

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

In the Matter of:

CLAIMANT

and

SAN ANDREAS REGIONAL CENTER, Service Agency.

DDS No. CS0020245

OAH No. 2024081082

DECISION

Administrative Law Judge Stephanie Haffner, State of California, Office of Administrative Hearings, heard this matter on November 4, 2025, by videoconference.

Fair Hearing Specialist Esmeralda Rivera represented San Andreas Regional Center.

Claimant, a minor, was represented by his mother. Claimant did not attend the hearing.

The record closed and the matter was submitted for decision on November 4, 2025.

ISSUE

Is claimant eligible for regional center services through the Lanterman Developmental Disabilities Services Act (Lanterman Act) on the ground that he is substantially disabled by autism?

FACTUAL FINDINGS

Procedural Background

1. Claimant is six years old. His mother applied to San Andreas Regional Center (SARC) for an eligibility assessment based on a qualifying disability of autism.

2. A SARC intake service coordinator, Perla Rivas, and a clinical psychologist employed by the regional center, Cristal Byrne, Ph.D., met with claimant and his mother, conducted an intake assessment, and documented their conclusions in a report dated May 22, 2024.

3. On July 30, 2024, Dr. Byrne completed an eligibility determination report after reviewing school and medical records, observing and evaluating claimant, and interviewing his mother. Dr. Byrne concluded that claimant has a qualifying disability of autism, but that he has significant limitations in only one area of major life activity recognized under the Lanterman Act, the area of receptive and expressive communication. The same day, the eligibility team consisting of Dr. Byrne, Ms. Rivas, and SARC district manager Janet Jimenez certified their conclusion that claimant is not eligible for regional center services.

4. On August 12, 2024, SARC issued a Notice of Action denying claimant's eligibility for regional center services under the Lanterman Act. On August 26, 2024, claimant timely appealed. This proceeding followed.

Claimant's Functioning

5. In November 2023, psychologist Jennifer Frazier, Ph.D., completed a comprehensive diagnostic evaluation of claimant and diagnosed him with autism spectrum disorder, level three, requiring very substantial support in social communication and interactions and in restricted repetitive patterns of behavior, interests, and activities.

Among other matters, in the domain of restricted, repetitive patterns of behavior, interests, or activities, Dr. Frazier concluded that claimant met all four criteria in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR): stereotyped or repetitive motor movements, use of objects or speech; insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior; highly restricted fixated interests that are abnormal in intensity or focus; and hyper- or hypo-reactivity to sensory input or unusual interest in sensory aspects of the environment. Only two of the four criteria in this domain are required to be present for an autism diagnosis.

6. Dr. Frazier noted that claimant "has many strengths that are promising for his prognosis. He is very young, alert, responsive, and explorative in his environment." Additionally, claimant is "bright," which "has helped him develop skills" in recognizing and responding flexibly to social cues.

SELF-CARE

7. Dr. Byrne determined that claimant has no substantial impairment in self-care. She considered that claimant can independently complete basic hygiene tasks of toileting, bathing, and brushing his teeth within developmentally appropriate limits, except that he struggles with sensory sensitivities during bathing and toothbrushing. She also noted that claimant can undress independently but needs help to get dressed, and that claimant can independently feed himself with utensils and drink from an open cup.

8. Claimant's mother testified sincerely and credibly at hearing. She stated that claimant's primary care doctor referred him to occupational therapy because of the extent of his difficulties with hygiene. Claimant does not tolerate toothbrushing, toenail trimming, hair care, or bathing. During toothbrushing, claimant bites down on the toothbrush and refuses to brush. If his mother insists on physically brushing his teeth, he becomes angry and upset for a prolonged period. He had to have anesthesia to address 15 cavities which claimant's mother attributes to the difficulty brushing his teeth. Claimant physically resists going into the shower by kicking and pushing. After a shower, claimant remains distressed and angry, and typically yells for 20 to 30 minutes.

Claimant needs moderate to total help to put on shoes, shirts, and pants. He makes limited helpful movements and will not pull down his shirt or pull up his pants.

Claimant is aware when he needs to go to the restroom and toilets independently. However, often when he has a bowel movement, some stool remains in his anal canal which causes odor, and his mother must help clean him. At least once, in approximately August 2023, claimant exited the school bathroom and entered his classroom unclothed from the waist down because he needed help after a bowel

movement. He continues to need help from a school nurse or his mother after bowel movements.

9. In January 2024, claimant's mother was interviewed by a school psychologist to complete a Vineland Adaptive Behavior Scale-3 assessment. Claimant's measured daily living skills fell in the Moderately Low range, and his self-sufficiency for eating, dressing, washing, and hygiene fell within the Low range. In a February 2025 multidisciplinary psycho-educational report, claimant's mother and his teacher rated his adaptive abilities in another measure of adaptive functioning, the Adaptive Behavior Assessment System – Third Edition (ABAS-III). His mother rated his practical skills as extremely low, and his general education teacher rated these skills as low. Within practical skills, claimant's mother rated his skills for "home living/school living," "health and safety," and "self-care" all as "Extremely Low," whereas claimant's teacher rated his skills in these areas as "Average" to "Below Average."

10. Whereas claimant can eat and drink independently, but needs total help with bathing and grooming, substantial help to put on his clothing, and hands-on help to wipe himself after a bowel movement, his self-care is not age-appropriate. However, because he is generally able to care for himself at school, as suggested by his teacher's responses to the ABAS-III questionnaire, it is found that claimant does not have significant functional limitations in the major life activity of self-care, across all settings, at this time.

SELF-DIRECTION

11. Dr. Byrne concluded claimant has no substantial impairment in self-direction. She noted that claimant "engages in destruction of property as well as aggressive behavior toward his mother and maternal grandmother when he is upset,"

but that school records describe him as generally happy and cooperative. Claimant does not engage in self-injurious behaviors, has safety awareness, and engages in parallel and interactive play with peers, although "his approach behaviors are often unconventional and might be off-putting to some children."

12. Claimant struggles with behaviors at school and home. His teacher reported in November 2024 that claimant has "rigid and inflexible behaviors, struggle[s] with changes in routine and has experienced prolonged behavior tantrums that impact his learning." When Dr. Frazier evaluated him for autism in December 2023, claimant did not want to leave behind certain toys at the end of the testing session, became "extremely stressed," screamed, yelled, and cried, and clutched the toys. This continued for several minutes, and he eventually had to be guided out by his mother and one of the examiners. Dr. Frazier noted, "Despite this challenging behavior at the end of the encounter, [claimant] was generally a very happy, sweet, and mild-tempered little boy who was a pleasure to work with." Claimant has not had Applied Behavioral Analysis (ABA) therapy to help with behaviors, but he has had occupational and speech therapy as well as "emotional regulation intervention" therapy.

13. Claimant struggles with social awareness. At least once at school, he ate another child's sandwich when the child stepped away. He has removed his clothing in public when the items were wet or caused discomfort. In approximately October 2023, claimant pulled down his pants in the middle of a playground and started urinating with other children and adults present; he did not understand that the action was not appropriate. At a school walk-a-thon, claimant stood still in the middle of a large group of children running in circles around a field. Claimant did not appear to interact with others, and appeared unsure what to do.

14. His February 2025 Individualized Education Program (IEP) reflects that claimant “constantly” seeks help with his schoolwork even though the task is familiar. He “would not initiate” tasks unless assisted verbally or physically, and requires “continuous prompts” to complete tasks. His need for prompts, direction, and redirection, occurs in various documented settings and encounters. His school workbooks show many pages where work was not completed or never started.

15. Even though claimant has a pleasant demeanor, he requires constant adult direction to attend to and complete tasks. It is found that claimant has substantial impairment in self-direction due to his inability to initiate or complete tasks independently.

RECEPTIVE AND EXPRESSIVE LANGUAGE

16. Dr. Byrne opined that claimant has substantial impairment in receptive and expressive language, relying on school-administered Adaptive Behavior Assessment Scale (ABAS-3) results that he is functioning in the extremely low (0.4th percentile) to low (fifth percentile) range according to parent and teacher reports, and a psychoeducational evaluation reporting that he was performing in the sixth percentile range for auditory comprehension and expressive language.

17. A September 2024 Speech-Language Pathology evaluation report confirms that claimant’s “core language” and “expressive language” abilities measured in the first percentile. His sentence comprehension measured in the second percentile, and sentence comprehension and recall measured in the 0.4th percentile.

18. Based on the undisputed evidence, it is found that claimant has substantial impairment in receptive and expressive language.

LEARNING

19. Dr. Byrne opined that claimant has no substantial learning impairment, noting that he can identify body parts, animals, colors, and shapes, recite the alphabet, count to 20, and identify letters and numbers. Claimant was receiving special education services based on his speech and language impairment, and was not receiving such services based on autism. In addition, Dr. Frazier's 2023 autism diagnostic evaluation indicated that claimant's cognitive function fell in the high average range (81st percentile), as measured by a test of nonverbal cognitive ability.

20. In approximately December 2024 (apparently misdated as December 2025), claimant's school tested his academic abilities and measured average scores for reading and written expression, and low average scores for math. His total achievement composite score of 99 placed him in the 47th percentile among his peers of the same age, or the average range.

21. Also indicative of learning ability, claimant's February 2025 IEP notes his teacher's observation that he can find his seat, locate his cubby, follow classroom routines, and keep track of his materials.

22. Because claimant's overall intelligence and academic achievement have been measured in the high average to average range, it is found that claimant does not have substantial impairment in learning.

MOBILITY

23. Because claimant ambulates independently without assistive devices, Dr. Byrne concluded that claimant has no substantial impairment in mobility.

24. In December 2024 and January 2025, claimant's motor skills were tested. Evaluators concluded claimant has "good" gross motor skills as he can navigate play structures, jump on one foot, and run through obstacles without difficulty. His fine motor skills measured below average, in the eighth percentile, but with verbal help he could copy his name and cut out simple shapes. A test of claimant's visual motor integration showed broadly average abilities.

25. It is found that claimant has no substantial impairment in mobility as he ambulates independently, has "good" to below average gross and fine motor skills, and has average visual motor integration.

LEGAL CONCLUSIONS

26. The State of California accepts responsibility for persons with developmental disabilities under the Lanterman Act (Welf. & Inst. Code § 4500 et seq.). The purpose of the Act is to rectify the problem of inadequate treatment and services for the developmentally disabled, and to enable developmentally disabled individuals to lead independent and productive lives in the least restrictive setting possible. (Welf. & Inst. Code §§ 4501, 4502; *Association for Retarded Citizens v. Department of Developmental Services* (1985) 38 Cal.3d 384, 388.) The Act is a remedial statute; as such, it must be interpreted broadly. (*California State Restaurant Association v. Whitlow* (1976) 58 Cal.App.3d 340, 347.)

27. To establish eligibility for SARC's services under the Lanterman Act, claimant has the burden of proving by a preponderance of the evidence that he has a developmental disability as defined by the Lanterman Act. (Evid. Code, §§ 115, 500.)

28. A developmental disability is a disability that originates before an individual attains age 18, is expected to continue indefinitely, and constitutes a substantial disability for that individual. (Welf. & Inst. Code, § 4512, subd. (a)(1).) The term "developmental disability" includes intellectual disability, autism, epilepsy, cerebral palsy, and what is commonly referred to as the "fifth category." (*Ibid.*) The fifth category refers to "disabling conditions found to be closely related to intellectual disability or to require treatment similar to that required for individuals with an intellectual disability." (*Ibid.*)

29. A qualifying disability must be "substantial," meaning that it causes "significant functional limitations in three or more of the following areas of major life activity, as determined by a regional center, and as appropriate to the age of the person: (A) Self-care. (B) Receptive and expressive language. (C) Learning. (D) Mobility. (E) Self-direction. (F) Capacity for independent living. (G) Economic self-sufficiency." (Welf. & Inst. Code, § 4512, subds. (a), (1)(1); see also Cal. Code Regs., tit. 17, § 54001, subd. (a).)

30. Claimant has met his burden to establish that he meets the diagnostic criteria for autism, an eligible condition, as set forth in Factual Finding 5. This diagnosis is not disputed, as stated in Factual Finding 3. However, Claimant did not prove by a preponderance of evidence that he is substantially disabled by his eligible condition. He showed significant functional limitations, relative to his peers, in self-direction and in receptive and expressive language as set forth in Factual Findings 11 to 18. However, he did not show that he has significant functional limitations in self-care, learning, or mobility at this time, as set forth in Factual Findings 7 to 10 and 19 to 25. Moreover, claimant did not show that his functional limitations are likely to continue indefinitely, in light of the matters stated in Factual Finding 6.

31. Because claimant has not established that he has significant functional limitations in three or more areas of major life activity as compared with his peers, and has not established that the significant limitations he is experiencing are likely to continue indefinitely, he did not prove that he has a developmental disability within the meaning of the Lanterman Act. Although claimant has substantial difficulties, he did not meet his burden to establish that he is eligible for regional center services at this time.

ORDER

Claimant's appeal is denied.

DATE:

STEPHANIE E. HAFFNER

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 a 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. (Welf. & Inst. Code § 4712.5, subd. (a)(1).)