BEFORE THE
OFFICE OF ADMINISTRATIVE HEARINGS
STATE OF CALIFORNIA

In the Matter of:

CLAIMANT

and

INLAND REGIONAL CENTER, Service Agency

DDS No. CS0032740

OAH No. 2025120959

DECISION

Mary Agnes Matyszewski, Administrative Law Judge, Office of Administrative Hearings, State of California, heard this matter on July 21, 2026, by videoconference.

Claimant's mother represented claimant who was not present.

Hilberto Echeverria, Jr., Fair Hearings Representative, Fair Hearings and Legal Affairs, represented Inland Regional Center (IRC).

Oral and documentary evidence was received. The record was closed, and the matter was submitted for decision on July 21, 2026.

ISSUE

Is IRC required to fund claimant's request for a six-month trial period of neurological-focused pediatric chiropractic care?

FACTUAL FINDINGS

Jurisdictional Matters

1. Claimant, a six-year-old male, is eligible for regional center services based on his diagnosis of autism. Claimant sought to have IRC fund his request to receive six months of neurological-focused pediatric chiropractor care.

2. On November 10, 2025, IRC issued a Notice of Action (NOA) denying claimant's request. IRC asserted neurological-focused pediatric chiropractic care is not a specialized regional center service or support, is not considered an evidence-based treatment for autism, and regional centers are prohibited from purchasing experimental treatments, therapeutic services, or devices that have not been clinically determined or scientifically proven to be effective for the treatment or remediation of developmental disabilities. IRC cited the law in support of its position.

3. On December 22, 2025, IRC received claimant's appeal with the arguments in support of his request. Claimant asserted that IRC's position that the requested service was not evidence-based was incorrect. Claimant provided arguments in support of his position.

4. Thereafter, this hearing followed.

Evidence Introduced at Hearing

5. IRC Preschool Service Coordinator Elaine Estrada, IRC Program Manager Amy Clark, IRC Medical Consultant Krupa Shah-Singh, D.O., and claimant's mother testified, and various documents were introduced. The factual findings reached herein are based on that evidence.

POSITION STATEMENT

6. IRC's Position Statement provided the reasons for its decision.

IRC PURCHASE OF SERVICE POLICY

7. IRC's Purchase of Service Policy states that it will purchase services and supports that assist individuals with developmental disabilities "in achieving the greatest self-sufficiency possible and exercising personal choices," that meet the needs of the individual as determined by their Individual Program Plan (IPP), but is prohibited from funding experimental treatments and therapeutic services or devices "that have not been clinically determined or scientifically proven to be effective, safe or for which risks and complications are unknown."

CLAIMANT'S IPPS

8. Claimant's 2025 and 2026 IPPs contained information regarding claimant and the services and supports he receives. In addition to supports IRC funds, he also receives services through the county, his school, and his medical insurance.

9. Claimant's mother testified about his needs, including his sensory, regulatory, and self-injurious issues. IRC witnesses testified that they never observed those issues; instead, these were reported by claimant's mother and written in the IPPs.

LETTER FROM CHIROPRACTOR

10. A December 18, 2025, letter to IRC from the chiropractor from whom claimant is requesting the neurological-focused pediatric chiropractic care, stated that the treatment was "medically necessary to support [claimant's] neurodevelopment, regulation, and functional participation in therapies." The chiropractor identified claimant's issues and wrote that "neurologically-focused chiropractic care targets the underlying nervous-system [*sic*] dysregulation . . . is not experimental and follows established pediatric chiropractic protocols." She wrote further: "Evidence and case studies support improvements in regulation, behavior, sensory processing, and functional participation in children receiving this type of care," and that it was "safe, non-invasive, and essential" for claimant's ability to benefit from his other supports.

11. No literature was attached to the letter supporting the chiropractor's claim that the therapy was not experimental.

LETTER FROM MEDICAL PROVIDER

12. An undated letter from claimant's physician,[1] whom mother testified took over from claimant's prior physician and has only seen claimant one time, advised claimant's mother that she could not make a referral for claimant's request for neurological-focused pediatric chiropractic care. The physician wrote that "although there may be some indications for treatment through a chiropractor primarily for musculoskeletal injury or associated pain/discomfort, currently there does not seem to

[1] Claimant's mother testified this individual was claimant's psychologist but the author of the letter signed it "M.D."

be a lot of evidence for the role of neurological chiropractors in the treatment of Autism and/or sensory integration issues." The physician wrote further: "Since neurological chiropractors are not considered an established treatment for Autism Spectrum Disorder and its associated behaviors at this time, it unfortunately is not something that I can place a referral for or make a recommendation for at this time."

13. Claimant's mother testified she sought and provided this letter to IRC to demonstrate she had exhausted all other sources of funding for the requested service. However, this letter further supported IRC's position that this treatment is experimental and not evidence-based.

MEDICAL LITERATURE

14. Several abstracts and a case report regarding chiropractic care for children with developmental disabilities were introduced. None of those articles identified the chiropractic care as being neurological-focused pediatric chiropractic care and all of them concluded that more research was required. These articles supported IRC's position that neurological-focused pediatric chiropractic care as a treatment for children with autism is not evidence-based.

IRC'S CLINICAL REVIEW

15. Ms. Estrada, Ms. Clark, and Dr. Shah-Singh described the research and clinical review of claimant's request that IRC performed and how IRC reached its decision. Dr. Shah-Singh explained the requirements for a therapy or treatment to be considered evidence-based and/or non-experimental, testifying that abstracts or case studies regarding one individual do not meet those requirements; there must be several individuals evaluated and studies performed for therapy to be considered

evidence-based. As Dr. Shah-Singh testified, neurological-focused pediatric chiropractic care does not meet those requirements.

16. Dr. Shah-Singh explained how the articles claimant provided supported IRC's position. She also performed independent research but could find no literature that showed that neurological-focused pediatric chiropractic care for the treatment of autism was evidence-based or not experimental.

17. The IRC witnesses acknowledged that IRC did not reach out to the chiropractor or request any additional information be provided by the chiropractor. They also explained that an individual clinical assessment of claimant was not performed given that the service requested was experimental.

CLAIMANT'S MOTHER'S TESTIMONY

18. Claimant's mother described her son's issues and needs, explaining that her six-month request was reasonable and would determine whether this service helped him. She asserted that IRC made a "blanket" determination denying the service and did not perform an individual assessment of her son. She also described the difficulties she has encountered with obtaining Applied Behavior Analysis (ABA) services for her son and she is currently seeking an ABA provider who offers neurological-affirming services.

LEGAL CONCLUSIONS

Purpose of the Lanterman Act

1. The purpose of the Lanterman Developmental Disabilities Act (Lanterman Act) is to provide a "pattern of facilities and services . . . sufficiently complete to meet

the needs of each person with developmental disabilities, regardless of age or degree of handicap, and at each stage of life." (Welf. & Inst. Code § 4501; *Association of Retarded Citizens v. Department of Developmental Services* (1985) 38 Cal.3d 384, 388.)

Burden and Standard of Proof

2. Each party asserting a claim or defense has the burden of proof for establishing the facts essential to that specific claim or defense. (Evid. Code, §§ 110, 115, 500; *McCoy v. Bd. of Retirement* (1986) 183 Cal.App.3d 1044, 1051, footnote 5.) In this case, claimant bears the burden to prove IRC should fund his request for the service he seeks.

3. The standard by which each party must prove those matters is the "preponderance of the evidence" standard. (Evid. Code, § 115.)

4. A preponderance of the evidence means that the evidence on one side outweighs or is more than the evidence on the other side, not necessarily in number of witnesses or quantity, but in its persuasive effect on those to whom it is addressed. It is "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.)

The Lanterman Act, DDS, and Regional Centers

5. The Lanterman Act is found at Welfare and Institutions Code section 4500 et seq.

6. Welfare and Institutions Code section 4501 sets forth the state's responsibility and duties.

7. Welfare and Institutions Code section 4512 defines services and supports. Subdivision (b) states in part:

> "Services and supports for persons with developmental disabilities" means specialized services and supports or special adaptations of generic services and supports directed toward the alleviation of a developmental disability or toward the social, personal, physical, or economic habilitation or rehabilitation of an individual with a developmental disability, or toward the achievement and maintenance of an independent, productive, and normal life. The determination of which services and supports are necessary for each consumer shall be made through the individual program plan process. The determination shall be made on the basis of the needs and preferences of the consumer or, when appropriate, the consumer's family, and shall include consideration of a range of service options proposed by individual program plan participants, the effectiveness of each option in meeting the goals stated in the individual program plan, and the cost-effectiveness of each option. . . .

8. Welfare and Institutions Code section 4646, states in part:

> (a) It is the intent of the Legislature to ensure that the individual program plan and provision of services and supports by the regional center system is centered on the individual and the family of the individual with

> developmental disabilities and takes into account the needs and preferences of the individual and the family, if appropriate, as well as promoting community integration, independent, productive, and normal lives, and stable and healthy environments. It is the further intent of the Legislature to ensure that the provision of services to consumers and their families be effective in meeting the goals stated in the individual program plan, reflect the preferences and choices of the consumer, and reflect the cost-effective use of public resources.
>
> (b) The individual program plan is developed through a process of individualized needs determination. The individual with developmental disabilities and, if appropriate, the individual's parents, legal guardian or conservator, or authorized representative, shall have the opportunity to actively participate in the development of the plan. . . .

9. Welfare and Institutions Code section 4646.4, subdivision (a), requires regional centers to establish an internal process to ensure adherence with federal and state laws and regulations, and when purchasing services and supports, regional centers must conform to the purchase of service policies, utilize generic resources and other sources of funding, consider the family's responsibility, and consider information regarding the individual's need for service, barrier to access, and other information.

10. Welfare and Institutions Code section 4646.5, subdivision (a), sets forth the requirements of the planning process for the IPP.

11. Welfare and Institutions Code section 4648 requires regional centers to ensure that services and supports assist individuals with developmental disabilities in achieving the greatest self-sufficiency possible. Regional centers must secure services and supports that meet the needs of the consumer, as determined by the IPP. Regional centers must be fiscally responsible and may purchase services or supports through vendorization or contracting. Subdivision (a)(8) prohibits regional centers from using their funds "to supplant the budget of an agency that has responsibility to serve all members of the general public and is receiving public funds for providing those services." Subdivision (a)(17) prohibits regional centers 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. 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. . . .

12. Although Welfare and Institutions Code section 4686.2, subdivision (c)(3), pertains to behavioral therapy, it does define "Evidence-based practice" as:

> a decisionmaking 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.

Evaluation and Disposition

13. The Lanterman Act places restrictions on the services that may be funded. Regional centers must look to generic resources. Regional centers must comply with their purchase of service agreements. Regional centers must comply with DDS Directives. Regional centers must comply with applicable laws, both state and federal. Regional centers must be cost-effective. Regional centers must fund services according to the needs outlined in the IPP. Regional centers are prohibited from purchasing services that are not evidence-based or are experimental.

Here, no evidence demonstrated that neurological-focused pediatric chiropractic care is evidence-based or that it is not experimental. Nor did the evidence demonstrate it is a generally accepted therapy used to treat individuals with developmental disabilities. While some studies have shown that chiropractic care can be beneficial, those studies were insufficient to require IRC to fund claimant's request. The research is not settled that neurological-focused pediatric chiropractic care is an effective treatment for autism. Claims regarding the benefits claimant may receive from it were simply not enough to prove that it is evidence-based or not experimental as those terms are defined in both research and the law.

Claimant's argument that IRC made a "blanket" rejection of his request and did not perform an individualized clinical assessment is rejected. The Lanterman Act

specifically precludes funding for all therapies or treatments that are experimental or not evidence-based, which is an overall prohibition. Thus, IRC correctly denied claimant's service request based on the law. Moreover, given that prohibition, IRC was not required to individually assess whether the treatment would benefit claimant because whether it does is irrelevant because it cannot be funded since it is experimental and not evidence-based.

Claimant's mother clearly wants what is best for her son. However, claimant failed to establish by a preponderance of the evidence that neurological-focused pediatric chiropractic care is a generally accepted method for the treatment of a developmental disability such as autism, that its use is evidence-based, or that it is not experimental. IRC may not use funds to purchase non-evidence-based or experimental services.

On this record, claimant's request must be denied.

ORDER

Claimant's appeal of Inland Regional Center's determination that it will not fund his request for six months of neurological-focused pediatric chiropractic care is denied. Inland Regional Center's determination is affirmed, and it shall not fund his request.

DATE: July 24, 2026

MARY AGNES MATYSZEWSKI
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.