

Sample Letter from Parents Requesting Reimbursement for ABA Therapy

Early Intervention case manager
Regional Center of the East Bay
7677 Oakport St. #300
Oakland, CA 94621

Dear Madam:

Attached as promised is Agency's DATE evaluation/assessment for _____. This also includes the agency's estimate of monthly cost of behavioral therapy for autism.

For reasons described below, we expect Regional Center to fund behavioral therapy with this agency, as well as reimburse us for the \$525 assessment.

As you know, the _____ evaluation/diagnosis from Children's Hospital recommends autism intervention services. We began the ABA agency admissions process in December, and our child has been accepted into the program for immediate treatment.

This agency is offering us 21 hours/week of 1:1 therapy. This 10-year-old program features measurable goals and results, in compliance with the Lanterman Act (see below).

While we understand that this agency does not contract directly with Regional Center, we believe that Regional Center must fund this program for the following reasons:

- **Precedent.** Regional Center has funded other children.
- Under Part C of the Individuals with Disabilities Education Act's Section 303.12 Early Intervention Services, Subsection (d) Types of Services, my child is entitled to early intervention services, including behavioral therapy (10 Psychological Services).
- Under the Lanterman Developmental Disabilities Services Act, Section 4648, Regional Center is responsible for providing services and supports individually tailored to the consumer.
- Under Lanterman Section 4648, Subsection 6, the Regional Center and consumer shall select a provider who supports measurable, quality services by professionals. _____ agency meets that requirement.
- Drs. ___ of Children's Hospital CDC state that my child is eligible for Regional Center Status II, and recommend autism intervention services.

We're already authorized self-vendors for Regional, so perhaps the best way to handle paying for the agency would be to have us invoice Regional Center monthly for reimbursement.

As always, we look forward to hearing from you.

Sincerely,

Your Name

CC: E.I. Supervisor
Attachment: Assessment/evaluation