

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

In the Matter of:

CLAIMANT

and

GOLDEN GATE REGIONAL CENTER, Service Agency.

DDS No. CS0028433

OAH No. 2025070532

DECISION

Administrative Law Judge Mario M. Choi, State of California, Office of Administrative Hearings, heard this matter on November 26, 2025, by videoconference.

Claimant's authorized representative represented claimant. Claimant was not present.

Appeals and Compliance Specialist Khatonia McCarty represented service agency Golden Gate Regional Center.

The record originally closed and the matter submitted for decision on November 26, 2025. On December 2, 2025, claimant submitted a post hearing statement, which was marked for identification as Exhibit BB. The record was reopened

to allow Golden Gate Regional Center an opportunity to respond to claimant's statement, which it did in a timely manner and is marked for identification as Exhibit 40.

The record closed and the matter was submitted for decision on December 5, 2025.

ISSUE

Does claimant have, and is substantially disabled by, a developmental disability such that she is eligible for services under the Lanterman Developmental Disabilities Services Act (Lanterman Act, Welf. & Inst. Code, § 4500 et seq.)¹ from Golden Gate Regional Center (GGRC)?

FACTUAL FINDINGS

Background and History

1. Claimant is 39 years old. She currently lives with her authorized representative and is supported by, among others, the Health and Human Services Agency's In-Home Supportive Services (IHSS) Program.

2. Claimant's authorized representative initially contacted GGRC on June 24, 2024, seeking an assessment of eligibility for claimant. He informed GGRC that

¹ All statutory references are to the Welfare and Institutions Code, unless otherwise stated.

claimant's developmental disability was a condition similar to an intellectual disability, stating that claimant has "OCD [obsessive compulsive disorder], PTSD [Post Traumatic Stress Disorder], Agoraphobia, Generalized Anxiety Disorder [GAD], and Selective Mutism." He described claimant as having limitations in the areas of self-help, cognition, communication, emotions, and independent living skills.

3. On October 23, 2024, GGRC issued a notice of decision not to provide an assessment on the grounds that GGRC had not received documents or information that would lead it to believe that claimant had a developmental disability. Through her authorized representative, claimant appealed the decision.

4. GGRC agreed to assess claimant after holding an informal meeting in November 2024. GGRC received an updated application for services completed by claimant's authorized representative on January 6, 2025. In the application, claimant's authorized representative described claimant as having "language, behaviors, learning, [and] mobility" concerns and sought an "ASD [autism spectrum disorder] asses[s]ment and services." He stated in this application that claimant has OCD, PTSD, GAD, agoraphobia, selective mutism, and anemia.

In a written statement submitted by claimant's authorized representative, he stated that claimant was diagnosed with ASD and required "an evaluation to formally confirm her developmental disability for access to essential services." He wrote that claimant met eligibility because she has "significant impairments in executive functioning, sensory processing, emotional regulation, and daily living skills" and "often becomes selectively mute, unable to speak, write, or communicate effectively."

5. GGRC performed an assessment on claimant. In a letter and Notice of Action, both dated July 8, 2025, GGRC informed claimant that she was not eligible

because she did not meet the eligibility criteria for ASD, cerebral palsy, intellectual disability, epilepsy, or a condition "closed related to intellectual disability." GGRC further informed claimant that she did not have three or more areas of substantial disability as defined in the Lanterman Act.

Claimant appealed the decision and this hearing followed.

Eligibility Determination

SOCIAL ASSESSMENT

6. Benisse Reyes, M.S.W., credibly testified about her assessment of claimant and the February 27, 2025, social assessment report that she wrote.

7. Reyes has been employed by GGRC since 2003 and is currently GGRC's lead assessment social worker. She has completed well over 1,000 assessments for GGRC. As the assigned social worker on an eligibility assessment, Reyes would reach out to the potential client to obtain documentation and to schedule and complete a social assessment. She would also coordinate with GGRC's interdisciplinary assessment team, which is comprised of a medical doctor, a psychologist, and her, to complete an eligibility assessment of a potential GGRC client.

8. Reyes requested but was unable to meet with claimant in person. Reyes tried to meet with claimant through videoconference on February 10, 2025, but claimant remained unresponsive throughout the meeting because she was in a "locked up state." Reyes interviewed claimant's authorized representative on February 26, 2025, who provided her with some information about claimant's physical, developmental, and mental health history. Reyes nonetheless noted in her assessment that claimant's authorized representative did "not have firsthand information or a lot

of information of [claimant's] physical, developmental and mental health histories given that he did not meet [claimant] until she was in college."

9. Reyes sought pertinent documents from claimant and requested authorization to obtain records. Reyes obtained permission to contact and obtain documents from certain providers but was refused authorization for others. She does not know why she was prohibited from contacting those providers.

(a) GGRC obtained claimant's high school transcript. Claimant attended high school in Connecticut. Her transcript showed that she graduated on June 18, 2004, with a weighted grade point average of 91.24 out of 100 and a class rank of 21 in a class of 123 students.

(b) GGRC obtained statements from claimant's authorized representative reporting claimant's impairments and entries from a "harm journal" that he maintains on claimant.

(c) GGRC received medical records from Marie Kristensen, N.P., claimant's primary care provider. Records indicate that claimant only began her relationship with Kristensen in November 2024, and that claimant had not seen a medical care provider since 2022. Records indicate that claimant is currently seeing a therapist weekly for her PTSD and OCD, and that she was seeking medical attention because she wanted to be evaluated for ASD.

In a letter dated January 2, 2025, concerning claimant, Kristensen wrote that she has a "high suspicion of ASD" and made a referral for an autism evaluation. In a letter dated February 7, 2025, Kristensen wrote in support of claimant's IHSS Program application, stating that claimant has autism, OCD, PTSD, GAD, and selective mutism. There is no indication of how Kristensen concluded that claimant has autism.

(d) Although GGRC received authorization to obtain documents from Jeffrey Tinius, Ph.D., claimant's psychiatrist, Reyes reported that the documents GGRC received did not come from Dr. Tinius directly. None of the letters have appropriate letterhead. And although Dr. Tinius allegedly meets with claimant weekly, the only documents received by GGRC are evaluation letters in which Dr. Tinius states that claimant has, among other impairments, autism. The letters do not indicate how Dr. Tinius concluded that claimant has autism or what assessments he undertook to arrive at that conclusion.

In a letter dated June 24, 2025, Dr. Tinius purports to opine that claimant's "primary developmental condition underlying her most significant functional impairments" is autism. The letter states that although claimant presents symptoms consistent with OCD and PTSD, "her core challenges with communication, executive functioning, sensory processing, selective mutism, shutdown behavior, and self-direction are best understood as direct manifestations of autism," and that these impairments "have been present since early childhood, are developmental in origin, and are expected to continue indefinitely." The letter does not state how Dr. Tinius purportedly arrived at, or what documents he reviewed in support of, his conclusions. Importantly, this document, purportedly signed by Dr. Tinius, has a signature line of "Dr. Jeffrey Tinius, PsyD." Besides the signature block being different from the other documents that were purportedly signed by him, Dr. Tinius's stated credential is not consistent with the credential stated in other letters he purportedly authored.

The letters allegedly authored by Dr. Tinius lack reliability and are thus disregarded.

(e) GGRC also received permission to obtain limited documents from the University of Hawaii, where claimant attended college. There is no evidence that GGRC

received any documents from the university. However, Reyes did a search on the internet for claimant and found a LinkedIn profile on her; the profile states that claimant earned a bachelor's degree with a 3.9 grade point average.

(f) GGRC did not receive authorization to contact claimant's parent. However, GGRC received two documents purportedly from claimant's mother.

In the first document, signed November 11, 2024, claimant's mother checked off and initialed a number of issues she asserted claimant has. On a signature page, claimant's mother stated that she reviewed a binder which "accurately reflects [claimant's] needs and experiences." Claimant's mother did not draft the document, and no binder was submitted showing what claimant's mother reviewed.

In the second document signed on August 7, 2024, and notarized, claimant's mother "affirm[s] that my child, [claimant], has had a developmental disability throughout their life." Claimant's mother stated that claimant visited four psychologists and, from the ages of 10 to 13, she regularly attended sessions with a psychologist, which "were critical in managing her developmental disabilities, which were documented by Thomas Jameson, a therapist [claimant] worked with until [2023]." Claimant's mother also stated that claimant had a traumatic incident at nine years of age and had "strep PANDAS" (pediatric autoimmune neuropsychiatric disorder) at 12 years old. Claimant's mother stated that claimant initially saw psychologist Gary Buck, Ph.D., (Factual Finding 9(g)) when she moved to California but switched to Dr. Tinius. She also stated that "the institutions holding records of [claimant's] earlier sessions are no longer required to keep these documents beyond seven years."

Because claimant did not give authorization to GGRC to contact her mother, the authenticity of these documents cannot be verified.

(g) GGRC did not receive authorization to contact Dr. Buck, whom claimant apparently saw for a short period of time after her move to California. However, GGRC did receive documentation as it concerns the IHSS Program. Dr. Buck completed a form documenting claimant's "functional limitations," in which he stated that claimant's diagnoses included "OCD, PTSD, Agoraphobia, Generalized Anxiety Disorder, [and] Selective Mutism" and that claimant's prognosis was "totally and permanently disabled." In a letter dated March 5, 2024, attached to an IHSS Program form, Dr. Buck wrote that claimant "has several diagnoses, confirmed by her previous mental health provider in Hawaii, Thomas Jameson, Licensed Mental Health Counselor (LMHC) in the State of Hawaii, which include: Obsessive Compulsive Disorder, Agoraphobia, Post-Traumatic Stress Disorder, and Selective Mutism."

(h) GGRC did not receive authorization to contact Jameson. However, GGRC did receive documentation concerning the County of Hawaii, Office of Housing and Community Development, in which Jameson verified claimant's disability and her need for reasonable accommodations. GGRC also received a letter in which Jameson stated that claimant "meets diagnostic criteria for selective mutism, obsessive-compulsive disorder, agoraphobia, as well as a generalized anxiety disorder" and that claimant seeks accommodations relating to her classes.

10. Based on her review of the documents and attempted assessment of claimant, Reyes determined that claimant did not meet Lanterman Act eligibility criteria.

PSYCHOLOGICAL ASSESSMENT

11. Telford Moore, Ph.D., credibly testified about his assessment of claimant and the psychological review for eligibility report that he wrote.

12. Dr. Moore received his bachelor's degree and master's degree in psychology, a master's degree in public health, and a doctorate in educational psychology. Dr. Moore served as a school psychologist and as an educational and clinical psychologist with the Lanterman Developmental Center in Pomona for many years prior to joining GGRC. Dr. Moore has served as a behavioral/staff psychologist with GGRC since 1998.

13. Dr. Moore testified that, to be eligible for regional center services, a developmental disability diagnosis must be made before an individual turns 18 years old. The regional center must also explore whether the individual has a "substantial disability" due to that developmental disability. The regional center will review the individual's scores on various assessments, input received from family members and other individuals, visits to school, work, or other locations, and observations made by regional center personnel.

14. Dr. Moore reviewed the available information on claimant and was unable to conclude that she had a developmental disability. He tried to meet with claimant three times at her home but was unable to assess claimant because she did not respond to him. Dr. Moore was also unable to contact individuals who would have likely had information on claimant prior to her turning 18 years old because claimant refused to give GGRC access to those individuals.

15. Dr. Moore did not contact Dr. Tinius because there was no indication that Dr. Tinius met with claimant in person. Dr. Moore testified that there must be an in-

person meeting for a valid determination of whether an individual has a developmental disability.

16. Dr. Moore reviewed the report presented by Patrick MacLeamy, Psy.D. (Factual Finding 19.) He disagreed with Dr. MacLeamy's ASD assessment and questioned whether he was able to accurately assess claimant. Dr. Moore pointed to several inconsistencies in Dr. MacLeamy's report, including claimant's high school record and attendance at the University of Hawaii, the wide range of scores on the assessments administered by Dr. MacLeamy, and claimant's ability to articulate complex, compound sentences in writing but inability to orally respond to simple questions.

17. Dr. Moore referred to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) and diagnostic criteria for ASD, intellectual disabilities, and for anxiety disorders. Dr. Moore opined that the evidence did not support the conclusion that claimant has autism, and instead claimant's known impairments have symptoms that overlap with ASD. Dr. Moore opined that claimant's PANDAS episode likely contributed to claimant developing OCD.

18. The interdisciplinary assessment team met for an eligibility review on July 2, 2025. The team determined that claimant did not meet eligibility because claimant did not have a developmental disability as defined in the Lanterman Act. The team did not complete an assessment of whether claimant was significantly impaired in three or more areas of major life activity.

Claimant's Additional Evidence

19. Patrick MacLeamy, Psy.D., testified about his observations of claimant and his report dated September 19, 2025. He reviewed claimant's available records,

interviewed claimant's authorized representative, observed and interviewed claimant, and administered various assessments and questionnaires. Dr. MacLeamy reported that:

[Claimant's authorized representative] participated as an intermediary for [claimant] and also as an important source throughout the visit. [Claimant] did not address the examiner directly with words or eye contact during the visit, but made some sounds and hand gestures when communicating with [claimant's authorized representative]. She also consistently used a notes app on a tablet on which she typed words, phrases or sentences to show [claimant's authorized representative], who then verbally relayed the idea of what she wanted to say or what her answer was to Dr. MacLeamy . . . [Claimant] was not entirely silent in front of the examiner during the visit . . . [and] [s]he pointed at things with an index finger to make choices during the WAIS-5 [Wechsler Adult Intelligence Scale, 5th Edition] or to indicate something from her tablet. She made eye contact with [claimant's authorized representative] and directed a few smiles, eye rolls or mild looks of exasperation.

Dr. MacLeamy determined that claimant has autism, that her autism occurred before she was 18 years old, and that she is impaired permanently in the areas of communication, self-direction, self-care, the capacity to live independently, and economic self-sufficiency. He reported that claimant's "shutdowns" are not voluntary and are related to her autism, and that clinicians missed claimant's ASD diagnosis due

to her “busy clinical picture.” Dr. MacLeamy’s assessment and testimony are not persuasive.

20. Claimant’s mother submitted another letter, signed July 29, 2025, and notarized. In the letter, claimant’s mother explained how claimant meets all the criteria for eligibility under the Lanterman Act.

21. Dr. Tinius allegedly signed a declaration dated November 17, 2025. In this declaration, Dr. Tinius purportedly states that he diagnosed claimant with ASD, which “has been present since early childhood and clearly before the age of 18.” The signature line in this declaration states that Dr. Tinius has a “PsyD,” which is inconsistent with the credential stated in other letters he purportedly authored. This declaration is not reliable and is also disregarded.

22. Claimant’s authorized representative testified that he has known claimant since she was 17 years old when he met claimant at the University of Hawaii. He “slowly evolved” from “volunteering” to help claimant to becoming her fulltime caretaker. Claimant’s authorized representative has no formal training or qualifications to manage claimant’s care. He states that he created claimant’s LinkedIn profile.

23. Claimant’s authorized representative testified about claimant’s inability to manage tasks and communicate. Claimant cannot independently live by herself and needs daily supervision. She is fully on public support.

Ultimate Facts

24. Claimant has not by a preponderance of the evidence demonstrated that she has autism or a disability similar to intellectual disability that originated during the developmental period. The evidence instead shows that claimant has OCD, PTSD,

agoraphobia, GAD, and selective mutism, none of which are developmental disabilities under the Lanterman Act.

25. GGRC did not assess whether claimant had substantial functional limitations in three or more areas of major life activity. Because claimant does not have an eligible disability, the Lanterman Act does not require GGRC to make such an evaluation.

LEGAL CONCLUSIONS

1. The State of California accepts responsibility for persons with developmental disabilities under the Lanterman Act. (§ 4500 et seq.) The purpose of the Act is to rectify the problem of inadequate treatment and services for the developmentally disabled, and to enable developmentally disabled individuals to lead independent and productive lives in the least restrictive setting possible. (§§ 4501, 4502; *Assn. for Retarded Citizens v. Dept. of Developmental Services* (1985) 38 Cal.3d 384.) Because the Act is a remedial statute, it must be interpreted broadly. (*California State Restaurant Assn. v. Whitlow* (1976) 58 Cal.App.3d 340, 347.)

2. To establish eligibility for regional center services under the Lanterman Act, claimant has the burden of proving by a preponderance of the evidence that she suffers from a developmental disability, and that she is substantially disabled by that developmental disability. (§§ 4501, 4512, subd. (a); Evid. Code, §§ 115, 500.)

3. A “developmental disability” potentially qualifying a person for services under the Lanterman Act includes intellectual disability, autism, epilepsy, cerebral palsy, and other “disabling conditions found to be closely related to intellectual disability or to require treatment similar to that required for individuals with an

intellectual disability.” (§ 4512, subd. (a)(1).) The developmental disability “originates before an individual attains 18 years of age, continues, or can be expected to continue, indefinitely, and constitutes a substantial disability for that individual.” (*Ibid.*)

Claimant has not demonstrated, by a preponderance of the evidence, that she suffers from autism or a disability “closely related to intellectual disability,” and that the disability originated before she attained 18 years of age. (Factual Finding 24.) Because claimant does not have a qualifying disability, claimant is ineligible for regional center services.

4. The qualifying disability must also be “substantial,” which is defined as “the existence of significant functional limitations in three or more of the following areas of major life activity, as determined by a regional center, and as appropriate to the age of the person: (A) Self-care. (B) Receptive and expressive language. (C) Learning. (D) Mobility. (E) Self-direction. (F) Capacity for independent living. (G) Economic self-sufficiency.” (§ 4512, subd. (l)(1); Cal. Code Regs., tit. 17, § 54001, subd. (a)(2).)

GGRC did not make a determination as to whether claimant had significant functional limitations in three or more areas of major life activity. (Factual Findings 18, 25.) Because claimant has not demonstrated that she has a qualifying disability, there is no need for GGRC to make such a determination.

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ORDER

Claimant's appeal from GGRC's determination that claimant is not eligible for services under the Lanterman Act is denied.

DATE:

MARIO M. CHOI

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.

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

In the Matter of:

CLAIMANT,

and

Golden Gate Regional Center, Service Agency.

DDS No. CS0028433

OAH No. 2025070532

ORDER DENYING CLAIMANT'S APPLICATION FOR RECONSIDERATION

A decision in this matter was issued on December 15, 2025, by a hearing officer with the Office of Administrative Hearings (OAH). Golden Gate Regional Center (Regional Center or GGRC) is represented by Appeals and Compliance Specialist Khatonia McCarty. Claimant is represented by authorized representative Narayan Berliner.

Within 15 days of the date of the final hearing decision, a party may request reconsideration to correct a mistake of fact or law or a clerical error in the decision, or to address the decision of the original hearing officer not to recuse themselves following a request pursuant to Welfare and Institutions Code section 4712, subdivision (g). (§ 4713, subdivision (b).) The party seeking reconsideration must state

the specific grounds on which the application is made; give notice of the application to the other party to the proceeding and DDS [Department of Developmental Services]; and the other party may file a written statement supporting or opposing the application. (*Id.*) Within 15 days of receiving the request, a hearing office responsible for issuing the decision may deny the application for reconsideration, grant the application for reconsideration and modify the decision, or grant the application for reconsideration and set the matter for further proceedings. (*Id.* at § 4713, subdivision (d).)

On December 29, 2025, claimant's representative filed a document entitled: "Notice of Appeal...Executive Statement for DDS Review." The document further stated that: "This appeal presents clear procedural and evidentiary errors that warrant DDS intervention without re-litigating factual diagnosis." The requested relief is stated as: "Reversal, or in the alternative, remand with instructions to confine adjudication to substantial disability, properly weigh all material evidence, and issue findings supported by substantial evidence."

Upon initial review of the document, it did not appear to be an application for reconsideration based on the title of the document and it was not readily apparent in the contents of the document that claimant's representative was seeking reconsideration pursuant to section 4713. However, upon further review of the document, it has been construed as an application for reconsideration.

As such, OAH received claimant's timely request for reconsideration of the decision under Welfare and Institutions Code section 4713. It does not appear that claimant's representative served either GGRC or the Department of Developmental Services (DDS), with the document as required. On January 21, 2026, OAH provided

GGRC with a copy of the application and issued an order allowing GGRC to file a written opposition to the request for reconsideration. GGRC did not file an opposition.

The undersigned hearing officer did not hear the matter or write the decision for which reconsideration is requested.

Claimant's Claims to Correct Mistakes of Fact and/or Law

Claimant seeks reconsideration on claimed mistakes of facts and/or law. Specifically, claimant states the grounds on which the application for reconsideration is made as follows:

A. The hearing officer exceeded the scope of the hearing and revisited claimant's autism spectrum disorder (ASD) and developmental history prior to the age of 18, which was not in dispute, and the only issue before the hearing officer was whether claimant was substantially disabled in three or more areas of major life activity;

B. The hearing officer failed to analyze whether claimant was substantially disabled in three or more areas of major life activity;

C. The hearing officer improperly excluded the developmental history of claimant before the age of 18, provided in writing by his parent, without rebuttal by the regional center;

D. The hearing officer improperly considered the opinion of the regional center's psychologist and discounted the opinion of the claimant's psychologist; and,

E. The decision overall was unsupported by substantial evidence.

ANALYSIS

The issue at the fair hearing was whether claimant has and is substantially disabled by a developmental disability such that she is eligible for regional center services under the Lanterman Developmental Disabilities Services Act (Lanterman Act). The Notice of Action, dated July 8, 2025, stated that the reason for the proposed action of denying eligibility was that claimant does not have a developmental disability.

In the Decision, the hearing officer concluded that claimant is not eligible for services under the Lanterman Act. In particular, the hearing officer found that claimant did not, by a preponderance of the evidence, demonstrate that she has ASD or a disability similar to intellectual disability that manifested during the developmental period. Instead, the evidence established that claimant has obsessive compulsive disorder (OCD), post traumatic stress disorder (PTSD), agoraphobia, generalized anxiety disorder (GAD), and selective mutism, and none of these conditions are developmental disabilities under the Lanterman Act. Further, the hearing officer found that because claimant does not have ASD or a disability similar to intellectual disability, there was no need to assess whether claimant has substantial functional limitations in three or more areas of major life activity.

The hearing officer considered the testimony of four witnesses and the exhibits admitted into evidence, including 39 exhibits by GGRC and over 25 exhibits offered by claimant. The hearing officer admitted the parental developmental history into evidence, despite the failure of claimant's representative to verify the authenticity of the documents, and gave the evidence the appropriate weight.

The hearing officer reviewed the reports of GGRC's staff psychologist and claimant's psychologist who both testified at hearing. The GGRC psychologist opined that the evidence did not support the conclusion that claimant has ASD or known impairments that overlap with ASD. Claimant's psychologist opined that claimant has autism, that it occurred before she was 18 years old, and that she is impaired permanently in more than three areas of major life activity. The hearing officer evaluated both witnesses and considered the bases for their conclusions. The hearing officer ultimately determined that the assessment and testimony by claimant's psychologist was not persuasive. It is the job of the hearing officer to make determinations between two psychologists with differing opinions.

Once the hearing officer concluded that claimant did not have ASD or a disability similar to intellectual disability, the hearing officer correctly found that there was no need to assess whether claimant has substantial functional limitations in three or more areas of major life activity. Furthermore, the Notice of Action did not limit the issue of eligibility to a determination of whether claimant has substantial functional limitations in three or more areas of major life activity only.

Claimant bears the burden of proof in this matter and the standard of proof required is a preponderance of the evidence. (Evid. Code, §§ 115, 500.) The term "preponderance of the evidence" means "more likely than not" (*Sandoval v. Bank of Am.* (2002) 94 Cal.App.4th 1378, 1387-1388.)

Based on the evidence presented to the hearing officer, claimant did not meet her burden of proof. Claimant has not identified a mistake of fact or law that requires correction. For the reasons stated above, the application for reconsideration must be denied.

ORDER

The application for reconsideration is DENIED.

DATE: February 3, 2026

REGINA BROWN

Presiding Administrative Law Judge

Office of Administrative Hearings