

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

In the Matter of:

CLAIMANT

and

ALTA CALIFORNIA REGIONAL CENTER,

Service Agency

DDS No. CS0027647

OAH No. 2025060886

CORRECTED DECISION¹

Matthew S. Block, Administrative Law Judge, Office of Administrative Hearings, State of California, serving as a hearing officer, conducted a fair hearing on July 29, 2025, in Sacramento, California.

¹ The Decision has been corrected to reflect that the fair hearing took place in Sacramento, California.

Claimant was represented by his mother. The names of Claimant and his mother are omitted to protect their privacy and confidentiality. Michael Soler provided Spanish interpretation.

The service agency, Alta California Regional Center (ACRC), was represented by Mechelle Johnson, Director of Client Services.

Evidence was received, the record closed, and the matter submitted for decision on July 29, 2025.

ISSUE

Is Claimant eligible for services from ACRC under the Lanterman Developmental Disabilities Services Act, Welfare and Institutions Code section 4500 et seq. (Lanterman Act) because of autism or intellectual disability?

FACTUAL FINDINGS

Jurisdiction and Background

1. ACRC provides funding for services and supports to persons with developmental disabilities under the Lanterman Developmental Disabilities Services Act (Lanterman Act). (Welf. & Inst. Code, § 4500 et seq.)

2. Claimant is nine years old. He resides with his mother, sister, and maternal grandparents in Winters, California, where he attends Shirley Rominger Intermediate School. He has an Individualized Education Plan (IEP) under the

classification of specific learning disability and speech or language impairment and receives pull out speech services. He has never repeated a grade.

3. In March 2024, Claimant's mother applied for ACRC services due to concerns about Claimant's academic and social communication difficulties. ACRC completed an assessment, including a review of educational and medical records, and psychological evaluation reports. Based on all the information, ACRC concluded that Claimant did not have autism, or an intellectual disability which would qualify him to receive services from ACRC. On June 2, 2025, ACRC issued a Notice of Action (NOA) denying Claimant's application. On June 12, 2025, Claimant's mother appealed ACRC's decision. This hearing followed.

Psychological Evaluations

4. Reports of two psychological evaluations of Claimant were received in evidence at hearing. No testimony was offered by either party from the psychologists who performed the psychological evaluations. The psychological evaluations are summarized, in pertinent part, below.

PSYCHOLOGICAL EVALUATION BY BROOKE DAVIDSON, PSY.D.

5. On February 6, 2024, Brooke Davidson, Psy.D., conducted a remote psychological evaluation of Claimant. Dr. Davidson's evaluation procedures included a clinical interview with Claimant and his mother; Developmental Profile-4 (DP-4); Autism Diagnostic Observation Schedule, Second Edition (ADOS-2); Behavior Assessment System for Children, Third Edition (BASC-3); Social Communication Questionnaire (SCQ); observation; video review; and a review of the Diagnostic and Statistical Manual for Mental Disorders, Fifth Edition (DSM-5) criteria for Autism Spectrum Disorder (ASD).

6. Dr. Davidson observed that Claimant spoke in phrases during the evaluation, but the conversation was less than what would be expected. He maintained minimal eye contact and his social overtures were limited. According to Claimant's mother, the behavior Dr. Davidson observed during the evaluation was typical.

7. Dr. Davidson administered the DP-4, which is a comprehensive assessment instrument for gathering information about the following developmental domains: (1) communication; (2) cognitive, (3) adaptive behavior; (4) social-emotional; and (5) physical. Dr. Davidson gathered information about Claimant via parent interview and checklist and teacher checklist, and assigned a numerical score in each of the domains. Scores between 85 and 115 fall within the average range. Claimant's score in the physical domain was 90 and his score in the adaptive behavior domain was 85. However, his score in the communication domain was 69, his score in the cognitive domain 64, and his score in the social-emotional domain was 55, indicating a developmental delay.

8. Dr. Davidson administered the BASC-3, which consists of highly standardized inventories surveying a range of clinical and adaptive behaviors. It relies upon data provided by adults who are very familiar with a child's daily functioning. Claimant's mother reported that at times, Claimant says things that don't make sense. He is more withdrawn than his peers of the same age and requires prompting to attend to tasks. Claimant's teacher reported that Claimant is well-behaved in the classroom. However, he tends to be withdrawn and struggles with social and communication skills.

9. Dr. Davidson administered portions of the ADOS-2, which is a structured assessment tool used to measure a child's communication skills, social interaction, and play or imaginative use of materials. It is useful in facilitating observations of social

and communicative features of children from age two to young adulthood. According to Dr. Davidson, an ASD diagnosis may be appropriate if the individual's score is equal to or greater than the autism cutoff. Notably, Dr. Davidson did not score Complainant's performance on the ADOS-2, and she did not identify the cutoff score for autism.

10. Dr. Davidson administered Module 2 (phrase speech) of the ADOS-2. She was unable to administer the test in its entirety because the evaluation was conducted remotely. Dr. Davidson noted that Claimant made intermittent eye contact with her and tended to look to his side. He had difficulty answering questions, and she could not tell if it was attributable to shyness or a lack of understanding. Claimant struggled to identify and explain his own needs, and his speech was significantly delayed. He spoke in two-to-three-word phrases and at times appeared as if he did not understand what was being asked of him. He demonstrated several restricted and repetitive behaviors, such as jumping and wringing his hands.

11. Claimant's mother completed the SCQ, which is a questionnaire used to determine the degree of concerns related to social and communication difficulties most often associated with ASD. Scores of 15 and above are considered clinically significant. Claimant's mother reported 17 positive symptoms.

12. Based on her observations of Claimant and his mother's report of symptoms, Dr. Davidson felt that an ASD diagnosis was appropriate. She recommended he participate in speech, behavioral, and occupational therapy, and that he be re-evaluated in two to three years.

PSYCHOLOGICAL EVALUATION BY MORGEN AITA, PH.D.

13. On April 29, 2025, Morgen Aita, Ph.D., conducted an in-person psychological evaluation of Claimant, and prepared a written evaluation which was received in evidence at hearing. Dr. Aita's evaluation procedures included a clinical interview with Claimant and his mother; a review of available records, including Dr. Davidson's report; Adaptive Behavior Assessment System, Third Edition (ABAS-3); ADOS-2; Childhood Autism Rating Scale, High Functioning Version (CARS2-HF); Wechsler Intelligence Scale for Children – Fifth Edition (WISC-V); and a review of the DSM-V criteria for ASD and Intellectual Developmental Disorder.

14. Dr. Aita observed that Claimant initially presented with a restricted affect. He relaxed once he became accustomed to the testing situation, after which he was highly engaged and interactive. He maintained good eye contact, but his verbal skills were delayed, in that he primarily spoke in phrases. He provided simple minimalistic answers to questions, but Dr. Aita attributed that to his poor word knowledge and limited verbal capabilities rather than a lack of social emotional reciprocity. Claimant was interested in the evaluation and appeared to put forth his best effort on the battery of tests administered.

15. Dr. Aita administered the ABAS-3 test, which evaluates behaviors displayed in the home, school, and community environments as reported by Claimant's mother. Items yield composite scores that are divided into Conceptual, Social and Practical Composites. Claimant scored in the low to extremely low range on the ABAS-3.

16. Dr. Aita administered the ADOS-2 (Module 2) in its entirety. In his written report, he explained that it is useful as a way of cross-validating information gathered

from records, parent report, and unstructured observations. During the ADOS-2, Dr. Aita had Claimant participate in a construction task, during which he was asked to put the pieces of a puzzle together. As he did so, Claimant asked Dr. Davidson for additional pieces to complete the puzzle. When he completed the puzzle, Dr. Aita asked Claimant what was depicted. Initially, Claimant said that he did not know. However, when Dr. Aita told him it looked like a sword from a popular video game, Claimant brightened and shared that he liked playing that particular game. He and Dr. Aita then had a conversation about basketball.

17. Dr. Aita had Claimant participate in make believe play, during which he showed minimal interest in playing with toys. However, he became more interested when Dr. Aita joined him in play, and they kicked a soccer ball back and forth to each other. Dr. Aita asked Claimant to demonstrate brushing his teeth and he was unable to do so. However, he was able to physically demonstrate how to wash his hands. Dr. Aita presented Claimant with a book and asked him to create a story using the pictures inside. Claimant participated in the activity, but his verbalizations were limited. Dr. Aita allowed Claimant to engage in free-play activity. He again showed little interest in playing with the available toys, but he picked up the ball and pretended to shoot it like a basketball to Dr. Aita. Dr. Aita used the toy bucket as a basket and he and Claimant took turns attempting to block each other's shots.

18. During the ADOS-2, Claimant spoke at a normal rate in phrases of three or more words per utterance. He demonstrated appropriate facial expressions to communicate affective or cognitive states. He used effective verbal and nonverbal means to make appropriate social overtures toward others and displayed appropriate responses to social situations and presses. He did not engage in any repetitive or scripted speech, unusual sensory interests, or complex mannerisms. He did not display

any restricted or repetitive interests. A score of nine on the ADOS-2 is indicative that an ASD diagnosis may be appropriate. Claimant's overall score on the ADOS-2 was one, representing a low possibility of ASD.

19. The CARS2-HF is a 15-category rating scale used to assess children in areas such as social-emotional understanding, emotional expression and regulation of emotions, relating to people, adaptation to change and restricted interests, listening response, and verbal communication. Clinicians assign a score of one, two, or three to each category, with three weighing in favor of an ASD diagnosis. Dr. Aita administered the CARS2-HF. In the categories of fear or nervousness, verbal communication, and level and consistency of intellectual response, he assigned a score of two. Dr. Aita assigned a score of one in each of the 12 other categories. Claimant's total score on the CARS2-HF was 18, indicative of minimal to no symptoms of ASD.

20. The WISC-V administered to Claimant measures intellectual functioning with a variety of tests that reveal how a person solves problems. It focuses on factors of verbal comprehension and perceptual reasoning. It is considered a good measure of general intelligence cognitive style in problem solving. Claimant's score in the verbal comprehension scale placed him extremely low average intelligence range for children his age; his score in the working memory scale placed him in the very low range; and his processing speed placed him in the low average range. His overall score indicated very low intelligence, which is slightly above the delayed range. However, Dr. Aita believes Claimant's difficulties with expressive language significantly affected his performance on the WISC-V.

21. After administering the battery of tests and referring to the DSM-5, Dr. Aita concluded that Claimant did not meet the diagnostic criteria for an ASD diagnosis. He wrote in his report, in part:

[Claimant] was administered a battery of tests to observe behaviors and traits associated with Autism Spectrum Disorder (ASD) as well as to assess his cognitive functioning and adaptive behaviors. His profile indicates minimal-to-no symptoms related to ASD with no significant deficits in social affective functioning or stereotyped and repetitive behaviors. Furthermore, his performance on the ADOS-2 Module 2 (Total Score = 1, Comparison Score = 1) is below diagnostic cutoff for an ASD. Based on parent report, direct clinical observation, and performance on standardized measures, it is this examiner's opinion that [Claimant] does not meet diagnostic criteria for ASD.

22. Notwithstanding his performance on the WISC-V, Dr. Aita also concluded that Claimant does not meet diagnostic criteria for a diagnosis of intellectual developmental disorder. He reasoned, in part:

[Claimant] performed in the Very Low range on the WISC-V (FSIQ = 70) which is slightly above the delayed range. However, his difficulties with expressive language significantly impacted his overall performance. His mother reported that [Claimant's] adaptive skills are in the Extremely Low range (GAC = 61) which is within the Delayed range. Based on [Claimant's] history and current presentation, it is this examiner's opinion that he **does not** meet criteria for a diagnosis of Intellectual Developmental

Disorder (Formerly referred to as Intellectual Disability in DSM-5). [Emphasis in original.]

Multidisciplinary Evaluation Report

23. In 2023, Claimant's IEP team requested that his reasoning and problem solving skills, academic abilities, and social and emotional development be evaluated to assist in determining his need and eligibility for special education services. A school psychologist, speech coordinator, and education specialist performed the evaluation on February 2, 2023. They interviewed Claimant, his mother, and his teacher, reviewed available records, and observed Claimant in the classroom and during the assessment. In a confidential written report, dated February 15, 2023, the evaluators concluded that Claimant met the criteria for special education services under the categories of speech or language impairment and articulation disorder. However, they concluded he did not meet the criteria for special education services under the category of autism.

Testimony of Catarina Juan Fishman, Psy.D.

24. Dr. Catarina Juan Fishman has been employed as a staff psychologist at ACRC since January 2022. She has been licensed as a psychologist in California since 2020. She has a master's degree in counseling psychology and a Ph.D. in clinical psychology. Much of her work at ACRC involves conducting psychological evaluations and reviewing psychological evaluations conducted by other practitioners. She is an expert in the assessment and diagnosis of developmental disabilities.

25. Dr. Juan Fishman was a member of the team that assessed Claimant's application for services in 2024. She reviewed all the materials provided by Claimant's mother, the multidisciplinary evaluation report, Claimant's IEP documents, and the evaluations performed by Dr. Davidson and Dr. Aita. Based on the materials provided,

ACRC determined Claimant did not have ASD or a developmental disability that made him eligible for services.

26. Dr. Juan Fishman was asked about the different diagnoses reached by Dr. Davidson and Dr. Aita. She found Dr. Aita's evaluation to be more in more "in line" with the standards of clinical psychology. He included prior evaluations and detailed behavioral observations about how Claimant presented during the evaluation and he outlined the test data clearly. More importantly, he properly performed the ADOS-2 in person as intended, while Dr. Davidson had to use a modified version of the ADOS-2 because her interactions with Claimant were remote. Dr. Juan Fishman acknowledged that Claimant struggles with communicating and social interaction. However, she believes Dr. Aita's conclusions to be more consistent with all the other available information. Nonetheless, she encouraged Claimant's mother to re-apply for services if new or additional information becomes available.

Family Member Testimony

27. Multiple family members testified at hearing, all of whom also wrote letters on Claimant's behalf. The first was C.C., who is Claimant's aunt. She was present in Claimant's life from the day he was born. However, when he was very young, Claimant and his mother moved to Mexico and C.C. did not see him for three years. When he returned to the United States, C.C. noticed that Claimant was very quiet and never showed emotion. He was four and a half years old, but he did not speak. He is now almost 10 years old, and he cannot read.

28. C.C. and Claimant's mother are unhappy with the way ACRC has handled Claimant's application for services. They initially applied in October 2020, but they never heard back from ACRC. Claimant began receiving speech therapy services from

the school district, but it was not enough. After they applied again in 2024, C.C. repeatedly called ACRC for an update on the status of the application. She was forced to speak to a different person every time she called, and it took a year for ACRC to arrange for the evaluation.

29. C.C. explained that Claimant is always sad and suffers from anxiety every day. His family wants to help him, but they do not know how. They often don't know when Claimant is sick because he doesn't express how he is feeling.

30. R.C. is Claimant's maternal grandmother. Claimant has difficulty sleeping, and when he is able to sleep, he usually sleeps near her. At night, she can hear him crying, but when she asks him what is wrong, he does not want to answer. When she asks him about his day at school, he typically replies, "I don't know." Claimant never wants to leave the house, and told R.C. that he does not have any friends. When he goes to school, he insists on wearing a hat and a face mask, leaving little more than his eyes exposed.

31. In her letter, dated July 7, 2025, R.C. also addressed Claimant's learning difficulties in school and with caring for himself. She wrote, in part:

His mother spends hours helping him with his homework. Many times he cries because he gets frustrated when he doesn't understand. He needs a lot of support to make progress and we need support to better understand how to help him. Even with his personal hygiene, we have to constantly remind him that it's time to bathe, brush his teeth, or eat, because he never asks for these things on his own.

32. V.C. is Claimant's maternal grandfather. He is retired and has taken Claimant to school every day since he returned from Mexico. He confirmed Claimant always wears a hat and face mask to school. He never wants to talk to his peers. When they arrive at school, Claimant tends to hide on the floor of the vehicle. V.C. explained that on one occasion, he picked Claimant up from school and he did not look well. When they got home and took Claimant's temperature, they learned he had a 102-degree fever. Claimant never mentioned feeling ill to anyone in the family.

33. V.Ch. is Claimant's older sister. She wrote a letter on his behalf and testified at hearing. She believes her brother is very intelligent, but he does not know how to express himself. During her senior year in high school, she had the opportunity to shadow a speech pathologist at Claimant's elementary school and observed his interactions with his classmates. In her letter, dated July 7, 2025, she wrote:

I recall that when he was around seven years old, he often spoke only single words or pointed instead of using full sentences. During sessions with kindergarten, first, and second graders, [Claimant] tended to answer more quietly than his classmates even though they were simply questions that were asked through test evaluations, storytelling, and play time. Even in a small group, he usually stayed beside me, hugging my arm rather than joining his classmates. I did notice his efforts when he was asked questions but sometimes if he didn't know the answer he would just stay quiet or shake his head to indicate that he didn't know the answer. It was sometimes a bit frustrating

because he wears a mask to school which makes it hard to identify his facial expressions.

34. Claimant's mother testified at hearing. She only wants what is best for her son and is seeking a third psychological evaluation by an independent party. Claimant needs daily support with activities of daily living. He is a very picky eater, and he is bothered by loud noises such as a blender. He is unable to express when he feels ill, or if he is bullied at school.

35. Claimant's mother does not believe Dr. Aita performed a thorough evaluation. His evaluation with Claimant took less than 30 minutes. During the evaluation, he had Claimant tell him the names of small animals depicted in his office. After 10 minutes, Claimant was unable to remember any of them. According to Claimant's mother, Dr. Aita mentioned that Claimant had significant intellectual deficits, but he failed to mention them in his report.

36. Claimant's mother also believes that Dr. Aita inaccurately recorded the information she provided to him during the evaluation. In the section of his report discussing the ABAS-3 results, Dr. Aita wrote the following:

[Claimant] participates in conversations without talking too much or too little. He sometimes is responsible for his personal finances, such as bank account, credit card, or utility bill. [Claimant] sometimes uses printed or Internet resources to find information. He sometimes pours liquid from a larger container into his own cup glass [*sic*] without spilling. [Claimant] sometimes avoids people who might take advantage of him. He sometimes participates in an

organized program for a sport or hobby. [Claimant] sometimes cuts meats or foods into bite sized pieces with a knife. He sometimes returns on time when asked to be back in one hour. [Claimant] personally makes or buys gifts for family members for birthdays, or major holidays.

37. Claimant's mother adamantly denies reporting this to Dr. Aita during the ABAS-3. Claimant is nine years old. He does not have a credit card or pay bills, and he is unable to manage money. He does not make or buy family members gifts for birthdays and major holidays. Claimant's mother has no idea where this information came from, and believes it demonstrates that Dr. Aita's conclusion regarding an ASD diagnosis is flawed and predicated on inaccurate information.

Additional Letters

38. Claimant submitted several additional letters from friends and family members who are familiar with his educational and communicative difficulties. L.R. is Claimant's aunt. In a letter dated July 7, 2025, she wrote, in part:

Since [Claimant] arrived in the United States, I have spent significant time with him and noticed serious delays in his ability to communicate, interact with others, and manage basic daily situations. Unlike other children his age, [Claimant] is very quiet, has trouble expressing how he feels, and often avoids speaking. When I ask him how he is doing or how his day went, he almost always answers "yes" or "no." It's difficult to connect with him, and it's clear that social interaction is not easy for him.

39. N.V. is a family friend who has had multiple opportunities to observe Claimant's behavior. In his letter dated July 8, 2025, he wrote, in part:

For a while now, I have noticed [Claimant] has displayed behaviors that suggest the need for re-evaluation. For example, while [Claimant] is generally a shy kid, his shyness sometimes escalates to the point where he completely closes himself off from people, even to the point of trying to be out of their sight. One instance that stands out is when I attended one of his basketball games with my mom and after the game, when we were congratulating him, he became so shy around my mom that he completely hid himself behind his own mother, despite having met and interacted with my mom on previous occasions. This level of avoidance seems beyond typical shyness.

40. Claimant submitted a letter dated July 10, 2025, from Andrea Trader, M.D. Dr. Trader wrote:

[Claimant] has been seen in my clinic for several years. He has had significant speech and behavior issues. I feel he needs further evaluation for possible ASD or other issues contributing to his medical conditions to ensure he receives appropriate therapy and help.

41. Javier Luna, Ph.D., is a clinical psychologist with Winters Health Care. In a letter dated July 8, 2025, he wrote, in pertinent part:

The patient has a complex diagnostic history. An initial psychological evaluation conducted approximately a year ago concluded with a diagnosis of Autism Spectrum Disorder (ASD). However, a second evaluation completed more recently did not affirm this diagnosis. Despite the changes in diagnostic outcome, the child continues to exhibit significant challenges in the domains of communication, comprehension, speech, and academic performance, all of which are consistent with core features of ASD.

Based on my direct clinical observations and interactions with the patient, I remain concerned that the child may meet diagnostic criteria for Autism Spectrum Disorder, and that the current understanding of the patient's needs may be incomplete or inconsistent. Given the developmental implications and the importance of diagnostic clarity for appropriate intervention and support, I strongly recommend a third comprehensive psychological evaluation.

42. Notably, Dr. Luna's letter does not go into specifics regarding his "direct clinical observations and interactions" with Claimant. It is not clear from the letter whether Dr. Luna ever psychologically examined Claimant, or which of Claimant's behaviors he believes "are consistent with core features of ASD."

Analysis

43. The evidence is in conflict regarding the specific question of whether Claimant has ASD or an intellectual disability. Dr. Aita found little to no evidence that Claimant is autistic. On the other hand, Dr. Davidson felt that an autism diagnosis was appropriate for Claimant based on his mother's reports of his behavior and his difficulty answering questions, delayed speech, and restricted and repetitive movements.

44. Dr. Juan Fishman testified about the discrepancies in the evaluations performed by Dr. Davidson and Dr. Aita. Dr. Davidson was at a disadvantage when she evaluated Claimant, as she did not meet with him in person. As such, she was only able to administer a modified version of the ADOS-2, and she was unable to score it. Moreover, she did not go into detail about Claimant's performance on the various tasks of the ADOS-2 that she was able to administer, or her specific observations during any of the other tests.

45. Claimant's IEP documents and multidisciplinary psychoeducational evaluation report have also been read and considered. Claimant has been found to qualify for special education services because of a speech or language impairment and articulation disorder, but not because of ASD.

46. Careful consideration has been given to the observations and concerns expressed by Claimant's mother and family members. Claimant's mother explained in detail why she believes Claimant has autism, and her experience and observations as a parent were highly relevant. Her testimony regarding the accuracy of the information contained in Dr. Aita's report is also well taken, as a nine-year-old child clearly does not have a credit card or pay bills.

47. Nonetheless, inaccuracies in a portion of Dr. Aita's report do not warrant disregarding the report in its entirety. He included a detailed and thorough analysis of Claimant's performance on all the tests administered. Dr. Juan Fishman persuasively testified that Dr. Aita's conclusions are consistent with the other available information to the assessment team. She also explained that she was more comfortable relying on the ADOS-2 data obtained from Dr. Aita's evaluation, because it was administered in-person and scored as intended.

48. It is important to note that for purposes of this Decision, Claimant bears the burden of proving he qualifies for services by a preponderance of the evidence. That means Claimant's appeal must be denied if it has not been established that it is more likely than not Claimant has ASD or other qualifying developmental disability. In this matter, when all the evidence is considered as a whole, Claimant did not meet his burden.

49. For all the foregoing reasons, and based on the evidence presented, a finding cannot be made at this time that Claimant has ASD or another qualifying developmental disability. Therefore, Claimant's appeal must be denied. However, Claimant is not precluded from presenting additional information to ACRC for consideration, or from applying for ACRC services in the future.

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 bears the burden of proving, by

a preponderance of the evidence, that he is eligible for services from ACRC under the Lanterman Act because of autism. (Evid. Code, § 115.)

Applicable Law

CARE FOR THE DEVELOPMENTALLY DISABLED

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.)

ELIGIBILITY FOR REGIONAL CENTER SERVICES

3. Eligibility for regional center services and supports is dependent on the person having a “developmental disability” that: (1) originated before he reached 18 years of age; (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. 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).) "If assessment is needed, the assessment shall be performed within 120 days following initial intake." (Welf. & Inst. Code, § 4642, subd. (a).)

5. Welfare and Institutions Code section 4710, subdivision (e), provides:

If a person requests regional center services and is found to be ineligible for these services, the regional center shall give adequate notice pursuant to Section 4701. Within five business days of the time limits set forth in Sections 4642 and 4643, notice shall be sent to the applicant and, if appropriate, the authorized representative, by standard mail, certified mail, or email at their preference as indicated at the time of intake.

APPEAL PROCESS

6. Welfare and Institutions Code section 4710.5, subdivision (a), provides:

Any applicant for or recipient of service, or authorized representative of the applicant or recipient, who is dissatisfied with a decision or action of the regional center or state-operated facility under this division shall, upon filing a request within 60 days after notification of the decision or action, be afforded an opportunity for an informal meeting, a mediation, and a fair hearing.

Disposition

7. Based on the Factual Findings and Legal Conclusions as a whole, Claimant did not meet his burden of establishing by a preponderance of evidence that

he has autism or any other developmental disability that would qualify him to receive services from ACRC under the Lanterman Act. Thus, his appeal must be denied.

ORDER

Claimant's appeal is DENIED.

DATE: August 12, 2025

MATTHEW S. BLOCK

Administrative Law Judge

Office of Administrative Hearings

NOTICE

This is the final administrative decision. Each party is bound by this decision. Either party may request a reconsideration pursuant to subdivision (b) of Welfare and Institutions Code section 4713 within 15 days of receiving the decision, or appeal the decision to a court of competent jurisdiction within 180 days of receiving the final decision.