

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

In the Matter of:

CLAIMANT

and

HARBOR REGIONAL CENTER,

Service Agency.

DDS No. CS0032704

OAH No. 2025120890

DECISION

Irina Tentser, Administrative Law Judge, Office of Administrative Hearings, State of California, heard this matter by videoconference on March 4, 2026.

Latrina Fannin, Manager of Rights and Quality Assurance, appeared on behalf of Harbor Regional Center (HRC or Service Agency). Claimant was represented by his mother. Claimant was not present. (Claimant and his mother are identified by their titles to protect their privacy.)

Testimonial and documentary evidence was received. The record was closed, and the matter was submitted for decision at the conclusion of hearing on March 4, 2026.

ISSUE

Whether HRC should provide funding for DIR Floortime Therapy for Claimant by provider Holding Hands, Inc. at a rate of 35 hours per month?

EVIDENCE

The documentary evidence at hearing consisted of: Service Agency exhibits 1 through 11; and Claimant exhibits A through FF. The testimonial evidence at hearing was provided by: Bryan Sanchez, HRC Client Service Manager; Iris Owens, HRC Board Certified Behavior Analyst (BCBA); and Claimant's mother (Mother).

FACTUAL FINDINGS

Parties and Jurisdiction

1. Service Agency determines eligibility and provides funding for services and supports to persons with developmental disabilities under the Lanterman Developmental Disabilities Services Act (Lanterman Act), among other entitlement programs. (Welf. & Inst. Code, § 4500 et seq.)

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2. Claimant is an eight-year-old male client of HRC. He qualifies for regional center services under a diagnosis of Autism Spectrum Disorder (ASD). Claimant resides with Mother, his 19-year-old sister and his father.

Background

CLAIMANT'S PREVIOUSLY FUNDED DIR FLOORTIME THERAPY

3. After a period of homelessness, Claimant and his family resided in transitional housing in the Frank D. Lanterman Regional Center (FDLRC) catchment area. After securing permanent housing in early 2025, Claimant and his family relocated to the South Bay. Based on the move, Claimant's case was transferred from the FDLRC to the HRC catchment area. Claimant became a client of HRC on June 1, 2025.

4. During the time Claimant was a client of FDLRC, one of the services funded by that regional center for Claimant was DIR Floortime Therapy (Floortime), provided by Holding Hands Inc. (Holding Hands) at a rate of between six and eight and one half hours per week. Floortime is a child-led, relationship-based therapy for autism and developmental differences, focusing on building emotional and social skills through floor-based, engaging sessions. Floortime was developed by Drs. Stanley Greenspan and Serena Wieder. The focus of Floortime is to help children reach developmental milestones, including self-regulation, engagement, and two-way communication, by following the child's interests rather than primarily training specific behaviors. There is ongoing dispute and litigation related to whether Floortime is an experimental or empirically based therapy. HRC asserts Floortime is an experimental therapy.

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CLAIMANT'S REQUEST FOR HRC TO FUND FLOORTIME SERVICES

5. Mother believed she needed to temporarily stop Claimant's Floortime services during the transition from FDLRC to HRC. As a result, Claimant stopped attending his FDLRC-funded Floortime services in April 2025. While it is not entirely clear from the evidence, it seems that because Claimant stopped attending Floortime services prior to his transfer to HRC, the fact that FDLRC had funded the service for Claimant was not communicated to HRC in the purchase of service list of services associated with his catchment area transfer. Mother requested HRC continue Floortime services, and HRC notified her via e-mail on May 27, 2025, that the service had not been included in the transfer information provided by FDLRC as a previously funded service. Mother's first request to HRC to fund Floortime service was established to be on May 26, 2025.

CLAIMANT'S JUNE 2025 INITIAL INDIVIDUAL PERSON CENTERED PLAN (IPP)

6. At the time of the June 2025 IPP, Claimant's personal and emotional growth was noted to include: limited speech; maladaptive behaviors that included physical aggression towards others and elopement; difficulty tolerating changes to routine without getting upset; requiring constant supervision due to attempts to leave home and jump through windows; and physical aggression towards peers at school. (Exhibit 8.)

7. As of June 2025, the family had been on the waitlist to receive Applied Behavior Analysis (ABA) services for several years to address Claimant's maladaptive behaviors. Mother again requested HRC resume funding for Claimant's Floortime services by Holding Hands to help alleviate the maladaptive behaviors based on the positive experience and progress Claimant had made when receiving Floortime

services while at FDLRC. At the meeting, Mother was asked by Claimant's HRC Service Coordinator (SC) to provide Claimant's most recent Floortime progress report and rate to further assess the Floortime service request. Claimant's SC also told Mother that Floortime was not evidence based and was not funded by Service Agency instead of ABA services. (Exhibit 8, p. A79.) While social recreational services were discussed at the IPP, HRC did not offer to fund the requested Floortime services as a recreational activity at the IPP meeting.

8. Mother attempted to obtain Claimant's Floortime progress report and rate information to provide to HRC. However, according to Mother, FDLRC did not provide the requested information to her. The record does not establish what, if any, attempts Claimant's SC made to obtain the information about Claimant's previously funded Floortime services in order to prevent any gap in services following Claimant's regional center transfer. Claimant's SC did not testify at the fair hearing. Claimant's SC's ID notes for August 29, 2025 through February 26, 2026 were submitted into evidence by HRC. (Exhibit 5.) There is no documented attempt by Claimant's SC to contact FDLRC regarding FDLRC's past funding of Floortime services for Claimant. HRC also did not have that information at the fair hearing in this matter. Accordingly, aside from the frequency of the previously funded Floortime service by Holding Hands, Inc. - 3 times a week with each session lasting 2.5 hours – additional details of Claimant's previously FDLRC-funded Floortime service are unknown.

9. HRC agreed to provide the following services for Claimant at the IPP: a nursing assessment; 50 hours of respite monthly for the period of August 1, 2025 through January 31, 2026; connect the family to In-Home Supportive Services (IHSS); swimming lessons to be reimbursed by HRC; summer camp from July 1 to August 30, 2025, with the assistance of a 1:1 personal assistant; Financial Management Services (FMS) for social/recreational services, 1 unit effective August 1, 2025 to July 31, 2026.

HRC'S SEPTEMBER 2025 DENIAL OF CLAIMANT'S FLOORTIME

SERVICES REQUEST

10. Approximately three months passed between the time Mother initially requested Floortime services for Claimant's behalf and when HRC issued a Notice of Action on September 5, 2025 (September 2025 NOA) denying Claimant's request to fund Floortime services. At the time of the denial, Claimant's current ABA services had not yet begun. (The ABA services for Claimant in the home began in February 2026 at a rate of four hours a day.) Mother testified at hearing that she did not appeal the September 2025 NOA because she assumed that Claimant's SC's request that Mother obtain information from FDLRC regarding how the service was previously funded indicated HRC intended to fund the service despite issuing the September 2025 NOA.

CLAIMANT STOPS ATTENDING IN-PERSON SCHOOL IN OCTOBER 2025

11. Mother reported to HRC that Claimant's school district did not provide adequate support to Claimant. In August 2025, Mother filed an administrative due process matter against Claimant's district on Claimant's behalf. While the case was pending, up until October 2025, Claimant attended second grade in person at an elementary school. Claimant stopped attending school in person in October 2025, after an incident when Claimant eloped, unlocked the school's security door and accessed the roof, and undressed fully, requiring the school to call the fire department to bring Claimant to safety. The school determined Claimant was a significant safety risk while on campus and referred him to Carlson Home Hospital School. Mother agreed to remove Claimant from campus at the school's suggestion because she believed the family would be compensated and Claimant would receive appropriate services at home. As of the date of the fair hearing, Claimant now receives in-home school services one hour a week by the district through Carlson Home Hospital School.

12. Mother and Claimant's school district settled their dispute in January 2026. However, according to Mother, as of the date of this fair hearing, none of the services the district agreed to provide as part of the parties' confidential settlement have been provided. Claimant is not scheduled to resume attending in person school until September 2026. Until that time, Claimant spends most days in the home, which has increased the intensity and frequency of Claimant's maladaptive behaviors.

December 2025 Re-Issued NOA Denying Claimant's Request For Floortime Therapy and Claimant's Appeal

13. Between October and December 2025 Claimant's maladaptive behaviors increased. Mother attributed Claimant's behavioral regression to a combination of the cessation of Floortime therapy, the ineffectiveness of Claimant's ABA therapy, and lack of in person schooling. Mother again requested HRC fund Floortime service provided by Holding Hands for Claimant. In a December 10, 2025 dated NOA (December 2025 NOA), HRC denied the request to fund Floortime service for Claimant at a rate of 30 hours per month. HRC noted that the service request was originally denied by the September 2025 NOA and that HRC was re-issuing the NOA in December 2025 to allow time for Mother to appeal the denial on Claimant's behalf, if she so desired. HRC recommended that Claimant continue to access ABA services through ASTERI as recommended 18 hours per week. However, as of the December 2025 NOA, the ABA services had not yet commenced.

14. Citing Welfare and Institutions Code sections 4648, subdivision (c)(17) and 4659, subdivision (c), as well as HRC's General Standards and Therapy Services Policy, HRC stated the following as the reason for the December 2025 NOA's denial of Claimant's Floortime service request:

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Holding Hands Inc. uses the DIR (Developmental, Individual-differences, Relationship-based) model to promote social skills, functional communication, emotional regulation and independence. While popular, this model is considered non-evidence based and from a therapeutic perspective, evidence-based models such as programs based on ABA principles are most appropriate. While there is legal movement to have DIR become an authorized benefit through insurance and regional center funding, there are no formal directives at this time. We do understand that you have had a positive experience with Holding Hands Inc. We can also offer consultations with our BCBA to review [Claimant's] needs and make recommendations as needed. Although we are denying your request to fund for floor-time services, we can, through non-medical therapy social recreational services, offer the opportunity for [Claimant] to enjoy Floor-time programs with the understanding that the service is for enrichment purposes only and at a rate similar to a recreational activity at one time a week.

(Exhibit 3.)

15. Mother filed a timely appeal of HRC's December 2025 NOA, as follows:

This appeal challenges the [HRC's] denial of DIR®/Floortime intervention for the consumer, a child with [ASD] and significant impairments in emotional regulation,

social engagement, reciprocal communication, and sensory processing. The denial violates the Lanterman Developmental Disabilities Services Act (Welf. & Inst. Code §4500 et seq.), which requires Regional Centers to provide individualized, necessary services based on the consumer's unique needs. DIR®/Floortime is a recognized, evidence-based developmental intervention specifically designed to address the core deficits of autism. The consumer's documented needs fall squarely within the functional domains targeted by DIR®/Floortime, making the service developmentally appropriate and medically necessary. The denial was not based on an individualized assessment demonstrating that DIR®/Floortime is unnecessary or ineffective, nor on evidence that alternative services adequately address the consumer's emotional-developmental needs. The Lanterman Act prohibits blanket service exclusions and requires meaningful consideration of informed parental input during the IPP process (Welf. & Inst. Code §§4501, 4646, 4648). DIR®/Floortime is supported by peer-reviewed research and professional consensus, including national clinical conferences dedicated to the model. Denying DIR®/Floortime places the consumer at risk of stagnation or regression and fails to support maximum developmental potential. For these reasons, the denial must be reversed and DIR®/Floortime services authorized without delay.

(Exhibit 2.)

16. At the fair hearing Mother increased the request for Floortime services to be funded to 35 hours per month.

Service Agency's Evidence

TESTIMONY OF BRYAN SANCHEZ

17. Bryan Sanchez, HRC Client Services Manager (CSM), testified at hearing. Sanchez was Claimant's second assigned CSM since Claimant transferred to HRC's catchment area on June 1, 2025. As of the date of fair hearing, Claimant has been assigned to a third CSM who observed the fair hearing. Sanchez primarily provided a recitation of HRC's reasoning as to why ABA therapy, rather than Floortime services, was the proper way to address Claimant's behavioral issues. Referring to Claimant's September 15, 2025 Functional Behavioral Assessment (FBA), Sanchez asserted that Claimant's issues (i.e., excessive non-compliance/vocal protest; tantrum excess; elopement; climbing excess; communication skills deficit; social behavioral skills deficit; and adaptive skills deficit) were being adequately addressed through ABA services, funded by Claimant's insurance, a generic resource. (Exhibit 6.)

18. Sanchez asserted that the FBA adequately assessed Claimant's needs and that a Floortime services assessment was therefore inappropriate as Floortime was not a BCBA-certified evidence-based therapy. At the same time, Sanchez conceded that ABA therapy and Floortime services differed as modalities. According to Sanchez, he did not review any documentation about Claimant's Floortime progress and did not dispute Mother's claims that Floortime services had a beneficial effect in the past in addressing Claimant's behaviors. Further, Sanchez had no knowledge of the details of HRC's offer to fund Floortime services for enrichment purposes at a rate similar to a

recreational activity at one time a week, as communicated in HRC's December 2025 NOA to Claimant.

TESTIMONY OF IRIS OWENS

19. Iris Owens, MA, BCBA, and HRC's BCBA consultant for the past 16 years, testified at the fair hearing regarding the basis for HRC's determination that Floortime therapy is a non-evidence-based therapy and why ABA service, which is evidence based, is the proper therapy, according to the requirements of the Lanterman Act, to address Claimant's behaviors. Owens described the origins of Floortime therapy as developed by psychologists to address a child's gaps in early childhood. The methodology involves having caregivers meet the child where they are - on the "floor" – and thereby build communication and follow the child's needs.

20. In contrast, Owens testified that ABA is evidence based, addresses specific behavioral concerns, engages in task analysis, and fosters a child's independence. Owens stressed that, unlike the requested Floortime services, ABA's effectiveness is based on peer-reviewed studies and entails 30 evidence based practices to address a child's behaviors. Floortime, on the other hand, is not backed by peer-reviewed evidence that it works, but is primarily based on research done by the two psychologists who originated the methodology. Having reviewed Claimant's FBA, Owens opined that the ABA services he currently receives address Claimant's behavioral issues. Like Sanchez, Owens acknowledged that ABA therapy and Floortime services differed as modalities.

21. Owens suggested that if, as Mother described, Claimant continued to be emotionally unregulated despite ABA services, Claimant should pursue another evidence based therapy to address concerns, including, but not limited to, consulting with a clinical psychologist, pursuing school support. and insurance. Owens, like

Sanchez, had no knowledge of the details of HRC's offer to fund Claimant's requested Floortime services for enrichment purposes at a rate similar to a recreational activity at one time a week, as communicated in HRC's December 2025 NOA to Claimant.

Claimant's Evidence

TESTIMONY OF MOTHER

22. Mother testified at the fair hearing in support of Claimant's request for Floortime services. She expressed her frustration at the delay and "roadblocks" she perceived by HRC in providing responses to her requests for services for Claimant (i.e., constructive denial of home modifications/repairs; failure to implement Floortime services; failure to provide parent participation hours; and patterns of delay, deflection, and refusal to issue NOAs by HRC resulting in significant regression and safety risks for Claimant). (Exhibit FF.)

23. Specifically, with regard to Floortime services, the issue of this fair hearing, Mother asserted that Floortime services were previously provided as part of Claimant's adaptive skills development program while Claimant was a consumer at FDLRC and that, under the Lanterman Act, the service should have continued immediately upon Claimant's transfer to HRC. (Exhibit A.) As noted above, Mother first requested Floortime services be funded by HRC and notified HRC that the services had been provided by FDLRC on May 26, 2025. (Exhibit E, p. B18.)

24. Mother submitted a September 2023 Holding Hands Adaptive Skills Assessment of Claimant recommending 30 hours per month of Floortime services over a six month period to support the argument that Floortime services are "clinically necessary" for Claimant to address Claimant's self-regulation, inappropriate behaviors, and engagement in a variety of activities. (Exhibits C and F.)

25. Most recently, in February 2026, Claimant was evaluated by UCLA LEND Clinic, an interdisciplinary program providing care coordination for individuals with conditions, like ASD. (Testimony of Mother; Exhibits G, H.) Based on Claimant's documented behaviors (i.e. extreme emotional dysregulation and impulsivity; severe sleep dysregulation; major safety risks; regression and property destruction; communication and expressive needs; lack of school placement/emotional instability; high stress home/parent needing support; ABA not fully effective; need for developmental and adaptive therapy; multi-system failure (school and HRC and services)), Mother argued Floortime services are required in addition to ABA, not instead of ABA. Claimant's Floortime services provided by Holding Hands are not funded by Claimant's insurance, a generic resource. (Testimony of Mother.)

26. Claimant's current behaviors include severe insomnia with a pattern of sleeping during the day and being awake at night, and difficulty with impulse control, resulting in destruction of property at home. On February 13, 2026, the family was issued a "Notice Regarding Resident Conduct" from their residence's management based on a February 11, 2026 incident in which Claimant exhibited noisy and destructive behavior between approximately 2:00 to 2:30 a.m. (Exhibit V.) The notice informed the family that they would be receiving formal legal correspondence due to the incident. Mother testified that she believes the family's housing is in jeopardy based on Claimant's maladaptive behaviors and destruction to their residence. She asserted that based on the exigent circumstances, 35 hours per month of HRC funded Floortime services is warranted.

27. Claimant's intense ongoing maladaptive behaviors demonstrate that the ABA services which Claimant receives in the home are insufficient, alone, to adequately address Claimant's maladaptive behaviors. (Testimony of Mother.) Mother argued that Floortime services provided by Holding Hands are an evidence based therapy whose

playtime model encouraged Claimant to communicate his needs and engaged him better than ABA services. While Mother claimed that peer reviewed articles in ASD journals supported her argument that Floortime services are a recognized evidence based therapy and are not, as HRC asserted, experimental, no articles were submitted into evidence at fair hearing to support that argument.

28. Mother explained that her primary goal for Claimant was to receive services that would effectively address his maladaptive behaviors and help him to thrive, consistent with his IPP goals. Had HRC explained, as stated in the December 2025 NOA, that HRC would fund Claimant's Floortime services as a recreational activity, rather than as a therapy, Mother would have accepted that offer. Claimant is not scheduled to resume in-person school until September 2026. Until then, Mother is awaiting the district to enact agreed to services, which has not yet occurred as of the date of the fair hearing. Mother is interested in Claimant receiving enhanced service coordination services by HRC to ensure Claimant receives the services and supports necessary to achieve Claimant's IPP objectives.

Analysis

29. Mother credibly testified about her concerns regarding Claimant's currently intense maladaptive behaviors and that ABA therapy, alone, is not effective in alleviating those behaviors. However, Claimant's evidence did not outweigh Service Agency's evidence, including Owens's hearing testimony, that Floortime services are experimental, rather than an evidence-based therapy. Nevertheless, the issue of whether Floortime services is experimental is not dispositive in this matter. Regardless of how Floortime services are categorized by HRC, regional centers can provide the supports necessary to maintain consumers safely in the home and community. In this case, the evidence established that without Floortime services to address Claimant's

maladaptive behaviors, the family may become unhoused, which could potentially result in Claimant needing to be institutionalized.

30. Mother credibly testified that Claimant's maladaptive behaviors create serious safety and stability concerns in the home. Claimant is not currently attending in-person school, spends most of his time at home, has engaged in destructive and unsafe conduct, and has placed the family's housing at risk. Under these circumstances, the relevant question is not limited to whether DIR Floortime qualifies as an evidence-based therapy in the same manner as ABA. Rather, the issue is whether the requested service is a necessary support, based on Claimant's individualized needs, to assist with emotional regulation, communication, and behavioral functioning, and to help maintain Claimant safely in the home and community. On this record, it does.

31. Further, under the circumstances, HRC's failure to take any documented steps to ascertain the circumstances of Claimant's previously funded FDLRC Floortime services is concerning based on the regional center's mandate to ensure no gaps to service for consumers. The record established that, before Claimant transferred to HRC, FDLRC had approved and funded Floortime services for Claimant through Holding Hands. This prior funding decision was made through the IPP process and indicates that the service was found appropriate for Claimant's needs. Upon Claimant's transfer, HRC did not take documented steps to determine why the service had been approved before or why it was no longer appropriate after transfer. At the same time, ABA services were not in place for many months despite HRC's awareness of Claimant's escalating behaviors. As of the date of hearing, Claimant's ongoing behaviors pose a threat to his safety and to the family's ability to maintain him in the home. Funding Floortime services is therefore warranted, because the evidence established that Claimant presently requires this support to maintain stability in the home until other agreed-upon services are actually in place. Clearly, there are existing

exigent services which warrant HRC funding Claimant's Floortime services until Claimant is scheduled to resume in-person schooling in September 2026.

LEGAL CONCLUSIONS

Jurisdiction and Burden of Proof

1. An administrative hearing to determine the rights and obligations of the parties is available under the Lanterman Act to appeal a regional center decision. (Welf. & Inst. Code, §§ 4700-4716.) Claimant timely requested a hearing following the Service Agency's denial of Floortime services, and therefore, jurisdiction for this appeal was established.

2. When a party seeks government benefits or services, he bears the burden of proof. (See, e.g., *Lindsay v. San Diego Retirement Bd.* (1964) 231 Cal.App.2d 156, 161 [disability benefits].) Where a change in services is sought, the party seeking the change bears the burden of proving that a change in services is necessary. (See Evid. Code, § 500.) The standard of proof in this case is a preponderance of the evidence, because no law or statute (including the Lanterman Act) requires otherwise. (See Evid. Code, § 115.) This standard is met when the party bearing the burden of proof presents evidence that has more convincing force than that opposed to it. (*People ex rel. Brown v. Tri-Union Seafoods, LLC* (2009) 171 Cal.App.4th 1549, 1567.)

3. In requesting funding approval for Claimant's Floortime services, Claimant bears the burden of proving by a preponderance of the evidence that funding by the Service Agency is appropriate. Claimant has met his burden of proof.

General Provisions of the Lanterman Act

4. Under the Lanterman Act, developmentally disabled persons have a right to treatment and habilitation services and supports. (Welf. & Inst. Code, §§ 4502, 4646; *Association for Retarded Citizens v. Department of Developmental Services* (1985) 38 Cal.3d 384, 389.) Such services and supports are defined as “specialized services and supports, or special adaptations of generic services and supports, directed toward the alleviation of a developmental disability or toward the social, personal, physical, or economic habilitation or rehabilitation of an individual with a developmental disability, or toward the achievement and maintenance of independent, productive . . . life.” (Welf. & Inst. Code, § 4512, subd. (b).)

5. The Lanterman Act mandates an “array of services and supports should be established . . . to meet the needs and choices of each person with developmental disabilities . . . and to support their integration into the mainstream life of the community.” (Welf. & Inst. Code, § 4501.) The determination of which services and supports are necessary for each consumer shall be made through the IPP process and shall “reflect preferences and choices of the consumer and reflect the cost-effective use of resources.” (Welf. & Inst. Code, § 4646, subd. (a).)

Welfare & Institutions Code section 4648

6. The Lanterman Act prohibits regional centers from funding experimental treatments or scientifically unproven services. Pursuant to Welfare and Institutions Code section 4648, subdivision (a)(17):

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.

7. Welfare and Institutions Code section 4648, subdivision (a)(2), also provides, however, that “[s]ervices and supports shall be flexible and individually tailored to the consumer, and, if appropriate, the consumer’s family.” Further, Service Agency can secure services and supports to achieve a consumer’s IPP stated objectives, especially in exigent circumstances. (*Id.*)

Analysis and Conclusion

8. The Lanterman Act requires the Department of Developmental Disability Services (Department) to review the purchase of service guidelines “to ensure compliance with statute and regulation.” (Welf. & Inst. Code, § 4434, subd. (d).) When purchasing services and supports, a regional center must conform to its purchase of service guidelines. (Welf. & Inst. Code, § 4646.4, subd. (a)(1).) However, the purchase of service guidelines, a reflection of the Department’s interpretation of statute and regulation, are not entitled to the deference given to a regulation. Rather, the purchase of service guidelines are afforded the degree of deference that is dependent on the circumstances in which the agency has exercised its knowledge. (*Yamaha Corp. of America v. State Bd. of Equalization* (1998) 19 Cal.4th 1, 12-15.)

9. The paramount consideration for a regional center must be a consumer’s individual needs and circumstances when considering the appropriateness of a particular service. In this matter, while it was established Floortime services are an

experimental therapy, it was also established that Claimant's ABA services alone are insufficient to address Claimant's current maladaptive behaviors and that no services have yet been implemented by the district or other generic resources to address the behaviors. The family is in exigent circumstances. The intensity and frequency of Claimant's behaviors not only endanger his health and safety, but also threaten the family with the loss of their long-fought permanent housing. The fact that FDLRC approved and funded Floortime services for Claimant prior to his transfer to HRC is persuasive evidence that the service was previously determined to be appropriate for Claimant's individualized needs. Following Claimant's transfer, HRC did not take documented steps to determine why the service which had been previously approved was no longer appropriate.

10. Given these circumstances, an extended period of housing instability, the absence of current effective school and generic services, HRC is required to fund Floortime services. The evidence establishes that Floortime previously addressed Claimant's behaviors effectively and that the service is necessary to maintain stability in the home until Claimant can resume in-person school in September 2026.

ORDER

1. Claimant's appeal is granted.
2. Harbor Regional Center shall fund DIR Floortime Therapy for Claimant by provider Holding Hands, Inc. at a rate of 35 hours per month within 15 working days of the date of this Decision until September 2026.
3. An IPP meeting shall be held within 15 working days of the date of this Decision between Claimant and Harbor Regional Center to address additional

outstanding issues including, but not limited to, transportation, enhanced service coordination, and additional appropriate family supports.

DATE:

IRINA TENTSER

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.