

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

**In the Matter of:**

**CLAIMANT**

**and**

**ALTA CALIFORNIA REGIONAL CENTER, Service Agency**

**DDS No. CS0029548**

**OAH No. 2025090049**

**PROPOSED 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 October 10, 2025, by videoconference from Sacramento, California.

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

Claimant's mother, who is also his authorized representative, represented claimant.

Evidence was received, the record closed, and the parties submitted the matter for decision on October 10, 2025.

## **ISSUE**

Whether ACRC should be required to include funding in claimant's Self-Determination Program (SDP) budget, and modify claimant's SDP spending plan, for occupational therapy (OT) equipment and sensory items including a weighted blanket, weighted vest, rocker floor chair, sensory chew, and stress ball (requested OT/sensory equipment).

## **FACTUAL FINDINGS**

### **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 14 years of age and lives with his family in Elk Grove, California. He is eligible to receive supports and services from ACRC based on his qualifying diagnosis of moderate Autism Spectrum Disorder (ASD). Claimant's ASD causes substantial disabilities in the areas of self-care, receptive and expressive language, and self-direction. Claimant has received ACRC services since 2015. He is enrolled in the SDP.

3. In October 2024, claimant initially requested his SDP budget and spending plan be modified to include purchasing sensory items including a weighted blanket, compression vest, sound machine, and sensory swing. In or about January 2025, claimant updated his request to include funding for the requested OT/sensory equipment.

4. On August 15, 2025, ACRC sent claimant a notice of action (NOA) proposing to deny his request. ACRC reasoned the requested OT/sensory equipment (1) did not address a change in his needs, circumstances, or resources; (2) is unnecessary to implement his individual program plan (IPP); and (3) is deemed experimental rather than scientifically proven as effective for its intended use. Claimant appealed the NOA on August 22, 2025. Claimant's appeal initially listed "sensory diet," but his mother rescinded that basis for appeal at hearing. This hearing followed.

## **ACRC's Evidence**

### **CLAIMANT'S CURRENT SDP BUDGET AND SPENDING PLAN AND IPP**

5. In May 2025, claimant's mother and ACRC signed an agreement for claimant's 2025-2026 SDP budget and spending plan. Claimant's current SDP budget is \$44,680.38. The budget includes a spending plan for "current client services" and "new services/unmet needs and change in circumstances." Under "current client services," the items listed include Lifeline emergency monitoring, sports club, in-home respite services, and out-of-home respite services. Under the "new services/unmet needs and change in circumstances" category, the items listed include music therapy, Lifeline emergency monitoring, personal assistance, and individual or family training.

6. In October 2025, claimant's mother and ACRC signed claimant's 2025-2026 IPP. Claimant's IPP goals include increased independence in all areas of his life, access to his community, and opportunities to socialize with his peers. Additional IPP goals include ensuring claimant remains healthy and safe, practices using sensory supports and strategies to regulate his sensory needs, continues care with his applied behavior analysis (ABA) provider, and maintains consistent self-regulation strategies amongst his family and staff.

## **CLAIMANT'S REQUESTED OT/SENSORY EQUIPMENT**

### **Background**

7. On August 16, 2024, a senior pediatrics occupational therapist from the Kaiser Permanente Medical Group (Kaiser) conducted a telephone consultation with claimant's mother. Claimant's mother relayed her concerns regarding claimant's recent increased sensory seeking behaviors, including stimming, pacing, and self-injurious behaviors. She requested additional sensory support, and the therapist noted claimant "may benefit from an adult-sized swing, weighted or compression vest, compression canoe, [adult-sized] weighted blanket." Claimant's mother requested Kaiser to provide a swing, weighted blanket, compression vest, and sound machine. Kaiser denied her request on August 20, 2024, stating the items were "considered non-established interventions for [ASD]" and "not medically indicated."

### **Claimant's Initial Request to ACRC and OT Referral to Capuchino Therapy**

8. In or about October 2024, claimant's mother requested claimant's SDP budget and spending plan be modified to include funds for sensory items including a weighted blanket, compression vest, sound machine, and sensory swing. In November 2024, ACRC submitted an OT referral to Capuchino Therapy (Capuchino) for an assessment based on claimant's mother's request for the sensory items.

9. A Capuchino occupational therapist evaluated claimant on January 28, 2025. Claimant's parents reported claimant's "constant sensory seeking decrease[d] his participation with family activities and interfere[d] with daily routines." They also reported their "difficulty going out in the community as he seems anxious and does

not want to remain seated.” During the therapist’s evaluation, she observed claimant had difficulty sitting upright. Claimant was either primarily in a prone position or paced while stomping his feet. He also frequently used his hand to hit his chin and jaw.

10. Based on the therapist’s evaluation, she recommended claimant use a weighted blanket, weighted compression vest or lap weight, rocker floor chair with armrest, sensory chew, stress ball, and sensory diet. She explained the weighted blanket would “provide sensory input that is calming and may assist with improved sleep.” A weighted compression vest or lap weight would “assist [claimant] with regulation and a calm body for community outings.” A rocker floor chair with armrest “may keep [claimant] seated for longer,” allowing him to engage in family activities such as games. The therapist also suggested claimant’s parents could redirect claimant to use the sensory chew and stress ball as an alternative to hitting his chin and jaw. The therapist noted “[r]ecommendations are not a guarantee or promise of Regional Center funding but are possible solutions for Consumer/Care provider consideration.”

### **Claimant’s ABA Therapist Report and Supplemental Letter**

11. ACRC requested claimant provide a full ABA report. Claimant engaged Anneliza Ross, a board-certified behavioral analyst, who has been claimant’s ABA provider since 2022, to provide the requested report (the ABA report).

12. In her May 9, 2025 report, Ms. Ross noted claimant had generally “demonstrated continued progress,” however, she observed a “clinically significant increase” in perseveration speech, scripting, and repeated requesting and that such behaviors “have escalated at times into episodes of aggression.”

Based on Ms. Ross’s assessment and observations, she prepared a behavior intervention plan intended to address the following targeted behaviors: perseveration;

grabbing/aggression; elopement; protest; and repeated scripting. Ms. Ross hypothesized claimant engaged in all behaviors, with the exception of scripting, for the primary function of escape from tasks and activities. She hypothesized perseveration had a dual primary function of escape and sensory stimulation, also referred to as "automatic." Ms. Ross also hypothesized claimant engaged in scripting primarily for sensory stimulation. Ms. Ross opined all behaviors had a secondary function of sensory stimulation.

Ms. Ross recommended using several antecedent strategies, which are applied before a behavior occurs to prevent challenging behaviors and promote positive ones. One recommended antecedent strategy included differential reinforcement of alternate behavior (DRA). Ms. Ross suggested using verbal praise to claimant in response to any appropriate alternative behavior such as taking turns during a game, sitting during a conversation, appropriately requesting breaks, making choices, and/or correctly responding to programming demands. An example of verbal praise includes, "[n]ice job using personal space." In addition to DRA, Ms. Ross suggested other antecedent strategies such as using first/then statements.

Ms. Ross also listed several reactive strategies including DRA and differential reinforcement of incompatible behaviors (DRI). When using DRA as a reactive strategy and claimant's behavior has already escalated, Ms. Ross suggested prompting claimant to use a preferred coping skill or to ask for a break. When using DRI as a reactive strategy, Ms. Ross suggested "following through with conversational speech instead of asking for preferred items." Additional reactive strategies include using coping skills, first/then language, and functional replacement behavior.

In addition, Ms. Ross suggested a number of replacement behaviors for the challenging behaviors. One replacement behavior includes using claimant's coping

skills, such as deep breaths, requesting hand squeezes, pacing, and listening to music. Other replacement behaviors include, but are not limited to, identifying emotions, gaining attention, and taking turns.

13. In a supplemental, undated letter Ms. Ross prepared sometime after November 2024, she wrote:

At one time we were working with the family on collecting data to determine strategies that work best for him. Unfortunately, due to limited availability of items to collect data on, this goal went on hold. Coping skills for [claimant] are often sensory strategies as they help him regulate and manage emotions more appropriately. We also use these strategies as antecedent strategies, for example, creating a sensory diet so his sensory needs are met.

Once we do have these items for them to track, they will track the duration of use of the item, behaviors while engaging in the tool, and mood/escalations that occur once the tool is not being used so we can determine the best strategies for [claimant].

[¶] . . . [¶]

As more items become available such as a weighted blanket, weighted compression vest, lap weight, rocker floor chair with armrest, sensory chew, stress ball, and use of a sensory diet, [claimant's] ABA team will collect data with his family to determine appropriate usage of the tools.

## **ACRC's ASD Specialist's Written Recommendation and Hearing Testimony**

14. Mary Rettinhouse has served as ACRC's in-house autism clinical specialist for the past eight years. Prior to her current position, Ms. Rettinhouse worked as a behavior analyst for seven years. She holds a Bachelor of Arts and Master of Science in Psychology and has held a certificate in Applied Behavior Analysis since 2005. She has also been a board-certified assistant behavior analyst since 2007. Her experience in working with children with autism began in 2005, when she began working as a registered behavior technician.

15. On July 8, 2025, Ms. Rettinhouse provided a written clinical recommendation regarding the requested OT/sensory equipment. She based her recommendation on her discussion with claimant's mother, Capuchino's OT recommendation, Ms. Ross's ABA report and undated supplemental letter, and video samples of claimant during an ABA session claimant's mother provided. Ms. Rettinhouse testified at hearing consistent with her written report.

16. Ms. Rettinhouse relied heavily on Ms. Ross's ABA report to support her conclusion. She noted Ms. Ross's report recommended a function-based intervention plan to address claimant's challenging behaviors. Ms. Rettinhouse wrote that Ms. Ross's recommended intervention plan was consistent with nationally recognized ASD evidence-based practices, which "indicate that practitioners should address challenging behaviors through the development of function-based intervention plans." She also noted Ms. Ross's report neither referenced a need for nor the use of the requested OT/sensory equipment.

17. Ms. Rettinhouse explained the National Autism Center (NAC), Association for Science in Autism Treatment (ASAT), and National Clearinghouse on Autism Evidence & Practice (NCAEP) are national authorities for ASD evidenced-based practices. She explained claimant's requested OT/sensory equipment is generally associated with Sensory Integration (SI) or Sensory Integration Theory (SIT). She stated ASAT and NCAEP take the position that SI/SIT are not deemed evidence-based practices for children with autism.

18. Ms. Rettinhouse acknowledged SI/SIT could be recommended for children with autism in exceptional circumstances where a child is significantly impaired by sensory seeking behavior, such as a child who will not wear any clothing and thus cannot be in the community. She opined claimant's needs do not rise to this level. Rather, Ms. Rettinhouse reiterated Ms. Ross opined nearly all of claimant's challenging behaviors were primarily maintained for the purpose of escaping tasks and activities. Ms. Rettinhouse opined the requested OT/sensory equipment would therefore not address claimant's behaviors because behaviors that are not primarily sensory related cannot be addressed by sensory type treatments.

19. Ms. Rettinhouse acknowledged DRA and DRI are types of ABA interventions and refer to replacement behaviors. She explained an ABA goal to help a client with replacing challenging sensory-related behaviors might include sensory equipment. For example, a squeeze ball might be used as a sensory tool for a child with autism who engages in hand flapping. Ms. Rettinhouse explained the use of sensory tools such as a squeeze ball is "tricky" because it might be "incompatible." For example, a client may drop the ball and continue to flap their hands. Rather, a client could instead place their hands in their pockets. She also acknowledged DRA and DRI

can be deemed evidence-based interventions depending on how they are implemented.

## **ACRC'S ADDITIONAL EVIDENCE**

### **ASD Authorities: NAC, ASAT, and NCAEP**

20. NAC published its Findings and Conclusions: National Standards Project, Phase 2: Addressing the Need for Evidence-Based Practice Guidelines for Autism Spectrum Disorder in 2015. NAC has adopted the following as its definition of evidence-based practice: "the integration of the best research evidence, professional judgment, and values and preferences of clients."

When considering research evidence for the selection of an intervention, NAC recommends the decision-making team give serious consideration to established interventions having sufficient evidence of effectiveness. NAC's recommendation is based on three reasons: (1) these interventions have produced beneficial effects for individuals involved in the research studies published in the scientific literature; (2) access to interventions that work can be expected to produce more positive long-term outcomes; and (3) there is no evidence of harmful effects.

NAC generally does not recommend beginning with emerging interventions due to the limited research in support of such interventions. NAC takes the further position that unestablished interventions "either have no research support or the research that has been conducted does not allow us to draw firm conclusions about intervention effectiveness for individuals with ASD." NAC has identified SI/SIT as an unestablished intervention.

21. With respect to treatments for behavioral interventions, ASAT likewise takes the position that SI/SIT, with the exception of Ayres Sensory Integration (ASI), “does not work” or is untested. ASAT published a research study authored by Kristina Gasiewski and Mary Jane Weiss. The authors generally discussed how SI/SIT intersects with ASD treatment. The authors acknowledged it is common for individuals with ASD to experience “atypical responses to sensory experiences[,]” resulting in therapists utilizing sensory interventions. SI/SIT is a theory that is “more specific to OT professionals” and is utilized “to improve sensory integration as a means to improve participation in daily occupations.” As relevant here, the authors distinguished ASI from other sensory interventions. They wrote, “ASI is performed within a clinic setting through a series of increasingly intensive sessions. In treatment, the client participates in individualized activities that aim to improve deficits within the individual’s sensory integration functioning.”

ASAT also published a research study authored by Kristina Gasiewski regarding weighted vests. She noted the use of weighted vests is a sensory-based intervention “often used by occupational therapists and educators to target problem behaviors.” She cited studies concluding the use of a weighted vest by children with ASD should either be done with caution or not at all. She wrote:

Overall, there is currently limited and insufficient evidence for SBIs in general. The research for weighted vests, specifically, indicates that there is no evidence to support their use for individuals with autism. Overall, there is limited to no evidence to support weighted vests as an intervention to target educational participation or as an activity/occupation-based intervention for children broadly.

For children experiencing sensory processing challenges, there is insufficient evidence for weighted vests. [11] While it may seem tempting to consider a weighted vest as a therapeutic intervention due to its ease of use, accessibility, and relative low cost, consumers should use caution based on the extensive research confirming a lack of evidence for effectiveness. It is imperative for individuals with autism to be provided with interventions that are evidence-based to promote effective change and avoid wasting time, effort, and hope. Utilizing interventions that are empirically validated can help to ensure effective treatment and best outcomes . . . .

22. NCAEP published a report on ASI as a companion to its larger 2020 review and report of evidence-based intervention practices for children with ASD. The report distinguished ASI from SI/SIT, “which do not meet the criteria for evidence-based.” NCAEP identified specific SI/SIT practices, which are not deemed evidence-based, to include: use of specific equipment for passive stimulation like brushing protocols, swings, weighted vests, squeeze machines, and weighted blankets; sensory diets; use of a sensory gym; touch therapy; sensory-motor intervention; and auditory integration therapy.

### **Katie Robert’s Testimony**

23. Katie Robert, ACRC client services manager, began assisting claimant with his request when his service coordinator left ACRC. She explained ACRC utilizes a list of SDP service definitions that includes various categories of approved services. ACRC is unable to add funds to claimant’s SDP budget for the requested OT/sensory

equipment because they do not fall within any of the listed categories. She noted a category for “participant-directed goods and services,” which covers “services, equipment or supplies not otherwise provided through the SDP Waiver or through the Medicaid State plan that address an identified need in the IPP.” This category, however, expressly excludes “[e]xperimental or prohibited treatments.” She further explained vendors such as Capuchino are generally unaware of the Lanterman Act and do not make recommendations based on those legal requirements.

## **Claimant’s Evidence**

### **TESTIMONY OF ANNELIZA ROSS**

24. Anneliza Ross has owned Moving Mountains LLC, an ABA company, since 2019. Ms. Ross has a bachelor’s degree in psychology, master’s degree in special education, and is a board certified behavior analyst (BCBA). She has worked as a BCBA since 2014. She has experience working with children with autism as a special education teacher, behavior technician, and BCBA, since 2000. She has been claimant’s ABA provider since May 2022.

25. Ms. Ross’s testimony was somewhat consistent with her May 2025 ABA report. She explained there are four reasons why behaviors occur: automatic; escape; tangible; and attention. Automatic function typically occurs because it “feels good.” In her behavior intervention plan, Ms. Ross explained claimant engaged in perseveration, elopement, scripting, self-injury, and aggression for sensory-related reasons. She stated sensory-related behaviors must gradually be decreased over time. Currently, claimant is engaged in DRA and DRI to address sensory reinforcement behaviors.

26. With respect to sensory-related reinforcement behaviors, Ms. Ross explained she will “pair” ABA interventions with occupational therapy, though she is

not an occupational therapist. She stated ABA interventions are “very individualized.” She opined the requested OT/sensory equipment is necessary to reduce claimant’s challenging behaviors. Should claimant’s challenging behaviors decrease after using the requested OT/sensory equipment, she explained she will integrate it into claimant’s implementation plan as part of his DRA. Ms. Ross further explained she will not know the effectiveness of the requested OT/sensory equipment until data is collected. She did not include the requested OT/sensory equipment in her ABA report because claimant does not currently have access to it.

27. Ms. Ross was unaware of any behavioral research regarding the effectiveness of the requested OT/sensory equipment. She assumed there was not any research but stated replacement behavior and related replacement tools generally have research “behind them.”

### **CLAIMANT’S MOTHER’S TESTIMONY**

28. Claimant’s mother stated claimant was recently diagnosed with epilepsy and has demonstrated increased behaviors that have affected his ability to function and interact with peers. Claimant’s mother stated numerous studies support the increase in certain behaviors in children who have a dual diagnosis of epilepsy and autism. She further stated the requested OT/sensory equipment will help claimant to regulate himself. She added Ms. Ross wishes to imbed the requested OT/sensory equipment to his intervention plan.

29. Claimant’s mother submitted articles to support her belief the requested OT/sensory equipment is evidence-based. In the first article, ASAT recognizes ABA as an effective psychological, behavior analytic, educational, and therapeutic intervention. Several subcategories appear under ABA, including “other ABA techniques.” No further

description of “other ABA techniques” appears. In the second article, NCAEP identifies a number of evidence-based practices including “[d]ifferential reinforcement of alternative, incompatible, or other behavior.” It is described as “[a] systemic process that increases desirable behavior or the absence of an undesirable behavior by providing positive consequences for demonstration/non-demonstration of such behavior.” Neither article asserted there is evidence for the type of sensory equipment claimant requests.

## **Analysis**

30. As a threshold matter, resolving the factual disputes depends, in part, on the information contained in the operative IPP. Claimant submitted his initial request for sensory-based equipment in October 2024, though he updated his request to include the requested OT/sensory equipment in or around January 2025. The only IPP presented at hearing was claimant’s October 2025 IPP. No explanation was offered regarding whether there was a 2024 IPP and if not, why not.

### **WHETHER THERE HAS BEEN A CHANGE IN CLAIMANT’S NEEDS, CIRCUMSTANCES, OR RESOURCES REQUIRING AN INCREASE IN THE BUDGET FOR THE REQUESTED OT/SENSORY EQUIPMENT**

31. The regional center can modify an individual’s SDP budget and spending plan if it determines it is necessary due to a change in needs, circumstances, or resources that would result in an increase in purchase of service expenditures. (Welf. & Inst. Code, § 4685.8, subd. (m)(1)(A)(ii)(I).) The evidence established claimant has experienced an increase in sensory-seeking behaviors. Claimant’s mother first reported the increased behaviors to Kaiser in August 2024. Ms. Ross confirmed the increase in sensory-seeking behaviors in her May 2025 ABA report. Claimant’s increased behaviors

have decreased his ability to participate in family activities and be in the community, which has resulted in a greater need to address such behaviors. The evidence further established claimant's recent epilepsy diagnosis.

Although the evidence established these changes, the evidence did not establish the changes require an increase or modification in claimant's SDP budget and spending plan. Ms. Ross's ABA report identified numerous strategies to address claimant's increased behaviors, none of which required the use of the requested OT/sensory equipment. Ms. Ross described effective interventions, including antecedent and reactive strategies, as well as suggested replacement behaviors, that are available to address claimant's behaviors. None of them require the requested equipment. Moreover, Ms. Ross prepared her ABA report with knowledge of claimant's epilepsy diagnosis. Accordingly, claimant's behavioral changes and epilepsy diagnosis do not require an increase to claimant's SDP budget and spending plan.

### **WHETHER CLAIMANT'S REQUESTED OT/SENSORY EQUIPMENT IS NECESSARY TO IMPLEMENT HIS IPP**

32. The SDP requires participants to "purchase goods, services, and supports necessary to implement their [IPP]." (Welf. & Inst. Code, § 4685.8, subd. (c)(7).) Claimant's IPP goals include increased independence in all areas of his life, access to his community, and opportunities to socialize with his peers. His additional IPP goals include ensuring he remains healthy and safe and practices using sensory supports and strategies to regulate his sensory needs. Many of these IPP goals overlap with claimant's ABA treatment goals in the domain of self-help/daily living skills, which he has met with success without the requested OT/sensory equipment.

33. Although the sensory supports and strategies are not specifically identified in the IPP, the ABA report identified numerous strategies, none of which required using the requested OT/sensory equipment, to address claimant's increased sensory-seeking behaviors. Ms. Rettinhouse credibly testified behaviors that are not primarily sensory-related cannot be addressed by sensory type treatments. Ms. Ross, in her ABA report, opined most of claimant's behaviors were maintained for the primary function of escape, rather than for sensory-related reasons. In her testimony, however, Ms. Ross opined all of claimant's challenging behaviors were sensory-related. The findings and opinions contained in Ms. Ross's ABA report are given more weight than her hearing testimony because they are much more objective, logical, and cohesive. Additionally, Ms. Ross failed to explain why she changed her opinion in this regard. Consequently, the requested OT/sensory equipment is not necessary to implement claimant's IPP.

**WHETHER THE REQUESTED OT/SENSORY EQUIPMENT HAS BEEN  
SCIENTIFICALLY PROVEN TO BE EFFECTIVE**

34. Regional centers are required to secure services and supports that meet the needs of the consumer, as determined in the consumer's individual program plan. (Welf. & Inst. Code, § 4648, subd. (a)(1).) However, Welfare and Institutions Code section 4648, subdivision (a)(17), restricts the ability of a regional center to secure services and supports, in pertinent part, as follows:

Notwithstanding any other law or regulation, effective July 1, 2009, 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.

35. The evidence does not establish the requested OT/sensory equipment has been scientifically proven to be effective in children with ASD. The overwhelming evidence demonstrates there is insufficient evidence in support of SI/SIT as a therapeutic intervention for children with ASD who are experiencing sensory-seeking behaviors.

36. NCAEP, however, recognizes DRA and DRI as evidence-based practices. Claimant argues the requested OT/sensory equipment would be used, not for SI/SIT purposes, but rather as DRA/DRI tools to support replacement behaviors. The evidence does not support claimant's argument. NCAEP recognizes DRA and DRI as generally a "systematic process that increases desirable behavior or the absence of an undesirable behavior by providing positive consequences for demonstration/non-demonstration of such behavior."

37. The NCAEP does not specifically recognize the requested OT/sensory equipment as DRA/DRI tools by an ABA provider as an evidence-based practice. Ms. Rettinhouse credibly testified DRA and DRI can be deemed evidence-based depending on how they are specifically implemented. As demonstrated by Ms. Ross's own testimony, DRA/DRI can be implemented in numerous ways including behavior-specific verbal praise or practicing a coping skill such as taking deep breaths,

requesting hand squeezes, pacing, and listening to music as included in claimant's behavior intervention plan.

38. Likewise, claimant's evidence demonstrating ASAT recognizes ABA as a psychological, behavior analytic, educational, and therapeutic intervention that "works" is given little weight. Of the various ABA subcategories enumerated by ASAT, claimant argues his requested OT/sensory equipment as DRA/DRI tools falls under the "other ABA techniques" subcategory. As stated above, there is no evidence demonstrating the requested OT/sensory equipment used as DRA/DRI tools by an ABA provider is an evidence-based practice. Ms. Ross candidly admitted she was unaware of any behavioral research regarding the effectiveness of the requested OT/sensory equipment and assumed none existed.

39. To the contrary, the evidence establishes the requested OT/sensory equipment is typically used by occupational therapists and associated with SI/SIT practices, which are not evidence-based. In any event, Ms. Ross is not an occupational therapist who could competently advise on the use of the requested OT/sensory equipment. Her testimony suggested her own uncertainty as to whether the requested OT/sensory equipment could even serve as effective intervention tools for claimant's behaviors given her lack of data. Ms. Ross testified the requested OT/sensory equipment is necessary to reduce claimant's challenging behaviors but in the same breath stated she would integrate the equipment into his implementation plan as DRA only if claimant's challenging behaviors decrease by using the requested OT/sensory equipment.

For all the foregoing reasons, and based on the evidence presented, claimant's appeal must be denied. However, claimant is not precluded from presenting additional information to ACRC for its future IPP planning consideration.

## 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 modify his SDP spending plan to allow him to use his SDP budget to purchase the requested OT/sensory equipment. (Evid. Code, § 115.) The term preponderance of the evidence means "more likely than not." (*Sandoval v. Bank of America* (2002) 94 Cal.App.4th 1378, 1388.)

### 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. To determine how an individual consumer is to be served, 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; *Assoc. for Retarded Citizens v. Dept. of Developmental Services* (1985) 38 Cal.3d 384, 389.) The IPP is developed by an interdisciplinary team and must include participation by the

consumer and/or his representative. The regional center must gather information and assessments from a variety of sources, including providers of services or supports. (Welf. & Inst. Code, § 4646.5, subd. (a)(1).)

4. Among other things, the IPP must set forth goals and objectives for the consumer, contain provisions for the acquisition of services (which must be based upon the consumer's developmental needs), 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, subds. (a) & (b), 4646.5, subd. (a), 4512, subd. (b), 4648, subd. (a)(6)(E).) The regional center must then "secure services and supports that meet the needs of the consumer" within the context of the IPP. (*Id.* at § 4648, subd. (a)(1).)

5. Regional centers, however, are prohibited from purchasing "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." (Welf. & Inst. Code, § 4648, subd. (a)(17).) "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." (*Ibid.*)

6. A Self-Determination Program shall be available to "provide participants and their families, within an individual budget, increased flexibility and choice, and greater control over decisions, resources, and needed and desired services and supports to implement their IPP." (Welf. & Inst. Code, § 4685.8, subd. (a).) "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).) The SDP requires participants to "purchase goods,

services, and supports necessary to implement their [IPP].” (Welf. & Inst. Code, § 4685.8, subd. (c)(7).)

7. “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 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. (*Id.* at subd. (b)(2)(H)(i).) 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 subd. (m)(1)(A)(ii)(I).)

8. “Spending plan” means the plan the participant develops to use their available individual budget funds to purchase goods, services, and supports necessary to implement their IPP. (Welf. & Inst. Code, § 4685.8, subd. (c)(7).) The spending plan shall identify the cost of each good, service, and support that will be purchased with regional center funds. The total amount of the spending plan cannot exceed the amount of the individual budget. A copy of the spending plan shall be attached to the participant’s IPP. (*Ibid.*) “The participant shall only purchase services and supports necessary to implement their IPP and shall comply with any and all other terms and conditions for participation in the Self-Determination Program described in this section.” (*Id.* at subd. (d)(3)(C).)

## **Disposition**

9. Based on the Factual Findings and Legal Conclusions as a whole, claimant did not meet his burden of establishing by a preponderance of evidence that his SDP budget and spending plan be modified to include the requested OT/sensory equipment. Claimant's behaviors are presently being addressed by interventions that do not require the requested OT/sensory equipment. The requested OT/sensory equipment is neither necessary to implement claimant's IPP nor recognized as an evidence-based intervention for children with ASD. For these reasons, claimant's appeal must be denied.

## **ORDER**

Claimant's appeal from ACRC's August 15, 2025 Notice of Action is DENIED.

DATE: October 20, 2025

JENNEVEE H. DE GUZMAN

Administrative Law Judge

Office of Administrative Hearings

BEFORE THE  
DEPARTMENT OF DEVELOPMENTAL SERVICES  
STATE OF CALIFORNIA

In the Matter of:

Claimant

OAH Case No. 2025090049

Vs.

**DECISION BY THE DIRECTOR**

Alta California Regional Center

Respondent.

ORDER OF DECISION

On October 20, 2025, 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 November 12, 2025.

Original signed by:  
Katie Hornberger, Deputy Director  
Division of Community Assistance and Resolutions

BEFORE THE  
DEPARTMENT OF DEVELOPMENTAL SERVICES  
STATE OF CALIFORNIA

In the Matter of:

Claimant

OAH Case No. 2025090049

Vs.

**RECONSIDERATION ORDER,  
DECISION BY THE DIRECTOR**

Alta California Regional Center,

Respondent.

**RECONSIDERATION ORDER**

On November 24, 2025, the Department of Developmental Services (Department) received from claimant an application for reconsideration of a Final Decision in the matter referenced above, that was issued by the Director on November 12, 2025.

The application for reconsideration is denied. Claimant did not demonstrate a factual or legal error pursuant to Welfare and Institutions Code section 4713, subdivision (b), that would warrant a reconsideration application to be granted.

There are no changes to the Final Decision, and it remains effective as of November 12, 2025. All parties are bound by the Final Decision.

This is the final administrative Decision. Each party has the right to appeal the Decision to a court of competent jurisdiction within 180 days of receiving the Final Decision.

IT IS SO ORDERED on this day December 4, 2025.

Original signed by:  
Katie Hornberger, Deputy Director  
Community Assistance and Resolutions Branch