted to reallocate funds in his SDP budget to purchase autism coaching services through Thrive. Claimant's IF indicated that the cost of coaching ranged from \$175 to \$210 per session, with discounts for purchasing multiple sessions in advance. The IF stated that several other regional centers had allowed consumers to use SDP funds to purchase autism coaching services through Thrive. Ms. Fletes responded to the IF's email asking: (1) the proposed frequency and duration of coaching; (2) whether the proposed coaching was a 1:1 service; and (3) to explain Claimant's coaching goals.

4. On March 13, 2025, Claimant's IF emailed Ms. Fletes with additional information regarding Thrive's autism coaching services. The IF stated that the coaching is a 1:1 service and typically consists of weekly sessions but the frequency may decrease over time. She further stated that most clients start with an eight-session package and purchase additional sessions as needed. Ms. Fletes reviewed the request with her manager. She thereafter emailed the IF seeking clarification on what SDP budget category this service would be funded from. The IF responded stating that the autism coaching service was sought as a community living support to be reallocated from Claimant's funds for respite care.

5. On March 17, 2025, Claimant's mother emailed Ms. Fletes asking for an update on the request to purchase autism coaching services. On March 19, 2025, Ms. Fletes responded to Claimant's mother, informing her that ACRC needed to determine whether autism coaching is a social skills training service that could be funded through insurance or is a social recreation service. Claimant's mother responded informing Ms. Fletes that Claimant's health insurance would not pay for autism coaching. She clarified that Thrive's autism coaching includes social skills training and "much more."

Claimant's mother suggested that ACRC speak to Thrive's Head Coach Jaclyn Hunt. Ms. Fletes sent Ms. Hunt's contact information to her client services manager Veronica Hallgren.

6. On March 24, 2025, Claimant's IF emailed Ms. Fletes seeking an update on the request to purchase autism coaching services. Ms. Fletes informed the IF and Claimant's mother that she was waiting for an answer from ACRC's clinical services manager on whether Claimant could use SDP funds for this service.

7. On April 4, 2025, Claimant's mother emailed Ms. Fletes asking for an update on the request to purchase autism coaching services. Ms. Fletes responded informing Claimant's mother that she was waiting for an answer from ACRC's clinical services manager and that she had scheduled a meeting to discuss the request on June 2, 2025. Claimant's mother called Ms. Fletes to discuss the matter further. Claimant's mother asked why ACRC had not approved using SDP funds to purchase autism coaching services. Ms. Fletes explained that ACRC needed to verify whether Claimant's insurance could fund autism coaching services before approving the service. Claimant's mother informed Ms. Fletes that Thrive's coaching services are provided virtually and she did not know whether Claimant's insurance would cover it.

8. On April 25, 2025, Claimant's mother, Claimant's IF, and Ms. Fletes attended a virtual meeting. Ms. Fletes informed Claimant's mother and IF that she was exploring possible options to approve using SDP funds to purchase autism coaching services for Claimant. Claimant's mother agreed to ask Thrive to complete an assessment outlining what Thrive will address with Claimant through autism coaching. Ms. Fletes agreed to call Claimant's mother with an ACRC client services manager on May 1, 2025.

9. On April 29, 2025, Ms. Fletes emailed Claimant's mother informing her that an ACRC client services manager was discussing Claimant's request regarding autism coaching services with ACRC's Associate Director. Ms. Fletes asked Claimant's mother to specify: (1) the goals of autism coaching for Claimant; (2) the need for this service; (3) whether other services are in place to meet this need; (4) and whether there were alternative insurance-funded resources that could meet the need. Claimant's mother emailed Ms. Fletes on May 1, 2025, informing her that she was working on getting additional information from Thrive as soon as possible.

10. Ms. Hunt prepared a document titled "Individual Plan for [Claimant] with Thrive Autism Coaching." On May 7, 2025, Claimant's mother emailed Claimant's Individual Plan to Ms. Fletes. The document provides in pertinent part:

**What is the goal?**

The objective of cognitive coaching is to identify practical goals related to areas of life in which [Claimant] is experiencing challenges, such as relationships, school success, and executive functioning. Then [Claimant] and the coach define his specific goals for coaching and collaborate to create and execute a plan for achieving those goals by leveraging his strengths and figuring out how to overcome the obstacles in his path.

**What is the need?**

[Claimant]'s [autism] (especially the presenting as PDA - Pathological Demand Avoidance) makes it very hard for him to identify and achieve his goals on his own. Being 15 is an

obstacle to utilizing parents for this. He is in need of expert services to allow him to develop himself, achieve his social, communication, academic, school, and other life goals. That is what Thrive Coaching is all about.

**Are there other services in place to meet the need?**

There is no equivalent to this. It is not the same as therapy (which he already does) and there are no coaches at school.

**Are there any generic resources that could meet the need that accept insurance?**

No, there are no such resources that accept health insurance.

**Services Provided and Areas of Competency in Focus per Thrive Coaching**

We provide individualized one-on-one coaching for autistic, AuDHD, ADHD, and other neurodivergent individuals. We work collaboratively to identify practical goals related to areas of life in which you are experiencing challenges, such as relationships, school success, and executive functioning. Then we define your goals for coaching and collaborate to create and execute a plan for achieving those goals by leveraging your strengths and figuring out how to overcome the obstacles in your path.

(Grammar original.)

11. On May 21, 2025, Ms. Hallgren determined that ACRC was not able to approve autism coaching services for Claimant. Ms. Fletes informed Claimant's mother of the denial on the same date.

12. Claimant's mother and Ms. Fletes attended an Individual Program Plan (IPP) meeting on August 4, 2025. After the meeting, Ms. Fletes typed a written IPP setting forth goals for Claimant and services and supports to help Claimant achieve those goals. Ms. Fletes sent a draft IPP to Claimant's mother for signature on August 12, 2025. Claimant's mother requested edits to Claimant's IPP on August 20, 2025, which Ms. Fletes implemented. Claimant's mother thereafter signed the revised IPP on August 25, 2025.

13. The IPP states a goal for Claimant to improve his " . . . self-awareness, . . . language development and communication skills; emotional expression; self-esteem and body image; socialization, recreation and / or community integration skills." To support this goal, ACRC agreed to include funds in Claimant's SDP budget for community integration services and social recreation activities for Claimant.

14. ACRC prepared an SDP budget and spending plan for August 1, 2025, to July 31, 2026, following the IPP meeting. Claimant is allotted \$32,510.64 in his SDP budget and spending plan. Specifically, the SDP budget includes: \$17,175 for community living supports for in and out of home respite care; \$12,195.40 for community integration supports including social recreational coaching, private pool rentals, and an overnight camp; \$1,000 for non-medical transportation; \$49.99 for a personal emergency response system; and additional funds for financial management services and Claimant's IF.

15. On August 18, 2025, Ms. Fletes asked ACRC's SDP team whether there are any service codes that ACRC could approve autism coaching under. On August 25, 2025, the SDP team responded indicating that Thrive autism coaching could not be authorized under any service code.

## **Notice of Action and Fair Hearing Request**

16. On June 3, 2025, ACRC issued a Notice of Action (NOA) denying Claimant's request to add funds to his SDP budget and spending plan for autism coaching through Thrive. In the NOA, ACRC stated its reasons for the denial as follows:

There has been no change to Claimant's needs, circumstances, or resources, or unmet need from the previous IPP to warrant this adjustment to this SDP budget. And importantly, ACRC would not pay for this service under a traditional budget as there is no such service defined in law or regulations, and therefore ACRC could not certify (as required) that such funds would have been expended by ACRC regardless of Claimant's participation in SDP. Moreover, no qualified individual has assessed that Claimant requires this service. The services also appear to be behavioral in nature; regional centers can only purchase behavioral services that reflect evidence-based practices, which Thrive's services do not. Evidence-based behavior intervention services may be available from Claimant's private or healthcare insurance plan, which are legally responsible for providing medically necessary behavioral health treatment. SDP funds cannot be used to purchase

services available from generic resources such as public healthcare insurance plans. Finally, the autism coaching is further not necessary to implement Claimant's IPP.

(Grammar original.)

17. On July 2, 2025, Claimant's mother requested a hearing to contest ACRC's denial. At hearing, Claimant's mother clarified that she is seeking to reallocate funds in Claimant's SDP budget to purchase autism coaching services, not to add funds to Claimant's SDP budget.

18. On December 17, 2025, ACRC issued an Amended NOA stating an additional reason for ACRC's denial in an incomplete sentence as follows:

ADDITIONALLY, regional center funds cannot be used to purchase services from providers outside of the State of California, and Thrive Autism Coaching is outside

(Grammar original.)

The Amended NOA further stated additional justification for ACRC's denial under the heading "Facts and Law Supporting the Proposed Action" as follows:

Welfare and Institutions Code section 4519—Prohibition from purchasing out-of-state services unless client's needs cannot be met with in-state services, and DDS approves the purchase.

(Grammar original.)

## **Claimant's Additional Evidence**

### **JACLYN HUNT'S TESTIMONY**

19. Jaclyn Hunt is the head coach at Thrive. Ms. Hunt holds a master's degree in behavioral sciences. She is trained in marriage and family therapy but is not a licensed marriage and family therapist. She is certified by the International Board of Credentialing and Continuing Education Standards as a Certified Autism Specialist, level 2, and a Certified Cognitive Specialist. Ms. Hunt's initial training in obtaining these certifications consisted of 21 hours of video modules and a written examination. She completes ongoing continuing education to maintain these certifications.

20. Thrive is a cognitive life skills agency that provides services to individuals aged 14 and older with autism and other conditions. Thrive provides coaching services to its clients to help them build healthy relationships, manage life transitions, and develop executive functioning skills. Specifically, they work with clients to develop step-by-step approaches to manage challenging situations. Thrive's autism coaching is not covered by health insurance because Thrive's coaches are not therapists.

21. Thrive is based in Colorado. Thrive's services are provided to clients all throughout the United States. Thrive employs one coach who lives in California. Thrive currently accepts SDP funding from 10 regional center consumers in California. Ms. Hunt is not aware of any autism coaching providers in California.

22. When a client seeks services from Thrive, Ms. Hunt will do an initial consultation to assess the client's readiness for coaching. If a client is ready for coaching, Ms. Hunt will assign the client to one of Thrive's coaches. The coach will then meet with the client to identify goals and strategies to help the client achieve those goals. Most clients meet with their coach weekly. On average, clients attend coaching

for six months. Thrive does not do formal assessments of its clients and does not keep detailed notes on a client's progress in coaching. Thrive judges the effectiveness of its coaching services based upon the client's satisfaction with the services. Ms. Hunt acknowledged that autism coaching is not an evidence-based practice. However, she stated that Thrive's coaching is "evidence informed" and individually tailored to the client to ensure their needs are met.

23. Ms. Hunt met with Claimant on June 8, 2025. After her meeting, she determined that Claimant was prepared to proceed with coaching services. She prepared the Individualized Plan for Claimant after meeting him at Claimant's mothers request. She did not identify goals for Claimant's coaching as this is typically done by the assigned coach.

24. Ms. Hunt discussed traditional therapy and Applied Behavior Analysis (ABA) therapy as potential alternatives to autism coaching. She stated both services are good but have limitations. Traditional therapy is open-ended and emotionally focused. It is not typically focused on helping clients manage their activities of daily living. ABA therapy is focused on addressing a client's specific behaviors. In the alternative, coaching focuses on helping clients connect abstract thoughts to actions and helping clients understand social nuances.

25. Ms. Hunt testified regarding Pathological Demand Avoidance (PDA). Individuals who exhibit PDA "shut down" in the face of demands or requests from others. PDA may co-occur with an autism diagnosis but is not exclusively found in individuals with autism. PDA is not a diagnosis recognized in the Diagnostic and Statistical Manual of Mental Disorders (DSM). Thrive has experience coaching individuals with PDA and their families to help them navigate demands of everyday life.

## **CLAIMANT'S MOTHER'S TESTIMONY**

26. Claimant's mother described Claimant as gifted and creative. Claimant loves to draw. Claimant is reactive and sensitive due to his autism and PDA. He perceives chores, personal hygiene, school assignments, other people's emotions, and his daily needs as threats and reacts accordingly. Claimant left school in October 2025 due to "autism burnout" and is now homeschooled. He is isolated and not able to access services in the community.

27. Claimant's mother is seeking to reallocate \$1,400 from Claimant's budgeted SDP funds for social recreation coaching to fund autism coaching through Thrive. This would cover eight sessions of autism coaching. Claimant is not able to use his social recreation coaching because of his current physical and mental limitations.

28. Claimant's mother explained Claimant's need for autism coaching. She wants Claimant to learn to develop friendships through coaching. Further, she wants Claimant to learn executive functioning skills to organize his day and support his educational goals. Claimant hopes to attend medical school and Claimant's mother hopes that he can learn to structure his life in coaching so he can attain this goal. Claimant has acknowledged that he needs help managing his PDA symptoms and is open to receive autism coaching.

29. Claimant's mother explained that several alternative behavioral interventions have not worked for Claimant. Claimant participated in ABA therapy for more than a year. Claimant's mother described this as a traumatic and oppressive experience. Claimant's PDA causes him to resist programs like ABA therapy that are too "algorithmic." Claimant previously participated in a social skills group at school, an adaptive skills training curriculum at school, and social pragmatics education through

speech therapy. However, Claimant remains isolated and continues to struggle with managing his relationships and activities of daily living.

30. Claimant has received weekly therapy with Darren Shepard, LMFT, for two years. Mr. Shepard wrote a letter in support of autism coaching for Claimant, stating the following:

Throughout our work together, it has been evident that [Claimant's] autism specifically his PDA, affects many aspects of his life (I recognize that this is not a diagnosis in this country, but it is the best description of the behaviors expressed by [Claimant]). While I will continue to work on emotional and psychological needs, he also needs individualized 1:1 [autism] coaching. It is clear to me and his family that "behavioral therapy" or generic "life coaching" would not have any positive results, so he requires a coach who specializes in working with clients with [autism]/neurodivergence, and can individualize how and what they do.

I am hoping that 1:1 coaching would use a collaborative approach to facilitate the following:

- Teach [Claimant] social skills and give him opportunities to practice those skills in a low-demand setting.
- Help [Claimant] identify goals, and the tangible things he can do to reach those goals.

- Develop practice skills for better organization, time management, and task completion in the context of what is most important to [Claimant].

(Grammar original.)

31. Claimant's mother testified that Kaiser Permanente, Claimant's medical insurer, does not cover autism coaching. She provided a letter from Kaiser Permanente confirming that this service is uncovered because it is not a medical service.

## **Regional Center's Additional Evidence**

### **AMY MCCREARY'S TESTIMONY**

32. Amy McCreary is a Clinical Services Manager at ACRC. She holds a master's degree in psychology with an emphasis in ABA. She is a Board Certified Behavioral Analyst (BCBA).

33. Ms. McCreary reviewed Claimant's request to use SDP funds to purchase autism coaching services through Thrive. Ms. McCreary reviewed Thrive's service offerings to determine whether ACRC would be able to fund coaching under the traditional services model. Upon reviewing Thrive's website, she learned that Thrive's providers are not licensed therapists and do not have uniform training or credentials. Further, she noted that Thrive does not create assessments that identify a client's goals or the interventions to be used. Further, Thrive does not have a method of measuring a client's progress towards achieving coaching goals. She explained that ACRC can only fund behavioral intervention services to address assessed needs. Further, a behavioral intervention must state specific goals and document a client's progress towards achieving those goals.

34. Ms. McCreary explained that ACRC can only fund evidence-based autism behavioral interventions. These restrictions are in place to ensure that the services are safe and will not cause harm to regional center consumers. ABA therapy, Adaptive Skills Training, and therapy are evidence-based established interventions that have been evaluated and determined to be effective. Ms. McCreary is not aware of any studies evaluating the effectiveness of autism coaching.

35. Ms. McCreary testified regarding a report issued by the National Autism Center (NAC) titled "Findings and Conclusions: National Standards Project, Phase 2." The report sets forth conclusions on the effectiveness of autism treatments and interventions based upon a review of multiple research studies. For teens and young adults, the NAC determined that there are 14 established autism interventions. The NAC determined that these established interventions have been thoroughly researched and have sufficient evidence to establish their effectiveness. The NAC further determined that there are 18 emerging interventions that have some evidence of effectiveness, but not enough evidence for the NAC to determine that they are truly effective. Autism coaching is not listed either as an established or emerging intervention in the NAC's report.

36. Ms. McCreary testified regarding PDA. Individuals with PDA have difficulty responding to demands that are placed on them by others and may struggle with self-motivation. Individuals with PDA respond to demands with tantrums, vocal protests, outbursts, or by disengaging from the people putting demands on them. PDA is not a diagnosis listed in the DSM. However, it is a recognized phenomenon that frequently co-occurs with autism.

37. Ms. McCreary discussed possible alternatives to address Claimant's coaching goals. Ms. McCreary stated that ABA therapy may be an appropriate

behavioral intervention for Claimant. Through ABA therapy, a BCBA will work to address a client's maladaptive behaviors or skills deficits. However, ABA therapy is not always effective for clients. Ms. McCreary stated that Adaptive Skills Training (AST) may also be appropriate to address Claimant's goals. AST helps clients identify barriers to independence and learn skills to overcome those barriers. Traditional therapy may also be an appropriate service to address Claimant's goals. Specifically, some therapists specialize in cognitive behavioral therapy to help clients recognize their thoughts and implement behavioral change.

38. Ms. McCreary further testified that Claimant's school district is obligated to assist Claimant with transition services as he approaches adulthood. Specifically, school districts will help students identify and address barriers to independent living. Further, school districts will help students identify vocational opportunities available to them after they complete high school.

## **Analysis**

39. Claimant bears the burden of proving that he should be permitted to reallocate funds in his SDP budget to purchase autism coaching services from Thrive. Claimant is diagnosed with autism which has adversely impacted his social relationships and executive functioning. Claimant established that Thrive's autism coaching services may potentially help him address these impacts.

40. However, Claimant did not establish that SDP funds can be utilized to purchase autism coaching. SDP funds may only be used to purchase services that a regional center could purchase under the traditional services model. (Welf. & Inst. Code, § 4685.8, subd. (m)(1)(B)(ii).) Regional centers can only purchase evidence-based behavioral interventions. (Welf. & Inst. Code, § 4686.2, subd. (b)(1)(A).) Autism

coaching is not an evidence-based intervention. Various interventions have been studied and determined to be effective at ameliorating the impacts of autism. Autism coaching has not been studied or determined to be an effective autism treatment.

41. SDP funds can only be used to purchase services when generic services and supports are not available. (Welf. & Inst. Code, § 4685.8, subd. (d)(3)(B).) Claimant did not establish that generic services and supports are unavailable to meet Claimant's needs. Claimant established that there is no insurance coverage for his proposed autism coaching. However, alternative services such as ABA therapy, AST, and therapy are available to meet Claimant's needs. Health insurance companies must cover necessary behavioral health treatment. (Health & Saf. Code, § 1374.) Claimant did not establish that these generic resources are unavailable or that no insurance coverage exists to use these services.

42. Further, as Thrive is located in Colorado, Claimant cannot utilize SDP funds to purchase coaching services from Thrive without the approval of the Director of the Department of Developmental Services (DDS). (Welf. & Inst. Code, § 4519, subd. (a).) Out-of-state services can only be approved if DDS determines that a regional center consumer's needs cannot be met in California. (*Ibid.*) Claimant argues that this prohibition does not apply because Claimant would receive coaching services virtually in California. However, DDS issued a directive clarifying that "[r]egional centers must request [DDS] review and approval when funding is proposed to be used to purchase out-of-state in-person or virtual services offered by providers located and doing business outside of California." (DDS Regional Center Directive G-2025-Office of Statewide Clinical Services-001, November 18, 2025.) The evidence did not establish that Claimant's needs cannot be met in California or that DDS's Director has approved this out-of-state service for Claimant.

43. Claimant did not establish that SDP funds can be used to purchase autism coaching services through Thrive. His appeal must therefore be denied.

## **LEGAL CONCLUSIONS**

1. The Lanterman Developmental Disabilities Services Act (Lanterman Act) governs this case. (Welf. & Inst. Code, § 4500 et seq.) An administrative fair hearing to determine the rights and obligations of the parties is available under the Lanterman Act. (Welf. & Inst. Code, §§ 4700–4716.)

2. Claimant has the burden of proving by a preponderance of the evidence that he should be permitted to use SDP funds to purchase autism coaching services through Thrive. (*Lindsay v. San Diego Retirement Bd.* (1964) 231 Cal.App.2d 156, 161 [the party seeking government benefits has the burden of proving entitlement to such benefits]; Evid. Code, § 115 [the standard of proof is preponderance of the evidence, unless otherwise provided by law].) Proof by a preponderance of the evidence means “more likely than not.” (*Sandoval v. Bank of America* (2002) 94 Cal.App.4th 1378, 1387.)

3. Under the Lanterman Act, the State of California is responsible for providing individuals with developmental disabilities with the “treatment and habilitation services and supports” to enable such persons to live “in the least restrictive environment.” (Welf. & Inst. Code, § 4502, subd. (b)(1).) To comply with this mandate the Department of Developmental Services contracts with non-profit agencies called regional centers to provide services and supports for individuals with developmental disabilities. (Welf. & Inst. Code, § 4620.)

4. To determine what services a regional center consumer needs, regional centers are directed to conduct a planning process that results in an IPP designed to

promote as normal a lifestyle as possible. (Welf. & Inst. Code, § 4646; *Assn. for Retarded Citizens v. Dept. of Developmental Services* (1985) 38 Cal.3d 384, 389.) The planning process includes “gathering information and conducting assessments to determine the life goals, capabilities and strengths, preferences, barriers, and concerns or problems of the [consumer].” (Welf. & Inst. Code, § 4646.5, subd. (a)(1).) The IPP must set forth goals and objectives for the consumer, provisions for acquiring services, contain a statement of time-limited objectives for improving the consumer’s situation, and reflect the consumer’s particular desires and preferences. (Welf. & Inst. Code, §§ 4646, subd. (a)(1), (2), & (4), 4646.5, subd. (a)(2), 4512, subd. (b), & 4648, subd. (a)(6)(E).)

5. A regional center must “secure services and supports that meet the needs of the consumer” within the context of the IPP. (Welf. & Inst. Code, § 4648, subd. (a)(1).) The “highest preference [shall be given] to those services and supports that would allow . . . adult persons with developmental disabilities to live as independently as possible in the community . . .” (Welf. & Inst. Code, § 4648, subd. (a)(1); see *id.* at § 4646.5, subd. (a)(3).) “Regional center funds shall not be used to supplant the budget of an agency that has a legal responsibility to serve all members of the general public and is receiving public funds for providing those services.” (Welf. & Inst. Code, § 4648, subd. (a)(8).)

6. The Self-Determination Program provides regional center consumers “an individual budget, increased flexibility and choice, and greater control over decisions, resources, and needed and desired services and supports to implement” a consumer’s IPP. (Welf. & Inst. Code, § 4685.8, subd. (a).) Self-determination is designed to give the participant greater control over which services and supports best meet their IPP needs, goals, and objectives. (Welf. & Inst. Code, § 4685.8, subd. (b)(2)(B).) One goal of the

SDP is to allow participants to innovate to achieve their goals more effectively. (*Id.* at § 4685.8, subd. (b)(2)(G).)

7. The SDP requires a regional center, when developing the individual budget, to determine the services, supports and goods necessary for each consumer based on the needs and preferences of the consumer, and when appropriate, the consumer's family, the effectiveness of each option in meeting the goals specified in the IPP, and the cost effectiveness of each option. (Welf. & Inst. Code, § 4685.8, subd. (b)(2)(H)(i).)

8. "Self-determination" means "a voluntary delivery system consisting of a defined and comprehensive mix of services and supports, selected and directed by a participant through person-centered planning, in order to meet the objectives in their IPP." (Welf. & Inst. Code, § 4685.8, subd. (c)(6).) "Individual Budget" means the amount of regional center purchase-of-service funding available to the participant to purchase services and supports necessary to implement the IPP. (Welf. & Inst. Code, § 4685.8, subd. (c)(3).) The regional center can adjust the individual budget if it determines it is necessary due to a change in circumstances, needs, or resources that would result in an increase or decrease in purchase of service expenditures or if the IPP team identifies a prior unmet need that was not addressed in the IPP. (*Id.* at § 4685.8, subd. (m)(1)(A)(ii).)

9. The SDP requires participants to "only purchase services and supports necessary to implement their IPP." (Welf. & Inst. Code, § 4685.8, subd. (d)(3)(C).) The SDP specifically obligates the participant to "utilize the services and supports available within the Self-Determination Program only when generic services and supports are not available." (*Id.* at § 4685.8, subd. (d)(3)(B).) The regional center must certify in a consumer's SDP budget that the total amount set forth in the budget would have been

expended regardless of the consumer's participation in the SDP. (Welf. & Inst. Code, § 4685.8, subd. (m)(1)(B)(ii).)

10. Welfare and Institutions Code section 4686.2 provides in part:

(a) Notwithstanding any other law or regulation to the contrary, any vendor who provides applied behavioral analysis (ABA) services, or intensive behavioral intervention services or both, as defined in subdivision (d), shall:

(1) Conduct a behavioral assessment of each consumer to whom the vendor provides these services.

(2) Design an intervention plan that shall include the service type, number of hours needed, and recommended parent participation to achieve the consumer's goals and objectives, as set forth in the consumer's individual program plan (IPP) or individualized family service plan (IFSP). The intervention plan shall also set forth the frequency at which the consumer's progress shall be evaluated and reported.

(3) Provide a copy of the intervention plan to the regional center for review and consideration by the planning team members.

(b)(1) Notwithstanding any other law or regulation to the contrary, regional centers shall:

(A) Only purchase ABA services or intensive behavioral intervention services that reflect evidence-based practices, promote positive social behaviors, and ameliorate behaviors that interfere with learning and social interactions.

[¶] . . . [¶]

(c) For purposes of this section, the following definitions shall apply:

(1) "Applied behavioral analysis" means the design, implementation, and evaluation of systematic instructional and environmental modifications to promote positive social behaviors and reduce or ameliorate behaviors that interfere with learning and social interaction.

(2) "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.

(3) "Evidence-based practice" means a decisionmaking [*sic*] process that integrates the best available scientifically rigorous research, clinical expertise, and individual's characteristics. Evidence-based practice is an approach to treatment rather than a specific treatment. Evidence-based

practice promotes the collection, interpretation, integration, and continuous evaluation of valid, important, and applicable individual- or family-reported, clinically observed, and research-supported evidence. The best available evidence, matched to consumer circumstances and preferences, is applied to ensure the quality of clinical judgments and facilitates the most cost-effective care.

11. Welfare and Institutions Code section 4519, subdivision (a) provides in part:

The department shall not expend funds, and a regional center shall not expend funds allocated to it by the department, for the purchase of any service outside the state unless the Director of Developmental Services or the director's designee has received, reviewed, and approved a plan for out-of-state service in the consumer's individual program plan developed pursuant to Sections 4646 to 4648, inclusive. Prior to submitting a request for out-of-state services, the regional center shall conduct a comprehensive assessment and convene an individual program plan meeting to determine the services and supports needed for the consumer to receive services in California and shall request assistance from the department's statewide specialized resource service in identifying options to serve the consumer in California. The request shall include details

regarding all options considered and an explanation of why these options cannot meet the consumer's needs.

## **Conclusion**

12. As discussed above, Claimant did not prove that he is entitled to reallocate funds in his SDP budget to purchase autism coaching services through Thrive. SDP funds can only be used to purchase services that can otherwise be purchased by a regional center under the traditional services model. ACRC could not purchase autism coaching services because these services are not evidence-based. ACRC cannot fund services that are otherwise available through generic resources. Further, Thrive is located out of state and Claimant does not have approval from DDS's director to purchase this service. Therefore, Claimant's appeal must be denied.

## **ORDER**

Claimant's appeal from Alta California Regional Center's June 3, 2025, and December 17, 2025, Notices of Action, denying Claimant's request to use SDP budgeted funds to purchase autism coaching services from Thrive, is DENIED.

DATE: January 20, 2026

CHRISTOPHER W. DIETRICH  
Administrative Law Judge  
Office of Administrative Hearings

BEFORE THE  
DEPARTMENT OF DEVELOPMENTAL SERVICES  
STATE OF CALIFORNIA

In the Matter of:

Claimant

OAH Case No. 2025070462

Vs.

**DECISION BY THE DIRECTOR**

Alta California Regional Center

Respondent.

ORDER OF DECISION

On January 20, 2026, an Administrative Law Judge (ALJ) at the Office of Administrative Hearings (OAH) issued a Proposed Decision in this matter.

The Proposed Decision is adopted by the Department of Developmental Services as its Decision in this matter. The Order of Decision, together with the Proposed Decision, constitute the Decision in this matter.

This is the final administrative Decision. Each party is bound by this Decision. Either party may request a reconsideration pursuant to Welfare and Institutions Code section 4712.5, subdivision (a)(1), 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.

Attached is a fact sheet with information about what to do and expect after you receive this decision, and where to get help.

IT IS SO ORDERED on this day February 3, 2026.

Original signed by

Katie Hornberger, Deputy Director  
Community Assistance and Resolutions Division (CARD)