

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

In the Matter of:

CLAIMANT,

and

WESTSIDE REGIONAL CENTER,

Service Agency.

DDS No. CS0033291

OAH No. 2026010645

DECISION

Erlinda Shrenger, Administrative Law Judge, Office of Administrative Hearings, State of California, heard this matter on March 30, 2026, at the Westside Regional Center (Service Agency or WRC) in El Segundo, California. (Claimant's other appeal in OAH No. 2026010640 (DDS No. CS0033290) was also heard on March 30, 2026, and a separate decision will be issued for that appeal.)

Claimant represented herself. (Claimant is not identified by name to protect her privacy.) Sonia Tostado, Appeals and Resolution Specialist, represented Service Agency.

Oral and documentary evidence was received. The record was closed, and the matter was submitted for decision on March 30, 2026.

ISSUE

Should Service Agency be required to reimburse Claimant for the cost of neurofeedback therapy she received between August 12, 2025, through November 7, 2025?

EVIDENCE RELIED UPON

Documents: Service Agency exhibits 1 through 10.

Testimonial: Sonia Tostado, WRC Appeals and Resolution Specialist, and Claimant.

FACTUAL FINDINGS

Jurisdictional Matters

1. Claimant is a 25-year-old female who is eligible for regional center services based on her diagnosis of Autism Spectrum Disorder (ASD).
2. By a letter dated December 19, 2025, Service Agency notified Claimant that her request for funding for neurofeedback therapy was denied. Service Agency denied Claimant's request on the grounds that, pursuant to Welfare and Institutions Code section 4648, subdivision (a)(17), "regional centers are prohibited from funding

experimental services or devices that lack demonstrated safety and effectiveness.”
(Exh. 4, p. A42.)

3. On January 9, 2026, Claimant appealed Service Agency’s denial of her funding request for neurofeedback therapy on the following grounds:

The Regional Center misapplied WIC 4648(a)(17) by equating a non-standard service with an experimental one, without making the individualized determination required by law. Westside's characterization of neurofeedback as "experimental" reflects a discretionary funding policy rather than an objective finding that the service lacks demonstrated safety or effectiveness as required under WIC § 4648(a)(17). Neurofeedback was deemed appropriate for my specific neurodevelopmental disability by qualified healthcare providers.

(Exh. 4, p. A38.)

Claimant’s Request

4. Claimant received neurofeedback therapy at The Drake Institute of Behavioral Medicine (Drake Institute) from August 12, 2025, through November 7, 2025. At hearing, Claimant testified she paid the Drake Institute for the cost of the therapy and now seeks reimbursement from Service Agency. Claimant presented invoices from the Drake Institute dated November 4 and 17, 2025, indicating the total cost of Claimant’s therapy was \$8,716.61. (Exh. 6.) The invoices indicate that Claimant was supposed to submit the invoices directly to her insurance carrier for payment.

5. Claimant has medical insurance through Aetna. Claimant testified she submitted a claim to Aetna in October 2025 for payment of her neurofeedback therapy. Claimant contends she has received no response from Aetna on the status of her claim. According to Claimant, Aetna has not formally denied or processed her claim.

Service Agency's Contentions

6. At hearing, Ms. Tostado explained that Service Agency denied Claimant's funding request for neurofeedback therapy because neurofeedback therapy is considered experimental and there is not enough scientific evidence that it is an effective therapy for ASD. Service Agency is prohibited from funding experimental treatments.

7. Ms. Tostado explained that Service Agency received the Drake Institute invoices that were intended to be submitted to Claimant's insurance. Service Agency is aware Claimant is currently advocating for herself through the insurance claim process.

Claimant's Contentions

8. Claimant contends that neurofeedback therapy is related to her diagnosis of ASD. Claimant explained neurofeedback therapy is an alternative to medications. Claimant testified she had side-effects from medications, which is why she decided to try neurofeedback therapy.

9. Claimant contends her neurofeedback therapy has helped lessen her ASD symptoms. For example, Claimant explained that she has perseverative thoughts and her mind replays every little detail such that she cannot let go of the thoughts. Claimant contends neurofeedback therapy helped her let go of those thoughts.

10. Claimant contends neurofeedback therapy is a therapy for ASD. However, Claimant presented no documentation from the Drake Institute other than cost invoices. No documentation or other evidence was presented that describes, for example, the nature of the neurofeedback therapy and how it addresses Claimant's ASD, the treatment plan for the use of the therapy, the goals to be achieved with the therapy, and the method for measuring Claimant's progress with the therapy.

LEGAL CONCLUSIONS

Jurisdiction and Burden of Proof

1. The Lanterman Developmental Disabilities Services Act (Lanterman Act), set forth at Welfare and Institutions Code section 4500 et seq., governs this case. (All undesignated statutory references are to the Welfare and Institutions Code unless otherwise indicated.)

2. When one seeks government benefits or services, the burden of proof is on that party. (*Lindsay v. San Diego Retirement Bd.* (1964) 231 Cal.App.2d 156, 161.) The standard of proof in this case is the preponderance of the evidence, because no law or statute (including the Lanterman Act) requires otherwise. (Evid. Code, § 115.) Preponderance of the evidence means evidence that has more convincing force than that opposed to it. (*Glage v. Hawes Firearms Co.* (1990) 226 Cal.App.3d 314, 324.)

3. In this case, claimant seeks reimbursement for the cost of her neurofeedback therapy, which Service Agency has not previously agreed to provide. Therefore, claimant has the burden of proving by a preponderance of the evidence that she is entitled to the requested reimbursement. (See Evid. Code, § 500.) Claimant did not meet this burden.

Lanterman Act

4. A regional center is required to secure the services and supports that meet the needs of the consumer, as determined in the consumer's individual program plan (IPP). (§ 4646, subd. (a)(1).)

5. The Lanterman Act defines "services and supports" to mean "specialized services and supports or special adaptations of generic services directed toward the alleviation of a developmental disability, or toward the achievement and maintenance of an independent, productive, and normal life." (§ 4512, subd. (b).)

6. The determination of which services and supports are necessary for each consumer shall be made through the IPP process. (§ 4512, subd. (b).) 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 IPP participants, the effectiveness of each option in meeting the goals stated in the IPP, and the cost-effectiveness of each option. (*Ibid.*)

7. The planning process for an IPP includes gathering information and conducting assessments. (§ 4646.5, subd. (a)(1).) Assessments shall be conducted by qualified individuals and performed in natural environments whenever possible. (*Ibid.*) Assessments may include "collection and review of available historical diagnostic data, provision or procurement of necessary tests and evaluations, and summarization of developmental levels and service needs." (§ 4643, subd. (a).)

8. The IPP shall include a statement of goals based on the needs, preferences, and life choices of the consumer, and a statement of specific, time-limited objectives for implementing the person's goals and addressing the person's needs. (§

4646.5, subd. (a)(2)) The objectives “shall be stated in terms that allow measurement of progress or monitoring of service delivery.” (*Ibid.*)

9. When purchasing services and supports for a consumer, a regional center shall ensure conformance with the regional center’s purchase of service policies, use of generic services and supports when appropriate, and use of other services and sources of funding as contained in section 4659. (§ 4646.4, subds. (a)(1)-(3).)

10. Section 4648, subdivision (a)(17), provides, in pertinent part:

Notwithstanding any other law or regulation, . . . 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

11. Claimant did not prove by a preponderance of the evidence that she is entitled to regional center reimbursement for the cost of her neurofeedback therapy. Claimant presented no evidence to refute Service Agency’s contention that neurofeedback therapy is an “experimental” therapy that has not been clinically determined or scientifically proven to be an effective therapy for ASD.

//

12. Other than cost invoices, Claimant presented no documentation from the Drake Institute regarding her neurofeedback therapy, such as assessment reports, treatment plans, or progress reports, detailing Claimant's needs addressed by the therapy, the goals or objectives of the therapy, the duration of the treatment, and claimant's progress. Claimant's own testimony, by itself, is not sufficient to establish neurofeedback therapy as an effective therapy or treatment to address her ASD. Claimant presented no documentation to support her contention that neurofeedback therapy was deemed appropriate for her disability by qualified healthcare providers.

13. Additionally, the Lanterman Act does not specifically authorize retroactive reimbursement of services costs to consumers and their families in the fair hearing context. The statutes detailing the IPP process suggest that reimbursement is generally not available, particularly where the development of the IPP is supposed to be a collaborative process between the parties and the process necessarily requires prior consideration and approval of any service or support provided to an individual consumer. Here, Claimant unilaterally obtained and paid for neurofeedback therapy with the Drake Institute outside of the IPP process and without Service Agency's prior approval. Consequently, Service Agency is not required to reimburse Claimant for the cost of her neurofeedback therapy.

14. Based on the foregoing, Claimant's appeal shall be denied.

//

//

//

//

ORDER

Claimant's appeal is denied. Service Agency is not required to reimburse Claimant for the cost of neurofeedback therapy she received between August 12, 2025, through November 7, 2025.

DATE:

ERLINDA SHRENGER

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.