

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

In the Matter of:

CLAIMANT

vs.

NORTH LOS ANGELES COUNTY REGIONAL CENTER,

Service Agency.

DDS No. CS0032656

OAH No. 2025120974

PROPOSED DECISION

Julie Cabos Owen, Administrative Law Judge (ALJ), Office of Administrative Hearings (OAH), State of California, heard this matter by videoconference on February 17, 2026. Paul Mejia represented the North Los Angeles County Regional Center (NLACRC or Service Agency). Claimant was represented by his authorized representative, Shannon Hale. Claimant's mother was also present. Claimant was not present on camera. (Claimant and his mother are identified by their titles to protect their privacy.)

The ALJ received testimony and documentary evidence. The record closed and the matter was submitted for decision on February 17, 2026.

ISSUE

Should NLACRC be allowed to terminate funding approval for Claimant's social communication class, Spelling to Communicate (S2C)?

EVIDENCE

The documentary evidence at hearing consisted of: Service Agency exhibits 1 through 18; and Claimant exhibits A through O. The testimonial evidence at hearing was provided by: Folahan Ogunyankin, NLACRC Consumer Service Coordinator; Debbie Rombeau, NLACRC Consumer Services Supervisor; Annette Sinanian, B.C.B.A., NLACRC Behavioral Services Supervisor; Andja Bozic, owner of NeuroDiverse Spellers; and Claimant's 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 a 20-year-old male client of WRC. He qualifies for regional center services under a diagnosis of Autism Spectrum Disorder (ASD).

3. Claimant is a participant in the Self-Determination Program (SDP).

The SDP

4. The SDP is an alternative method of service delivery in the regional center system that provides participants with additional flexibility and control in obtaining services to meet their Individual Program Plan (IPP) goals.

5. The centerpiece of the SDP is the annual budget and spending plan created by the parties. Service Agency reviews spending plans to determine if the service and supports contained therein are allowable under statutory requirements. Once purchase of service authorization is given, the participant's Financial Management Service (FMS) will disburse funds to the service provider.

6. In addition to an FMS, a participant in the SDP may have an Independent Facilitator (IF). The IF assists the participant in making informed decisions about their individual budget and in locating, accessing, and coordinating services and supports to meet participant's needs and IPP goals.

Claimant's Funded S2C Classes and Subsequent Notice of Action

7. Claimant has been participating in a S2C class twice per week, provided by NeuroDiverse Spellers (NDS). At Claimant's April 2025 IPP meeting, Service Agency approved Claimant's SDP funds to be used for the S2C class at NDS, classified as a "social communication class."

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8. At the April 2025 IPP meeting, Consumer Services Coordinator (CSC) Folahan Ogunyankin had agreed to Service Agency funds being used for S2C as a "social communication" class because she lacked knowledge of the type of service it was. Thereafter, Service Agency's clinical team informed CSC Ogunyankin that Service Agency considered S2C to be an experimental therapy.

9. On December 9, 2025, Service Agency issued a Notice of Action, proposing to terminate funding approval for Claimant's S2C class for the following stated reasons:

NLACRC's Clinical Team has reviewed and determined that these services are experimental in nature, and that denying funding for these services would be consistent with what the Lanterman Act mandates regarding not funding for experimental services. While SDP allows consumers to choose services that meet their needs, this does not extend to interventions lacking empirical support. Evidence-based alternatives, such as Augmentative Alternative Communication (AAC) systems, speech-generating devices, provide proven efficacy and align with both ethical and legal mandates and thus should be prioritized.

(Exhibit 1, p. A2.)

10. Claimant's mother submitted an appeal on Claimant's behalf, requesting a hearing to challenge Service Agency's proposed termination of funding approval for Claimant's S2C class.

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Claimant's Communication Deficits and Assistance Attempts

11. In April 2025, Claimant obtained Service Agency funding approval for S2C under the category of social recreation. He is seeking continued funding as social recreation or as "communication access support."

12. Claimant has significant communication deficits. His verbal communication before starting S2C was limited to about five basic one-word requests (e.g., "water," or "pee-pee").

13. Claimant receives speech therapy funded by his medical insurance provider. Claimant is home-schooled, and his school district does not provide him with funding for speech therapy.

14. To address his communication deficits, Claimant first tried using the Picture Exchange Communication System (PECS) program funded by his medical insurance as part of his Applied Behavior Analysis (ABA) therapy. That modality involved Claimant selecting from a set of pictures to indicate his wants. However, Claimant's mother observed that PECS did not help him to communicate independently. The provider initially took Claimant's hand and showed him how to remove a picture from a board and hand it to the provider. Independently, Claimant had motor challenges in removing the picture (attached by Velcro to a board) and handing it to the provider. Additionally, the pictures were basic (e.g., a park, a plate of food) and limited his opportunity for direct self-expression as well as his vocabulary development. After years without progress (he never progressed past two requests), Claimant discontinued the PECS program.

15. Claimant next tried ProLoquo2Go (PL2G), an AAC iPhone/iPad application for individuals with limited speech. PL2G allows the individual to choose from pictured

icons on the screen to create a text-to-speech voice. Claimant's PL2G was funded by his school district which provided a specialist to train Claimant on its use. After three years of use in school, at home, and in speech therapy sessions, Claimant was unable to expand his expressive language and did not progress past the use of one icon independently. Instead, he often needed someone to hand him the iPad and place his hand on the icon. Claimant's mother observed no decrease in Claimant's frustration, and she believes he could not adapt to PL2G's "cookie cutter icons," which did not allow Claimant the means to communicate.

16. Claimant's mother learned about S2C from other NLACRC families. After Claimant began attending S2C classes, Claimant's mother observed Claimant demonstrate understanding beyond what she had been told to expect from him since birth. He could point to letters to spell words she was astonished that he knew. He also expressed less frustration. Claimant's mother expressed that S2C has given Claimant a voice and the ability to share what is coming directly from his mind and not just to point at a generalized icon. S2C has changed the way Claimant's family engages with him, no longer limiting their communication by speaking to him very simply as they had been instructed in ABA sessions. Claimant's mother noted that hearing impaired individuals use sign language or interpreters to communicate, and now Claimant can communicate using S2C. Claimant's goal is to improve his communication so he can become more social in the community. Claimant's mother believes discontinuation of S2C would eliminate Claimant's opportunity to have an independent voice.

17. Andja Bozic, a certified S2C practitioner and the owner of NDS, testified about S2C and her work as Claimant's S2C practitioner. Ms. Bozic noted that some individuals with limited speech also have fine motor challenges. She explained that S2C practitioners help these individuals, called "spellers," work on their "motor

planning” so that they can eventually intentionally “poke” all 26 letters of the alphabet on the letter board and spell words to express themselves.

18. The goal of S2C is to progress from letter boards to a keyboard such as those used on a computer, iPad, or iPhone for texting or voice output. The underlying purpose of S2C is communication access allowing spellers to express authentic thoughts and needs. Ms. Bozic noted that “communication is everything. . . . It is functional and meaningful, it unites people, and it creates involvement.”

19. Ms. Bozic opined that S2C is not “therapy,” but is a method of supporting communication access through a letter board, just like others access communication through PL2G. Ms. Bozic believes S2C is a form of AAC that functions as another communication modality when speech is limited. She opined that S2C is not the same as “facilitated communication” because the S2C practitioner does not touch the speller or direct the content of the communication. Instead, S2C is “motor-based communication access,” and the practitioners teach spellers how to access this communication support. Ms. Bozic noted that she is not a speech therapist, and she is not trying to pull out verbal language. She is also not advocating against other modalities of communication (e.g., speaking, typing, texting, gestures, etc.), and she believes S2C is complementary to all other communication modalities.

20. During Claimant’s S2C classes, Ms. Bozic sits next to Claimant and positions the letter board next to his selected dominant (right) hand. She does not move the board. Ms. Bozic never physically touches Claimant’s arm. Instead, she uses verbal prompts (e.g., “get your eyes on the board,” “get your eyes on a letter,” “find it,” etc.). She never instructs Claimant to poke any specific letter. According to Ms. Bozic, Claimant has demonstrated understanding beyond what he can verbally express. She views her role as merely supporting Claimant’s communication by helping him access

the tool he needs to communicate (i.e., his letter board). Ms. Bozic noted that everyone has the right to communicate in a way that meets their needs at that time. She opined that S2C meets Claimant's communication needs at this point in his life.

Evidence and Argument at Hearing re: S2C as Experimental Therapy

21. At the fair hearing, Service Agency asserted it is required to discontinue funding for S2C because S2C is an experimental therapy that Service Agency is precluded from funding by statute (Welf. & Inst. Code, §§ 4685.8, 4648) and by NLACRC Purchase of Service (POS) policies.

22. At hearing, Claimant asserted that S2C is not a treatment or therapy, but rather a social recreation class that is helping Claimant to develop skills to engage in social communication.

SERVICE AGENCY'S EVIDENCE AND ARGUMENT

23. NLACRC' POS policy, adopted by the Department of Developmental Services (DDS) on July 29, 2024, notes the following regarding social recreation activities:

Social/recreational activities help individuals to learn and develop age-appropriate social skills. Also, these activities provide opportunities in both integrated and specialized settings to engage in hobbies, participate in recreational events, and pursue leisure interests. Typically, consumers access and participate in social/recreational activities via their families, residential services, or day programs.

(Exhibit 16, p. A282.)

24. Claimant's S2C is currently funded as a social communication class under the category of social recreation. While improved global communication skills may help Claimant communicate in social settings, the funding classification of S2C as social recreation cannot control the determination of what type of service is actually being provided. S2C is dissimilar to social recreation activities such as swimming lessons, which are recreational for fitness and health. S2C is not group-based social recreation like basketball to develop social skills. Unlike PL2G, S2C does not merely provide Claimant with a communication device for continued use, but instead the practitioner uses the letter board as a tool to train Claimant's fine motor skills and attention with the ultimate goal of communication proficiency on a keyboard, iPad, or iPhone. Given the foregoing, S2C constitutes a type of therapy to habilitate Claimant's fine motor skills and attention and thus mitigate any limitations that impede his communication access.

25. Service Agency correctly noted that Welfare and Institutions Code section 4648, 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." NLACRC's POS policy also addresses this restriction as follows:

Therapies must be evidenced-based in order to be considered habilitative and in order for NLACRC to have the statutory authority to purchase. It is the policy of NLACRC to refrain from purchasing non-medical therapies as a therapeutic/medical treatment as non-medical therapies have yet to demonstrate clinical efficacy and evidence of effectiveness as a clinical therapy. Please know, regional

centers do not have the statutory authority to 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.

(Exhibit 16, p. A284.)

26. Service Agency explained that the determination of whether a therapy is “evidence-based” and effective involves a review of peer-viewed research and literature.

27. Service Agency pointed out that Welfare and Institutions Code section 4685.8, subdivision (c)(6), requires SDP funds be used only for services and supports “that the federal Centers for Medicare and Medicaid Services [(CMS)] determines are eligible for federal financial participation.” Service Agency provided for reference the “CMS National Coverage Analysis Evidence Review Guidance Document,” dated August 7, 2024 (CMS Guidelines), which noted the CMS evaluates the quality of clinical evidence by “systematic review of findings reported in peer-reviewed literature.”

(Exhibit 18, p. A332.) According to the CMS Guidelines, the attributes of clinical studies associated with stronger evidence include the following: use of randomization; use of contemporaneous control groups; prospective (rather than retrospective) studies; larger sample sizes; and masking/blinding to ensure participants do not know to which group patients were assigned (intervention or control). The CMS Guidelines further noted:

For both interventional and observational study designs, methodological rigor is needed to support causal inference - that is, the extent to which any differences in the health outcomes of interest in the intervention group versus the control group can be properly attributed to the intervention studied. This is known as internal validity. Various types of bias can undermine internal validity.

(Exhibit 18, p. A331.)

28. Service Agency also cited "Evidence-Based Practices Selection Criteria published by the National Professional Development Center on Autism [(NPDC)]," which indicates the NPDC determines whether an intervention is effective through a review of peer-reviewed research in scientific journals. (Exhibit 5.)

29. Service Agency pointed to several research articles that equated S2C with Facilitated Communication (FC) and Rapid Prompting Method (RPM) and questioned the efficacy of S2C.

30. The first article, "A treatment summary on Facilitated Communication," published by the Association for Science in Autism Treatment (ASAT), describes FC as an intervention where the facilitator holds the participant's hands, wrists, or arms to help him or her spell messages on a keyboard or a board with printed letters. The goal of FC intervention is independent communication with the use of the keyboard. The article noted that FC resembles Rapid Prompting Method (RPM) in which providers use a letter board paired with prompts to encourage students to respond to questions. The article noted other interventions that closely resemble FC include S2C, Supported Typing, Saved by Typing, and Typing to Communicate. (Exhibit 2, p. A44.) The article

ultimately concluded that FC “is not an evidence-based intervention for individuals with [ASD] and should be avoided.” (*Id.* at p. A45.)

31. Service Agency provided a list titled, “Organizations with Policies Opposing the Use of Facilitated Communication,” which included: American Speech-Language-Hearing Association (ASHA); American Academy of Child and Adolescent Psychiatry (AACAP); American Academy of Pediatrics; American Association on Intellectual and Developmental Disabilities (AAIDD); American Psychological Association (APA); Association for Behavior Analysis International (ABAI); Association for Science in Autism Treatment; Autism Speaks; Centre for Augmentative & Alternative Communication; Information Autism; International Society for Augmentative & Alternative Communication (ISAAC); National Council on Severe Autism; National Institute for Health and Care Excellence; and World Federation of Occupational Therapists (WFOT). (Exhibit 7.)

32. The second article, “Rapid Prompting Method (RPM)” published by ASAT, (Exhibit 8) recommended against the use of RPM as follows:

While the lack of evidence from previously conducted studies does not necessarily indicate that RPM is not effective at developing communication skills and reducing stereotypic behaviors in learners with autism, use of this intervention should not be used or recommended by practitioners until the claims made can be substantiated by peer reviewed research studies. These studies should include clear and measurable target behaviors, unambiguous descriptions of the interventions used, and experimental designs which demonstrate control of the

behaviors by the intervention. Two professional organizations: American Association of Intellectual and Developmental Disabilities and the American Speech-Language-Hearing Association, have issued position statements advising against its use.

(Exhibit 8, p. A169.)

33. The next article is titled "Rapid Prompting Method and Autism Spectrum Disorder: Systematic Review Exposes Lack of Evidence," published in the Journal of Autism and Developmental Disorders. The article compared RPM and FC and concluded that there was no evidence regarding RPM's effectiveness. Consequently, until future trials demonstrate safety and effectiveness, the authors of the study "strongly discourage clinicians, educators, and parents of children with ASD from using RPM." (Exhibit 9, p. A179.)

34. The next article titled, "Facilitated Communication Denies People With Disabilities Their Voice," published in Research and Practice for Persons with Severe Disabilities, opined that FC and its "repackaging" as RPM suppresses self-determination, usurps voices, and obstructs the development of a personal identity of people with disabilities." (Exhibit 11, p. A197.) The authors concluded that "empirically supported AAC systems are consistent with values of independence and dignity for people with disabilities," and urged against the use of FC and its counterparts. (*Ibid.*)

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35. DDS has recommended against the use of FC and RPM. In its training materials for regional centers, DDS noted the following information provided by ASHA:

Facilitated Communication (FC)

- * discredited technique that should not be used
- * no scientific evidence of the validity
- * extensive scientific evidence that messages are authored by the "facilitator" rather than the person with a disability
- * extensive evidence of harms related to the use of FC

Rapid Prompting Method (RPM)

- * aka "Assisted Typing," "Facilitated Communication Training," and "Supported Typing", "Spelling to Communicate"
- * pseudoscientific technique that has been discredited, disproven, and found harmful
- * "Facilitator" dependent techniques are not consistent with the communication rights of autonomy and freedom of expression

(Exhibit 4.)

36. Service Agency provided a report titled "Findings and Conclusions: National Standards Project [(NSP)], Phase 2," published by the National Autism Center (NAC), addressing the need for evidence-based practice guidelines. The NSP reviewed

published research articles to determine if any of the studied treatments had sufficient empirical evidence to support their effectiveness. The NSP then categorized the treatments based on the strength of the empirical evidence that supported their efficacy. The NSP placed treatment interventions into three categories: established, emerging, and unestablished.

37. Established Interventions. According to the NSP, “Established Interventions” had several published, peer-reviewed articles that indicated beneficial intervention effects for a specific target. The NSP noted, “Established Interventions” have sufficient evidence of effectiveness and recommended “the decision-making team give serious consideration to these interventions.” (Exhibit 6, pp. A94, A136.) Neither S2C, FC, or RPM were listed as established interventions.

38. Emerging Interventions. According the NSP, “Emerging Interventions” had few published, peer-reviewed articles. The NSP noted, “Emerging Interventions are those for which one or more studies suggest they may produce favorable outcomes. However, before we can be fully confident that the interventions are effective, additional high quality studies are needed that consistently show these interventions to be effective for individuals with ASD. . . . Given the limited research support for Emerging Interventions, we generally do not recommend beginning with these interventions.” (Exhibit 7, pp. A94, A130, A136.) While AAC devices and Functional Communication Training were identified as Emerging Interventions, neither S2C, FC, or RPM were included in the list of Emerging Interventions.

39. Unestablished Interventions. According the NSP, “Unestablished Interventions” may or may not be based on research articles, and any reported beneficial intervention effects are based on very poorly controlled studies. Claims of efficacy are typically based on testimonials, unverified clinical observations, opinions,

or speculation. Unestablished Interventions are those for which there is little or no evidence in the scientific literature to draw firm conclusions about the intervention's effectiveness with individuals with ASD. Consequently, decision-makers don't know if this intervention is effective, ineffective, or harmful because researchers have not conducted any or enough high-quality research. The NSP concluded, "Given how little is known about these interventions, we would recommend considering these interventions only after additional research has been conducted and this research reveals favorable outcomes for individuals with ASD." (Exhibit 6, pp. A94, A131, A137.) The NSP identified FC as an Unestablished Intervention.

40. The next article, titled "Spelling to Communicate: Is There Science Behind That?", published by ASAT equates S2C with FC and delves into S2C's claims. Specifically, the article notes:

S2C's website highlights a collection of research that is intended to support its methods. However, of the 13 studies on their website, only seven have been published. . . . Of the 7 that are published, two are non-empirical articles . . . that propose using different mixed-reality and augmented reality to increase the ability of minimally verbal persons to communicate via pointing to spell. Three publications evaluated indirect outcomes related to S2C, such as social connection . . . but did not evaluate S2C methods at all. Only two articles directly assessed the use of S2C procedures (Jaswal et al., 2024 & Jaswal et al., 2020b).

(Exhibit 10, p. A185.)

41. The ASAT article dismantles the Jaswal et al., 2024 and Jaswal et al. 2020b studies, and finds that the studies on S2C's website "claiming to provide evidence supporting S2C lack rigorous experimental methodology and empirical evidence." (Exhibit 10, p. A186.) The article consequently concludes, "[W]e do not recommend S2C or similar facilitated communication counterparts (e.g., FC, assisted typing) as an intervention to increase communication skills for minimally verbal individuals." (*Ibid.*)

42. The next article, published by ASHA, is titled "ASHA Warns Against Rapid Prompting Method or Spelling to Communicate." (Exhibit 3.) The article described RPM such that it is virtually identical to S2C, including the following:

Using RPM, an aide holds a letter board (typically in the air) and provides physical and/or verbal prompts (e.g., pointing, moving the letter board, giving verbal reprimands) designed presumably to get a child to spell out words or messages on the letter board.

RPM requires an aide to physically hold the child's alphabet board at all times. Proponents claim that this technique helps autistic children and others who have limited verbal abilities to "spell to communicate."

(Exhibit 3, p. A50.)

43. As noted in the article, ASHA adopted a policy position that advises against the use of RPM -- and by association, S2C. ASHA has several concerns about the technique, including uncertainty regarding who is doing the spelling and creation of dependence on another person, thus preventing independent communication.

ASHA also noted, "RPM is similar to a discredited and dangerous technique called [FC]," and "RPM lacks evidence of effectiveness." (Exhibit 3, pp. A51, A52.)

44. At hearing, Annette Sinanian, Board Certified Behavioral Analyst and NLACRC Behavioral Supervisor, testified regarding the decision to deny funding approval for S2C. Ms. Sinanian was the sole clinical reviewer for Service Agency in determining whether Service Agency should approve funding for S2C.

45. Ms. Sinanian noted that, while S2C is currently funded for Claimant as a social recreation service, it is being used as a therapeutic modality. She also noted social recreation services that are therapeutic or habilitative (rather than just recreational) must be evidence-based practices (i.e., scientifically shown to be effective).

46. According to Ms. Sinanian, Service Agency is denying funding approval for S2C for anyone requesting the service. It is the clinical recommendation "across the board," not just specific to Claimant. While services must be based on an individual's unique needs, they must also be evidence-based practices to obtain Service Agency funding.

47. Ms. Sinanian relies on the available body of peer-reviewed research to determine if an intervention is evidence-based. In this case, Ms. Sinanian's review included the articles and papers set forth in Factual Findings 23 through 43.

48. Ms. Sinanian noted FC and RPM are significantly similar to S2C in that they use a letter board or keyboard and are facilitator-dependent to encourage spelling. She also noted these three modalities differ from AAC which is independent communication. Ms. Sinanian pointed out that S2C would not be considered evidence-based under the CMS Guidelines. She also noted the DDS advisement against the use

of FC and RPM as discredited techniques and the NSP conclusion that FC is an Unestablished Intervention. Ms. Sinanian concluded there is insufficient evidence in peer-reviewed published research for S2C to be considered an evidence-based intervention appropriate for a person with ASD.

49. The totality of Service Agency's evidence, set forth above, supports its conclusion that S2C is "experimental" because, like FC and RPM, it is not an established evidence-based intervention scientifically shown to be effective.

CLAIMANT'S EVIDENCE AND ARGUMENT

50. Claimant submitted articles to support his assertion of S2C's efficacy. However, as noted below, these articles were insufficient to establish the efficacy of S2C.

51. Claimant submitted an article published on the University of Virginia website titled "Study Reveals Unexpected Literacy in Autistic People Who Cannot Speak." (Exhibit G.) The article noted that non-speaking individuals with ASD may possess literacy and language comprehension skills that are not reflected in their speech abilities. While Service Agency did not contradict this assertion, the article was not a peer-reviewed scientific article addressing the established efficacy of S2C.

52. Claimant also submitted an article published in the American Journal of Speech Language Pathology in 2024, titled "Effects of an Augmentative Alternative Communication Intervention Package on Socio-Communicative Behaviors Between Minimally Speaking Autistic Children and Their Peers." (Exhibit A.) The article addressed whether AAC interventions support minimally speaking autistic children in engaging in social communication. However, the article did not include S2C as an AAC intervention, and no other publication was offered that equated S2C with established

AAC interventions. Moreover, the article was not a peer-reviewed scientific article addressing the established efficacy of S2C.

53. Claimant also submitted a 2020 article in Scientific Reports titled "Eye-tracking reveals agency in assisted autistic communication," authored by Vikram K. Jaswal, Allison Wayne, and Hudson Golino. (Exhibit D.) (This 2020 article appears similar to the Jaswal 2020b article discredited by ASAT, as noted in Factual Findings 40 to 41.) The 2020 article's summary indicates:

About one-third of autistic people have limited ability to use speech. Some have learned to communicate by pointing to letters of the alphabet. But this method is controversial because it requires the assistance of another person—someone who holds a letterboard in front of users and so could theoretically cue them to point to particular letters. Indeed, some scientists have dismissed the possibility that any nonspeaking autistic person who communicates with assistance could be conveying their own thoughts. In the study reported here, we used head-mounted eye tracking to investigate communicative agency in a sample of nine nonspeaking autistic letterboard users. We measured the speed and accuracy with which they looked at and pointed to letters as they responded to novel questions. Participants pointed to about one letter per second, rarely made spelling errors, and visually fixated most letters about half a second before pointing to them. Additionally, their response times reflected planning and

production processes characteristic of fluent spelling in non-autistic typists. These findings render a cueing account of participants' performance unlikely: The speed, accuracy, timing, and visual fixation patterns suggest that participants pointed to letters they selected themselves, not letters they were directed to by the assistant. The blanket dismissal of assisted autistic communication is therefore unwarranted.

(Exhibit D, p. B23.)

54. The 2020 article does not specifically mention S2C, and even assuming the letterboard use can be equated with S2C, the 2020 article does not conclude that this form of communication is a scientifically established efficacious intervention. Rather the article opines that “blanket dismissal of assisted autistic communication is therefore unwarranted,” and the “study suggests that communication is another domain where conventional wisdom about nonspeaking autism requires revision.” (Exhibit D, pp. B23, B29.) This language indicates that further study is warranted and encourages further research, but the 2020 article stops short of concluding there is scientific evidence of the efficacy of S2C.

55. Based on studies Claimant presented, S2C is not yet an established, evidence-based treatment, and it has not been scientifically proven to be an effective intervention.

Conclusion

56. Based on the totality of the evidence, S2C is an experimental therapy that is not evidence-based and has not been scientifically proven to be an effective intervention for remediation of ASD communication deficits.

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 recommended termination funding approval for S2C, 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 proposing to terminate its funding approval for Claimant's S2C services, Service Agency bears the burden of proving by a preponderance of the evidence that terminating funding of S2C is appropriate. Service Agency has met its burden of proof.

4. A proposed decision rather than a final one is issued because this case involves federal funding under the SDP. (Welf. & Inst. Code, § 4712.5, subds. (d) & (e).)

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General Provisions of the Lanterman Act

5. 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).)

6. 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).)

SDP – Welfare & Institutions Code section 4685.8

7. The Lanterman Act provides an alternative model for funding services and supports - the SDP model. Welfare and Institutions Code section 4685.8 governs how regional centers deliver services and supports to consumers (also referred to as “participants”) and their families participating in the SDP.

8. The purpose of the SDP is “to provide participants and their families, within an individual annual 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” is defined as “a voluntary delivery system consisting of a 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. Self-determination services and supports are designed to assist the participant to achieve personally defined outcomes in community settings that promote inclusion.” (*Id.*, subd. (c)(6).)

9. The IPP team must use a person-centered planning process to develop the participant’s IPP. The IPP team details the participant’s goals and objectives to be met through the purchase of “participant-selected services and supports” and determines the individual budget sufficient to assist the participant in achieving the IPP outcomes. (Welf. & Inst. Code, § 4685.8, subd. (i).) The participant then develops a “spending plan” to “to use their available individual budget funds to purchase goods, services, and supports necessary to implement their IPP.” (*Id.*, subd. (c)(7).)

10. When developing the budget used for the SDP, the IPP team must “determine the services, supports, and goods necessary for the [participant], based on the needs and preferences of the [participant], and when appropriate the [participant's] family, the effectiveness of each option in meeting the goals specified in the IPP, and the cost effectiveness of each option[.]” (Welf. & Inst. Code, § 4685.8, subd. (b)(2)(H)(i).) Participants in the SDP model “shall utilize the services and supports available within the Self-Determination Program only when generic services and supports are not available.” (Welf. & Inst. Code, § 4685.8, subd. (d)(3)(B).) Additionally, the SDP “shall only fund services and supports . . . that the federal [CMS] determines are eligible for federal financial participation.” (Welf. & Inst. Code, § 4685.8, subd. (c)(6).)

Welfare & Institutions Code section 4648

11. 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.

Analysis and Conclusion

12. The Lanterman Act requires regional centers to collaborate with SDP participants to determine the appropriate services for the individual, based on the individual's needs and preferences. However, regional centers are also constrained by statutory limitations on funding, including the preclusion of funding if generic services and supports are available (Welf. & Inst. Code, § 4685.8, subd. (d)(3)(B)) and the requirement that services be cost-effective (Welf. & Inst. Code, § 4685.8, subd. (b)(2)(H)(i)). Additionally, the SDP shall only fund services the federal CMS determines are eligible for federal financial participation, i.e., services which undergo scrutiny for efficacy as reported in peer-reviewed literature. Moreover, notwithstanding any other law or regulation which would allow funding for a service, regional centers are

prohibited from funding “experimental treatments, therapeutic services, or devices that have not been clinically determined or scientifically proven to be effective.” (Welf. & Inst. Code, § 4648, subd. (a)(17).)

13. In this case, S2C is an experimental therapy, and there is no evidence that S2C has been scientifically proven as an effective treatment for remediation of ASD communication limitations like Claimant’s. Although Claimant believes S2C meets his individual needs, and anecdotally the experience has been beneficial for Claimant, Service Agency is prohibited by statute from funding this experimental therapy.

14. Given the foregoing, Service Agency was justified in terminating approval for Claimant’s use of SDP funds for S2C classes.

ORDER

Claimant’s appeal is denied. North Los Angeles County Regional Center’s termination of funding approval for Claimant’s Spelling to Communicate class is upheld.

DATE:

JULIE CABOS OWEN
Senior Administrative Law Judge
Office of Administrative Hearings

BEFORE THE
DEPARTMENT OF DEVELOPMENTAL SERVICES
STATE OF CALIFORNIA

In the Matter of:

Claimant

OAH Case No. 2025120974

Vs.

DECISION BY THE DIRECTOR

North Los Angeles Regional Center

Respondent.

ORDER OF DECISION

On February 26, 2026, an Administrative Law Judge (ALJ) at the Office of Administrative Hearings (OAH) issued a Proposed Decision in this matter.

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

This is the final administrative Decision. Each party is bound by this Decision. Either party may request a reconsideration pursuant to Welfare and Institutions Code section 4712.5, subdivision (a)(1), within 15 days of receiving the Decision or appeal the Decision to a court of competent jurisdiction within 180 days of receiving the final Decision.

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

IT IS SO ORDERED on this day March 17, 2026

Original signed by

Katie Hornberger, Deputy Director
Division of Community Assistance and Resolutions