

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

In the Matter of:

CLAIMANT

and

GOLDEN GATE REGIONAL CENTER, Service Agency.

DDS No. CS0021591

OAH No. 2024100564

DECISION

Administrative Law Judge Mario M. Choi, State of California, Office of Administrative Hearings, heard this matter on July 30, 2025, by videoconference.

Claimant's mother represented claimant, who was not present. Claimant's father was present.

Compliance Officer Khatonia McCarty represented service agency Golden Gate Regional Center (GGRC).

The record closed and the matter was submitted for decision on July 30, 2025.

ISSUE

Does claimant have, and is substantially disabled by, a developmental disability such that she¹ is eligible for services under the Lanterman Developmental Disabilities Services Act (Lanterman Act, Welf. & Inst. Code, § 4500 et seq.)² from GGRC?

FACTUAL FINDINGS

Background and History

1. Claimant was born in 2009 and is 16 years old. It is unclear from the record whether claimant currently lives with her parents.

2. Claimant was referred to GGRC for an eligibility assessment in March 2015. A GGRC interdisciplinary team reviewed documents and met with claimant and her parents. In their evaluation, the team noted claimant's developmental history, including that claimant was diagnosed with a speech and language delay in 2011; that she was diagnosed as having complex partial seizures, which are brief spells of staring that are managed by medicine; and, in a 2014 psychoeducational evaluation, that she showed a low level of autism spectrum disorder-related symptoms, low verbal comprehension, low listening comprehension skills, and low math reasoning skills. In

¹ Claimant prefers to use she/her or they/them pronouns. She/her pronouns will be used throughout this decision.

² All statutory references are to the Welfare and Institutions Code, unless otherwise stated.

their assessment, the team found that claimant “demonstrated adequate intelligence, poor boundaries, severe tantrums, and intolerance of frustration.”

In a letter dated March 25, 2015, GGRC informed claimant that she was not eligible for services because she did not meet eligibility criteria for autism spectrum disorder (autism or ASD), cerebral palsy, intellectual disability, seizure disorder, or a condition “closely related to intellectual disability.” Claimant did not appeal this decision.

3. Pursuant to the Individual with Disabilities Education Act (20 U.S.C. § 1400 et seq.), the San Francisco Unified School District (SFUSD) completed a triennial psychoeducational report dated April 5, 2023, on claimant. Having been found eligible for special educational services in prior assessments, members of the SFUSD evaluation team reviewed claimant’s health and developmental history and assessed claimant for continued eligibility under the category of “other health impairment,” and for potential eligibility under the categories of specific learning disability, emotional disability, autism, and speech or language impairment.

The triennial psychoeducational report referenced a 2014 assessment indicating claimant’s “problematic behaviors,” her placement in 2015 in a “SOAR Special Day Classroom,” and her attention deficit hyperactivity disorder (ADHD) and Oppositional Defiant Disorder (ODD) diagnoses. The triennial psychoeducational report recounted an October 19, 2022, interview in which claimant’s mother informed the school nurse for claimant’s school that claimant “does not get seizures anymore, with the last episode dated a few years ago.” The report also mentioned the medications claimant was taking, in part due to “frequent behavior escalations,” and her admission to in-patient facilities, including the Edgewood Center for Children and Families (Edgewood) in San Francisco.

The SFUSD evaluation team determined that claimant was still eligible for special education services based on other health impairment. Claimant was also found eligible for services based on a specific learning disability. Claimant was not found eligible for services based on emotional disability or a speech or language impairment.

4. The triennial psychoeducational report also detailed the administration of the Autism Diagnostic Observation Schedule, Second Edition (ADOS-2) to claimant in October 2014. The ADOS-2 results showed that claimant had a low level of behaviors associated with ASD but did not meet the ADOS-2 classification of ASD.

At the request of claimant's parents, the SFUSD evaluation team completed an Autism Spectrum Rating Scales assessment on claimant in Spring 2023. Overall, claimant's score indicated symptoms associated with autism, where "teachers and parents agree that [claimant] demonstrates behavioral rigidity by struggling with changes in routine, insisting on retaining specific objects and difficulty establishing boundaries around the use of those objects, and occasionally having social problems with children and adults." The evaluation team determined that claimant met eligibility for special education services based on autism.

5. An Individualized Education Program (IEP) for claimant was established in December 2023. The IEP noted that claimant "exhibit[ed] some characteristics of Autism including restricted interests, difficulty adjusting to change in routine, limited social interaction and communication skills, preoccupation with certain objects, and difficulty with social relationships which does adversely affect h[er] educational performance as evidenced by achievement scores, school performance, parent and teacher input, and observations. [Claimant] meets eligibility criteria for Autism." The IEP also noted claimant's seizures, "but parents report [s]he has not had seizures in

many years.” The IEP provided for claimant’s learning and behavioral outcomes, as well as various services for claimant.

6. In September 2024, following an altercation at home with her parents, claimant was sent to an emergency room for treatment of her severe eczema. She was then admitted to Edgewood’s Hospital Diversion. At her parents’ request, claimant was placed into custody with Child Protective Services (CPS). Edgewood recommended that claimant be placed into a long-term treatment setting such as a short-term residential therapeutic program (STRTP) in order to manage her symptoms, behaviors, and family relationships. Claimant was discharged on September 24, 2024, to CPS and placed in foster care.

7. Claimant was diagnosed with ASD by Sandra Ramos, PMHNP, on a date not established by the evidence. In her September 24, 2024, letter in support of claimant receiving services from Fred Finch Youth & Family Services STRTP (Fred Finch), a psychiatric center for youth in Oakland, Ramos wrote that she had reviewed available chart information, met with claimant and her parents, and discussed claimant’s symptoms and case with claimant’s pediatrician, long-standing individual therapist, hospital diversion therapist, and other mental health providers. Based on her review and discussions, Ramos states that claimant “meets full criteria for the diagnosis of Autism Spectrum Disorder.” She wrote that claimant “is also diagnosed with comorbid Major Depressive Disorder [MDD], recurrent and has been hospitalized for symptoms of MDD that are further complicated by h[er] symptoms of ASD.”

8. In an amendment to her IEP dated October 3, 2024 (IEP amendment), SFUSD referred claimant to Victor North Valley, a residential treatment center in Santa Rosa that provides treatment for severely emotionally disturbed and mentally ill minors. The change in services was based on claimant’s need for “a more supportive

educational setting with intensive mental health and positive behavior supports, and a low student-to-teacher ratio.”

Eligibility Determination

9. On a date not established by the record, claimant again sought eligibility for GGRC services. She was referred for a psychological evaluation by a GGRC social worker.

10. Lisa C. Sporri, Ph.D., M.Ed., credibly testified about her assessment of claimant and the psychological eligibility assessment report she wrote. She met with claimant and her parents on March 20, 2024, and with claimant on June 12, 2024. She reviewed claimant’s records and history, spoke with claimant’s therapist, and personally observed and assessed claimant.

11. In her report, Dr. Sporri noted claimant’s initial psychological evaluation in 2011, which stated that claimant “shows some early social cognitive skills not suggested of a diagnosis of autism.” She reported claimant’s “history of inpatient hospitalization and multiple Child Crisis Center calls due to aggression toward h[er] parents and suicidal ideation.” Dr. Sporri wrote:

Overall, a review of mental health records provided revealed consistent diagnosis of Attention Deficit Hyperactivity Disorder, Oppositional Defiant Disorder, Disruptive Mood Dysregulation Disorder, Major Depressive Disorder, Single episode: unspecified. Additionally, in 2022 report indicated to rule out possible diagnosis for Intermittent Explosive Disorder and Autism Spectrum Disorder.

Dr. Sporri reported that claimant's therapist did not observe "symptoms of an ASD diagnosis and [claimant] has not been previously diagnosed with ASD, [but] the therapist indicated that she recommended an ASD evaluation to rule out the possibility." Claimant's therapist "reported few characteristics consistent of an Autism Spectrum Disorder, mostly related to interests and difficulties with transition/change."

In assessing claimant with the Wechsler Intelligence Scale For Children – Fourth Edition, Dr. Sporri determined that claimant was in the borderline range as to her general intellectual functioning, although the results were varied compared to a 2022 assessment on claimant. Utilizing the Adaptive Behavior Assessment System – Third Edition, Dr. Sporri found that claimant's adaptive skills were in the extremely low range, indicating significant delays across all domains except for communication skills. And, using the ADOS-2, module 3, Dr. Sporri found that claimant's overall language and communication skills were within normal limits, her eye contact and facial expressions were appropriate, and that there was no atypical sensory interest observed. Dr. Sporri reported claimant's "score of 3 on the ADOS-2 falls below the range diagnostic of an autism spectrum disorder."

In addition to finding the claimant did not meet the criteria for intellectual development disorder or a condition similar to an intellectual disability, Dr. Sporri made the following determination:

Based on a review of provided educational and medical records, collateral information from Edgewood therapist, parent interview, and results from current testing, it is this examiner's opinion that [claimant] does not meet criteria for Autism Spectrum Disorder. Rather the constellation of behaviors is consistent with an Oppositional Defiant

Disorder [ODD] and Attention Deficit Hyperactivity Disorder [ADHD]. Concerns with Conduct disorder have also been identified due to history of cruelty to animals, destruction of property and aggression toward others. While parent and school records described rigidities and difficulties with transitions, restricted interests (video games, Roblox), [claimant] has shown consistent evidence of social-reciprocity and use of nonverbal communicative behaviors dating from early childhood [], previous school evaluations [] and results from the current evaluation. However, [claimant's] ability to develop peer relationships is inconsistent, with reported aggression toward peers [] but also displaying interest and enjoying peer interactions. Individuals with ODD may be significantly impaired in their social functioning but one of the distinguishing features for an ASD diagnosis is evidence of deficits in social-emotional reciprocity and nonverbal communicative behaviors.

12. Dr. Sporri testified that although SFUSD determined that claimant was eligible for special educational services based on autism, that determination does not mean that a regional center must also make the same finding. Based on her assessment of claimant and a review of the DSM-5-TR (Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision), Dr. Sporri found that claimant did not meet the criteria for autism because claimant did not show persistent deficits in reciprocal social communication and social interaction. She determined that claimant's behavior is better explained by her ADHD and ODD, which are not eligible disabilities under the Lanterman Act.

13. On September 19, 2024, GGRC issued a letter and notice of action informing claimant that she was not eligible to receive services because claimant does not have a development disability as defined in the Lanterman Act. Claimant appealed the determination on October 16, 2024.

14. An informal appeal meeting was held on October 31, 2024. The informal appeal meeting team, comprised of compliance officer McCarty, a GGRC intake supervisor, and a GGRC assessment supervisor, met with claimant's parents, her authorized representative, and a CPS supervisor. Claimant presented additional documents, including the IEP, the IEP amendment, Edgewood notes, and the Ramos letter. Claimant also informed GGRC that she was not engaging in psychotherapy or occupational therapy and had been placed with a foster family. She also has not seen a neurologist for her seizures in "years." Claimant informed the informal appeal meeting team that she was offered placement at Ford Finch.

Based on the information provided, the informal appeal meeting team concurred with the original decision finding that claimant was not eligible for regional center services based on the finding that claimant did not have an eligible disability.

Claimant's Additional Evidence

15. Claimant's mother testified that claimant was diagnosed with seizures by a neurologist and has shown signs of autism since she was young. Claimant's mother explained that it was difficult finding the right resources and people to treat claimant.

16. Claimant's mother testified that claimant has trouble taking care of herself, reporting that claimant has had to wear a diaper until the age of 13 and struggles to stay hygienic because of her severe eczema. Claimant's mother explained that claimant takes "a while" to learn and that her mental capacity is not the same as

her peers. Claimant requires “a lot of prompting” and “constant reminders” about what she should be doing. Claimant is also not compliant with taking her prescribed medications. Claimant’s mother believes that claimant will not be able to fully live independently because she needs “constant supervision and direction.”

17. Claimant’s parents are “scared” for claimant because claimant will soon turn 18 years old. They seek assistance funding claimant’s placement at Fred Finch from GGRC.

LEGAL CONCLUSIONS

1. The State of California accepts responsibility for persons with developmental disabilities under the Lanterman Act. (§ 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. (§§ 4501, 4502; *Assn. for Retarded Citizens v. Dept. of Developmental Services* (1985) 38 Cal.3d 384.) Because the Act is a remedial statute, it must be interpreted broadly. (*California State Restaurant Assn. v. Whitlow* (1976) 58 Cal.App.3d 340, 347.)

2. To establish eligibility for regional center services under the Lanterman Act, claimant has the burden of proving by a preponderance of the evidence that she suffers from a developmental disability, and that she is substantially disabled by that developmental disability. (§§ 4501, 4512, subd. (a); Evid. Code, §§ 115, 500.)

3. A “developmental disability” potentially qualifying a person for services under the Lanterman Act includes intellectual disability, autism, epilepsy, cerebral palsy, and other “disabling conditions found to be closely related to intellectual

disability or to require treatment similar to that required for individuals with an intellectual disability.” (§ 4512, subd. (a)(1).)

4. The qualifying disability must be “substantial,” which is defined as “the existence of 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.” (§ 4512, subd. (l)(1); Cal. Code Regs., tit. 17, § 54001, subd. (a)(2).)

5. Based on the evidence presented, claimant has not, by a preponderance, demonstrated that she has autism, a qualifying developmental disability. While claimant has shown that SFUSD found claimant eligible for special education services based on autism, SFUSD’s finding does “not apply for purposes of the determination for services” under the Lanterman Act. (Ed. Code, § 56846.2, subd. (b).) And although claimant pointed to Ramos’s ASD determination as evidence of her autism, there was no evidence presented that supported Ramos’s opinion. Instead, Dr. Sporri’s conclusion that claimant’s behavior is due to ADHD and ODD is more persuasive.

6. While claimant has also shown that she has seizures, which could constitute a qualifying developmental disability under the Lanterman Act, claimant has not established that she is substantially disabled by those seizures. Indeed, as conceded by claimant’s parents, claimant has not had seizures since at least October 2022. Nor has claimant demonstrated that her seizures have caused significant functional limitations in any major life activity.

7. Concerns about claimant are reasonable. But these matters do not establish that claimant has autism, a qualifying developmental disability, or that

claimant's seizures, an otherwise qualifying developmental disability, have caused her significant functional limitations in any major life activities. Given the evidence, GGRC's determination that claimant is not eligible for regional center services must be upheld.

ORDER

Claimant's appeal from GGRC's determination that claimant is not eligible for services under the Lanterman Act is denied.

DATE:

MARIO M. CHOI

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.