BEFORE THE
OFFICE OF ADMINISTRATIVE HEARINGS
STATE OF CALIFORNIA

In the Matter of the Appeal of:

CLAIMANT

and

ALTA CALIFORNIA REGIONAL CENTER, Service Agency

DDS No. CS0023613

OAH No. 2025010604

DECISION

Sean Gavin, a hearing officer employed by the Office of Administrative Hearings (OAH), State of California, heard this matter by videoconference on May 20 and June 5, 2025, from Sacramento, California.

Claimant's mother represented claimant.

Robin Black, Legal Services Manager, represented Alta California Regional Center (ACRC).

Evidence was received, the record closed, and the parties submitted the matter for written decision on June 5, 2025.

ISSUE

Whether claimant is eligible for ACRC services under the Lanterman Developmental Disabilities Services Act, Welfare and Institutions Code section 4500 et seq. (the Lanterman Act), because of a developmental disability, namely autism.

FACTUAL FINDINGS

Background

1. Claimant is an eight-year-old boy, born in April 2017. After being exposed to drugs before birth, he was placed in foster care when he was five days old. Claimant's mother met him at that time because her sister was his foster parent. In approximately November 2018, claimant was legally adopted by his foster family.

2. In February 2024, claimant was removed from his initial adoptive family based on abuse and neglect after his adoptive parents killed his nine-year-old brother. Claimant then lived with four foster families until being placed with his current family in May 2024. He has lived there continuously since then with his mother, father, and four siblings. Recently, the family formally adopted claimant. The family lives in Yuba City, California, but spends significant time in Spain, from which claimant's father hails.

Claimant's Application for Regional Center Services

3. On September 10, 2024, claimant's mother submitted an Intake Application to ACRC for claimant. In the application, claimant's mother identified claimant's "known or suspected condition" as autism. She noted he had never been formally evaluated or diagnosed with autism, but stated she was concerned about his

communication skills, social interactions, repetitive behaviors, and restricted interests. Specifically, claimant's mother noted he had "[s]peech impediment, cognitive dissonance, inability to follow logical progression, [and] lack of eye contact." She further noted he was "[o]verly physical, afraid to engage and then excessive in engaging," and had "no meter or impulse control." Additionally, she identified his "[m]otor control issues, favors right side, ticking and humming, drumming, scratching, hair pulling, gentle touch."

4. The application also asked whether claimant's mother suspected him of having "a disabling condition that is closely related to intellectual disability (such as Borderline Intellectual Functioning) or requiring treatment similar to that required for individuals with intellectual disability." Claimant's mother responded yes and described various concerns related to his ability to learn and perform age-appropriate skills independently. Specifically, she reported that claimant "[w]rites letters and numbers backwards, can not read or maintain compound letter fact patterns, [is] unable to focus or maintain long term cognitive thoughts without repetition" and "[c]an not read, write, do basic math or perform logical tasking without overall supervision."

ACRC'S SOCIAL ASSESSMENT OF CLAIMANT, NOTICE OF ACTION, AND ELIGIBILITY DETERMINATION

5. On October 11, 2024, Michelle Adams, an ACRC Intake Specialist, performed an intake social assessment of claimant by videoconference, at which claimant's mother was also present. Ms. Adams also interviewed claimant's mother by phone before the videoconference to obtain pertinent background information. The entire process took approximately 90 minutes.

6. Following the intake assessment, Ms. Adams completed a written Intake Social Assessment form, which chronicled her observations and impressions of claimant as well as claimant's mother's input about his family history, behavioral concerns, social functioning, developmental history, medical and psychiatric history, and education. Ms. Adams also summarized claimant's deficits in the areas of self-care, receptive and expressive language, learning, mobility, self-direction, and capacity for independent living.

7. At hearing, Ms. Adams testified consistently with her report. She also explained she forwarded her report to ACRC's eligibility review team and then participated in the deliberative process to determine whether claimant was eligible for services. Although she did not personally decide that claimant was not eligible based on a lack of a diagnosis of autism or another qualifying developmental disability, she agreed with the determination based on her own observations. Specifically, she found claimant's social engagement, reciprocity, and sustained eye contact to be inconsistent with autism.

8. Following Ms. Adams's intake assessment, ACRC requested that claimant be formally evaluated for autism. Although ACRC and claimant's mother worked collaboratively to schedule an evaluation in November or December 2024, ultimately claimant was unable to attend.

9. In late December 2024 and early January 2025, claimant's mother provided ACRC with a letter and written report from Dr. J.M. Sanchez-Moyano Lea, a pediatric psychiatrist in Spain. ACRC's eligibility review team reviewed the letter and report and determined that a more formal autism evaluation was necessary before claimant could qualify for services. Instead, claimant's mother requested that ACRC

determine his eligibility based on the information she had provided and issue a formal decision.

10. On January 9, 2025, ACRC sent claimant's mother a Notice of Action (NOA) to deny claimant's application for services. In the NOA, ACRC explained its reasoning as follows:

> The ACRC multidisciplinary team reviewed all records and information provided, and requested [claimant] undergo an assessment by an ACRC-funded psychologist. [Claimant's] parent declined the assessment. As a result there was insufficient information for the team to determine if [claimant] has a developmental disability as set forth in Welfare and Institutions Code sections 4512(a)(1) and (l) and California Code of Regulations, Title 17, Sections 54000-54010, and therefore he must be found ineligible at this time.

11. Claimant's mother timely appealed the NOA and requested an informal meeting, mediation, and fair hearing. She indicated her reason for appealing was:

> Denial is based on the parent "refusing an in person assessment" and this is false. Parent has [said], in writing via email to intake, that we are not denying an appointment and are still requesting one before adoption day. Further, [claimant] has had a full multidisciplinary review by more than one qualified healthcare professional that is being denied out of prejudice.

12. Before the fair hearing, claimant's mother and ACRC agreed to have claimant evaluated for autism by an ACRC-approved vendor. Claimant's mother also arranged for a private clinical psychologist to evaluate claimant for autism and forwarded that report to ACRC. Following both evaluations, ACRC's eligibility review team considered the available reports and other information. Ultimately, ACRC again determined claimant was not eligible for services and denied his application. This hearing followed.

Claimant's Autism Assessments

EDUCATIONAL ASSESSMENT BY LIAT SORESMAN, MSC

13. On October 16, 2024, Liat Soresman, an Educational Psychologist in Spain, performed an Educational Assessment of claimant. According to the signature line in her report, Ms. Soresman has a Master's of Science degree in educational psychology. In her report, she described the reason for the assessment as follows:

> [Claimant] is a 7.5-year-old student, who joined year 1 at Atlas American School, Estepona. His adopt[ive] mother has requested an in-depth assessment in order to understand his overall learning and socio-emotional profile so that they can put the right support in place for him to thrive.

14. Ms. Soresman summarized claimant's family and educational background, developmental background, sensory integration, assessment observations, and teacher's comments. She also administered the Wechsler Intelligence Scale for Children-Fifth Edition (WISC-V), which she described in her report as "an assessment measure that provides a measure of general intellectual functioning and five index scores, which measure five specific cognitive domains." The domains are

verbal comprehension index, visual spatial index, fluid reasoning index, working memory index, and full scale intelligence quotient (IQ). She described claimant's performance, summarized his strengths and weaknesses across the domains, and provided a "qualitative description" for each domain. She scored claimant as "average" in the verbal comprehension index, "low average" in the visual spatial index, working memory index, and full scale IQ, and "very low" in the fluid reasoning index.

15. Ms. Soresman also administered the Wechsler Individual Achievement Test-Fourth Edition (WIAT-IV), the Connors (spelling in original) Attention Scale, and the BASC Behavior Assessment Scales. She described the WIAT-IV as "a measure of a student's skills across listening, speaking, reading, writing, and mathematical skills." She scored claimant as "below average" in several measured categories.

16. Ms. Soresman described the Conner's (spelling in original) 3rd Edition-Teacher as "an assessment tool used to obtain observations about a student's behaviour in a school setting. The instrument is designed to assess Attention Deficit/Hyperactivity Disorder (ADHD) and its most common co-morbid problems in children and adolescents ages 6 to 18 years old." She scored claimant as "very elevated" in Hyperactivity, "elevated" in Impulsivity, and "average" in Inattention/Executive Dysfunction and Emotional Dysregulation. She also noted, under the heading Conners 4-ADHD Index: "(Probability Score = 80%): The teacher's ratings of [claimant] produced a probability score in the High range, indicating high similarity with 7-year-olds who have ADHD. This ADHD Index score is dissimilar to scores from the general population."

17. Ms. Soresman did not explain what BASC stands for or describe the assessment or its objectives. She noted, "The an F Index F Index [*sic*] reliability and consistency scores fell within the Extreme Caution range. Less than 1% of Children in

the general population receive ratings in this range." She did not explain the meaning or significance of that note.

18. Ms. Soresman also listed "areas of concern" and "areas not of concern" under the heading "BASC Behavioural Assessment Scales – Adopt [*sic*] Parent Perspective." Under "areas not of concern," Ms. Soresman included:

> Withdrawal is 48 and has a percentile rank of 52. [Claimant] does not avoid social situations and appears to be capable of developing and maintaining friendships with others.
>
> Adaptability. child is able to adapt as well as most others of the same age to a variety of situations.
>
> Social Skills. [Claimant] possesses sufficient social skills and generally does not experience debilitating or abnormal social difficulties.

19. Ultimately, Ms. Soresman did not diagnose claimant with any disorders. She noted his IQ of 85 "falls in low average range." She also opined he "faces significant challenges in other areas of cognitive, academic, and behavioral functioning that require targeted intervention. He has a marked weaknesses in fluid reasoning and visual-spatial processing." Furthermore, she wrote:

> Behavioral assessments indicate a high probability of Attention Deficit Hyperactivity Disorder (ADHD), characterized by very elevated hyperactivity and impulsivity, alongside other clinically significant concerns, including traits associated with anxiety and lower moods. These

behavioral difficulties are likely to impact his focus and emotional regulation in both the school and home settings.

20. Finally, Ms. Soresman concluded:

> [Claimant] requires a multi-faceted support plan addressing his literacy difficulties, behavioral challenges, and social-emotional development. Interventions should include phonics based literacy programs, behavioral strategies tailored to his needs, and close collaboration between educators, specialists, and his adopt[ive] parents. Other professionals should be consulted to confirm the diagnosis of ADHD, and the possibility of Anxiety and Autistic spectrum disorders to ensure his strengths and challenges are fully understood. With appropriate support, Claimant has the potential to make meaningful progress academically and socially.

LETTER AND REPORT BY DR. J.M. SANCHEZ-MOYANO LEA

21. According to Dr. Sanchez-Moyano Lea's letter and report, Ms. Soresman referred claimant to him for the purpose of assessing "[claimant's] placement on the Autism Spectrum Disorder (ASD) spectrum as part of his ongoing adoption process." Dr. Sanchez-Moyano Lea assessed claimant for autism on December 19, 2024. The assessment was in person for approximately one hour at Dr. Sanchez-Moyano Lea's office in Spain. Claimant's mother also attended.

22. In his letter, Dr. Sanchez-Moyano Lea opined, "During our one-hour session, [claimant] exhibited symptoms consistent with multiple neurodevelopment

conditions, most notably Autism Spectrum Disorder (ASD), combined with ADHD and traits suggestive of Oppositional Defiant Disorder (ODD)." He explained he diagnosed claimant with those three conditions "[b]ased on the detailed information provided by Liat Soresman, my observations during the assessment, and [claimant's mother's] thorough descriptions of [claimant's] behaviors." Regarding ASD, Dr. Sanchez-Moyano Lea clarified, "[claimant] meets the criteria for ASD due to his repetitive behaviors, sensory sensitivities, restricted interests, social communication difficulties, and resistance to change." He did not specify the source of the criteria.

23. In his report, Dr. Sanchez-Moyano Lea first summarized claimant's parents' input about claimant's academic struggles, behavioral challenges, emotional dysregulation, sensory processing issues, and trauma history. He then summarized Ms. Soresman's test findings related to claimant's reading, writing, and math. Next, he included a section titled "Comprehensive Testing Results," in which he chronicled his findings on a variety of tests.

24. The first test Dr. Sanchez-Moyano Lea discussed in his report was the Autism Diagnostic Observation Schedule-2 (ADOS-2). About his administration of the test and claimant's result, he wrote, in full:

> Communication Domain (Score: 6, Threshold: 4): Limited reciprocal communication, with reliance on scripted phrases and minimal eye contact.
>
> Social Interaction Domain (Score: 8, Threshold: 7): Difficulty initiating and sustaining interactions.

Restricted and Repetitive Behaviors Domain (Score: 4, Threshold: 3): Strong preference for routines, repetitive play, and resistance to change.

Overall Comparison Score: 18 (elevated; consistent with ASD Level 2 support needs).

25. The next test Dr. Sanchez-Moyano Lea discussed in his report was the Autism Diagnostic Interview-Revised (ADI-R). About his administration of the test and claimant's result, he wrote, in full:

1. Communication and Language (Score: 14, Threshold: 8): Severe delays in expressive and receptive communication.

2. Social Interaction (Score: 18, Threshold: 10): Limited ability to interpret and respond to social cues.

3. Restricted and Repetitive Behaviors (Score: 12, Threshold: 8): Insistence on sameness, stereotyped movements, and preoccupations.

26. Dr. Sanchez-Moyano Lea next discussed the Childhood Autism Rating Scale (CARS). About his administration of the test and claimant's result, he wrote, in full: "Total Score: 37.5 (Severely Autistic range; cutoff: 30). Key Observations: Pronounced deficits in communication and social reciprocity, combined with sensory sensitivities and rigid routines."

27. Finally, Dr. Sanchez-Moyano Lea discussed the Gilliam Autism Rating Scale-Second Edition (GARS-2). About his administration of the test and claimant's result, he wrote, in full:

Autism Index: 83 (Very Likely range).

Subscale Scores:

Stereotyped Behaviors: 15

Communication: 18

Social Interaction: 16

28. Apart from the brief descriptions above, Dr. Sanchez-Moyano Lea did not explain the behaviors that he observed in claimant that signaled the scores assigned. Nor did Dr. Sanchez-Moyano Lea discuss what diagnostic metric he employed, such as the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5). Dr. Sanchez-Moyano Lea did not testify at hearing. Other than the information in the signature line of his letter and report, claimant did not offer evidence of Dr. Sanchez-Moyano Lea's training, education, background, or doctoral degree.

DIAGNOSTIC TELEHEALTH EVALUATION BY LINDSAY L. WRAY, PSY.D.

29. On March 12, 2025, Lindsay L. Wray, Psy.D., assessed claimant for autism, at his mother's request. She conducted the evaluation via videoconference and administered several tests, including "selected subtests" of the ADOS-2; the ADI-R; the CARS, Second Edition, Standard Form (CARS2-ST); the BASC-3, parent and teacher forms; and the Developmental Profile 4 (DP-4). She also interviewed claimant's mother. Finally, she reviewed letters and reports of others who diagnosed claimant with autism. She thereafter prepared a written report of her observations, findings, and diagnoses. She did not testify at hearing.

30. As explained in her report, Dr. Wray did not administer the full ADOS-2. Rather, she administered only portions of it because "[l]imitations of telehealth mediums prevent the ADOS-2 from being administered in its entirety, as the child is asked to manipulate specific objects that are not available over video." She also did not formally score the ADOS-2 for claimant, but rather used it "as a *qualitative* tool in the assessment of symptoms related to Autism." (Italics in original.)

31. Based on the totality of her evaluation observations and findings, Dr. Wray diagnosed claimant with Autism Spectrum Disorder without accompanying intellectual or language impairment. She also diagnosed him with ADHD. Regarding the autism diagnosis, Dr. Wray wrote:

> Autism spectrum disorder is defined by the DSM-V [sic] as (1) A persistent impairment in reciprocal social communication and social interaction, and (2) Restricted, repetitive patterns of behavior, interests, or activities. The severity of autism spectrum disorder varies greatly and may change over time and/or manifest differently depending upon the environment.

32. Dr. Wray then included a chart from the DSM-5 that consists of two diagnostic criteria: Social Communications and Interactions, and Restricted, Repetitive Patterns of Behavior, Interest, Activities. Those criteria have three and four subcategories, respectively. Pursuant to the DSM-5, a diagnosis of autism is appropriate if the individual meets all three subcategories within Social Communications and Interactions, and at least two of the four subcategories within Restricted, Repetitive Patterns of Behavior, Interest, Activities. Dr. Wray found that claimant met all seven subcategories.

33. Dr. Wray concluded her diagnosis by explaining:

> Although these diagnostic impressions were obtained remotely, it appears that a valid assessment of [claimant's] symptoms and behaviors was accessible through the use of these remote means. This diagnostic determination is based on developmental history, document review, parent interview, direct observation, results of standardized test instruments, Best Practice Guidelines, and the DSM-5 criteria.

OTHER ASSESSMENTS AND OPINIONS

34. Claimant has been treated by Michael G. Chez, M.D., a pediatric neurologist, since he was two years old. Claimant's mother submitted to ACRC an email exchange she had with Dr. Chez in September 2024. In her opening email, claimant's mother summarized his current behaviors and her opinion that she noticed an increase in obsessive compulsive disorder (OCD) tendencies, but a decrease in ADHD behaviors. She concluded by asking: "Given my experience raising a 14-year-old who is on the high-functioning spectrum of autism, I see many similarities between [claimant's] behaviors and my older child's. I wanted to ask if a diagnosis of autism spectrum disorder might be appropriate for [claimant], or if such a diagnosis has ever been made in the past."

35. Dr. Chez responded, in full: "I think he should request perhaps autism evaluation through alta regional center or private referral for neuropsychology see if folks working with his placement with you can arrange Thanks for update. Its possible

he has variant tourettes or autism based on your comments." (Spelling and grammar in original.)

36. Claimant's mother also submitted to ACRC letters from Shawn Chambers, M.D., written February 2, 2025, and Jessica Langenhan, M.D., written February 6, 2025. Both doctors work for a company called "dr. on demand" in San Francisco, California. Dr. Chambers wrote, in full: "[Claimant] has been diagnosed with Autism and ADHD. He has undergone extensive diagnostic tests to confirm these conditions. He is currently actively receiving treatment for both conditions." Dr. Langenhan wrote:

> [Claimant] has received thorough psychological and cognitive assessments that confirm his diagnoses of Attention Deficit Hyperactivity Disorder (ADHD) and Autism Spectrum Disorder (ASD), as well as below-average intellectual functioning. He has been receiving therapies to help manage the symptoms and behaviors associated with these diagnoses, and it is highly advised that he continue to receive therapeutic intervention moving forward.

37. Neither Dr. Chambers nor Dr. Langenhan specified who diagnosed claimant, when, or by what methodology. Neither doctor testified at hearing.

38. Additionally, claimant submitted to ACRC a letter from Jonica Asteros, the Director of Student Support Services at an unspecified entity. The unsigned letter is dated February 7, 2025. In it, Ms. Asteros summarized Dr. Sanchez-Moyano Lea's testing results and, based thereon, opined: "While it is clear [claimant] presents severe behavioral challenges, academic challenges, post traumatic stress disorder, Dyslexia, attentional, and sensory difficulties, Autism was observed clearly in the formal testing.

The autism assessments used are best practice assessments." She also noted, "Behaviors within and out of the classroom have been observed to confirm the Autism diagnosis. On occasion, the reactions have become severe." She did not specify in what capacity she, or someone else, observed claimant in the classroom. She did not testify at hearing.

39. Claimant's mother also submitted to ACRC a letter from Samantha Olenick, a Learning Behavior Specialist at Atlas American School, where claimant attends when in Spain. The unsigned letter is dated February 7, 2025. In it, Ms. Olenick explained she works closely with claimant daily. She noted, "As you know, [claimant] has been diagnosed with autism which is strongly represented in the academic school day." She then summarized her observations that she believes are consistent with that diagnosis, including tantrums, low attention span, inability to navigate social interactions with peers or adults, attentional fixation, lack of emotional regulation, and sensitivity to sounds, textures, and appearances. Ms. Olenick did not testify at hearing.

PSYCHOLOGICAL EVALUATION BY ACRC VENDOR AMANDA STEINER, PH.D.

40. Amanda Steiner, Ph.D., is a licensed clinical psychologist and Board Certified Behavior Analyst who is vendored through ACRC to evaluate applicants for autism. She earned her Ph.D. in clinical psychology from the University of California (UC), Santa Barbara, in 2008, and has been a licensed psychologist in Connecticut from 2010 to 2016 and in California since 2016. She has specialized training in ADOS and ADI-R Administration and Research Reliability. From 2020 until 2024, she worked as a psychologist, clinical supervisor, and director of clinical training at the Autism Center of Northern California. Since 2022, she has been a research psychologist at the MIND Institute at UC, Davis. She also works as a clinical psychologist in private practice.

41. Through ACRC, Dr. Steiner evaluated claimant for autism over four days between March 13 and April 2, 2025. She conducted an in-person evaluation, where she administered several tests, including the ADOS-2, WISC-V, the Vineland Adaptive Behavior Scales, Third Edition (VABS-3), and the Social Communication Questionnaire, Lifetime (SCQ). She also conducted multiple telephone interviews with claimant's mother and teacher and observed claimant at school. Finally, she reviewed the letters and reports from Ms. Soresman, Dr. Sanchez-Moyano Lea, Dr. Chez, Dr. Chambers, Dr. Langenhan, Ms. Asteros, and Ms. Olenick. Dr. Steiner thereafter prepared a written report of her observations, findings, and diagnoses.

42. As explained in her report, Dr. Steiner did not diagnose claimant with autism. She included the same chart that Dr. Wray included from the DSM-5, which shows the two diagnostic criteria and their respective subcategories. Unlike Dr. Wray, Dr. Steiner found that claimant met none of the subcategories within the first criterion, Social Communications and Interactions. Specifically, Dr. Steiner found that:

> [Claimant] engaged in reciprocal conversation with the examiner on several topics, including asking her questions. He regularly initiated with the examiner, showing her items of interest or offering her turns to play. He evidenced frequent shared enjoyment. [Claimant] was observed at school frequently initiating with and responding to peers.
>
> [Claimant] typically engaged in well-coordinated eye contact with the examiner. For example, when he saw the examiner enter his classroom at school, he made clear eye contact, gave her a big smile, waved appropriately, and said "hi, I know you from the doctor's office." Notably, when

> [claimant] was more active or distracted by specific toys, his eye contact was somewhat less frequent. [Claimant] appeared to make appropriate eye contact with peers and teachers when observed at school.
>
> [Claimant's] mother reported that he is interested in peers, but sometimes comes on too strong. [Claimant] was observed inserting himself into play at recess, ultimately finding a friend that he played basketball with reciprocally. It is important to note that [claimant's] school attendance may not have been consistent prior to his placement with his current adoptive family, and therefore, regular opportunities for socialization with peers may have been limited. His mother also reports that he is highly sensitive to rejection, and if not well-received by others, can become angry. However [claimant] evidenced a basic understanding of relationships and appeared to express empathy for peers with special needs.

43. Dr. Steiner also found that claimant met two of the four subcategories of the diagnostic criterion about Restricted, Repetitive Patterns of Behavior, Interest, Activities. Specifically, she noted he exhibited stereotyped or repetitive motor movements, use of objects, or speech such as simple motor stereotypes, lining up toys or flipping objects, echolalia, and idiosyncratic phrases. She also concludes he demonstrated hyper- or hypo-reactivity to sensory input or unusual interest in sensory aspects of the environment, such as apparent indifference to pain or temperature,

adverse response to specific sounds or textures, excessive smelling or touching of objects, and visual fascination with lights or movement.

44. Nevertheless, because an autism diagnosis under the DSM-5 requires the individual to meet all three subcategories within the first criterion, Dr. Steiner did not diagnose autism in claimant. She did diagnose him with ADHD, Neurodevelopmental Disorder Associated with Likely Prenatal Drug Exposure, and Unspecified Trauma and Stressor-Related-Disorder.

45. In late April 2025, Dr. Steiner learned that when Dr. Wray had evaluated claimant the day before her own evaluation, Dr. Wray may have provided feedback to claimant about appropriate social behavior expectations specific to the test. She was concerned that the recency of the testing and that feedback might have affected claimant's performance during her own testing. Dr. Steiner therefore offered to observe claimant again while at school so she could confirm or refute her original impressions. Claimant's mother agreed, and Dr. Steiner observed claimant for one hour on April 30, 2025, alongside Cynthia Root, Ph.D., a clinical psychologist employed by ACRC. She also interviewed claimant's teacher and principal about claimant.

46. Following her second school observation, Dr. Steiner wrote an addendum to her original report. In it, she noted the reasons for her concerns and chronicled her observations. She then explained:

> Overall, [claimant] appeared to be adjusting to his new school, and seemed well liked and supported by staff members. The results of this additional observation did not alter initial diagnostic impressions. In particular, [claimant] evidenced clear, consistent, and engaging eye contact and

> facial expressions, which were appropriately integrated with a variety of gestures across settings and interactional partners. He spontaneously shared with others and engaged in reciprocal interactions involving appropriate turn-taking during dyadic and group conversations. While [claimant] does exhibit some restricted and repetitive behaviors, he does not demonstrate the deficits in social reciprocity and nonverbal communication which are core to the diagnosis of autism spectrum disorder.

47. Dr. Steiner testified at hearing. Within her report and through her testimony, Dr. Steiner explained the reasons that the opinions of the other professionals who evaluated claimant did not persuade her. Specifically, she noted that in Ms. Soresman's report, she observed that claimant "has been noted to be building many friendships in the classroom and is well liked by his peers." She found this inconsistent with the kind of social disengagement typical in those with autism. Additionally, Dr. Steiner noted that the BASC parent report administered by Ms. Soresman should be viewed with "extreme caution" because it indicated "issues with reliability and consistency of parental reporting."

48. Regarding Dr. Sanchez-Moyano Lea's letter and report, Dr. Steiner noted he did not include any qualitative observations of claimant's behavior to support his findings. Therefore, it was unclear if his impressions were based on his own observations or on claimant's mother's reports. Additionally, she noted that Dr. Sanchez-Moyano Lea's scoring of the ADI-R did not correspond to actual scoring domains. Therefore, she questioned the validity and accuracy of the assessment.

49. Regarding Dr. Wray's evaluation, Dr. Steiner noted it was conducted via videoconference and therefore did not include all required subtests of the ADOS-2. Furthermore, she opined that the percentiles and descriptors Dr. Wray listed in the DP-4 did not match the domain scores. She therefore believes the results should be interpreted with caution.

50. More generally, Dr. Steiner believed the remote conditions of the assessment weakened its reliability. She noted:

> Assessment was completed via telehealth. Given [claimant's] documented challenges with attention and hyperactivity, attending to an assessment via telehealth may have introduced further challenges and compromised validity. Both parental and teacher report indicate concerns in multiple areas, **with social skills rated in the typical range**. Assessors did not contact [claimant's] current teacher. (Bold in original.)

TESTIMONY OF CYNTHIA ROOT, PH.D.

51. Cynthia Root, Ph.D., has been a staff psychologist for ACRC for approximately 16 years. She earned her Ph.D. in clinical psychology from Alliant International University, in San Francisco, California, in 2007, and has been a licensed psychologist in California since 2008. She has specialized training in ADOS-2 administration. She is part of ACRC's eligibility review team.

52. Dr. Root testified at hearing about her involvement in this matter. Specifically, she reviewed all the information claimant's mother presented, including the letter and supports from the providers listed above and Dr. Steiner's reports. She

agreed with Dr. Steiner about the reasons the opinions offered by Dr. Sanchez-Moyano Lea, Dr. Wray, and Ms. Soresman were unpersuasive.

53. Specifically, Dr. Root found that Dr. Sanchez-Moyano Lea's letter and report lacked foundation as to how he reached his conclusions. In contrast, Dr. Steiner included extensive explanations about the behaviors she personally observed. Dr. Root also explained she has never known a psychiatrist, such as Dr. Sanchez-Moyano Lea, to administer the ADOS-2. Rather, in the United States, psychologists typically administer that test. Moreover, in her opinion, Dr. Sanchez-Moyano Lea's ADOS-2 testing results seemed "fabricated," as the terminology he used was inconsistent with the actual test and the scoring was wrong. For example, Dr. Sanchez-Moyano Lea provided an overall score of 18, but the scoring on that test only ranges from 2 to 10.

54. Similarly, Dr. Root found Dr. Wray's report uncompelling because she did not specify which portions of the ADOS-2 she excluded. Furthermore, the portions she documented included details that led Dr. Root to believe Dr. Wray administered the test incorrectly. For example, one portion requires the assessor to ask the child to demonstrate and describe how to brush his teeth. The purpose is to observe whether the child can coordinate his physical gestures with his verbal account. Dr. Wray did not do that. Instead, she asked claimant only to show her how to brush his teeth.

55. Relatedly, Dr. Wray then asked claimant to show her how he washes his hands. According to Dr. Root, not only was this instruction incomplete (because it did not include a request to describe the action simultaneously), but it was also inappropriate because the assessor should only inquire about handwashing if the child does not understand the toothbrushing request.

56. Dr. Root expressed similar concerns about Dr. Wray's other testing administration. She noted the ADI-R is typically only for research, not diagnosis, and takes 90 minutes to administer properly. She questioned how Dr. Wray could administer that test, along with several others, in just one hour. The timing suggests to Dr. Root that Dr. Wray did not administer the test to the professional standard.

57. More generally, Dr. Root believes Dr. Wray relied too heavily on claimant's mother's input and overpathologized. Dr. Root was also concerned that Dr. Wray did not include any commentary about why she found claimant met all criteria and subcategories of the DSM-5 diagnostic criteria.

58. Dr. Root also reviewed the other letters and emails described above. She did not find any of them to contain specific enough information to be reliable or undermine Dr. Steiner's opinions. In contrast, she found Dr. Steiner's opinions to be supported by detailed observations and consistent with accepted diagnostic testing protocols. Dr. Root agrees with Dr. Steiner's conclusions and is "very clinically sure" that claimant does not have autism.

Claimant's Additional Evidence

TESTIMONY AND LETTER FROM JACQUELINE WOODS, PH.D.

59. Jacqueline Woods, Ph.D., testified at hearing and provided a letter in support of claimant's application. Dr. Woods earned her Ph.D. in counselor education supervision from Hampton University in Virginia on May 11, 2025. She has been a licensed professional clinical counselor in California for approximately 12 years. She has been claimant's mental health counselor since February 2024.

60. In Dr. Woods's opinion, claimant meets all three diagnostic subcategories within the first DSM-5 criterion, related to Social Communications and Interactions. Specifically, she noted his emotional reciprocity is limited and he frequently exhibits difficulty recognizing others' feelings or responding appropriately to emotional cues. She further noted he displays inconsistent and contextually limited nonverbal behaviors and that his tone, facial expression, and body orientation may be mismatched with the emotional or social content of interactions. Finally, she observed that claimant expresses interest in forming friendships but exhibits limited ability to adjust his behavior to match social context or peer expectations. In her opinion, claimant's behaviors are consistent with autism and "not fully explained by trauma alone."

61. Dr. Woods has only treated claimant via videoconference and has never met him in person. She did not administer any diagnostic tests to confirm a diagnosis of autism. She did not review Dr. Steiner's testing and interpret the data.

TESTIMONY OF KATHLEEN DESPAIN-MOORE

62. Kathleen DeSpain-Moore has known claimant since he was six months old. Claimant lived with Ms. DeSpain-Moore for approximately one month between when he was removed from his original adoptive family and placed with his current family.

63. Ms. DeSpain-Moore has taught a gymnastics and tumbling class for children with special needs youth for decades. Additionally, she has fostered nine children and adopted seven. Based on her experiences, she believed claimant's behaviors are consistent with autism. Specifically, he has trouble regulating his

behavior, does not understand some communication styles like sarcasm, and has limited boundaries around people's bodies.

TESTIMONY AND WRITTEN STATEMENTS OF CLAIMANT'S MOTHER

64. Claimant's mother testified and provided multiple written statements in which she chronicled her experiences with claimant and her belief that he has autism. She believes he consistently misreads social cues, misunderstands gestures and personal space, cannot read independently, has dysgraphia and dyslexia, struggles with basic tasks, eats and drinks to excess when unmonitored, and has frequent and severe tantrums. In her opinion, he meets "every single criterion under the DSM-5 for autism." She has no formal training in diagnosing mental disorders, but was a behavioral health aide in the military for approximately 20 years.

Analysis

65. As described above, there is conflicting evidence as to whether claimant has autism. Dr. Sanchez-Moyano Lea, and Dr. Wray have diagnosed him with autism. Ms. Soresman, Dr. Woods, and multiple other professionals agree.

66. On the other hand, Dr. Steiner evaluated claimant and determined that he does not have autism. Dr. Root agrees. When the opinions are weighed against one another, Dr. Steiner's opinions are more persuasive.

67. As Dr. Steiner and Dr. Root explained, Dr. Sanchez-Moyano Lea did not include his observations of claimant's behavior that supported his conclusions. "An expert's opinion is only as good as the independent evidence establishing its underlying premises." (*Williams v. Illinois* (2012) 567 U.S. 50, 52.) Without providing the

independent evidence on which he based his opinions, Dr. Sanchez-Moyano Lea's conclusions are unpersuasive.

68. Moreover, Dr. Steiner and Dr. Root credibly explained why Dr. Sanchez-Moyano Lea's testing results should be viewed with caution. Most notable was Dr. Root's testimony that Dr. Sanchez-Moyano Lea scored claimant's ADOS-2 with an 18 despite the test scale only spanning from 2 through 10.

69. Dr. Steiner and Dr. Root also persuasively explained why Dr. Wray's diagnosis is unpersuasive because she conducted her evaluation by videoconference. By Dr. Wray's own admission, she did not administer all parts of the ADOS-2. Moreover, Dr. Root explained in great and persuasive detail why the portions of the ADOS-2 that Dr. Wray did administer were faulty.

70. The other professionals on which claimant's mother relies did not diagnose claimant with autism, but rather repeated others' diagnoses or suggested additional testing. For example, Ms. Soresman wrote, in relevant part, "[o]ther professionals should be consulted to confirm the diagnosis of ADHD, and the possibility of Anxiety and Autistic spectrum disorders to ensure his strengths and challenges are fully understood." Dr. Chambers and Dr. Langenhan did not explain the basis for their opinions at all. Dr. Woods is authorized by her licensed professional clinical counselor license to assess individuals, but she must do so by "selecting, administering, scoring, and interpreting tests, instruments, and other tools and methods." (Bus. & Prof. Code, § 4999.20, subds. (a)(1), (c).) She conceded she did not do so.

71. Apart from Dr. Woods, none of the individuals who offered clinical opinions in support of claimant's application testified at hearing. Because they were

not subject to cross-examination, they were unable to address the deficiencies in their opinions identified by Dr. Steiner and Dr. Root.

72. In contrast, both Dr. Steiner and Dr. Root testified at hearing and were subject to cross-examination. Both are credentialed to administer diagnostic testing and interpret the results. Dr. Steiner did so. She credibly and persuasively explained her conclusions and supported them with detailed observations.

73. When all the evidence is considered, because Dr. Steiner's opinion was more persuasive that claimant does not have autism, his application must be denied on that basis. Moreover, although claimant's mother indicated in the application that she believes he may have a disabling condition that is closely related to intellectual disability (such as Borderline Intellectual Functioning) or requiring treatment similar to that required for individuals with intellectual disability, the evidence at hearing did not support that conclusion at this time.

LEGAL CONCLUSIONS

Burden and Standard of Proof

1. In an administrative hearing, the burden of proof is on the party seeking government benefits or services. (See, e.g., *Lindsay v. San Diego County Retirement Bd.* (1964) 231 Cal.App.2d 156, 161.) In this case, claimant has the burden to prove, by a preponderance of the evidence, that he is eligible for services from ACRC under the Lanterman Act because of a developmental disability. (Evid. Code, § 115.)

Applicable Law

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 be eligible for regional center services and supports, an individual must have a "developmental disability" that: (1) originated before he reached 18 years old; (2) is likely to continue indefinitely; and (3) constitutes a substantial disability. (Welf. & Inst. Code, § 4512, subd. (a)(1).) Under the Lanterman Act, "developmental disability" includes intellectual disability, cerebral palsy, epilepsy, autism, and disabling conditions found to be closely related to or require treatment similar to that required for individuals with an intellectual disability. (*Ibid.*)

4. As discussed above, claimant did not prove, by a preponderance of the evidence, that he has intellectual disability, cerebral palsy, epilepsy, autism, or a disabling condition closely related to, or requiring treatment similar to, that required for individuals with an intellectual disability. Therefore, claimant's appeal must be denied. However, claimant is not prevented in the future from presenting additional information to ACRC in favor of eligibility or appealing any future denial for ACRC services.

ORDER

Claimant's appeal is DENIED.

DATE: June 19, 2025

SEAN GAVIN
Hearing Officer
Office of Administrative Hearings

NOTICE

This is the final administrative decision. Each party is bound by this decision. Either party may request a reconsideration under Welfare and Institutions Code section 4713, subdivision (b), 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.