

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

In the Matter of:

CLAIMANT

and

VALLEY MOUNTAIN REGIONAL CENTER, Service Agency

DDS No. CS0034214

OAH No. 2026021041

DECISION

Administrative Law Judge Jennevee H. de Guzman, Office of Administrative Hearings, State of California, acting as a Fair Hearing Officer, heard this matter by videoconference on April 1, 2026, from Sacramento, California.

Jason Toepel, Compliance Officer, represented Valley Mountain Regional Center (VMRC).

Claimant's parents represented claimant.

Evidence was received. The record was held open for claimant to upload additional studies supporting his position that the individual modules of the recommended neuroadaptive therapy intensives (NTI) have been clinically determined

or scientifically proven to be effective interventions for children with autism spectrum disorder (ASD). The record was also held open for VMRC to upload written objections to claimant's additional evidence.

Claimant submitted a document entitled "A. Autism Spectrum Disorder," which has been marked as Exhibit J. Exhibit J appears to be a brief summary of four articles regarding various studies. The underlying articles pertaining to the studies were not included, and the author of Exhibit J is unknown. VMRC submitted a written objection to Exhibit J, which has been marked as Exhibit 26 and admitted as argument. VMRC objects to the admission of Exhibit J because it is not a study, lacks foundation and reliability, contains unverifiable content, and is hearsay. Alternatively, VMRC requests additional articles marked as Exhibits 22 through 25 be admitted into evidence if Exhibit J is found admissible. VMRC's objection is sustained, Exhibit J is excluded, and Exhibits 22 through 25 are therefore deemed withdrawn. The record then closed, and the parties submitted the matter for decision on April 10, 2026.

ISSUE

Whether VMRC should fund NTI.

FACTUAL FINDINGS

Background and Jurisdictional Matters

1. Claimant is seven years old and lives with his parents in Tracy, California. He is eligible to receive supports and services from VMRC based on his qualifying disability of ASD. An Individual Program Plan (IPP) meeting was held on September 22,

2025. Claimant's IPP goals include increasing his community participation, safety awareness, emotional regulation skills and receiving appropriate medical services to support his development.

2. On or about January 5, 2026, claimant's occupational therapist (OT) Marianna Ayers Sordille, OTD, OTR/L, submitted a written request to VMRC for approval of quarterly NTI commencing on January 26, 2026. Dr. Sordille explained NTI "is a structured, short-term program delivered over one or two consecutive weeks (10 hours per week) that integrates evidence-based neurodevelopmental, sensory integration, vestibular, and motor learning approaches with carefully selected therapeutic technologies." The individual modalities included in claimant's recommended NTI were identified as follows: low-level light therapy (photobiomodulation [PBM]); manual therapy and therapeutic touch; vestibular and visual-vestibular rehabilitation; oculomotor and visual efficiency interventions; sensory-integration-based interventions (Ayres Sensory Integration [ASI]); proprioceptive and tactile interventions; cranial nerve-related motor and sensory support; and adjunctive neuromodulatory supports.

3. On January 14, 2026, VMRC sent claimant a notice of action (NOA) denying his request. VMRC proposed to deny claimant's request as follows:

VMRC is prohibited by law from funding therapeutic services that are not clinically determined or scientifically proven to be [e]ffective. At this time, the requested therapy is not considered by the professional and scientific community to be an evidence-based therapy for autism spectrum disorders and would be considered experimental.

4. Claimant timely appealed the NOA. This fair hearing followed.

VMRC's Evidence

DANIELLE WELLS'S TESTIMONY

5. Ms. Wells has worked at VMRC for 14 years. She is a program manager in the early childhood department and member of the insurance review committee. Ms. Wells is also a leadership team member of the California Autism Professional Training and Information Network (CAPTAIN). CAPTAIN is a statewide interagency network that was developed to understand and promote the use of evidence-based practices for individuals with ASD. It is a model for the implementation of evidenced-based practices in other states.

6. Ms. Wells reviewed claimant's request for NTI. Of the eight proposed NTI modalities, ASI is the only intervention that has been clinically determined or scientifically proven to be effective for children with ASD. ASI is typically provided by an OT. Ms. Wells explained VMRC is prohibited from funding OT services to children due to California's participation in the Medicaid Home and Community-Based Waiver Program (HCBW Program). Under this program, Ms. Wells explained OT may only be provided to individuals age 21 and over. She believed OT for children is specifically excluded because generic resources such as school districts and medical insurance are required to provide this service.

DR. ROXANN WRIGHT'S TESTIMONY

7. Dr. Wright has worked as a clinical specialist at VMRC for five years. She has a bachelor's, master's, and doctoral degree in clinical forensic psychology. Dr. Wright has experience completing ASD evaluations, working with families with autistic

children, and reviewing regional center eligibility on a large scale. Her review of scholarly articles is part of her clinical review process when considering a client's request for services.

8. Dr. Wright explained the general vendorization process for regional centers. She stated a regional center must vendorize an applicant if they meet the minimal requirements for the requested service code. A regional center, however, is not required to use the vendor.

9. Dr. Wright reviewed claimant's NTI request. She described NTI as an intensive therapy model that incorporates a variety of modalities used in conjunction with each other. With the exception of ASI, Dr. Wright stated the recommended NTI modalities are emerging interventions for children with ASD. She reviewed several articles regarding some of the modalities, which were admitted as VMRC's Exhibit Nos. 12 through 19. Dr. Wright addressed each article as follows:

PBM

10. Dr. Wright reviewed two articles pertaining to PBM, including "Brain Photobiomodulation Therapy: A Narrative Review" and "Lights on for Autism." Based on these articles, Dr. Wright explained PBM is used during NTI to support an ASD client's "engagement readiness" for receiving the additional therapies. PBM, however, has not yet been scientifically proven as effective for this intended use. PBM use for children with ASD, while promising, is in the preliminary stages and further clinical trials are necessary.

Manual and Therapeutic Touch

11. Dr. Wright reviewed "Discriminative and Affective Touch: Sensing and Feeling," an article pertaining to manual and therapeutic touch therapies. Dr. Sordille cited this article in support of her use of these modalities. Dr. Wright explained the authors indicated they had made some observations in support of their hypothesis regarding these modalities but acknowledged there were other plausible explanations for their observations. The authors were unsure whether the therapies were a specific determinant of their theory. Dr. Wright stated these therapies are in the "hypothesis" stage. She explained a hypothesis is the question upon which research is based. Dr. Wright thus concluded manual and therapeutic therapies have not yet been scientifically proven as effective for children with ASD.

Vestibular and Visual-Vestibular Rehabilitation

12. Dr. Wright reviewed "Vestibular Function in Children with Neurodevelopmental Disorders: A Systemic Review." She stated the article is a systemic review of several studies. Dr. Wright explained studies are generally conducted to explore a theory and are not confirmations of evidence-based practices.

Proprioceptive and Tactile Interventions

13. Dr. Wright reviewed "Systemic Review of Sensory-Based Interventions for Children and Youth," an article limited to a review of studies conducted between 2015 and 2024. She highlighted the article specifically discussed the limitations of these studies and acknowledged the necessity of future research.

Cranial Nerve-Related Motor and Sensory Support

14. Dr. Wright reviewed "Retained Primitive Reflexes and Potential for Intervention in Autistic Spectrum Disorders." She explained the article indicates this modality is in the hypothesis stage.

Adjunctive Neuromodulatory Supports

15. Dr. Wright reviewed "Efficacy and Safety of Neuromodulation Interventions for Autism Spectrum Disorders with Comorbidities: A Systemic Review" and "New Advances in the Diagnosis and Treatment of Autism Spectrum Disorders," articles discussing neuromodulation. She explained the research surrounding this therapy is in its "infancy" and more studies are required prior to it being identified as an evidenced-based practice.

DOCUMENTARY EVIDENCE

16. VMRC introduced the Centers for Medicare & Medicaid Services application instructions for the HCBW Program and 2025 approval of California's request for an amendment to its application. Appendix C-3 of the instructions sets forth, among other things, the specifications of waiver services for children and provides as follows:

If a service is available to a child under the state plan or could be furnished as service required under the [Early and Periodic Screening, Diagnostic and Treatment (EPSDT)] benefit under the provisions of §1905(r), it may not be covered as a waiver service for child waiver participants. Thus, in a waiver that serves children, services such as . . .

occupational therapy . . . may not be furnished as waiver services to children.

California's HCBW Program application similarly reflects this language.

Claimant's Evidence

ERINN ASKIN'S TESTIMONY

17. Ms. Askin is an OT and obtained a master's degree from the University of Southern California. She has 16 years of advanced practice experience in peripheral agent modalities, including NTI. Ms. Askin trained claimant's OT, Dr. Sordille, in NTI. She has not personally provided therapy to claimant but understands he has not progressed to his fullest potential due to missed intervention opportunities throughout his life. Ms. Askin believes claimant is a suitable NTI candidate due to his need for deeper therapy to build necessary neural connections.

18. Ms. Askin described NTI as a blend of advanced practices that join recommended sensory integrations with advanced technologies to address concerns at the cellular level. Ms. Askin explained that, while traditional therapies are effective for the majority of children, there is a minority group who struggle at the cellular level. She also explained that, for this minority group, their brain cells lack the requisite cellular energy for traditional therapies. Ms. Askin further explained PBM or low level lasers are used to stimulate brain cells, which results in more efficient therapy. She stated she has participated in discussions regarding PBM and its efficacy and acknowledged the research has not been evaluated in a "truly robust manner."

CLAIMANT'S MOTHER'S TESTIMONY

19. Claimant received ineffective ASD early interventions during the COVID-19 pandemic. Consequently, the family has privately paid for a variety of therapies, including applied behavioral analysis (ABA), OT, and speech, to help claimant reach his full potential. Mother learned about NTI and believed it sounded promising. Based on her understanding of NTI, she believes NTI is designed to address the lack of foundational skills necessary for motor planning and coordination and reading. Claimant initially received NTI from a provider located in the Bay Area. Mother believes NTI was effective because claimant has demonstrated increased coordination as evidenced by his use of monkey bars and his balance bike. She stated claimant has made more progress in the last three months than in the last three years. The commute to and from the Bay Area, however, became too taxing. Mother has since found Dr. Sordille, who is a vendorized OT by Regional Center of the East Bay (RCEB), has assessed claimant, and recommends claimant receive NTI.

CLAIMANT'S FATHER'S TESTIMONY

20. Father emphasized that Dr. Sordille is a RCEB vendor. He believes it seems unfair to prohibit Dr. Sordille from providing NTI to claimant.

DOCUMENTARY EVIDENCE

21. Claimant provided a letter dated March 25, 2026, from Kaiser Permanente denying his NTI request because it is "not an established or standard treatment for [ASD]." The letter indicated claimant "has already been referred to ABA therapy" and that the "next step is to continue with the assessment process to better understand [claimant's] needs."

Claimant also provided a letter from Armen Nikogosian, M.D., his treating physician, dated March 25, 2026. Dr. Nikogosian acknowledged NTI research is still developing but nevertheless is justified for claimant. Kate Wong, D.C., claimant's chiropractor, also offered a letter dated March 28, 2026. Dr. Wong described claimant's recent improvements.

Analysis

22. With the exception of ASI, the evidence does not establish the remaining recommended NTI modalities have been clinically determined or scientifically proven to be an effective therapeutic intervention for children with ASD. The overwhelming evidence demonstrates the research pertaining to these modalities is in the early stages and more rigorous studies must be conducted. Claimant's own expert acknowledged PBM research has not been evaluated in a "truly robust manner." Although these modalities appear to benefit claimant, which is highly encouraging, the Lanterman Act prohibits VMRC from funding these types of experimental therapies at this time. Moreover, although Dr. Sordille is an authorized RCEB OT vendor, her status alone is insufficient to overcome the relevant Lanterman Act requirements.

23. VMRC concedes ASI has been scientifically proven as an effective intervention for children with ASD within the meaning of the Lanterman Act. VMRC argues, however, it is prohibited from funding ASI due to California's participation in the HCBW Program. This reason for denial was not included in the NOA. Rather, claimant was notified of this reason just prior to hearing in VMRC's position statement. The short notice, however, did not prejudice claimant because VMRC failed to establish this prohibition.

Under the HCBW Program, OT may be available to a child if it is unavailable under the state plan or EPSDT. VMRC did not present any evidence regarding the services included in the state plan or EPSDT, and it is unknown whether OT is included in either. Nevertheless, claimant's medical insurance is required to provide medically necessary services, such as OT, to claimant. Claimant has access to medical insurance through Kaiser Permanente. His access to this generic resource precludes VMRC from funding ASI.

24. For the foregoing reasons, claimant's appeal must be denied.

LEGAL CONCLUSIONS

1. The party seeking government benefits or services has the burden of proof. (*Lindsay v. San Diego County Retirement Bd.* (1964) 231 Cal.App.2d 156, 161.) In this case, claimant bears the burden of proving, by a preponderance of the evidence, that VMRC is required to fund NTI. (Evid. Code, § 115.) The term preponderance of the evidence means "more likely than not." (*Sandoval v. Bank of America* (2002) 94 Cal.App.4th 1378, 1388.)

2. Under the Lanterman Act, the State of California accepts responsibility for persons with developmental disabilities and pays for the majority of the "treatment and habilitation services and supports" to enable such persons to live "in the least restrictive environment." (Welf. & Inst. Code, § 4502, subd. (b)(1).) The State Department of Developmental Services is charged with implementing the Lanterman Act and is authorized to contract with regional centers to provide the developmentally disabled access to the services and supports needed. (Welf. & Inst. Code, § 4620, subd. (a); *Williams v. State of Cal.* (9th Cir. 2014) 764 F.3d 1002, 1004.)

3. To determine how an individual consumer is to be served, regional centers are directed to conduct a planning process that results in an IPP designed to promote as normal a lifestyle as possible. (Welf. & Inst. Code, § 4646; *Assoc. for Retarded Citizens v. Dept. of Developmental Services* (1985) 38 Cal.3d 384, 389.) The regional center must then “secure services and supports that meet the needs of the consumer” within the context of the IPP. (Welf. & Inst. Code, § 4648, subd. (a)(1).)

4. Although regional centers are mandated to provide a wide range of services to implement a consumer’s IPP, they must do so in a cost-effective manner. (Welf. & Inst. Code, § 4646, subd. (a).) A regional center is not required to provide every service a consumer or family may request. When purchasing services and supports, regional centers shall ensure utilization of generic services and supports and consider a family’s responsibility for providing similar services and supports for a minor child without disabilities. (Welf. & Inst. Code, § 4646.4, subds. (a)(2) & (4).) In addition, regional centers are prohibited from purchasing “experimental treatments, therapeutic services, or devices that have not been clinically determined or scientifically proven to be effective or safe or for which risks and complications are unknown.” (Welf. & Inst. Code, § 4648, subd. (a)(17).)

5. Based on the Factual Findings and Legal Conclusions as a whole, claimant failed to meet his burden of establishing by a preponderance of evidence that VMRC must fund NTI. The evidence failed to establish that, with the exception of ASI, the recommended NTI modalities have been clinically determined or scientifically proven to be effective therapeutic interventions for children with ASD. ASI is an intervention that should be covered by claimant’s medical insurance. Accordingly, claimant’s appeal must be denied.

ORDER

Claimant's appeal from VMRC's January 14, 2026 Notice of Action is DENIED.

DATE: April 15, 2026

JENNEVEE H. DE GUZMAN

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.