

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

In the Matter of:

CLAIMANT

and

ALTA CALIFORNIA REGIONAL CENTER, Service Agency

DDS No. CS0026430

OAH No. 2025050389

DECISION

Hearing Officer Christopher W. Dietrich, Administrative Law Judge, Office of Administrative Hearings, State of California, heard this matter on March 6, 2026, in Sacramento, California.

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

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

Evidence was received and the record held open for the receipt of additional documentary evidence. ACRC's additional evidence was marked as Exhibit 16 and admitted for all purposes. Claimant's additional evidence was marked as Exhibits F, G,

and H, and admitted for all purposes. The record was closed and the matter submitted for decision on March 17, 2026.

ISSUE

Is Claimant eligible for services under the Lanterman Developmental Disabilities Services Act, Welfare and Institutions Code section 4500 et seq. (Lanterman Act), based upon a qualifying diagnosis of Autism Spectrum Disorder (ASD)?

FACTUAL FINDINGS

Application for Services

1. Claimant is a nine-year-old boy. He resides with his mother, brother, and sister in Folsom, California.

2. Sabrina Motherspaw, ACRC Intake Specialist, testified at hearing. On April 29, 2024, Claimant's mother applied for ACRC services for Claimant. Upon receipt of Claimant's application, Ms. Motherspaw gathered information and relevant documentation for ACRC to use in determining whether Claimant was eligible for services under the Lanterman Act. On September 9, 2024, Ms. Motherspaw conducted a social assessment of Claimant. During the assessment, Ms. Motherspaw observed Claimant's behavior and interviewed Claimant's mother. Ms. Motherspaw thereafter referred Claimant for a psychological evaluation.

ASD Diagnostic Criteria

3. The diagnostic criteria for ASD are set forth in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR). The diagnostic criteria are summarized as follows:

A. Persistent deficits in social communication and social interaction across multiple contexts, as manifested by all of the following, currently or by history

1. Deficits in social-emotional reciprocity, ranging, for example, from abnormal social approach and failure of normal back-and-forth conversation; to reduced sharing of interests, emotions, or affect; to failure to initiate or respond to social interactions.

2. Deficits in nonverbal communicative behaviors used for social interaction, ranging, for example, from poorly integrated verbal and nonverbal communication; to abnormalities in eye contact and body language or deficits in understanding and use of gestures; to a total lack of facial expressions and nonverbal communication.

3. Deficits in developing, maintaining, and understanding relationships, ranging, for example, from difficulties adjusting behavior to suit various social contexts; to difficulties in sharing imaginative play or in making friends; due to absence of interest in peers.

B. Restricted, repetitive patterns of behavior, interests, or activities, as manifested by at least two of the following, currently or by history

1. Stereotyped or repetitive motor movements, use of objects, or speech

2. Insistence on sameness, and inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior

3. Highly restricted, fixated interests that are abnormal in intensity or focus

4. Hyper- or hyporeactivity to sensory input or unusual interest in sensory aspects of the environment

C. Symptoms must be present in the early developmental period (but may not become fully manifest until social demands exceed limited capacities, or may be masked by learned strategies in later life).

D. Symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning.

E. These disturbances are not better explained by intellectual mental disorder (intellectual disability) or global developmental delay. . . .

4. The DSM-5-TR lists several differential diagnoses to be considered when evaluating a patient for a potential ASD diagnosis. Attention-Deficit/Hyperactivity Disorder (ADHD) is noted as a differential diagnosis with the following comments:

Abnormalities of attention (overly focused or easily distracted) are common in individuals with [ASD], as is hyperactivity. Moreover, some individuals with ADHD may exhibit social communication deficits such as interrupting others, speaking too loudly, and not respecting personal space. Although potentially difficult to discriminate ADHD from [ASD], the developmental course and absence of restricted, repetitive behaviors and unusual interests in ADHD help in differentiating the two conditions. A concurrent diagnosis of ADHD should be considered when attentional difficulties or hyperactivity exceeds that typically seen in individuals of comparable mental age, and ADHD is one of the most common comorbidities in [ASD].

Psychological Evaluation by Brooke Davidson, Psy.D.

5. Brooke Davidson, Psy.D., of Jigsaw Diagnostics, conducted a telehealth psychological evaluation of Claimant on July 13, 2024, at the request of Claimant's mother. Dr. Davidson prepared a written report regarding her evaluation. Dr. Davidson did not testify at hearing.

6. During the evaluation, Dr. Davidson observed Claimant's behavior and conducted a clinical interview with Claimant's mother. Additionally, Dr. Davidson administered several tests including the Developmental Profile – Fourth Edition (DP-4),

the Social Communication Questionnaire (SCQ); and portions of the Autism Diagnostic Observation Schedule (ADOS-2) – Module 2. The report does not reflect whether Dr. Davidson reviewed any records regarding Claimant.

7. The DP-4 is “a comprehensive assessment instrument. . . about broad developmental domains from birth to 21 years of age.” Claimant’s mother completed the DP-4. Her responses suggested that “Claimant’s developmental abilities are delayed in the areas of communication, cognitive abilities, social-emotional, and physical.”

8. The SCQ “is a questionnaire used to determine the degree of concerns related to the social and communication difficulties most often associated with [ASD].” Scores of 15 and above on the SCQ “raise concern about a possible [ASD]” diagnosis. Claimant’s SCQ score was 27.

9. The ADOS-2 “is a semi-structured, standardized assessment tool used for measuring communication, social interaction, and play or imaginative use of materials.” Dr. Davidson noted that “[a] clinical diagnosis of ASD may be appropriate if an individual’s [ADOS-2] comparison score is equal to or greater than the Autism cut-off.” Dr. Davidson did not report Claimant’s ADOS-2 scores but noted the following regarding Claimant’s performance during the ADOS-2:

Social Affect:

[Claimant] made intermittent eye contact throughout the evaluation with his mother and the evaluator. He used many gestures throughout. [Claimant] was very uninterested in the interaction until the conversation shifted to a topic of interest for him. He became much more engaged at that

point and was smiling and animated while talking about it. He was observed to ask some questions of the examiner and referenced his mother while talking.

A comfortable rapport between [Claimant] and the examiner developed over time. When considering all opportunities for conversation during the ADOS-2, the amount of his back-and-forth conversation with the examiner was appropriate given the context and his presumed developmental level.

Communication:

[Claimant] engaged in back-and-forth conversation with both his mother and the evaluator. [Claimant] asked and answered questions but only regarding topics of interest to him. [Claimant] was able to answer some questions about school and his friends, but the conversation was brief. He was observed to struggle with articulation, and it was difficult to understand him at times.

Restricted and Repetitive Behaviors (RRB):

[Claimant] struggled with the transition away from video games. He was also observed to have some special interests.

(Grammar original.)

10. Dr. Davidson concluded that Claimant met the diagnostic criteria for ASD under the DSM-5, the predecessor to the DSM-5-TR. Specifically, she noted the presence of (1) persistent impairments in reciprocal social communication and social interaction, and (2) restricted, repetitive patterns of behavior, interests, or activities. She did not evaluate the remaining DSM-5 diagnostic criteria for ASD. Dr. Davidson did not evaluate any differential diagnoses in her report.

Psychological Evaluation by Christy L. Shaw, Psy.D.

11. ACRC referred Claimant for a psychological evaluation with Christy L. Shaw, Psy.D. Dr. Shaw conducted an in-person psychological evaluation of Claimant on March 14, 2025. Dr. Shaw issued a report regarding the findings of her evaluation. She noted that the purpose of the evaluation was to “determine whether [Claimant] meets the current DSM-5-TR criteria for [ASD].” She did not testify at hearing.

12. Dr. Shaw observed Claimant’s behavior and conducted a clinical interview with Claimant’s mother. Additionally, Dr. Shaw administered several tests including the Adaptive Behavior Assessment – Third Edition (ABAS-3); the ADOS-2 – Module 2; the DP-4; and the Wechsler Intelligence Scale for Children – Fifth Edition (WISC-V). Dr. Shaw also reviewed various records including Claimant’s special education eligibility records, medical records, records from ACRC, and Dr. Davidson’s evaluation report.

13. The ABAS-3 “assesses an individual’s adaptive skills for diagnosis and classification of disabilities and disorders, identifies strengths and limitations, and/or documents and monitors progress over time.” Dr. Shaw reported the following results based upon Claimant’s mother’s clinical interview:

Conceptual Skills: Extremely low range conceptual skills were identified by parent report. No clinically significant

concerns were identified with communication, functional academics, or self-direction.

Social Skills: Extremely low range social skills were reported by parent report. No clinically significant concerns were identified with leisure or social development.

Practical Skills: Extremely low range practical skills were reported by parent report. No clinically significant concerns were identified with community use, home living, health and safety, or self-care.

(Grammar original.)

14. Dr. Shaw administered ADOS-2, Module 2 to Claimant “[d]ue to his use of phrasing/expressive language.” Claimant’s overall total score on the ADOS-2, Module 2 algorithm was 2, which is below the ASD “cut-off” score of 8.

15. The WISC-V is an individually administered clinical instrument for assessing the cognitive ability of children aged 6 through 16. The WISC-V provides subtests and composite scores that represent intellectual functioning in specific cognitive domains, as well as a composite score that represents general intellectual ability. Dr. Shaw noted the results of the WISC-V as follows:

[Claimant]’s overall functioning is represented using the general ability index (GAI) (which allows for flexibility in describing broad intellectual functioning and accounts for variance between his performance in the working memory and processing speed domain being significantly discrepant

from his verbal, visual spatial and fluid reasoning domains) and is within the average range and in the 30th percentile, meaning that he did as well as or better than 30 percent of other children his same age. Scores were unitary within domains; performance is as follows:

Verbal Comprehension (verbal concept information, word knowledge and ability) skills fall into the average range (45th percentile). Performance was consistent across these tasks.

Fluid Reasoning (inductive reasoning, broad visual intelligence, conceptual thinking) skills are in the low average range (12th percentile). Performance was consistent across these tasks.

(Grammar original.)

16. Dr. Shaw concluded that Claimant did not meet the diagnostic criteria for ASD. She explained her conclusion as follows:

When considering a diagnosis of ASD, developmental history as well as current functioning is carefully reviewed. Diagnosis involves persistent clinically significant developmentally based problem behaviors in two broad areas: 1) impaired social communication and 2) at least two patterns of restricted interests, repetitive behaviors, or atypical sensory activities. This is not evident for [Claimant], and he is not being diagnosed with ASD.

Multiple other neurodevelopmental, psychiatric disorders, and psychosocial complications have fleeting as well as persistent behavioral patterns also seen with ASD. These might be withdrawal, anxiety, inattention, impulsiveness, and perseveration that contribute to secondary social deficits, including other neurodevelopmental disorder [*sic*] or medical conditions associated with behavioral disturbances and executive functioning deficits. The presence of these symptoms is not equivalent to a diagnosis of autism spectrum disorder.

(Grammar original.)

17. Dr. Shaw considered a differential diagnosis of ADHD. Her evaluation indicated that Claimant displayed difficulty with self-regulation, attention/concentration, and hyperactivity. The documentation Dr. Shaw reviewed indicated that another provider diagnosed Claimant with ADHD. She further noted:

Due to the targeted nature of this evaluation, ADHD is not a referral question and clarification regarding predominance of hyperactivity or inattention is not specified. Thus, by history he continues to meet criteria for unspecified [ADHD].

(Grammar original.)

Notice of Action and Fair Hearing Request

18. ACRC's clinical team reviewed the results of Claimant's psychological evaluations. On April 15, 2025, ACRC issued a Notice of Action (NOA) denying Claimant's application for services. On May 1, 2025, Claimant's mother requested a fair hearing to contest ACRC's denial. The NOA states the reason for ACRC's action as follows:

ACRC's multidisciplinary eligibility team reviewed all of the information and records it obtained relating to the applicant and met on 4/15/2024 [*sic*] and determined that [Claimant] does not meet the criteria for regional center eligibility as set forth in Welfare and Institutions Code sections 4512(a)(1) and (l) and California Code of Regulations, Title 17, Sections 54000-54010, because they do not have a developmental disability as defined in law. Specifically, the multidisciplinary team determined that [Claimant] does not have autism, cerebral palsy, epilepsy, intellectual disability, or a condition closely related to intellectual disability or which requires treatment similar to that required by individuals with developmental disabilities.

(Grammar original.)

Carl Modeste, PhD's, Testimony

19. Carl Modeste holds a PhD in forensic psychology. He has applied for licensure with the California Board of Psychology but is not yet licensed. He practices as a post-doctoral intern under the supervision of a licensed psychologist. Dr. Modeste

has worked as a Psychological Associate at ACRC since 2023. He is part of ACRC's clinical team. The clinical team is responsible for determining whether a person is eligible for services under the Lanterman Act. His duties include reviewing psychological assessment reports, school reports, and other documentation to make eligibility determinations. On average, he reviews 100 psychological assessments per month. Dr. Modeste did not participate in the decision to deny Claimant's application.

20. Dr. Modeste reviewed Dr. Davidson's and Dr. Shaw's evaluation reports. He found Dr. Shaw's evaluation to be more persuasive for several reasons. First, Dr. Davidson did not review other records regarding Claimant. He explained that this is significant because the diagnostic criteria for ASD require that the impairments be "persistent." A clinician cannot ascertain the presence of persistent symptoms without reviewing records showing that the impairments are present in multiple settings and across time. In contrast, Dr. Shaw reviewed records from multiple sources in conducting her evaluation.

21. Second, although Dr. Davidson diagnosed Claimant with ASD, she did not completely analyze the DSM-5-TR's diagnostic criteria for ASD. Specifically, Dr. Davidson did not analyze: (1) whether Claimant's symptoms were present in the early developmental period; (2) whether Claimant's symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning; or (3) whether Claimant's disturbances are better explained by intellectual disability or global developmental delay.

22. Dr. Shaw and Dr. Davidson both administered the ADOS-2, Module 2, to Claimant. Dr. Modeste described the ADOS-2 as the "gold standard" instrument for assessing whether an individual has ASD. Dr. Modeste explained that Dr. Shaw's reported ADOS-2 results are more reliable than Dr. Davidson's. Dr. Davidson

administered portions of the ADOS-2 by telehealth. The ADOS-2 is not normed for telehealth administration. When administering the ADOS-2, a provider must observe the subject's behavior. A provider cannot fully observe a subject's behavior in a telehealth evaluation as they can only see a portion of the subject's body. Additionally, Dr. Davidson did not administer the entire ADOS-2 module to Claimant and did not report Claimant's ADOS-2 scores.

23. Dr. Modeste explained that Dr. Davidson's documentation of Claimant's restrictive and repetitive behaviors was insufficient to support an ASD diagnosis. Dr. Davidson documented that Claimant struggled with a transition away from video games and had some special interests. Dr. Modeste explained that this diagnostic criterion refers to persistent repetitive behaviors such as echolalia, lining up objects, or repetitive body movements. Having specialized interests or struggling with a single transition does not meet this diagnostic criterion.

24. Dr. Modeste noted an apparent inconsistency between Dr. Davidson's observations and her clinical diagnosis. During her evaluation, Dr. Davidson observed that Claimant was able to interact with her in an age-appropriate manner. Dr. Modeste explained that people with ASD must display persistent deficits in social communication and interaction across multiple settings. Claimant's apparent strengths in social communication and interaction are inconsistent with Dr. Davidson's ASD diagnosis.

25. Dr. Modeste noted that Dr. Davidson did not consider any differential diagnoses in her report. In contrast, Dr. Shaw considered a differential diagnosis of ADHD. Dr. Modeste explained that when a psychologist evaluates a patient, they must first examine a patient's symptoms. Before making a diagnostic conclusion, a provider

must consider differential diagnoses to determine what diagnosis best explains a patient's symptoms. The DSM-5-TR's Handbook on Differential Diagnosis states:

Differential diagnosis is at the heart of every initial clinical encounter and is the beginning of every treatment plan. The clinician must determine which disorders are possible candidates for consideration and then choose from among them the disorder (or disorders) that best accounts for the presenting symptoms. The biggest problem encountered in differential diagnosis is the tendency for premature closure in coming to a final diagnosis.

26. Dr. Davidson utilized the DSM-5, not the DSM-5-TR, in assessing whether Claimant met the diagnostic criteria for ASD. Dr. Shaw alternatively referenced to the DSM-5 and the DSM-5-TR in her report. Dr. Modeste explained that the DSM-5-TR is the most current version of the DSM. However, the diagnostic criteria for ASD did not change between the DSM-5 and the DSM-5-TR.

27. Dr. Modeste worked as a school psychologist before he began working at ACRC. He explained that school psychologists do not use the DSM criteria to determine whether a student is eligible for special education services based on ASD. Rather, this eligibility is determined based upon a narrow skills-based assessment applying the definition of ASD set forth in the Individuals with Disabilities Education Act (IDEA).

Claimant's Mother's Testimony

28. Claimant's mother initially developed concerns that Claimant has ASD when his speech regressed between the ages of three and four. Claimant was diagnosed with ADHD at age five and with ASD at age seven.

29. Claimant's mother described Claimant's typical behaviors and abilities. She described him as very bright and very active. Claimant likes to move, spin, and sit upside down for extended periods of time. Claimant generally gives one or two-word answers in response to questions from her and his teachers. However, Claimant converses excessively regarding topics of interest to him. Claimant has an "unusual obsession" with Pokémon and anime. Claimant will have "meltdowns" if he does not get his preferred Pokémon toys or cards.

30. Claimant receives various services based upon his ASD diagnosis. Claimant is enrolled in a special day class at his school. He receives speech therapy and occupational therapy services at school. Outside of school, Claimant receives In-Home Supportive Services (IHSS), including protective supervision. He also participates in Applied Behavioral Analysis (ABA) therapy.

Special Education Records

31. Claimant began receiving special education services during the 2023-2024 school year, when he was in first grade. Claimant's school district determined he was eligible for special education services based upon diagnoses of Specific Learning Disability and Other Health Impairment (ADHD).

32. Danielle Christy, Licensed Educational Psychologist, completed an independent psychoeducational evaluation of Claimant on September 2, 2025. Ms.

Christy reviewed Dr. Davidson's report and various records regarding Claimant. She interviewed Claimant, Claimant's mother, and Claimant's teachers. Additionally, she observed Claimant in her office and at school. At the conclusion of her evaluation, Ms. Christy determined that Claimant met the educational criteria for ASD.

33. Upon receipt of Ms. Christy's report, Claimant's school district determined him eligible for special education services based upon ASD. The school district thereafter agreed to provide occupational therapy and speech therapy.

Claimant's Additional Evidence

34. Claimant's pediatric neurologist wrote a letter regarding Claimant. He wrote that Claimant was previously diagnosed with ASD and ADHD. He recommended that Claimant receive speech therapy to address speech and language delays, occupational therapy to address sensory processing difficulties, and ABA therapy to help with behavioral symptoms.

35. Claimant's grandmother wrote a letter regarding Claimant. She wrote that Claimant has strong verbal abilities. Although he frequently engages in intelligent conversation, he struggles to stay on topic. Additionally, he struggles with giving sustained attention to his tasks. He will fixate on specific objects or interests for extended periods of time. Claimant requires a high level of supervision because he will wander off in community settings or engage in inappropriate play. Claimant has a restricted diet and will only eat four specific foods.

36. Claimant's teacher wrote a letter on his behalf. He wrote that Claimant has made significant progress in his education. However, Claimant requires ongoing prompting and redirection to remain engaged in classroom activities. He struggles with organization, executive functioning, and giving sustained attention to his tasks.

Although Claimant is eager to participate in group lessons, his responses are not always related to the topics being discussed and do not demonstrate a clear understanding of the topics taught. Additionally, Claimant becomes overwhelmed and upset when he perceives situations as unfair. Claimant requires prompting and guidance from staff during transition periods.

37. Claimant's IHSS provider wrote a letter on his behalf. She wrote that Claimant has strong sensory aversions that impact his daily routines. Claimant is selective with his food choices and eats only a small number of "safe foods." Additionally, he experiences sensory challenges with his clothing and grooming activities. Claimant struggles with emotional regulation and will "shut down" if his routines change or he is placed in unfamiliar situations. Claimant struggles with taking turns during conversation, understanding tone, and interpreting social clues. Claimant enjoys spinning, hanging upside down, and moving to help him regulate his body. At times, Claimant will put objects in his mouth. Claimant is prone to eloping and does not recognize danger in public situations. Claimant becomes hyper-focused on specific interests.

Analysis

38. Claimant bears the burden of establishing that he is eligible for services under the Lanterman Act. Specifically, he must establish that he has a qualifying developmental disability under the Lanterman Act. Claimant's mother contends that Claimant has ASD. However, the persuasive evidence did not establish that Claimant has ASD.

39. Dr. Shaw's diagnostic conclusions were more persuasive than Dr. Davidson's for several reasons. Dr. Davidson did not review outside records in

conducting her evaluation. As such, she could not reasonably determine that Claimant has persistent deficits in the areas set forth in the DSM-5-TR. Additionally, she did not provide adequate documentation to support her conclusion that Claimant engages in restrictive and repetitive behaviors. Further, she did not document that she evaluated all of the DSM-5-TR's diagnostic criteria before diagnosing Claimant with ASD. Dr. Davidson also did not consider a differential diagnosis of ADHD as required by the DSM-5-TR.

40. Dr. Davidson's telehealth evaluation is less reliable than Dr. Shaw's in-person evaluation. Dr. Modeste credibly and persuasively explained that a remote evaluation reduces a psychologist's ability to observe the test subject and administer psychological testing. The ADOS-2 is not normed for telehealth administration. As such, Dr. Shaw's diagnostic conclusion that Claimant does not have ASD was more persuasive than Dr. Davidson's to the contrary.

41. Claimant's educational diagnosis of ASD is insufficient to establish his eligibility for services under the Lanterman Act. As Dr. Modeste explained, school districts use a specific skills-based definition of ASD for special education eligibility. This educational diagnosis, in and of itself, does not demonstrate that Claimant has a qualifying developmental disability as defined in the Lanterman Act.

42. Claimant did not establish that he is eligible for services under the Lanterman Act based upon a diagnosis of ASD. Therefore, his appeal must be denied.

LEGAL CONCLUSIONS

1. The Lanterman Act governs this case. An administrative fair hearing to determine the rights and obligations of the parties is available under the Lanterman Act. (Welf. & Inst. Code, §§ 4700–4716.)

2. Claimant has the burden of proving by a preponderance of the evidence that he is eligible for services under the Lanterman Act. (*Lindsay v. San Diego Retirement Bd.* (1964) 231 Cal.App.2d 156, 161 [the party seeking government benefits has the burden of proving entitlement to such benefits]; Evid. Code, § 115 [the standard of proof is preponderance of the evidence, unless otherwise provided by law].) Proof by a preponderance of the evidence means “more likely than not.” (*Sandoval v. Bank of America* (2002) 94 Cal.App.4th 1378, 1387.)

3. Under the Lanterman Act, the State of California is responsible for providing individuals with developmental disabilities with 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).) To comply with this mandate the Department of Developmental Services contracts with non-profit agencies called regional centers to provide services and supports for individuals with developmental disabilities. (Welf. & Inst. Code, § 4620.)

4. Eligibility for regional center services and supports is dependent on: (1) the person having a developmental disability (2) that originated before his 18th birthday; (3) is likely permanent; and (4) constitutes a substantial disability. (Welf. & Inst. Code, § 4512, subd. (a)(1); Cal. Code Regs., tit. 17, § 54000, subd. (b)(1)–(3).) Under the Lanterman Act, developmental disability includes ASD. (Welf. & Inst. Code, § 4512, subd. (a); Cal. Code Regs., tit. 17, § 54000, subd. (a).)

5. "Any person believed to have a developmental disability . . . shall be eligible for initial intake and assessment services in the regional centers." (Welf. & Inst. Code, § 4642, subd. (a)(1).) "Initial intake shall be performed within 15 working days following request for assistance" and must include "a decision to provide assessment." (*Id.* at subd. (a)(2).) "Assessment may include collection and review of available historical diagnostic data, provision or procurement of necessary tests and evaluations, and summarization of developmental levels and service needs." (Welf. & Inst. Code, § 4643, subd. (a).)

6. In determining if a person qualifies for regional center services and supports,

the regional center may consider evaluations and tests, including, but not limited to, intelligence tests, adaptive functioning tests, neurological and neuropsychological tests, diagnostic tests performed by a physician, psychiatric tests, and other tests or evaluations that have been performed by, and are available from, other sources.

(Welf. & Inst. Code, § 4643, subd. (b).)

Conclusion

7. Claimant failed to establish that he is eligible for Lanterman Act services based upon a diagnosis of ASD. Therefore, his appeal must be denied. However, nothing in this Decision prevents Claimant from presenting additional information to ACRC in favor of eligibility or appealing any future denial of ACRC services.

ORDER

Claimant's appeal from Alta California Regional Center's April 15, 2025 Notice of Action denying his application for regional center services is DENIED.

DATE: March 19, 2026

CHRISTOPHER W. DIETRICH
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.