BEFORE THE
DEPARTMENT OF DEVELOPMENTAL SERVICES
STATE OF CALIFORNIA

In the Matter of:

CLAIMANT

and

TRI-COUNTIES REGIONAL CENTER,

Service Agency.

DDS No. CS 0034351

OAH No. 2026021186

PROPOSED DECISION

Ji-Lan Zang, Administrative Law Judge, Office of Administrative Hearings, State of California, heard this matter on May 4, 2026, in Oxnard, California.

Alicia Galdamez, Services and Supports Manager, represented Tri-Counties Regional Center (TCRC).

Claimant's mother (Mother) represented Claimant. (Claimant and his family are identified by their titles to protect their privacy.)

Oral and documentary evidence was received. The record was held open for evidence only based on the following schedule: By May 11, 2026, TCRC shall submit (1) Claimant's most recent Individual Program Plan (IPP) and (2) Claimant's Self-Determination Program (SDP) budget; and Claimant shall submit (1) email from educational therapist; (2) email from Center for Developmental Play and Learning (CDPL); and (3) evidence-based research on educational therapy. By May 18, 2026, parties may file any objections or responses to the additional evidence submitted by the other party.

Parties timely submitted additional evidence and responses. TCRC submitted the following documents which were marked and admitted without objection from Claimant: (1) SDP budget dated April 20, 2026 (Exhibit 17); (2) IPP signature page dated April 30, 2026 (Exhibit 18); (3) SDP IPP (Exhibit 19); (4) 2026 new SDP budget (Exhibit 20); and (5) PowerPoint on evidence-based autism spectrum disorder interventions (Exhibit 21). Claimant submitted the following documents which were marked and admitted without objection from TCRC: (1) Insurance non-coverage statement (Exhibit G); (2) emails from CDPL and educational therapist (Exhibit H); (3) insurance denial letter (Exhibit I); (4) statement on evidence-based support for executive function intervention in autism (Exhibit J); (5) Gold Coast Health Plan handbook (Exhibit K); (6) statement on educational therapy evidence (Exhibit L); (7) statement on insurance non-coverage (Exhibit M); (8) Community Memorial Healthcare benefit summary (Exhibit N); (9) additional statement on evidence-based support for executive function intervention in autism (Exhibit O); (9) educational therapy denial from school (Exhibit P); (10) Letter from H & H Learning (Exhibit Q); and (11) Letter from Summit Learning (Exhibit R). TCRC summited a response to Claimant's additional evidence, which was marked for identification as Exhibit 22.

The record was closed, and the matter was submitted for decision on May 18, 2026.

ISSUE

Should TCRC increase Claimant's SDP budget to fund the following services: (1) educational therapy (ET) and executive functioning (EF) support through Rise Above-A Learning Environment (Rise Above); (2) occupational therapy (OT) equipment, including a swing, climbing equipment, and a crash pad, for home use; and (3) legal representation for disputes with Claimant's school district related to his educational services?

EVIDENCE

Documentary: TCRC's Exhibits 1–21; Claimant's Exhibits D-R

Testimonial: Catarina Castaneda, M.D., TCRC Staff Physician; Carmen Flores, TCRC Service Coordinator; Gabrielle Bodle, TCRC Services and Supports Manager; Veronica Rodriguez-Torres, TCRC Self-Directed Services Manager; Mother; and Claimant's father (Father).

FACTUAL FINDINGS

Parties and Jurisdiction

1. Claimant is a five-year-old boy. He qualifies for regional center services based on a diagnosis of autism.

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2. On February 19, 2026, TCRC sent Claimant a Notice of Action letter denying his requests for (1) ET and EF through Rise Above; (2) OT equipment, including a swing, climbing equipment, and a crash pad, for home use; and (3) legal representation for disputes with claimant's school district related to his educational services. Claimant timely filed a request for a fair hearing appealing the denials. All jurisdictional requirements have been met.

Background

3. According to Claimant's most recent IPP dated September 8, 2025, Claimant lives at home with Mother, Father, and his sister. Claimant has difficulty manipulating objects, and he eats with fingers. He is not toilet-trained, requires assistance with wiping, and will not complete a bowel movement unless someone is with him. Claimant depends on others for self-care activities, including feeding, bathing, brushing teeth, and dressing. Claimant engages in aggressive behavior with his sibling and Mother; he can destroy clothing, toys and furniture; and he elopes more than twice a week. Claimant requires constant supervision in all settings to prevent injury to himself or others. For example, Claimant has run into streets and parking lots, attempted to use kitchen knives as swords with his sister and dog, and climbed and jumped off high furniture. Although Claimant initiates interactions with peers, when upset, he urinates in inappropriate places and cannot calm himself without direct caregiver intervention.

4. On May 1, 2026, Claimant transitioned from the traditional delivery model to SDP. Claimant's most recent SDP budget shows that his current IPP authorization includes 80 hours per month of respite services and social recreational activities (two swim classes per week and We Rock the Spectrum gym membership) totaling $41,780.44. (Ex. 20, p. A90.) The SDP budget also shows unmet needs

authorization, including 30 hours per month of respite, 15 hours per month of personal assistant, 22.5 hours of adaptive skills per month, and additional social recreational activities (summer, spring, fall, and winter camps), totaling $65,453.80. (*Id.*, p. A91.) Claimant's total SDP budget is $107,234.24.

5. It should be noted that 22.5 hours of adaptive skills per month already authorized by TCRC consists of five hours of DIR/Floortime (Floortime) per week to be provided by CDPL. However, due to delays associated with Claimant's transition from the traditional delivery model to SDP, Claimant has not started Floortime with CDPL as of the date of the hearing.

ET and EF Through Rise Above

6. Claimant requests ET and EF support through the provider Rise Above. According to the Rise Above website, the services it offers includes "one-to-one intensive educational therapy (ET)" and "one-to-one executive functions (EF) support." (Ex. 9, p. A30.) The website also states that these services are appropriate under the following circumstances:

> - You may have had early indicators when your child was very young, such as early ear infections, difficulty with maintaining concentration on a task, problems remembering, delay in learning language, or problems paying attention.
>
> - Your child or adolescent may come home from school and tell you, "I'm stupid. I hate school I don't get what I am supposed to do." You see a loss of self-esteem regarding school performance.

- Your child or adolescent may resist going to school, or participating in normal childhood activities. You may have concerns based on observation of your child or adolescent that all is not right with his or her ability to learn, or to benefit from school.

- Your child or adolescent may take an extreme amount of time and parent support getting homework tasks done.

- You see ongoing struggles with homework and school assignments that may increase as schoolwork becomes more difficult.

- You see a sudden onset of frustration with school and homework.

- You see discouragement and withdrawal.

(*Id.*, pp. 30-31.)

7. The Rise Above website indicates that "[a]ny student, ages five through adult, can benefit [from ET and EF]. Students who are taught how to learn through demystifying the process of learning will increase their confidence, allowing them to become more efficient, empowered, and successful students." (Ex. 9, p. A30-A31.)

8. Mother requests ET and EF through Rise Above because Rise Above "delivers executive functioning and adaptive life skills—not solely academic instruction." (Ex. L, p. B130.) Mother cites several studies to show that EF intervention is

not experimental, but an evidence-based intervention for individuals with autism spectrum disorder. (Ex. O, p. B144.) Mother wrote:

> Multiple peer-reviewed studies confirm that executive functioning skills can be directly improved through structured intervention. A randomized controlled trial by Kenworthy et al. (2014), published in the Journal of Child Psychology and Psychiatry, found that children with autism who participated in executive function intervention showed significant improvements in planning, organization, and self-regulation. Randomized controlled trials are considered one of the highest standards of scientific evidence, demonstrating that the improvements observed were directly caused by the intervention rather than chance. Similarly, Dawson et al. (2010), published in Pediatrics, demonstrated that structured cognitive and behavioral interventions led to measurable improvements in both cognitive functioning and adaptive behavior in children with autism. This is particularly important because adaptive behavior-how a child functions in daily life-is directly tied to executive functioning skills. Additionally, Diamond & Lee (2011), published in the journal Science, concluded that functioning abilities are highly responsive to structured intervention, and that targeted programs can significantly improve these skills in children. This body of research clearly establishes that executive functioning is not a fixed

> limitation, but rather a modifiable skill set that improves with intervention.

(Ibid.)

9. Mother further contends that the ET and EF services offered by Rise Above are different from those offered by CDPL. She submitted an email from Rise Above's educational therapist who described her services as "higher-level executive functioning skills and supporting their application within daily routines, learning activities, and community participation." (Ex. H, p. B20.) Areas that Rise Above works on include sustained attention, task initiation, planning and prioritizing, organization, time management, verbal working memory, and non-verbal working memory. (*Ibid.*) Mother also submitted two letters from other providers, H & H Learning Services, and Summit Learning, that are currently working with families who use SDP funds to engage in ET. (Exs. Q & R.)

10. TCRC does not dispute that Claimant has executive functioning deficits. However, TCRC contends that these deficits are best addressed by evidence-based therapies, such as Floortime or Applied Behavior Analysis (ABA). TCRC further contends that ET and EF offered through Rise Above are experimental in nature because there is no evidence-based literature supporting its use for treating autism spectrum disorder. At the hearing, Catarina Castaneda, M.D., TCRC Staff Physician, testified that evidence-based studies are double blind, and there is no such study showing that educational therapy is effective in treating executive functioning deficits in individuals with autism spectrum disorder. The double-blind, evidenced-based interventions that are effective in treating these deficits are ABA therapy and Floortime.

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11. Additionally, according to Carmen Flores, TCRC Service Coordinator, CDPL has confirmed that the Floortime services it provides will meet claimant's executive functioning needs. CDPL performed a functional emotional assessment of claimant on March 11, 2026. Based on this assessment, suggested Claimant's goals for Floortime include the following: "[Claimant] will maintain shared attention and self-organization for 30 minutes around a wide variety of activities (including both preferred and novel) in most instances measured (Strategies to work on this goal include addressing regulation, impulse control, extended attention and shared affect)." (Ex. 14, p. A65.) Moreover, on March 12, 2026, Kendra Wessling, CDPL Director, wrote that areas of executive functioning addressed during Floortime include sustained attention, task initiation, planning, organization, time management, verbal working memory, and non-verbal working memory. (Ex. H, p. B19.)

12. In response to Mother's citation of literature, TCRC asserts that it utilizes publications and information from various clearinghouses including the California Autism Professional Training and Information Network (CAPTAIN) and National Professional Development Center on Autism. (Ex. 22.) However, executive functioning therapy is not listed as an evidence-based therapy on either clearinghouse. In addition, it is not listed on the National Clearinghouse on Autism Evidence and Practice Evidence-Based (National Clearinghouse) databases. Regarding the specific literature cited by Mother, the article by Kenworthy et al. (2014) addresses executive functioning through a cognitive-behavioral program (CBT), which is recognized by CAPTAIN and National Clearinghouse as evidence-based. The article by Dawson, G., et. al. (2010) focuses on executive functioning intervention through a behavioral intervention program similar to ABA, which is recognized by CAPTAIN and National Clearinghouse as evidence-based. The article by Diamond, A., & Lee, K. (2011) focuses on reviewing multiple interventions focused on executive functioning for all children and is not

specific to children with autism spectrum disorder. Some of the interventions discussed in the article (e.g. computerized training, martial arts) are not recognized by CAPTAIN and National Clearinghouse as evidence-based, but Floortime, which has been made available to Claimant, is recognized as such.

OT Equipment

13. Mother requests OT equipment for home use based on an OT evaluation performed by Achievement Center for Therapy (Achievement Center), dated February 3, 2026. Specifically, after conducting clinical observations and several standardized tests, Naomi Urquidez, OTR/L, found that claimant presents with delays and challenges in visual motor, fine motor, sensory processing, and executive functioning skills that significantly impact his participation in school-based activities. OT Urquidez also found that sensory processing differences further impact claimant's functional performance and safety. He demonstrates sensory seeking behaviors, particularly a strong preference for high-intensity proprioceptive input and a consistent need for mild vestibular input. At times, Claimant seeks input in ways that may be unsafe or disruptive within the school environment, indicating reduced body awareness and difficulty self-modulating arousal levels. OT Urquidez recommended that claimant receive OT to address visual motor, fine motor and handwriting skills, sensory regulation and body awareness, and executive functioning to support improved access to the curriculum, task engagement, self-regulation, and participation across educational settings. Furthermore, she recommended: "[Claimant] would also benefit from the following materials: (1) weighted materials; (2) climbing equipment; (3) crash pad." (Ex. 13, p. A56.)

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14. Additionally, in an evaluation summary dated February 3, 2026, Shawn Manvell, Owner and Founder of Achievement Center, wrote:

> Adaptive Equipment and Therapeutic Supports
>
> To support regulation and sensory integration needs, [Claimant] would also benefit from access to:
>
> - Weighted materials
> - Climbing equipment
> - Crash pad
>
> These materials provide structured proprioceptive and vestibular input necessary to support body awareness, regulation, and improved engagement in academic tasks.

(Ex. 12, p. A48.)

15. Mother testified that she submitted requests for OT equipment, including a swing, climbing equipment, and crash pad, to her insurance provider and Medi-cal. Both providers denied the equipment and did not provide any denial letters. According to Mother, Claimant is sensory-seeking and needs the OT/sensory equipment. For example, Claimant was recently in the emergency room because he jumped off a boulder. Mother concedes that the OT equipment she seeks to install in her home is accessible to Claimant at We Rock the Spectrum gym, but this gym is 30 to 40 minutes away from her home. Mother also concedes that the OT equipment would be used at her home without the presence of an OT, but she believes that

having equipment at home would be safe for Claimant it would meet his sensory and regulation needs.

16. At the hearing, Dr. Castaneda testified that without an OT or physical therapist (PT) supervising Claimant and without a protocol-specified program, the OT equipment requested by Mother is considered an experimental therapy, as there are no double-blind studies showing that OT equipment alone is effective in treating autism spectrum disorders. She asserted that the equipment is designed to work within a certain protocol, with instructions from an OT or PT to be effective and safe. Moreover, Garielle Bodle, TCRC Services and Supports Manager, testified at the hearing that OT equipment is medical equipment that the OT is expected to provide. The equipment Mother is requesting, such as swing, climbing equipment, and crash pad, are also all available at We Rock the Spectrum, the children's gym, for which TCRC has funded claimant's membership.

Legal Representation for School Disputes

17. Mother requests legal representation related to disputes with Claimant's school district about Claimant's educational services. Mother concedes that Service Coordinator Flores has offered to accompany her to Individual Education Plan (IEP) meetings at Claimant's school district. However, she believes Claimant needs someone more professional, as Mother stated that having the Service Coordinator accompanying her to the IEP meeting is "like taking a neighbor."

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18. Service Coordinator Flores testified at the hearing that she offered to attend Claimant's IEP with Mother. According to Service Coordinator Flores, it is a regular part of her job to accompany consumers to IEP meetings, and she has done so many times before. Typically, Service Coordinator Flores meets with the family before the IEP meeting, reviews with them the significant issues, reminds them of what to ask for at the meeting, and then post-meeting, performs another review of the meeting itself. If the family is unsatisfied with the outcome, she provides them with more information, including using Special Education Local Plan Area (SELPA), which can facilitate the delivery of services from the school district.

19. Manager Bodel testified that TCRC's IDEA Specialist, Donna Crawford, is also available to assist Claimant with any special education disputes. The IDEA Specialist typically attends the IEP meetings with the service coordinator. In fact, the function of the IDEA specialist is to help parents navigate special education laws and coordinate IEPs. There are also alternative dispute resolution options available with a facilitator from SELPA.

LEGAL CONCLUSIONS

Jurisdiction and Burden of Proof

1. Where a change in services is sought, the party seeking the change has the burden of proving that the change in services is necessary by a preponderance of the evidence. (Evid. Code, §§ 115, 500.) Thus, claimant bears the burden of proving, by a preponderance of the evidence, that TCRC must increase his SDP budget to purchase the requested services and items.

Statutory Framework

2. The Lanterman Developmental Disabilities Services Act (Lanterman Act) (Welf. & Inst Code, § 4500 et seq.) sets forth a regional center's obligations and responsibilities to provide services to individuals with developmental disabilities. (All further references are to the Welfare and Institutions Code, unless otherwise designated.) As the California Supreme Court explained in *Association for Retarded Citizens v. Department of Developmental Services* (1985) 38 Cal.3d 384, 388, the purpose of the Lanterman Act is twofold: "to prevent or minimize the institutionalization of developmentally disabled persons and their dislocation from family and community" and "to enable them to approximate the pattern of everyday living of nondisabled persons of the same age and to lead more independent and productive lives in the community."

3. Section 4685.8 governs regional center consumers participating in the SDP. The purpose of the SDP is to provide consumers (also referred to as 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 IPPs. (*Id.*, subd. (a).)

4. "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... ." (§ 4685.8, subd. (c)(6).)

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5. When developing the individual budget used for the SDP, the IPP team determines the services, supports, and goods necessary for each 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, as specified in section 4648, subdivision (a)(6)(D). (§ 4685.8, subd. (b)(2)(H)(i).)

6. Even in the SDP program, "the participant shall utilize the services and supports . . . only when generic services and supports are not available." (§ 4685.8, subd. (d)(3)(B).)

7. Additionally, 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 or safe . . . ."

ET and FT Through Rise Above

8. Although it is undisputed that Claimant suffers from executive functioning deficits, he has not shown by a preponderance of the evidence that TCRC should fund ET and FT through Rise Above. The description of ET and FT services offered by Rise Above is vague, not specialized for individuals with autism spectrum disorder, and duplicative of the executive function supports (e.g. sustained attention, task initiation, planning, organization, time management, verbal working memory, and non-verbal working memory) that Floortime provides. TCRC has already authorized 22.5 hours per month of Floortime for Claimant through CDPL.

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9. Dr. Castaneda's testimony, which was unrebutted by any contrary expert opinion, established that ET and FT through Rise Above have not been clinically determined or scientifically proven to be effective for treating autism spectrum disorder. She testified that Floortime and ABA are evidence-based interventions currently recognized for addressing executive function deficits in individuals with autism spectrum disorder. Mother cited certain literature showing that CBT is an additional evidence-based intervention for addressing executive function deficits in individuals with autism spectrum disorder. Nevertheless, there is no showing on this record that the ET and FT services offered by Rise Above utilize any of the evidence-based methods such as Floortime, ABA, or CBT.

10. Under these circumstances, it cannot be concluded that the ET and FT services through Rise Above are effective or safe evidence-based therapies to treat autism spectrum disorder. Accordingly, funding such services is prohibited by section 4648, subdivision (a)(17).

OT Equipment

11. Notably, the OT evaluation report and evaluation summary from Achievement Center state that Claimant would benefit from access to OT equipment, including swing, climbing equipment, and crash pad. The report and summary do not state that this equipment must be installed at Claimant's home, to be used without the supervision of an OT. Moreover, Mother concedes that the OT equipment Claimant seeks is accessible to Claimant at We Rock the Spectrum, a gym that is approximately 30 minutes away from Claimant. TCRC already funds Claimant's membership at We Rock the Spectrum.

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12. Under these circumstances, Claimant already has access to OT equipment, including swing, climbing equipment, and crash pad, at We Rock the Spectrum, which TCRC is already funding. Therefore, TCRC may not fund Claimant's request for OT equipment to be installed at home.

Legal Representation for School Disputes

13. Mother believes that the advocacy provided by TCRC, which includes the Service Coordinator and IDEA Specialist, is similar to having a neighbor accompany her to IEP meetings. However, the evidence in the case demonstrates that Service Coordinator Flores has extensive experience preparing consumers for, and accompanying them to, IEP meetings. She also provides guidance and advice to them after the IEP meeting. Additionally, TCRC's IDEA Specialist is also available to assist Claimant with special education advocacy. The IDEA Specialist's main function is to help parents navigate special education laws and coordinate IEP's. SELPA's are also available for Mother to seek alternative dispute resolution.

14. Under these circumstances, the Service Coordinator, the IDEA Specialist, and SELPA's are available generic resources under section 4685.8, subdivision (d)(3)(B), and TCRC may not fund Claimant's request for legal representation for disputes with Claimant's school district related to his educational services.

ORDER

1. Claimant's appeal is denied.

2. Tri-Counties Regional Center is not required to fund Claimant's request for Educational Therapy and Executive Functioning support through Rise Above.

3. Tri-Counties Regional Center is not required to fund Claimant's request for Occupational Therapy equipment, including a swing, climbing equipment, and crash pad, to be installed at his home.

4. Tri-Counties Regional Center is not required to fund Claimant's request for legal representation for disputes with Claimant's school district related to his educational services.

DATE:

JI-LAN ZANG
Administrative Law Judge
Office of Administrative Hearings

BEFORE THE
DEPARTMENT OF DEVELOPMENTAL SERVICES
STATE OF CALIFORNIA

In the Matter of:

Claimant

OAH Case No. 2026021186

Vs.

DECISION BY THE DIRECTOR

Tri Counties Regional Center

Respondent.

ORDER OF DECISION

On May 27, 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 June 16, 2026.

Original Signed by:
Katie Hornberger, Deputy Director
Division of Community Assistance and Resolutions