

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

In the Matter of:

CLAIMANT

and

ALTA CALIFORNIA REGIONAL CENTER, Service Agency

DDS No. CS0029268

OAH No. 2025080681

DECISION

Administrative Law Judge Jennevee H. de Guzman, a Fair Hearing Officer employed by the Office of Administrative Hearings, State of California, heard this matter on November 19, 2025, and December 8, 2025, at Alta California Regional Center in Sacramento, California.

Robin Black, Legal Services Manager, and DJ Weersing, Legal Services Specialist, represented Alta California Regional Center (ACRC).

Claimant's parents represented claimant.

Evidence was received. The record was held open to allow claimant to upload additional evidence to Case Center and for the parties to upload any additional

objections and/or arguments regarding the additional evidence. Claimant's additional exhibits were marked as Exhibits FF through LL and admitted. The record was closed and the matter submitted on December 16, 2025.

ISSUES

Whether ACRC should be required to fund in-community, neuroaffirming speech therapy (ST) and occupational therapy (OT)?

FACTUAL FINDINGS

Background and Jurisdictional Matters

1. ACRC provides funding for services and supports to persons with developmental disabilities under the Lanterman Developmental Disabilities Services Act (Lanterman Act).
2. Claimant is three years old and lives with his parents and sibling in their home in Sacramento, California. Claimant qualifies for Lanterman Act services coordinated through ACRC due to his autism diagnosis.
3. Prior to being found eligible for Lanterman Act services, claimant received services from ACRC through the California Early Start Program (Early Start). These services included neuroaffirming ST and OT from ACRC vendor Easterseals and were provided in claimant's natural community environment: his home and preschool. The Early Start services terminated on his third birthday in June 2025, as required by law.

4. In June 2025, claimant, his parents, ACRC service coordinators Jennifer Murray and Ivy Eaton, and ACRC client services manager Sarah Burton (team) attended claimant's individual program plan (IPP) meeting. Although claimant's IPP team reached agreements on some services, they did not reach an agreement on ST and OT. The IPP noted that, although claimant is dually insured through Kaiser and Sutter, he would not be utilizing those services because his family "choose[s] neuroaffirming care over Applied Behavior Analysis [ABA]. . . . They believe that ABA . . . does not align with their values of acceptance and self-advocacy." Rather, claimant's parents opted for "neuroaffirming care, which emphasizes a strengths-based, person-centered approach that fosters autonomy and emotional well-being." The IPP also noted claimant's parents declined Individual Education Program (IEP) services through the public school system and represented claimant would continue attending his private preschool.

5. On July 21, 2025, ACRC sent a notice of action (NOA) proposing to deny claimant's request to fund ST and OT. ACRC denied claimant's request on the ground that these services had been offered through his IEP and private insurance plans. ACRC reasoned claimant's "choice to not access speech and occupational therapy through [his] private insurance plan does not obligate ACRC to fund these services for [claimant]." Claimant timely appealed the NOA. This hearing followed.

ACRC's Hearing Evidence

SARAH BURTON'S TESTIMONY

6. Sarah Burton is an ACRC client services manager. Ms. Burton is familiar with claimant because he is assigned to her unit. She is also familiar with claimant's request for ACRC to continue funding in-community, neuroaffirming ST and OT provided by Easterseals. Ms. Burton denied the request based on claimant's parents'

representation that ST and OT were offered through his school district and insurance providers.

FAYE TAIT'S TESTIMONY

7. Faye Tait, ACRC Associate Director of Client Services, is familiar with claimant's case because she is Ms. Burton's direct supervisor. Ms. Tait believed claimant's request was denied because ACRC lacked documentation establishing he had exhausted generic resources provided by either the school district or insurance companies.

8. Ms. Tait explained the differences between early intervention services and services provided under the Lanterman Act. Early intervention services are provided to qualifying children up to three years of age using a "coaching" model. This model trains parents who, in turn, work directly with their child. Early intervention services are therefore required to be delivered in the child's natural environment rather than in a clinic setting. In claimant's case, he received his early intervention services at his home and preschool.

9. At age three, a determination is made as to whether the child is eligible for services under the Lanterman Act. If the child is found eligible, such services are provided using a "medical" model. Services provided under this model are provided directly to the child in either the school or a clinical setting. Ms. Tait explained Early Start and Lanterman services have different funding sources, and the Lanterman Act requires families to first exhaust generic resources for assessed needs. If a family chooses not to exhaust a generic resource, it does not obligate a regional center to fund the services.

Claimant's Position and Evidence

10. Claimant argues a resource cannot be deemed a generic resource "unless it can provide the specific service required by the child in the appropriate type, amount, and setting." Claimant argues ST and OT must be delivered in his natural environment because, as a gestalt language processor (GLP), he is better able to comprehend and master the therapies when applied in a real-world setting. Moreover, receiving the therapies in-community is not disruptive to his daily schedule and thus prevents dysregulation. Because neither the school district nor claimant's insurance plans provide in-community ST and OT, he argues neither qualify as valid generic resources. Claimant further argues ACRC remains responsible for funding these services until a generic resource that is equivalent to the services he presently receives from Easterseals is available.

GENERIC RESOURCES

Sacramento City Unified School District (SCUSD)

11. SCUSD prepared claimant's IEP on June 9, 2025. Based on claimant's May 2025 assessment, SCUSD offered 30-minute ST sessions "pushed into the classroom setting when possible" to be delivered twice per week for one year. In addition, SCUSD offered 30-minute OT sessions to be held in a "separate classroom in public integrated facility" and delivered twice per week for one year. Claimant's mother agreed with claimant's eligibility and authorized implementation of the offered services but disagreed "with placement or that the IEP has offered enough related services."

Kaiser Permanente (Kaiser)

12. On September 13, 2025, a senior case manager with Kaiser's California Grievance & Appeals Operations notified claimant's parents that their request for "out of Plan in-community pediatric rehabilitation instead of applied behavior analysis (ABA), referrals to Easterseals for speech, physical and occupational therapies" was denied. Kaiser determined the request was not medically indicated and based its denial on the following factors: Kaiser had recommended in-Plan speech therapy based on an evaluation dated May 19, 2025, in the clinic setting; Kaiser had recommended in-Plan occupational therapy based on their April 10, 2025, evaluation; and, while rehabilitation treatments can be a part of a comprehensive treatment plan for Autism Spectrum Disorder, they do not replace behavior health treatment (BHT).

Kaiser advised claimant's parents could re-establish in-plan speech and occupational therapy services and reopen a BHT referral. Kaiser noted "many BHT models offer treatment in the natural environment in a neuro-affirming manner; and you may request an updated evaluation."

Sutter Independent Physicians (Sutter)

13. On May 23, 2025, claimant participated in a speech and language evaluation, and the evaluator diagnosed claimant with mild receptive and expressive language delay. The evaluator suggested ST sessions for 12 weeks, twice per month.

14. On July 16, 2025, claimant participated in an OT evaluation. The evaluator did not recommend therapy at that time. Claimant's mother agreed with the recommendation.

15. Following the evaluations, claimant requested ST and OT through Easterseals. In letters dated September 19, 2025, Sutter informed claimant's parents that "Sutter Independent Physicians, under contract with HEALTH NET, is not responsible for authorizing the above requested service(s). This is not a denial of service."

CLAIMANT'S ADDITIONAL EVIDENCE

Claimant's Father's Testimony

16. Claimant's father (father) explained receiving therapy in claimant's natural environment has enabled him to practice his communications skills in his real-life setting, which has been beneficial. He stated claimant has made significant progress as a result of his in-community, neuroaffirming therapies. Additionally, father explained receiving these therapies in claimant's natural environment further allows his teachers and aides to support his unique way of learning and performing daily activities. Father stated claimant becomes frustrated and withdrawn when he is unable to communicate with others.

17. Father explained claimant is easily overstimulated, becomes dysregulated when his routine is disrupted, and thrives in a structured environment. The services offered through the IEP would require claimant to ride a bus to and from therapy, causing him to miss both his lunch and nap. Father stated the change to claimant's schedule would be detrimental to his ability to learn given his sensory and regulatory needs. For this reason, father explained the family has been forced to fund Easterseals's services to avoid regression.

18. Father stated Sutter recently provided a referral for OT. He explained Easterseals, however, does not accept Sutter or Medi-Cal.

Claimant's Mother's Testimony

19. Claimant's mother (mother) has a background in linguistics and education. She currently works as a community school specialist and has worked as an educator to children of differing needs. Mother explained GLPs perceive and understand information differently than the more widely accommodated analytic method of processing. She further explained neuroaffirming therapy emphasizes a more holistic approach rather than the more "common treatment," which is modeled for learners who fall within the analytic approach. Mother explained such neuroaffirming therapy is more effective when delivered in claimant's natural environment because he can better learn how to communicate his needs while the needs are occurring. She explained claimant needs to understand the "why" of it, which cannot be achieved in a clinical setting.

20. Mother stated that, since the conclusion of their grievance with Kaiser, Kaiser has provided ST with a Kaiser gestalt expert. Although claimant's mother stated she is pleased with this new service, she believes it does not fully meet claimant's needs because it is provided in the clinic.

Other Documentary Evidence

21. Claimant provided a "Daily Note" from an Easterseals ST session dated August 25, 2025. The speech therapist noted claimant continued to "add gestalts to his repertoire every week and is also mitigating gestalts at this time and demonstrating some stage [three] single words with referential gestures." Claimant's long and short term goals require his caregivers and teachers to support his communication skills "in his natural contexts" so as to meet his individualized needs and allow him to communicate in an autonomous manner.

22. McKinley Montessori Preschool provided a letter of support dated September 16, 2025. The letter is unsigned and the author's identity was not disclosed. The author wrote, "[t]he services that have been provided to [claimant] and his teachers over the past year have been incredibly helpful to everyone." The author further explained they have observed "a lot of positive progress over the last year" due to the "additional support that has been coming in for [claimant]." The author noted "having his support come into the classroom is ideal" for claimant because it is important for him to have a consistent routine.

Analysis

23. Claimant failed to establish he has exhausted his generic resources in accordance with the Lanterman Act. Specifically, the evidence does not include a formal denial letter from Sutter of claimant's request for in-community, neuroaffirming ST and OT. Rather, the evidence includes a letter from Sutter explicitly stating its inability to authorize the requested services was not a denial of services.

24. Kaiser and SCUSD assessed claimant and determined services that would benefit him. Claimant's parents declined OT through Kaiser because of their strong preference against BHT despite Kaiser's representation that many BHT models offer in-community, neuroaffirming treatment. Mother testified Kaiser recently began providing claimant ST with an in-Plan GLP expert and is pleased with the expert's care. Claimant's parents, however, remain dissatisfied because the services are not provided in claimant's natural environment. Claimant's parents similarly declined SCUSD's ST and OT services. Although the IEP indicated claimant's mother "authorized implementation of the offered services," they have ultimately chosen not to accept them because they would be provided outside of claimant's natural environment.

25. Claimant's parents clearly articulated their reasons for why it is necessary for claimant to receive ST and OT in his natural environment and in a neuroaffirming manner. Claimant, however, did not offer any testimonial evidence from a medical expert substantiating these reasons or evidence guaranteeing claimant's regression as a result of the therapies offered by SCUSD, Kaiser, and Sutter. Thus, claimant's appeal must be denied at this time on the basis of failure to exhaust generic resources. Such denial is without prejudice to claimant renewing a request to ACRC to fund the requested services upon exhaustion of generic resources.

LEGAL CONCLUSIONS

Burden and Standard of Proof

1. The party seeking government benefits or services has the burden of proof. (*Lindsay v. San Diego County Retirement Bd.* (1964) 231 Cal.App.2d 156, 161.) In this case, claimant bears the burden of proving, by a preponderance of the evidence, that ACRC is required to fund in-community, neuroaffirming ST and OT. The term preponderance of the evidence means "more likely than not." (*Sandoval v. Bank of America* (2002) 94 Cal.App.4th 1378, 1388.) Claimant incorrectly suggests ACRC carries the burden of proof because ACRC terminated his services. Claimant's Early Start services terminated by operation of law. Rather, claimant carries the burden of proof because he is the party seeking new services under the Lanterman Act.

Applicable Statutes

2. Under the Lanterman Act, the State of California accepts responsibility for persons with developmental disabilities and pays for the majority of 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).) The State Department of Developmental Services (Department) is charged with implementing the Lanterman Act and is authorized to contract with regional centers to provide the developmentally disabled access to the services and supports needed. (Welf. & Inst. Code, § 4620, subd. (a); *Williams v. State of Cal.* (9th Cir. 2014) 764 F.3d 1002, 1004.)

3. A consumer’s needs are determined through the IPP process. (Welf. & Inst. Code, § 4646.5.) It is the intent of the Legislature that the IPP “be developed using a person-centered approach that reflects the needs and preferences of the consumer, and, as appropriate, their family.” (Welf. & Inst. Code, § 4646, subd. (a).) “The services and supports provided by the regional center should assist each consumer in achieving their personal outcomes and life goals and promote inclusion in their community.” (*Ibid.*) Services and supports listed in the IPP may include ST and OT. (*Ibid.*)

4. A regional center, however, is not required to provide every service a consumer or family may request. Services provided must be cost-effective. (Welf. & Inst. Code, § 4640.7, subd. (b).) The Lanterman Act requires regional centers to control costs and to otherwise conserve resources that must be shared by many consumers. (Welf. & Inst. Code, §§ 4512, subd. (b), 4640.7, subd. (b), 4651, subd. (a), 4659, and 4697.) Accordingly, 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), 4659.10.) Regional centers must, therefore, identify and pursue all possible public and private “generic resources,” including school districts and health insurance, before purchasing services themselves. (Welf. & Inst. Code, §§ 4646.4, subd. (a)(2)-(3), 4648, subd. (a)(8), & 4659.)

5. Claimant argues ST and OT are excluded from a regional center's obligation to identify and pursue all possible generic resources because they are not "medical services" within the meaning of the Lanterman Act. Welfare and Institutions Code section 4659, subdivision (a), however, refers to all "regional center services." Services and supports include ST and OT. (Welf. & Inst. Code, § 4646, subd. (a).)

6. Accordingly, as set forth in Factual Finding 22, claimant has not met his burden of proving that ACRC should fund in-community, neuroaffirming ST and OT services because he failed to exhaust his generic resources. As a result, claimant's request must be denied.

ORDER

Claimant's appeal is DENIED. Alta California Regional Center's denial of funding in-community, neuroaffirming speech and occupational therapy services under the Lanterman Act is SUSTAINED.

DATE: December 23, 2025

JENNEVEE H. DE GUZMAN
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.