

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

In the Matter of:

Claimant

and

Westside Regional Center,

Service Agency.

DDS No. CS0025370

OAH No. 2025040385

DECISION

Jennifer M. Russell, Senior Administrative Law Judge, Office of Administrative Hearings, State of California, heard this matter on October 16, 2025. Ron Lopez, IDEA Specialist, represented the Westside Regional Center (WRC or service agency). Mother represented Claimant. Mother and Claimant are not identified by name to protect their privacy and maintain confidentiality.

Karesha Gayles, Psy.D., is a Psychological Associate at WRC and a member of WRC's eligibility determination team. Margaret Yau, M.D., M.S., is a Child and Adolescent Psychiatry Fellow Physician at the Semel Institute for Neuroscience and

Human Behavior at the Resnick Neuropsychiatric Hospital at UCLA. Dr. Gayles testified on behalf of WRC. Dr. Yau and Mother testified on behalf of Claimant. WRC's Exhibits 1 and 5 through 13 and Claimant's Exhibits A and B were admitted in evidence. WRC's Exhibits 13 through 16 and Mother's Exhibit C were marked for identification only. The record closed and the matter was submitted for decision at the conclusion of the hearing on October 16, 2025.

ISSUE FOR DETERMINATION

The sole issue for determination is whether Claimant presents with significant limitations in at least three areas major life activities, thus rendering him substantially disabled within the meaning of the Lanterman Developmental Disabilities Services Act (Lanterman Act), Welfare and Institutions Code section 4500 et seq.

FACTUAL FINDINGS

1. At Mother's request, in September and October 2023, when Claimant was a nine year old, Our Kids Developmental Services (OKDS) conducted a neuropsychological evaluation of Claimant. The evaluation included observation, direct assessment measures, parent and resource teacher interviews, and questionnaires completed by Claimant, his parents, and his teachers. In the resulting *Neuropsychological Assessment Report*, OKDS reports Claimant meets the Diagnostic and Statistical Manual, Fifth Edition, Text Revision (DSM-5) criteria for F84.0 Autism Spectrum Disorder, Level 2 severity, which requires substantial support: in both social communication and restricted, repetitive behaviors. (Exh. 10 at p. 18 [A75].) OKDS further reports Claimant demonstrated solid cognitive abilities, with his general ability

being above average, and with a weakness in cognitive proficiency. (Exh. 10 at p. 5 [A62].)

2. In the *Neuropsychological Assessment Report*, OKDS reports Claimant additionally meets the DSM-5 criteria for F80.0 Speech Sound Disorder, noting Claimant's difficulty with articulation of certain sounds; F90.8 Other Specified Attention Deficit Hyperactivity Disorder (ADHD); and F41.8 Other Specified Anxiety Disorder. (Exh. 10 at p. 19-20 [A76-A77].) OKDS further reports Claimant "additionally experiences some symptoms of depression, but they are not severe enough to warrant a formal diagnosis at this time." (Exh. 10 at p. 20 [A77].)

3. In October 2024, Brigitte Jameson, MSW, PT, a WRC intake counselor, completed an intake assessment of Claimant. At the time, Claimant was 10 years, nine months old. Ms. Jameson reported her findings and clinical impressions in an October 14, 2024 Psychosocial Assessment stating, among other things, the following:

[Claimant] wants to engage but has difficulty with social skills and appropriate interactions with peers. He becomes easily upset and dysregulated. He can tantrum for up to one hour, throw objects, hit his brother, say mean things to his family, and hit his head with objects. He also twists and pulls out his hair.

Difficulty participating in age-appropriate self-care, ADL [activities of daily living], and chores.

Difficulty with emotional regulation, organization of behavior, attention and concentration, and sensory processing.

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Difficulties with attention and academic skills and requires support both at home and in the school settings.

[Claimant] has difficulty with transitions and becomes quickly and easily dysregulated.

[Claimant] demonstrates some unusual, stereotypical, and repetitive behaviors such as wanting to spin excessively on his hoverboard, making repetitive noises, scrutinizing objects close to his eyes, and making facial grimaces. He often rocks himself when talking. He lines things up in specific patterns and textures

(Exh 5 at p.6 [A25].)

4. Ms. Jameson referred Claimant to the WRC interdisciplinary team for eligibility consideration.

5. In November 2024, Claimant's school district evaluated him when he was 10 years and 10 months old to determine his eligibility for special education services. In a *Multi-Disciplinary Psycho-Educational Evaluation* report signed on November 12, 2024, Claimant's school district determined, pursuant to California Education Code section 3030, he is eligible for special education services under the primary category of Emotional Disability (ED) and secondary category of Speech/Language Impairment. ED is characterized by a persistent pattern of emotional and behavioral issues, such as an inability to learn that cannot be explained by other factors, difficulty forming satisfactory relationships, inappropriate behaviors, or a general pervasive mood of unhappiness. (See Exh. 11 at p.21 [A100].) Language or speech impairment includes articulation disorder, which means reduced intelligibility or inability to use speech mechanisms, which in turn interferes with communication and attracts negative

attention; abnormal voice, which is characterized by persistent defective voice quality, pitch, or loudness; fluency disorder, which is when the flow of verbal expression including rate and rhythm adversely affects communication the listener; or language disorder, which means deficits in receptive or expressive language. (See Exh. 11 at p. 22 [A101]. The *Multi-Disciplinary Psycho-Educational Evaluation* report states, "These disabilities are the primary and secondary impairments that impact [Claimant's] educational progress. It is also critical to remember that [Claimant] is an autistic child, meaning that he has differences in his social interactions and has many related characteristics such as a need for sameness and sensory processing differences." (*Ibid.*)

6. The *Multi-Disciplinary Psycho-Educational Evaluation* report contains a notation that Claimant "has been diagnosed with autism by Dr. Kaminker, UCLA-Santa Monica Pediatrics." (Exh. 11 at p.2 [A81].)

7. During four separate days in November and December 2024, Karen E. Hastings, Psy.D., evaluated Claimant. In the *Psychological Evaluation* report she prepared for the WRC, Dr. Hastings concludes, among other things, that Claimant "does not meet the full criteria for Autism Spectrum Disorder [ASD]." (See Exh. 6 at pp. 18-20 [A43-A45].) Dr. Hastings's *Psychological Evaluation* report lists the following diagnostic impressions: F80.0 Speech Sound Disorder; Rule Out F90.2 ADHD, Combined presentation; Rule Out Major Depressive Disorder; and Rule Out Obsessive-Compulsive Disorder. (Exh. 6 at p.20 [A45].) Dr. Hastings' recommendations for Claimant include "a comprehensive mental assessment with a seasoned professional such as a child psychologist or psychiatrist [to] rule out a mood disorder, anxiety disorder and ADHD and then to provide treatment based on the results of the assessments." (*Ibid.*)

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8. On January 22, 2025, WRC deemed Claimant ineligible for Lanterman Act services and supports. (Exh.7.) By letter dated January 27, 2025, WRC informed Mother of its ineligibility determination. On March 20, 2025, Mother filed an appeal.

9. On July 25, 2025, Dr. Gayles reevaluated Claimant, who is now 11 years old. In the *Multidisciplinary Psychological Evaluation* report she prepared for WRC, Dr. Gayles summarizes her diagnostic considerations as follows:

[Claimant] presents with a complex developmental and emotional profile marked by impairments in multiple domains. Diagnostic impressions are consistent with previously documented conditions of [ASD]. While his observed behaviors during testing were consistent with these diagnoses, many of the most significant impairments were reported by his mother and not directly observed, suggesting the presence of masking behaviors and differences in presentation across settings.

Language: Although [Claimant] is verbally fluent and able to discuss preferred topics in detail, he exhibits pragmatic language deficits that interfere with effective social communication. These difficulties—reported more significantly at home than observed during testing—impact his ability to maintain reciprocal conversation, understand social context, and interpret others’ intentions or emotional cues.

Learning: Academic underperformance, limited classroom engagement, and prior IEP qualification suggest a learning disability or learning related challenges. Comprehension difficulties and poor task persistence further interfere with academic acquisition and performance. Teachers and clinicians had suggested ADHD; however, his mother reports that his

confusion often stems from difficulty understanding language, not inattention.

Self-Care: [Claimant] demonstrates considerable difficulty with independent daily living skills in the home setting, including dressing, grooming, and food preparation. These impairments were not observed during the evaluation but were reported by his mother as significant and longstanding. Sensory sensitivities and coordination issues likely contribute to these challenges.

Self-Direction: [Claimant] has limited insight into his behavior, difficulty with emotional regulation, and challenges initiating or sustaining independent activity. His mother reports significant struggle with frustration tolerance, compliance, and task completion, which were not fully apparent during structured evaluation tasks but appear to interfere with daily functioning at home.

(Exh. 8 at p. 6 [A54].)

10. On September 10, 2025, a multidisciplinary team, which included Dr. Gayles, again deemed Claimant ineligible for Lanterman Act services and supports. A Westside Regional Center Diagnostic/Eligibility Sheet contains the following comment, "ASD not supported due to developmental disability. No substantial handicaps in three or more areas." (Exh. 9.)

11. Thereafter, this fair hearing proceeding ensued.

12. At hearing, Dr. Gayles explained the composition and function of the WRC multidisciplinary team and its processes for determining eligibility for Lanterman

Act services and supports. Dr. Gayles testified WRC multidisciplinary team “looked back at all the information presented,” and WRC was no longer contesting Claimant’s ASD diagnosis. Dr. Gayles further testified Claimant is “substantially handicapped” in the self-care and expressive language domains; has “some handicaps” in the self-direction domain because of his “inability to follow directions;” has “no substantial handicap” in the mobility or learning domains; and is “too young at this moment” for any determination regarding his capacity for independent living or economic self-sufficiency.

13. Through her testimony, Dr. Gayles explained WRC’s ultimate conclusion that, notwithstanding his ASD diagnosis, Claimant is still ineligible for Lanterman Act services and supports.

“Although he does have ASD, it is difficult for us to determine right now if it [meaning the areas of handicaps she identified] is caused by ASD or by the ED. I think that is the battle we have been having with this [case], trying to determine if it is more ASD or if it is the ED. . . . We are not contesting the ASD but because the school records also indicated ED, and that is the prominent thing that has been going on, [ED] hasn’t been ruled out. It hasn’t been determined if it is the emotional dysregulation or if it is the ASD. We are not contesting the diagnosis but it is what came first—the chicken or the egg. We are not sure which one is driving but it does seem that [Claimant] does have both. . . . It is difficult to clarify because the symptoms—the anxiety symptoms, the outbursts, the self-soothing,

rocking—overlap in regard to ASD symptoms as well as [ED]. We are only able to determine things based on our observations. We also take into consideration [Mother's] account as well as the previous reports. We take all of those things into consideration. We are also doing a snapshot of what we saw during that specific time and sometimes that makes it difficult to decide. That is why we are not contesting the ASD. We do agree with the [ED diagnosis]. . . . Sometimes things are not as clear cut as we want them to be [in order to] say this is definite ASD and this is definite [ED]. It seems to be both in this case."

14. Dr. Yau is Claimant's treating physician. Dr. Yau has so far engaged Claimant in six one-hour psychotherapy sessions "focusing on challenges associated with autism," according to her testimony. Dr. Yau is versed in Claimant's developmental history. She has reviewed the same documents and information made available to the WRC multidisciplinary team.

15. In an October 14, 2025 letter, Dr. Yau reports she "gathered significant information regarding [Claimant's] development through her interactions with him, and based on the information gathered, she opines Claimant "meets the diagnostic criteria for [ASD] as outlined in the DSM-5." (Exh. B.)

16. In the October 14, 2025 letter, Dr. Yau specifies Claimant's social communication and interaction deficits. Claimant's difficulty with social-emotional reciprocity and social communication includes, among other things, his limited ability to engage in back-and-forth conversation and in small talks but on the other hand, his ability to talk to others for an extended duration on topics that interest him, such as

maps, cameras, Costco, and Ikea; his difficulty engaging in social interactions with children his age; and his difficulty expressing himself verbally, especially surrounding his emotions. Claimant's difficulties with nonverbal communicative behaviors include, among other things, limited or intermittent eye contact; limited use of facial expressions and gestures for communicative purposes during interactions, odd facial expressions at times, such as growling at a person smiling at him or visibly tensing his face and mouth; difficulty understanding social cues and his role in peer relationships, thus limiting his ability to develop and maintain relationships; and difficulty adjusting his behaviors to suit various social contexts, losing his temper when he is with others, and insisting on ways of interactions that he prefers. (Exh. B at pp. 1-2 [Z4-Z5].)

17. Dr. Yau's October 14, 2025 letter additionally specifies Claimant's restricted behavior patterns and interests. During her encounters with Claimant, Dr. Yau observed Claimant rocking side-to-side when standing and walking in circles by himself repetitively; Claimant is rigid about doing activities of daily living in a certain sequence and he has significant distress and emotional dysregulation when his routines are changed; in early childhood he developed an intense fascination with maps and specific games; he has hypersensitivities to textures (he prefers being unclothed) and sounds (which makes it difficult for him to eat his lunch with peers at school). (Exh. B at pp. 2-3 [Z5-Z6].)

18. In the October 14, 2025 letter, Dr. Yau explains Claimant's "behaviors and challenges have been consistent over time from the early developmental period and are not better explained by intellectual disability, global developmental delay, or other psychiatric disorders." Rather, Claimant's "history and presentation are consistent with the DSM-5 diagnosis of ASD." Dr. Yau further explains Claimant's "daily functioning and ability to engage in typical age-appropriate activities are significantly limited by

ASD.” Dr Yau identifies the following areas in which Claimant has functional limitations due to his ASD:

Self-direction

- Due to significant challenges in social communication and interaction associated with ASD, [Claimant] has substantial difficulties establishing and maintaining relationships with peers.
- Moreover, [Claimant] has difficulty with emotional regulation and has episodes of outbursts when he is not able to cope with frustrations related to changes in routines and social challenges. He has maladaptive behaviors, such as hitting himself with his own fists.

Receptive and expressive language

- [Claimant] has difficulty with engaging fully in a conversation and following directions, often asking for verbal expressions to be repeated and rephrased to enhance his understanding.
- He has significant difficulty understanding and interpreting nonverbal communication and social cues, making it challenging for him to develop and maintain relationships expected for his age.
- He has difficulty participating in conversations due to difficulty expressing himself verbally and [a] tendency

to fixate on specific topics. He tends to leave a conversation abruptly when he is not able to continue engaging in verbal communication.

Self-care/Capacity for independent living

- [Claimant has significant difficulty performing age-appropriate daily living tasks such as personal hygiene without prompting, prepare simple meals, and consistently setting his alarm clocks.
- He has had frequent school tardiness and absences due to difficulty with getting up and arriving [at] school on time with issues.

(Exh. B at pp. 3-4 [Z6-Z7].)

19. At hearing, Dr. Yau opined Claimant meets the “functional limitations” requirement for him to receive Lanterman Act services and supports. Dr. Yau emphasized that “substantial difficulties resulting from autism do lead to substantial emotional challenges.” Dr. Yau testified, “Oftentimes, neurodevelopmental disorder comes before the emotional difficulties due to challenges [individuals] face in addition to environmental factors that they experience.” For example, focusing on Claimant’s learning, Dr. Yau noted that Claimant recently entered middle school and, because of his challenges with social conversations and interactions associated with ASD, Claimant is “having difficulties developing social relationships that could be beneficial to his learning.” In turn, Claimant is impacted emotionally. He presents with maladaptive behaviors. He voices suicidal ideation. Dr. Yau opined, “It can be difficult in school and

the future if he does not get the help he needs. If we want to help him to be independent in the future, that is going to be a big challenge.”

20. Still focusing on Claimant’s learning, Dr. Yau acknowledged differences in how individuals present with autism. Nonetheless, according to her testimony, “What is commonly present for individuals with autism is executive functioning challenges partly due to hypersensitivity to stimuli. In [Claimant’s] case, he is sensitive to noise or texture, like the clothes he wears, which can be distracting in daily life and making it harder to filter information that is important for him to organize himself in daily life and in prioritizing.” Dr. Yau testimony further explained that because Claimant does not present with a learning disability, Claimant’s normal intellectual functioning paradoxically masks his functional difficulties and enables his understanding that he is having functional difficulties. Claimant becomes emotionally dysregulated, which interferes with his learning.

21. Over the last two months of her observation of Claimant, Dr. Yau noted a “decline in [Claimant’s] ability to engage.” Dr. Yau testified, “There is an environmental factor. He just started middle school, which is a big change for every kid but especially for a kid with autism. Starting middle school tends to be very challenging because kids are entering puberty—they are trying to establish social relationships and their own identity, especially in a social context. [Claimant] has been experiencing bullying at school. He talked about it in our sessions. He has challenges navigating the social situation [of] being unable to make friends at school, which really impacted him emotionally. The social difficulties are a big part right now in terms of the changes I’ve seen—the increased irritability and difficulty with coping with the frustration at school are increasingly notable during our sessions.”

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22. Dr. Yau opined on the “chicken or the egg” issue raised by Dr. Gayles. Dr. Yau testified, “They are not contesting that there is autism. They are not contesting that he meets criteria in the areas of self-care, language, and self-direction. They agree there are substantial handicaps. What they are not sure about is what is causing it; Is it the autism versus the emotional disturbance. I want to give my professional opinion that autism is understood as a neurodevelopmental disorder. It is started from the time a person is born. As a person lives they will continue to have the same brain, which will be evolving based on their experiences. So, which comes first we cannot say for sure but it is extremely common for individuals with autism to have comorbidity—other psychiatric disorders, whether it is depression, anxiety, and other psychiatric difficulties—but the likelihood is that autism comes first because we know that it does drive the challenges a person can face in life They have the challenges associated with social communication and so on. A lot of times that increases the risk of developing emotional disorders, like depression . . . and anxiety. I do want to stress that most professionals do agree that autism does increase the risk of other psychiatric disorders greatly[.]”

23. Dr. Yau’s overall testimony regarding Claimant’s functional limitations deriving from his neurodevelopmental disorder, here autism, and the importance of Claimant’s simultaneous presentation with autism and a psychiatric condition, here emotional disturbance, is accorded significant weight. Dr. Yau’s testimony invoked generally accepted knowledge about the characteristics of autism and emotional disturbance to illuminate her first-hand observations of how Claimant manifested difficulty building and maintaining relationships, learning difficulties not caused by cognitive deficits, and inappropriate emotional and maladaptive responses.

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24. Mother submitted a three-page document itemizing Claimant's behaviors, which was admitted in evidence as Exhibit A. In sum, the document references Claimant's constant need for prompting to ready himself for school; his elevated emotional outbursts before school starts; his regular references to suicidal language and physicality hitting holes in the walls before leaving the house before school starts; his difficulties with transitions and managing unexpected changes; his inability to attend to his self-care tasks independently; his difficulty maintaining friendships; his restricted social interactions; and his emotional dysregulation.

25. Mother testified at hearing, and her testimony describing Claimant's presentation and behaviors was consistent with the substantive content of the three-page document.

LEGAL CONCLUSIONS

1. The Lanterman Act defines "developmental disability" to mean the following:

[A] disability that originates before an individual attains age 18 years, continues, or can be expected to continue, indefinitely, and constitutes a substantial disability for that individual. . . . [T]his term shall include intellectual disability, cerebral palsy, epilepsy, and autism. This term shall also include disabling conditions found to be closely related to intellectual disability or to require treatment similar to that required for individuals with intellectual disability, but shall not include other handicapping conditions that are solely physical in nature.

(Welf. & Inst. Code, §4512, subd. (a)(1).)

2. California Code of Regulations, title 17 (CCR), section 54000 further defines "developmental disability" as follows:

(a) "Developmental Disability" means a disability that is attributable to [intellectual disability], cerebral palsy, epilepsy, autism, or disabling conditions found to be closely related to [intellectual disability] or to require treatment similar to that required for individuals with [intellectual disability].

(b) The Developmental Disability shall:

- (1) Originate before age eighteen;
- (2) Be likely to continue indefinitely;
- (3) Constitute a substantial disability for the individual . . .;

(c) Developmental Disability shall not include handicapping conditions that are:

- (1) Solely psychiatric disorders where there is impaired intellectual or social functioning which originated as a result of the psychiatric disorder or treatment given for such a disorder. Such psychiatric disorders include psycho-social deprivation and/or psychosis, severe neurosis or personality disorders even where social and intellectual functioning have become seriously impaired as an integral manifestation of the disorder.

(2) Solely learning disabilities. A learning disability is a condition which manifests as a significant discrepancy between estimated cognitive potential and actual level of educational performance and which is not a result of generalized mental retardation, educational or psycho-social deprivation, psychiatric disorder, or sensory loss.

(3) Solely physical in nature. These conditions include congenital anomalies or conditions acquired through disease, accident, or faulty development which are not associated with a neurological impairment that results in a need for treatment similar to that required for mental retardation.

3. Establishing the existence of a developmental disability within the meaning of the Lanterman Act and promulgated regulations requires Claimant additionally to establish by a preponderance of evidence the developmental disability is a "substantial disability," defined in Welfare and Institutions Code section 4512, subdivision (j)(1), to mean "the existence of significant 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: (1) Self-care. [¶] (2) Receptive and expressive language. [¶] (3) Learning. [¶] (4) Mobility. [¶] (5) Self-direction. [¶] (6) Capacity for independent living. [¶] (7) Economic self-sufficiency."

4. As Claimant is seeking to establish eligibility for Lanterman Act supports and services, he has the burden of proving by a preponderance of the evidence he has met the Lanterman Act's eligibility criteria. (*Lindsay v. San Diego Retirement Bd.* (1964)

231 Cal.App.2d 156, 161 [disability benefits]; *Greatorex v. Board of Admin.* (1979) 91 Cal.App.3d 54, 57 [retirement benefits]; Evid. Code, § 500.)

5. “Preponderance of the evidence means evidence that has more convincing force than that opposed to it.’ (Citations.) . . . [T]he sole focus of the legal definition of ‘preponderance’ in the phrase ‘preponderance of the evidence’ is the *quality* of the evidence. The *quantity* of the evidence presented by each side is irrelevant.” (*Glage v. Hawes Firearms Company* (1990) 226 Cal.App.3d 314, 324-325, original italics.) In meeting the burden of proof by a preponderance of the evidence, Claimant “must produce substantial evidence, contradicted or un-contradicted, which supports the finding.” (*In re Shelley J.* (1998) 68 Cal.App.4th 322, 339.) Claimant has met his burden.

6. It is undisputed Claimant presents with ASD, which is nomenclature denoting “autism,” within the meaning of the Lanterman Act. As Dr. Gayles testified, WRC is no longer contesting Claimant’s ASD diagnosis. (Factual Finding 12.) A preponderance of the credible evidence supports the conclusion Claimant presents with ASD. (See Factual Findings 1, 3, 6, 9, 15-17.)

7. Claimant presents with significant communication deficits and inflexible behaviors, which in turn are substantially disabling across multiple settings involving Claimant’s capacity for self-care, receptive and expressive language, learning, and self-direction. As discussed below, Claimant has no significant mobility deficits. At this time, Claimant’s developmental age precludes any conclusion regarding his capacity for independent living and economic self-sufficiency.

a. **Self-Care:** It is undisputed that Claimant presents with self-care deficits emanating from social communication and interaction deficits. For example, Claimant

struggles to understand and comply with instructions for his daily routine caring for his personal hygiene, preparing himself for school, preparing meals, and performing household chores such as tidying his room. Claimant is challenged by and requires assistance with multi-step instructions and sequential tasks. A preponderance of the evidence establishes Claimant presents with significant limitations in self-care,

b. **Receptive-Expressive Language:** It is undisputed that Claimant has significant deficits with pragmatic communication, i.e., knowing what to say, when to say it, and how to say it in a social context. Claimant has difficulty expressing himself verbally. He fixates on topics narrowly centered on preferred subjects. He misunderstands and misinterprets nonverbal communication. A preponderance of the evidence establishes Claimant presents with significant limitations in receptive and expressive language.

c. **Learning:** Claimant's learning is significantly impaired notwithstanding his average cognitive functioning. Claimant recently entered middle school and, as Dr. Yau credibly testified, his challenges with social conversations and interactions are hindrances to his ability to develop social relations that are beneficial to his learning. Claimant is aware of and understands that he is having functional difficulties. In turn, Claimant becomes emotionally dysregulated. His emotional dysregulation further interferes with his learning. A preponderance of the evidence establishes Claimant presents with significant limitations in learning emanating from the diagnostic features of ASD.

d. **Mobility:** Claimant is ambulatory. He requires no crutches, wheelchair, or walker for mobility. It is not established that Claimant presents with significant limitations in mobility.

e. **Self-Direction:** Claimant has significant difficulties regulating his emotional and behavioral responses to the social communication and interaction challenges he encounters. Claimant does not cope well with transitions and routine changes. He struggles to adhere to daily schedules and routines associated with his preparations for school. His difficulties coping with frustration, disappointment, and unmet expectations are manifested in his emotional dysregulation, which includes self-harm (hitting his head with his fists), expressions of suicidal ideation, and social isolation. A preponderance of the evidence establishes Claimant presents with significant limitations in self-direction.

f. **Capacity for Independent Living:** Claimant cannot independently attend to his self-care routines. His expressed suicidal ideation suggests a possible need for constant supervision. However, given Claimant's developmental age, any conclusion regarding his capacity for independent living is premature.

g. **Economic Self-Sufficiency:** Given Claimant's developmental age, any conclusion regarding his economic self-sufficiency would be speculative.

8. Based on the totality of the evidentiary record, cause exists to grant Claimant's appeal. Claimant has met his burden establishing by a preponderance of the evidence he has a developmental disability, autism, that is substantially disabling in four area of life major activities—self-care, receptive and expressive language, learning, and self-direction, thereby rendering him eligible for Lanterman Act services and supports under section 4512, subdivision (a)(1), of the Welfare and Institutions Code.

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ORDER

1. Claimant's appeal is granted.
2. Westside Regional Center shall deem Claimant eligible for Lanterman Act services and supports in accordance with Welfare and Institutions Code section 4512, subdivision (a)(1).

DATE:

JENNIFER M. RUSSELL
Senior 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 decision.