

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

In the Matter of:

CLAIMANT

and

ALTA CALIFORNIA REGIONAL CENTER, Service Agency

DDS No. CS0028053

OAH No. 2025070259

DECISION

Timothy J. Aspinwall, Administrative Law Judge, Office of Administrative Hearings, State of California, serving as a hearing officer, conducted a fair hearing on October 8 and 28, 2025, by videoconference from Sacramento, California.

Claimant was represented by her mother. The names of Claimant and her mother are omitted to protect their privacy and confidentiality.

The Service Agency, Alta California Regional Center (ACRC), was represented by Robin M. Black, Legal Services Manager.

Evidence was received and the record was held open for the parties to submit written closing arguments, which were timely received. The record was then closed and the matter deemed submitted for decision on November 21, 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 spectrum disorder (ASD)?

SUMMARY

Taking into account the evidence as a whole, the most pertinent portions of which are summarized at length below, it was not established that Claimant is eligible for services from ACRC because of ASD. For these reasons, as further set forth below, Claimant's appeal must be denied.

FACTUAL FINDINGS

Jurisdiction and Background

1. ACRC provides funding for services and supports to persons with developmental disabilities under the Lanterman Act. (All statutory references are to the Welfare and Institutions Code, unless otherwise specified.)

2. Claimant is seven years of age. She resides with her mother, father, and younger sister in their family home in Roseville, California.

3. In August 2024, Claimant's mother applied for ACRC services for Claimant. On June 26, 2025, ACRC issued a Notice of Action (NOA) denying Claimant's request for eligibility under the Lanterman Act. On July 1, 2025, Claimant's mother appealed ACRC's denial. This hearing followed.

ASD Diagnostic Criteria

4. 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 the 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 flexible 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

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. . . .

Psychological Evaluation by Sukhjit Mann, Ph.D.

5. On August 2, 2024, Sukhjit Mann, Ph.D., conducted a comprehensive ASD evaluation of Claimant pursuant to a referral from Kaiser Permanente. Dr. Mann prepared a written evaluation report dated August 24, 2024, in which she noted her diagnosis of ASD, Level 1, requiring support. (Under the DSM-5-TR, an ASD diagnosis can be assigned severity levels of Levels 1 through 3, with 1 being the least severe (requiring support) and 3 being the most severe (requiring very substantial support).)

6. Dr. Mann's evaluation procedures included: a clinical interview of Claimant's mother; a review of available records; play/behavioral observations; Social Communication Questionnaire – lifetime form (SCQ); Autism Diagnostic Observation Schedule, Second Edition (ADOS-2), Module 3; Social Responsiveness Scale, Second Edition (SRS-2) – School-Age Form; Developmental Profile, Fourth Edition (DP-4); and the Vineland Adaptive Behavior Scales – Third Edition (VABS-III). Dr. Mann's written evaluation report is summarized below.

INTERVIEW OF CLAIMANT'S MOTHER

7. Dr. Mann interviewed Claimant's mother on points included in the DSM-5-TR ASD diagnostic criteria. With respect to social communication and social interactions, Claimant's mother stated that Claimant has significant deficits in social-emotional reciprocity. For example, Claimant will hide behind her mother when greeting unfamiliar adults but will eventually warm up and answer questions. With family members she is more comfortable and will say "hi" after her mother does but

will not make eye contact. This is consistent with Dr. Mann's observations of Claimant. When Dr. Mann greeted Claimant by name and waved hello, Claimant did not reciprocate with any response or eye contact. With regard to peers, Claimant has a few close friends. She greets them by saying "hi," smiles if they smile, and quickly makes eye contact. With unfamiliar peers, Claimant tends to go to her mother and ask what she should do. She will give them a funny face, make quick eye contact, then make fleeting to no eye contact. When Claimant's younger sister does not feel well, Claimant's mother has to prompt her to comfort her sister. Claimant's facial expressions do not change during those interactions.

8. With respect to nonverbal communications, Claimant has always looked her parents in the face when doing things with or speaking to them. In contrast, she does not look unfamiliar people in the face or eyes. When Claimant is sad, she tears up at home but does not change her expression. She expresses other emotions more prominently. This is consistent with Dr. Mann's observations during her administration of the ADOS-2. Specifically, Claimant did not make eye contact with Dr. Mann during the first subtest and had a narrow range of facial expressions. Claimant used minimal gestures during subtests that called for gestures. During the conversation subtest, Claimant made regular eye contact with Dr. Mann once she became comfortable.

9. With respect to social interests and peer relationships, Claimant's mother stated that Claimant has difficulty forming social bonds and peer relationships, although she has five close friends, and they share similar interests. With regard to other children her age, Claimant seems to be afraid of them. She is interested but anxious and does not feel comfortable initiating. When a child gets hurt in public, she has a flat affect.

10. With respect to stereotyped or repetitive behaviors, Claimant fidgets a lot and enjoys spinning on the playground. With regard to echolalic speech, Claimant consistently repeats lines from a song or television show and likes to repeat the last word that she heard someone say.

11. With respect to inflexible adherence to routines, Claimant likes to have things in a certain place and does not do well if her mother moves them. She likes to line things up in order. Her days are very structured, and things have to go according to plan. She does not do well with transitions and can become angry and throw tantrums.

12. With respect to preoccupations and circumscribed interests, Claimant likes paper and plastic things. She also focuses on what other people think, what they do, who they are, and why they do the things they do. Her hobbies and interests include art, dinosaurs, play dates, makeup, and cartoons.

13. Claimant presents with sensory interests and aversions. Claimant is sensitive to loud noise. She loves listening to music, and if she hears a song she likes, she will play it over and over. With regard to textures, Claimant likes fluffy things. She is averse to scratchy clothing and the seams in clothing. Claimant likes certain smells such as laundry detergent and has aversive reactions to other scents, such as a bathroom shower.

SOCIAL COMMUNICATION QUESTIONNAIRE

14. The SCQ is a parent-reported screening measure used to identify individuals who are likely to have ASD. Total scores of 15 or greater indicate possible ASD and the need for a comprehensive evaluation. The responses by Claimant's

parents produced a score of 16, thus indicating the need for a comprehensive evaluation.

ADOS-2, MODULE 3

15. The ADOS-2 is a semi-structured standardized assessment of communication, social interaction, play/imaginative use of materials, and restricted and repetitive behaviors of individuals who have a possible diagnosis of ASD. Administration consists of a series of planned activities during which a particular type of behavior is likely to occur. Dr. Mann administered the ADOS-2, Module 3, in person.

16. With respect to language and communication, Claimant did not spontaneously offer information about her own thoughts, feelings, or experiences. She demonstrated some enjoyment during make-believe play or joint interactive play. When asked to describe an event from beginning to end, she provided minimal details and did not provide an entire account. She made eye contact regularly as she became more comfortable during the evaluation session. These observations aligned with Claimant's mother's description of her verbal and nonverbal communication.

17. With respect to reciprocal social interaction, Claimant relies primarily on verbal communication. Her nonverbal communication was minimal except when the subtests instructed her to gesture or act out something. Even then, her gestures were minimal.

18. With respect to stereotyped behaviors or restricted interests, Claimant engaged in repetitive speech, and kept going back to previous items she had utilized instead of the new items that the subtests called for.

19. With respect to play and imagination, Claimant did not spontaneously demonstrate creative play or imagination behaviors. However, when the subtests asked her to engage in creative play or utilize her imagination, she did so minimally and with prompting.

20. Claimant did not display any signs of aggression, was receptive to redirection, and easily transitioned from one task to another.

21. In summary, throughout the ADOS-2 evaluation, Claimant minimally demonstrated the ability to identify and describe her feelings and exhibited a general lack of ability to recognize those feelings in others. The results of the ADOS-2 suggest that Claimant currently presents with multiple symptoms and behaviors consistent with ASD and that these have been present since early development. Claimant received a score of 16 on the ADOS-2, which indicates an ASD diagnosis.

SOCIAL RESPONSIVENESS SCALE, SECOND EDITION

22. The SRS-2 is a 65-item screening tool used to assess clinically significant deficits in social behavior that are associated with an ASD diagnosis. Claimant's mother endorsed items that placed Claimant in the severe range with respect to social cognition, social communication, social motivation, and restricted interests and repetitive behaviors. Claimant's social awareness score was in the moderate range. Taken together, the scores indicate clinically significant deficiencies in reciprocal social behavior strongly associated with an ASD diagnosis, per Dr. Mann.

DEVELOPMENTAL PROFILE, FOURTH EDITION

23. The DP-4 measures age-adjusted development, with scaled scores in the areas of physical, adaptive behavior, social-emotional, cognitive, communication, and a

general development score. Claimant's general development score was in the 13th percentile, described as below average. Claimant's social-emotional score was in the first percentile, described as delayed, which indicates the likelihood of difficulty in the expression of needs, interactions with others, and adherence to societal norms. Claimant's scores in the other areas ranged from the 21st to the 45th percentiles, described as average.

VINELAND ADAPTIVE BEHAVIOR SCALES – THIRD EDITION

24. The VABS-III measures adaptive behavior in the domains of communication, daily living skills, socialization, and motor scales, and results in an adaptive behavior composite (ABC) score. Claimant's mother completed the VABS-III scales. Claimant's ABC score placed her in the fifth percentile, described as moderately low. Her scores in the four individual domains placed her in the fourth through 10th percentiles, all in the moderately low range. Claimant's mother reported delays across all domains, with Claimant's most significant delays in the areas of daily living skills and interpersonal relationship skills.

EVALUATION SUMMARY/IMPRESSIONS

25. Dr. Mann assessed both the consistency and intensity of Claimant's symptoms in the categories of (1) social communication and (2) restricted, repetitive and stereotyped patterns of behaviors. Based on the results of standardized tests, behavioral observations, a review of records, clinical interviews, and developmental history, Dr. Mann found that Claimant meets all the DSM-5-TR criteria for ASD diagnosis.

26. Dr. Mann observed that “[t]he severity of [ASD] varies greatly and may change over time and/or manifest differently depending upon the environment.” She further observed the following:

[Claimant] has many strengths that are promising for her prognosis. She is motivated to do well, [and] she has a sense of responsibility She is very verbal and engaging and cooperative with tasks. With the correct diagnoses and supports and resources in place, [Claimant] has the ability to excel in her academics and improve her social skills.

Psychological Evaluation by Amanda Steiner, Ph.D.

27. On May 15, 2025, Amanda Steiner, Ph.D., conducted a psychological evaluation of Claimant pursuant to a referral from ACRC to assist with a determination of Claimant’s eligibility for ACRC services. Dr. Steiner prepared an undated written evaluation report, in which she stated her opinion that Claimant “does not meet the criteria for a diagnosis of autism” and that “[t]he previous evaluation [by Dr. Mann] in which [Claimant] was diagnosed with autism was not found to be compelling in its gathering and presentation of information.”

28. Dr. Steiner’s evaluation procedures included: an ACRC chart review, including a social assessment intake interview with Claimant’s mother, educational records, and medical records; diagnostic interview of Claimant’s mother; behavioral observations in the clinic; teacher telephone interview on May 29, 2025; Wechsler Preschool and Primary Scales of Intelligence, 4th Edition (WPPSI-IV); VABS-III; SCQ; and the ADOS-2, Module 3. Dr. Steiner’s written evaluation report is summarized below.

BACKGROUND INFORMATION

29. Background information was obtained from a review of records and interviews with Claimant's mother. According to Claimant's mother, there were no concerns about Claimant meeting developmental milestones. However, as an infant Claimant's temperament was notable in that she constantly wanted to be held or placed in a swing with constant movement. She cried frequently and at the age of two or three seemed "very scared of other people [and] . . . did not look them in the face." Claimant "was not interested in other kids" and was "much more interested in objects than people."

EDUCATION AND INTERVENTION HISTORY

30. Claimant is schooled at home and attends an enrichment program at a public school. Claimant's mother stated either she or Claimant's father would need to stay with Claimant when she first started the enrichment program, but this has improved over time. Claimant's teacher stated that Claimant now "thrives" on peer interactions and "has meaningful connections." She also stated that Claimant has challenges dealing with normal peer conflicts in that she "doesn't know how to deal with upset . . . or how to fix something . . . she breaks down quickly." Claimant's teacher further stated that she can easily become upset and often needs time in a "cozy space" in class. When Claimant becomes upset she "loses her voice" and needs prompting to say what is wrong. Claimant's teacher said Claimant engages in typical eye contact unless she is upset.

DEVELOPMENTAL HISTORY

31. With respect to verbal communication, Claimant's mother reported that Claimant has advanced language skills and a good vocabulary. She likes discussing

complex topics such as history. Following Claimant's ASD diagnosis, Claimant's mother realized that Claimant never really asks about interpersonal matters. She more often tends to "interrogate" adults about dates of events such as when they were born.

32. With respect to nonverbal communication, Claimant's mother reported that Claimant's facial expressions do not always match the situation. For example, when one of Claimant's friends said "hi" to her, Claimant did not return the greeting and appeared angry. Claimant's mother said it seems that Claimant is not fully aware of what her expressions convey to others.

33. With respect to socialization, Claimant's mother stated that Claimant "cycles through best friends" and that she will "ask all day to see them . . . like an obsession or fixation." Claimant's interest in the other child feels "extremely intense," and Claimant will get very upset if she is not able to play with her best friend. Claimant's mother has been "called into the school to help [Claimant] navigate intense emotions about people not wanting to be her friend."

34. With respect to play interests and imagination, Claimant's mother stated that Claimant typically wants her mother to play with her most of the time. She likes to do puzzles with her mother or review history questions. Claimant will also play with her younger sister.

35. With respect to stereotyped and repetitive behaviors, Claimant's mother stated that Claimant did not play much with toys when she was younger and only wanted to play with her mother. Claimant's mother also stated that Claimant was very object focused.

36. With respect to routines and ritualistic behavior, no specific compulsions or routines were reported. However, Claimant's mother stated that Claimant likes to

know "minute by minute what will happen" and that Claimant needs to stick with the plan. Claimant can have significant meltdowns if the proposed plan is changed.

37. With respect to restricted and fixated interests, Claimant's mother stated that Claimant is fascinated with historical facts and dates. Claimant's family keeps a deck of cards with historical facts on the dining table. Claimant likes to quiz people on facts from the cards.

38. With respect to sensory sensitivities, Claimant's mother stated that Claimant is sensitive to sounds, but if she knows where the sound is coming from she will be okay. Claimant's mother also stated that Claimant is sensitive to clothing and prefers to wear a certain type of pants.

39. With respect to adaptive behavior, Claimant's mother stated that claimant does not choose clothing appropriate to the weather. Claimant can use utensils and will wash her hands with prompting, but she forgets to use soap.

REVIEW OF PREVIOUS EVALUATION

40. Dr. Steiner articulated specific concerns about Dr. Mann's evaluation and related conclusions. Dr. Mann responded to Dr. Steiner's criticisms in an addendum dated October 23, 2025. Dr. Steiner's criticisms and Dr. Mann's responses are discussed below, under the heading Addendum to Psychological Evaluation Report by Dr. Mann.

BEHAVIORAL OBSERVATIONS BY DR. STEINER

41. When Claimant came to the evaluation with her mother, she initially appeared shy and did not make eye contact with or acknowledge Dr. Steiner. Claimant whispered things to her mother in response to Dr. Steiner's questions or comments.

When it came time to administer the evaluation, Claimant would not enter the assessment room without her mother. She clung to her mother and insisted that her mother sit at the assessment table with her. After her mother sat down, Claimant sat as directed and remained seated for the duration of the examination. Claimant complied with all of Dr. Steiner's examination requests and did not wiggle, fidget, or have any other outward signs of hyperactivity or inattention. Claimant made occasional eye contact with Dr. Steiner, which improved as the assessment progressed. Claimant spoke with normal intonation, and no stereotyped or repetitive language was observed. She did not engage in any echolalia or repetitive behavior.

WECHSLER PRESCHOOL AND PRIMARY SCALES OF INTELLIGENCE, FOURTH EDITION

42. The WPPSI-IV was administered to test Claimant's intellectual ability and cognitive strengths and weaknesses. It measures an individual's abilities in four areas, which taken together comprise the Full Scale IQ. Claimant performed in the average range for her age, with a Full Scale IQ in the 55th percentile. No areas of significant cognitive challenge were identified.

VINELAND ADAPTIVE BEHAVIOR SCALES – THIRD EDITION

43. The VABS-III was administered with responses provided by Claimant's mother. Claimant's composite score placed her in the third percentile, described as moderately low. Her scores in the four individual domains placed her in the first through tenth percentiles, with the lowest in the area of daily living skills.

SOCIAL COMMUNICATION QUESTIONNAIRE

44. SCQ is a parent-reported screening measure used to identify individuals who are likely to have ASD. Total scores of 15 or greater indicate possible ASD, and the need for a comprehensive evaluation. The responses by Claimant's mother produced a score of 24, which is substantially higher than the previous score of 16 on the SCQ recorded in Dr. Mann's report.

ADOS-2, MODULE 3

45. Dr. Steiner administered the ADOS-2, Module 3, in person. She selected Module 3 as the best fit given Claimant's language level.

46. With respect to language and communication, Claimant used complete and complex sentences, and engaged in reciprocal conversation with Dr. Steiner. She consistently made comments which demonstrated she was listening and interested, and regularly offered information about her own thoughts and feelings. Claimant used a variety of spontaneous and descriptive emphatic gestures across contexts. Claimant did not display echolalia or stereotyped language.

47. With respect to reciprocal social interaction, Claimant made regular eye contact with Dr. Steiner, although she appeared withdrawn and occasionally looked down during interactions. Claimant frequently initiated and shared enjoyment with Dr. Steiner and shared laughter on multiple occasions. Claimant regularly initiated with Dr. Steiner and readily followed with pretend play themes. Claimant was able to give well-developed descriptions of emotions and readily provided accurate descriptions of various bodily sensations associated with different emotions. She also provided an age-appropriate understanding of friendships and relationships.

48. With respect to play and imagination, Claimant engaged in a variety of pretend play, including using dolls. She also gave characters different voices and acted out a variety of scenarios.

49. No stereotyped behaviors or restricted interests were observed.

50. In summary, Claimant's overall score on the ADOS-2 was zero, indicating that Claimant is not on the autism spectrum. Compared to other children her age, minimal to no symptoms of ASD were observed.

EVALUATION SUMMARY

51. Based on the review of previous evaluations, developmental history, in-person evaluation, and teacher interview, Dr. Steiner found that Claimant does not meet any of the DSM-5-TR criteria for ASD diagnosis.

Addendum to Psychological Evaluation Report by Dr. Mann

52. On October 23, 2025, Dr. Mann prepared an addendum to her August 24, 2024, evaluation report. The stated purpose was to clarify her diagnostic methodology and findings in response to the subsequent eligibility review by ACRC.

53. Dr. Mann described the scope and methodology of her psychological evaluation of Claimant as a comprehensive diagnostic assessment, which included standardized administration and scoring of the ADOS-2, Module 3; VABS-III; parent interview and developmental history; teacher input and review of educational and medical records; and structured and unstructured behavioral observations.

54. With respect to the integrity of the ADOS-2 administration and scoring, Dr. Mann asserted that the test was administered correctly and yielded a score of 16, meeting the ASD classification cut-off.

55. Dr. Mann responded to Dr. Steiner's assertion that Dr. Mann committed errors in the administration of the ADOS-2, in that Claimant was described by Dr. Mann as completing both toothbrushing and handwashing demonstration tasks. Dr. Mann responded as follows:

This observation reflects [Claimant's] spontaneous generalization of modeled activity, not a procedural error.

According to the ADOS-2 manual . . . the purpose of the Demonstration Tasks is to elicit reciprocal communication, imitation, and joint attention, not to evaluate adherence to a single sequence.

When a child expands or generalizes a model behavior, it provides additional information about imitation, self-direction, and adaptive functioning, all valid for scoring within the Social Affect domain.

[Claimant's] performance on this task demonstrated social referencing and imitation consistent with Autism Spectrum Disorder. No items were invalidated or rescored post-administration.

56. Dr. Steiner quoted in her report a portion of Dr. Mann's report which states in the context of the ADOS-2 administration that "[Claimant] engaged in eye contact as she became more comfortable with this evaluator" and that "[w]hen this

evaluator attempted to play alongside her during the 'Joint Interactive Play,' [Claimant] played along." Dr. Mann responded as follows.

These observations were included in my scoring and clinical interpretation. Within the ADOS-2 and DSM-5-TR framework, intermittent or situational reciprocity (e.g., brief eye contact, participation once comfortable) is expected and does not negate an Autism classification.

Autistic children, particularly girls, often exhibit context - dependent reciprocity and masking behaviors – appearing socially engaged in structured or familiar contexts while still meeting Autism Spectrum Disorder Criteria A1-A3 for deficits in social-emotional reciprocity, nonverbal communication, and developing relationships.

[Claimant's] overall pattern of initial withdrawal, limited initiation, restricted flexibility in play themes, and narrow conversational reciprocity remained consistent with Autism Spectrum Disorder.

57. Dr. Mann stated that the differential diagnoses considered included the following:

ADHD (Combined Presentation): Present but insufficient to explain [Claimant's] social communication and sensory differences.

Anxiety Disorder: Considered secondary to ASD-related rigidity and sensory distress.

Autism Spectrum Disorder (F84.0): Best-fit diagnosis meeting DSM-5-TR Criteria A and B across multiple settings.

58. Dr. Mann concluded by stating that the "diagnostic process followed best-practice, multi-source methodology and ADOS-2 procedural fidelity." She further stated that the diagnosis of ASD remains valid and supported by direct behavioral observations, parent developmental history, standardized testing, and collateral education and medical evidence.

Selected Clinical and Educational Records

KAISER PERMANENTE ASD AND ADHD EVALUATION RECORDS

59. On July 12, 2024, Claimant underwent an attention deficit hyperactivity disorder (ADHD) evaluation and ASD screening at Kaiser Permanente, Department of Child Mental Health and Wellness. The ADHD assessment included a review of developmental and academic records, clinical interviews, and scoring of standardized parent and teacher forms. Claimant's mother described Claimant's behavior at home as follows: lacks focus and attention in that she needs an adult to help and prompt her to complete tasks; very impulsive and often interrupts or intrudes on her parents' boundaries; constantly moving from one activity to another with an attention span of approximately one to three minutes; has difficulty following multi-step instructions; needs multiple prompts and reminders to timely and successfully complete tasks; and is frequently disorganized.

60. Claimant's mother and her teachers commented on Claimant's school behavior. Claimant's mother stated that Claimant struggles to maintain attention if the class material is not "interesting" to her, but if the material is "fun" she does not want to stop. Claimant's first grade home-school teacher who sees Claimant one hour per month stated that "[Claimant] is a very sweet girl. . . . I have seen her get easily distracted in our conversations. She goes from topic to topic quickly. . . . She often is moving while talking and walks around during conversation. . . . When talking with her she will focus her attention and eye contact on a toy, book etc., instead of who she is speaking with."

61. Claimant's kindergarten teacher stated that Claimant is "kind, helpful, has a witty sense of humor and is incredibly intelligent." She also stated that Claimant was very successful but that "it is important to note that we did provide a variety of individualization to support [Claimant] to be successful in class." Claimant was initially "reluctant" to join in at school, so they adopted a "tiered entry approach" beginning with short amounts of time and worked up to longer periods at school. When Claimant arrived at school in the mornings, she often "ignored" teachers and would not respond to their greetings until she became comfortable. Claimant "thrives" on consistency, and it was necessary to inform her of transitions before they occur. Claimant formed peer relationships but occasionally struggled to understand their feelings. She generally preferred to spend time with a few "selected" peers.

62. The Kaiser Permanente ASD screening included an interview of Claimant's mother. She reported that Claimant: engages in stereotypical and repetitive behaviors including vocal stimming, wanting to spin or swing, and taking things apart and putting them back together repeatedly and in a very specific way; has fixed interests including dinosaurs and copying peer behavior; prefers routines and requires

preparation to manage transitions; and has sensory sensitivities including very restricted food preferences and sensitivity to loud or unexpected sounds. Claimant's mother also completed the SCQ and SRS-2, which resulted in scores consistent with the clinical interview and suggested that an additional ASD symptom assessment was warranted.

63. On July 16, 2024, Melissa Geiszler, LMFT, of the Permanente Medical Group, Inc., prepared a letter to whom it may concern, stating that Claimant was evaluated at the Kaiser Roseville Department of Child Mental Health and Wellness and diagnosed with ADHD, Combined Presentation. The letter further states that Claimant's symptoms "appear to cause significant impairment in her school and social functioning" and that Claimant "would likely benefit from academic accommodations that are sensitive to her current mental health impairments."

64. On September 9, 2024, the Kaiser Permanente Rancho Cordova ASD Center verified Dr. Mann's ASD diagnosis of Claimant based on Dr. Mann's August 2, 2024, evaluation. The clinical records in evidence do not specify what was included in the verification process.

FEATHER RIVER CHARTER SCHOOL SPEECH AND LANGUAGE ASSESSMENT

65. On October 8, 2024, a speech-language pathologist performed a comprehensive speech and language evaluation and prepared a written report signed on November 21, 2024. The reason for the referral was to assess whether Claimant has a speech and/or language impairment and, if so, the nature of and functional limitations related to the impairment. The evaluation was conducted by videoconference.

66. Claimant's mother stated her concerns including that Claimant displays echolalia and vocal stimming, tends to interrupt a lot and become frustrated when trying to explain or express something, often misses social cues, will walk away when people are talking to her, doesn't ask or show curiosity about other people, sometimes will not look up when her name is called multiple times, and has sensory sensitivities and explosive emotions.

67. The evaluation included testing of Claimant's receptive and expressive language. Claimant scored in the fifth percentile in pragmatic/social language, as tested by the Clinical Evaluation of Language Fundamentals, Fifth Edition. Pragmatic disorders are characterized by problems in understanding and using language in different social contexts and may include a lack of understanding regarding normal eye contact and respect for personal space.

68. The evaluation findings included that Claimant presented with below average pragmatic language skills, and that she has difficulties with tone of voice, emotions and feelings, conversational skills, and social problem-solving skills. Based on the evaluation findings, Claimant meets the eligibility criteria for Special Education services based on a pragmatic speech or language impairment.

FEATHER RIVER CHARTER SCHOOL MULTIDISCIPLINARY ASSESSMENT

69. On October 28 and November 12 and 15, 2024, a school psychologist and an educational specialist conducted a multidisciplinary psychoeducational assessment of Claimant and jointly prepared a written report dated November 21, 2024. The purpose of the assessment was to assist an individual education program (IEP) team at Feather River Charter School in determining eligibility for special

education services and to inform educational planning based on Claimant's identified strengths and needs.

70. The written report noted that Claimant had previously been diagnosed with ASD and ADHD. For purposes of the multidisciplinary assessment, autism is defined in part as a developmental disability affecting verbal and nonverbal communications and social interactions "adversely affecting a child's educational performance."

71. Claimant's mother provided background information including that Claimant is active, curious, community-oriented, compassionate, and social. Claimant's mother is concerned that Claimant has difficulties paying attention, problems with self-esteem related to test performance, anxiety related to learning difficult subjects, difficulty with reading comprehension, and difficulty maintaining sustained attention.

72. The evaluation included interviews of Claimant, her father, and teachers. Claimant told the examiners that she likes dinosaurs, soccer, going to the park, and writing stories. Claimant also expressed that she was very happy about her upcoming seventh birthday. Claimant's father told the examiners that Claimant would cry when he first began taking her to school. Initially, Claimant didn't like school, "but then she made some friends and it was better." One of Claimant's teachers stated that Claimant "did struggle last year when attending school. She did not like being separated from her parents. She has made great progress in this area."

73. The examiners also observed Claimant remotely for approximately 40 minutes in her classroom via Zoom through her mother's cell phone. Claimant appeared "appropriately regulated, engaged, and chipper." Claimant was observed playing by herself, and after approximately 15 minutes, Claimant joined other students

who were seated and drawing. Claimant did not initiate conversation with the other students but would respond to their questions with short replies and minimal conversation. Claimant's mother was nearby, and Claimant frequently spoke with her. Claimant responded well to the teacher's direction to join in "circle time" with all the students, where Claimant was observed singing with the other students.

74. The Autism Spectrum Rating Scales (ASRS) was administered to quantify separate parent and teacher observations of Claimant's behaviors associated with ASD. The ASRS includes ratings in the areas of social/communication, unusual behaviors, self-regulation, peer socialization, adult socialization, social/emotional reciprocity, atypical language, stereotypical movements and noises, behavioral rigidity, sensory sensitivity, and difficulty maintaining attention. A summary of Claimant's mother's observations includes that Claimant "engages in unusual behaviors, has problems with inattention and/or motor and impulse control, has difficulty relating to adults, uses language in an atypical manner, engages in stereotypical behaviors, has difficulty tolerating changes in routine, overreacts to sensory stimulation, and has difficulty focusing attention." One of Claimant's teachers observed problems only to the extent that Claimant has a limited willingness and capacity to successfully develop and maintain relationships with other children.

75. The VABS-III was administered using the parent/caregiver form completed by Claimant's mother to provide a measure of Claimant's overall level of adaptive functioning. Claimant's overall score placed her in the seventh percentile in adaptive functioning. Claimant's greatest weakness was in the area of daily living skills where she scored in the fifth percentile. Claimant scored in the 14th and 12th percentiles in the areas of communication and socialization, respectively.

76. The evaluating school psychologist and educational specialist provided an assessment summary in which they commented that the VABS-III scores indicate that Claimant has "consistent difficulties in understanding and using language, managing daily tasks independently, and interacting effectively with peers. These results are consistent with [Claimant's] diagnosis of autism and reflect the challenges typically associated with ASD, such as difficulties with social communication and adaptive functioning." They also found that Claimant exhibited characteristics of ASD including verbal and nonverbal communication deficits, repetitive activities, stereotypical movements, resistance to environmental change and change in daily routines, and unusual responses to sensory experiences.

77. That said, the evaluators did not find that Claimant's deficits in social interactions and behavioral characteristics were so significant to adversely affect Claimant's educational performance. For this reason, they found Claimant does not meet the educational criteria for special education services based on autism.

FEATHER RIVER CHARTER SCHOOL OCCUPATIONAL THERAPY REPORT

78. On February 3, 2025, an occupational therapist performed an assessment of Claimant's strengths, weaknesses, and needs and prepared a written report dated February 18, 2025. The purpose of the assessment was to assist the IEP team in determining Claimant's eligibility to receive occupational therapy services. Special education eligibility for occupational therapy requires that Claimant have deficits in the areas of motor and/or processing functions and that the deficits interfere with her ability to function in the school environment. The IEP team and Claimant's parents agreed that Claimant experiences fine motor challenges related to handwriting and sensory sensitivity/dysregulation.

79. The assessment included interviews of Claimant's teacher and mother and tests of Claimant's visual processing, motor skills development, writing skills, and sensory processing. The assessment summary and conclusions include that Claimant has strengths in visual perception and fine motor coordination. However, Claimant experiences challenges that negatively affect her school-based functioning. Specifically, Claimant is easily distracted by her environment. This can cause her to leave her work area and explore other spaces. Although she can return to task when prompted, her ability to stay focused may be affected by sensory distractions.

80. Based on the assessment results, Claimant appears to meet eligibility requirements for occupational therapy services. Specifically, Claimant's challenges with attention, sensory processing, and fine motor skills impact her ability to participate fully in academic and daily classroom tasks. Through occupational therapy, Claimant can work on developing self-regulation strategies to help her stay engaged and focused and better manage her sensory needs in the classroom setting. The occupational therapist opined that with ongoing occupational therapy intervention, Claimant can progress toward increased independence and success in the classroom.

KAISER PERMANENTE OCCUPATIONAL THERAPY EVALUATION

81. On June 12, 2025, an occupational therapist with Kaiser Permanente conducted an in-clinic occupational therapy evaluation, with ASD as the referring diagnosis. The primary concerns presented by Claimant's parents were that Claimant has challenges sleeping on her own, speaking up for herself, emotional regulation, coping with anxiety, and uncertainty with eating because of an experience gagging on her food.

82. The occupational therapist recorded Claimant's activities of daily living per parent report and direct observation, that Claimant is able to: cut food with a knife and fork independently; put on and tie her own shoes and socks; wash her hands, brush her teeth, and bathe; manage toileting including wiping; pour beverages from a large container into a cup; and open containers to remove food. Claimant's sensory processing was notable in that she sometimes chews on nonfood items such as jacket sleeves and can be a picky eater. She is also sensitive to loud noises.

83. The occupational therapist provided an assessment based on observations and parent reports. Claimant demonstrated the ability to independently participate in age-appropriate activities of daily living, but "sensory processing differences can impact the quality of her interactions and/or how she participates in her environment." Based on the evaluation, the occupational therapist recommended a home program to address "sensory based concerns to help support engagement in activities of daily living . . ." The recommendations included working with Claimant's family to "identify sensory strategies that allow for longer attention to task and improve functional participation." The stated goals of occupational therapy include "sensory strategies to promote improved organization of behavior and/or adaptive responses to support functional participation in [activities of daily living] within 12 weeks." The occupational therapist rated the rehabilitation potential as "[g]ood for the above stated goals."

Testimony of Catarina Juan Fishman, Psy.D.

84. Dr. Juan Fishman has been employed as a staff psychologist at ACRC since 2022. Dr. Juan Fishman has been licensed as a psychologist in California since 2020. She has experience performing assessments for developmental disabilities and interpreting psychological evaluations and differential diagnoses. Dr. Juan Fishman

spends approximately 80 percent of her time at ACRC reviewing psychological evaluations performed by other psychologists.

85. Dr. Juan Fishman participated with the ACRC eligibility assessment team regarding Claimant. Prior to hearing, she reviewed the records presented in evidence by ACRC and the psychological evaluations prepared by Dr. Mann and Dr. Steiner.

86. Dr. Juan Fishman testified regarding concerns she has about Dr. Mann's evaluation report and diagnosis of ASD. For example, she noted that Dr. Mann diagnosed Claimant with ASD, Level 1, and that Dr. Mann gave Claimant a score of 16 on the ADOS-2. A score of nine is generally regarded as the minimum for an ASD diagnosis. A score of 16 is much higher than Dr. Juan Fishman would expect to see with a diagnosis of ASD, Level 1.

87. Dr. Juan Fishman also expressed concerns about the thoroughness of Dr. Mann's evaluation report. For example, based on Dr. Mann's written report it was not clear what Dr. Mann observed of Claimant and what the parents reported to her. Dr. Juan Fishman would also expect to see a list of records reviewed. In contrast, Dr. Steiner's evaluation report stated more clearly what records she reviewed and lists her interview with Claimant's teacher.

88. Dr. Juan Fishman noted Dr. Steiner's observations of Claimant including good social interaction, age-appropriate language during testing, participation in imaginative play, good eye contact, and no restrictive or repetitive behaviors. In Dr. Juan Fishman's opinion, these observations are not consistent with an ASD diagnosis. Dr. Juan Fishman also noted that Dr. Steiner gave Claimant a score of zero on the ADOS-2, which is not consistent with an ASD diagnosis, and in Dr. Juan Fishman's view has more substantial support than the ADOS-2 score of 16 given by Dr. Mann.

89. Based on the documents she has reviewed, Dr. Juan Fishman does not believe Claimant has ASD.

Testimony of Claimant's Father

90. Claimant's father testified that Claimant is "a sweet and smart little girl." Claimant is "polite and tries very hard." However, daily life is a "challenge" for her. For example, Claimant's transition to a new school was difficult for her. Claimant's father had to spend a couple hours each day to help comfort Claimant at the new school. Change is difficult for Claimant. She needs a long time to adjust every time she starts something new.

91. Claimant is very sensitive to sound and light. Crowded and noisy environments are difficult for her. Claimant will cover her eyes and ears and beg to leave. Claimant's sensory sensitivities make it difficult for her to be in a crowd. Also, Claimant can become fearful if she hears unfamiliar sounds such as on an evening walk. When they go somewhere in the car, Claimant's father will play music to help her keep calm.

Testimony of Claimant's Mother

92. Claimant's mother testified that her experience with Claimant has been consistent. Claimant was "very distressed" as an infant. She was two and a half years old when the COVID-19 pandemic and associated social distancing and isolation occurred. Claimant was four years old when COVID-19 restrictions began to recede. Claimant's life experiences were necessarily "smaller" during the years of COVID-19 restrictions.

93. As Claimant has grown up, it has become clear to Claimant's mother that the demands placed on Claimant "exceed her capacities." Claimant finds it "scary" to be in a room alone, night or day. Claimant cannot sleep alone, even though she wants to do so.

94. Claimant cannot succeed at regular public school because of the "crowds" of students. She becomes "overwhelmed" and, for example, cannot follow sequential instructions even though she is an intelligent young girl.

95. Claimant had been attending a public-school enrichment program six hours per day, four days per week. Claimant was not able to progress academically in that environment. For this reason, Claimant's mother enrolled her in a home-school charter school. Claimant now attends the public-school enrichment program for two and a half hours per day, two days per week.

Analysis

96. The documentary evidence summarized above is inconclusive and inconsistent on essential points. Most significantly, the evidence is inconsistent on the central question of whether Claimant has ASD. Neither Dr. Mann nor Dr. Steiner testified, which makes it substantially more difficult to assess their testing methodologies, observations, and discrepant scores as noted in their respective written evaluations. For example, on the ADOS-2, Dr. Mann recorded a score of 16 indicating an ASD diagnosis, and Dr. Steiner recorded a score of zero, which is "non-spectrum." On the SCQ, Dr. Mann recorded clinically significant parent-reported scores of 16, and Dr. Steiner recorded much higher parent-reported scores of 24. The reasons for the inconsistent scores on the ADOS-2 and SCQ are not explained by the documentary evidence or testimony presented.

97. Careful consideration has been given to Dr. Juan Fishman's testimony. However, the persuasive value of her testimony regarding the evaluation and diagnosis of Claimant is substantially limited by the fact that she has never met, observed, or evaluated Claimant. Given this fundamental limitation, Dr. Juan Fishman's testimony does not cause Dr. Steiner's evaluation to have relatively more or less convincing force than Dr. Mann's evaluation.

98. The Feather River Charter School assessments are inconclusive on the question of whether Claimant has ASD. The multidisciplinary assessment team referenced Claimant's prior ASD diagnosis but does not make an affirmative finding of the diagnosis. For example, the team found that Claimant has "consistent difficulties in understanding and using language, managing daily tasks independently, and interacting effectively with peers" and that "[t]hese results are consistent with [Claimant's] diagnosis of autism and reflect the challenges typically associated with ASD . . ." Even so, the multidisciplinary evaluation team found that Claimant's difficulties are not so significant to adversely affect her educational performance, and for that reason Claimant does not meet the educational criteria for special education services based on autism.

99. The evidence is inconclusive whether Claimant's pragmatic speech or language impairment as found in the Feather River Charter School speech and language assessment and her challenges with sensory processing and fine motor skills as found in the Feather River Charter School occupational therapy evaluation are symptomatic of an ASD diagnosis. Claimant's impairments discussed in those reports are serious enough to impact her access to education, but the reports do not specify whether ASD is a cause.

100. The Kaiser Permanente clinical occupational therapy evaluation progress notes indicate that autism is the referring diagnosis. This strongly suggests that Claimant's sensory processing challenges are attributable to ASD. However, the goal of occupational therapy as stated in the progress notes is to utilize "sensory strategies to promote improved organization of behavior and/or adaptive responses to support functional participation in [activities of daily living] within 12 weeks." Given the relatively short-term expectation for improvement, the clinical record is inconclusive regarding how persistent or clinically significant Claimant's symptoms are, as referenced under the DSM-5-TR diagnostic criteria for ASD.

101. The observations and concerns expressed by Claimant's parents in their testimony and reported in the evaluation reports have been carefully considered. Claimant's parents were clear and credible in their descriptions of their daughter's emotions and behaviors. Their deep concern for their daughter's well-being is abundantly clear; they want what is best for her. They believe their daughter has ASD and that she is for that reason eligible for ACRC services and supports. However, in the absence of persuasive clinical evidence, the observations of Claimant's parents are not sufficient to establish an ASD diagnosis or to determine eligibility for ACRC services.

102. On the question of whether Claimant meets the criteria for an ASD diagnosis under the DSM-5-TR, it is essential to note that for purposes of this Decision, Claimant bears the burden of proof by a preponderance of the evidence. As a practical matter, that means Claimant's appeal must be denied if there is not a preponderance of evidence in support of a finding that Claimant has ASD. In this matter, the evidence considered as a whole, and particularly the psychological evaluations, is inconclusive on the question of whether Claimant has ASD.

103. For all the foregoing reasons, and considering all the evidence presented, a finding cannot be made by the preponderance of the evidence at this time that Claimant has ASD. 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

The 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 Claimant 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 she 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.*)

Disposition

4. Considering the Factual Findings and Legal Conclusions as a whole, Claimant did not meet her burden of establishing by a preponderance of evidence that she has ASD or any other developmental disability that would qualify her to receive services from ACRC under the Lanterman Act. For these reasons, Claimant's appeal must be denied. However, nothing in this Decision should be taken to discourage or prevent Claimant from presenting additional information to ACRC in favor of eligibility or appealing any future denial for ACRC services.

ORDER

Claimant's appeal is DENIED.

DATE: December 9, 2025

TIMOTHY J. ASPINWALL

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.