

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

In the Matter of:

CLAIMANT

and

ALTA CALIFORNIA REGIONAL CENTER, Service Agency

DDS No. CS0028378

OAH No. 2025070836

DECISION

Matthew S. Block, Administrative Law Judge, Office of Administrative Hearings, State of California, serving as a hearing officer, conducted a fair hearing on September 24, 2025, in Sacramento, California.

Claimant was present and represented herself. Claimant's name is omitted to protect her privacy and confidentiality.

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

Evidence was received, the record closed, and the matter submitted for decision on September 24, 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?

FACTUAL FINDINGS

Jurisdictional Matters

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

2. Claimant, a 35-year-old woman, applied for ACRC services in 2024 based on her belief that she has autism. ACRC intake specialist DeAnna Godfrey met with Claimant for a social assessment interview on October 30, 2024. Based on the interview, and other information Ms. Godfrey obtained, ACRC referred Claimant for a psychological evaluation, which occurred in May 2025.

3. An ACRC multidisciplinary assessment team reviewed Claimant's social assessment, educational and medical records, and a report from the clinician who performed the psychological evaluation. Based upon all the available information, ACRC concluded that Claimant did not have autism, or an intellectual disability which would qualify her to receive services from ACRC. On June 26, 2025, ACRC issued a Notice of Action (NOA) denying Claimant's application. On July 10, 2025, Claimant appealed ACRC's decision. This hearing followed.

Background

4. Claimant was born in San Diego. She resides in Citrus Heights, California, with her partner and two other roommates. Claimant explained she was bullied as a child and ridiculed for her appearance and behavior. She was also subjected to severe physical and emotional abuse at the hands of family members. She was prone to frequent tantrums which could last anywhere from 30 to 60 minutes. Her parents were rarely home, and she routinely had to care for her younger brother. She received speech therapy as a child and saw a psychiatrist. However, according to Claimant, the psychiatrist was mentally abusive and would grab Claimant's head and force her to make eye contact with him when she was speaking.

5. Claimant did not begin bathing independently until she was 11 years old. She had difficulty brushing her teeth and did not learn to tie her shoelaces until she was in the 6th grade. She would often wander or run away from her mother in stores. She lacked awareness of personal safety and boundaries. According to Claimant, she received special education services in school, although the school district has no record of that. She graduated high school with a diploma in 2007. She has attended Sierra College for the last 10 years because she loves learning, and so she has something to do. She has never worked a formal job, but she worked "under the table" as a nanny during the COVID-19 pandemic.

6. Claimant can pick out her own clothes to wear. However, she does not do laundry, and she will often wear the same clothes for several days in a row if she cannot find any that are clean. She has aversions to soft clothing and prefers to wear clothing with a rougher texture. She only showers once per week and her partner usually needs to remind her to bathe and apply deodorant.

7. Claimant is almost always moving and will rock or spin her body throughout the day. She is also very sensitive to touch. She prefers deep pressure and enjoys tight hugs, but she becomes overwhelmed when someone gives her a soft hug. She uses a weighted blanket for comfort. She has sensitivity to certain high-pitched noises and gets overwhelmed when too many people are talking at once. She enjoys lining up objects on her shelves but is easily distracted and often has difficulty putting items back where they belong. She performs very few to no household chores.

8. Claimant finds it difficult to meet friends. She often giggles or laughs inappropriately and tends to engage in inappropriate conversations, including with strangers. For example, she enjoys talking about plane crashes, and she will bring up the topic with someone who is about to board a plane.

9. Claimant has difficulty engaging in reciprocal conversation and will often interrupt others and dominate conversations with topics of her own choosing. She also struggles to understand and interpret gestures and facial expressions, and she has limited social skills. She becomes overwhelmed when things don't go her way, and her reactions to adversity range from explosive anger to completely shutting down emotionally. In addition to plane crashes, she has very strong, fixed interests in Comic-Con, certain television programs, and Pokemon.

Psychological Evaluation

10. On May 20, 2025, Stephanie Smith, Psy.D., performed an in-person psychological evaluation of Claimant. Her evaluation procedures included a review of the ACRC Social Assessment; review of available medical records; a clinical interview with Claimant and her partner; a telephone interview with Claimant's mother; behavioral observations; Adaptive Behavior Assessment – Third Edition, Adult Form

(ABAS-3); Autism Diagnostic Observation Schedule – Second Edition (ADOS-2), Module 4; and Wechsler Abbreviated Scales of Intelligence – Second Edition (WASI-II). Following the evaluation, Dr. Smith drafted a report of her findings which was received in evidence at hearing.

11. Claimant met Dr. Smith's gaze and shook her hand when she arrived for the evaluation. She appeared anxious and presented with somewhat of a defensive posture. She reported discomfort sitting in a chair and left the evaluation to retrieve a cushion from her vehicle. After she returned, she was responsive and willing to engage with Dr. Smith. According to Dr. Smith, Claimant appeared to be fully engaged during the evaluation and put forth her best efforts on the battery of administered tests.

12. Claimant told Dr. Smith she has always had difficulty maintaining relationships and describes her present social circle as a "handful of acquaintances." She described feeling lonely even when she is around people. However, she has a stable and supportive relationship with her partner. They enjoy watching YouTube, going to the arcade, bowling, and playing billiards.

13. During her school years, Claimant participated in the gifted and talented education program. She was pulled out of her regular classes for reading instruction because she was so advanced. Claimant's mother described Claimant as brilliant. However, by third grade, Claimant started refusing to complete homework assignments because she already knew the information and did not see a reason for doing the work. This led to constant arguments between Claimant and her parents. Claimant's mother also reported that Claimant's father used to get angry with Claimant because she could not maintain consistent eye contact while speaking to him.

14. Both Claimant's partner and her mother confirmed that Claimant tends to dominate conversations. She may occasionally engage regarding the interests of others but usually redirects the conversation to a topic she wishes to discuss. She has difficulty maintaining consistent eye contact and her facial expressions and body language often appear exaggerated. Her partner confirmed she constantly rocks back and forth and believes she would never stop if he did not do things to distract her.

15. Claimant's mother told Dr. Smith Claimant had a series of strong interests as a child, which her partner confirmed continue to this day. He explained she will become so fixated on a particular subject that she will neglect to perform routine activities of daily living such as self-care or errands. On one such occasion, Claimant was so preoccupied that she forgot to pick him up from work.

16. Claimant uses cannabis daily to help with impulsivity and anxiety. Her partner characterized her use of the drug as heavy and called it "her crutch." He told Dr. Smith that Claimant is unable to function or live independently. He helps manage her finances and performs the household chores. He confirmed he typically needs to remind Claimant to bathe.

17. Claimant reported multiple psychiatric diagnoses to Dr. Smith, including obsessive compulsive disorder (OCD), attention deficit hyperactivity disorder (ADHD), unspecified anxiety disorder, and post-traumatic stress disorder (PTSD). She said she had been diagnosed with borderline personality disorder, but "they rescinded that" because she has "no history of self-harm, no history of suicide attempts, just emotions" and "no history of violence." She also reported a "muscle condition" and chronic pain of unknown origin, along with allergies without specific triggers.

18. Dr. Smith reviewed Claimant's Kaiser Permanente medical records, which corroborated some of her reported diagnoses. The medical records were also received in evidence at hearing. Of the nearly 700 pages of records, nine pages include the phrase "Asperger's disorder, residual state." However, the records are devoid of any objective findings by a clinician in support of an Asperger's diagnosis. Consequently, the records contain no application of the DSM-V criteria for autism spectrum disorder to the facts of Claimant's case.

19. Dr. Smith administered the ABAS-3 test, which is a survey completed by parents or caregivers regarding the adaptive behavior of the individual being evaluated. Items yield composite scores that are divided into Conceptual, Social and Practical Composites. Claimant's partner completed the ABAS-3. Claimant scored in the low to extremely low range.

20. Dr. Smith administered the ADOS-2, Module 4, which is a semi-structured, standardized assessment of a person's communication, social interaction, imagination, and stereotyped behaviors or restricted interests that is used to assess for autism. It consists of items that are scored from zero (no abnormality) to three (severe abnormality). A subset of items is included in a scoring algorithm that results in a classification of autism, autism spectrum, or non-spectrum. A person meets the criteria for autism or autism spectrum if the scores in the measured domains and the total algorithm score meet or exceed established cutoff scores. Module 4 utilizes a cutoff score of eight to differentiate between autism spectrum and non-spectrum classifications.

21. During the ADOS-2, Claimant used sentences in a largely correct manner, although she used exaggerated intonation on a few occasions. She had difficulty engaging in reciprocal discussion, but no difficulty speaking about herself and her own

interests, feelings, and experiences. She made only occasional eye contact with Dr. Smith during the ADOS-2, but when she did, the quality of gaze was appropriate. She generally displayed a flat or negative facial expression, but she occasionally smiled, laughed, or appeared annoyed based on the topic of conversation.

22. Claimant had difficulty with open-ended tasks such as creating a story. However, during a task in which she was instructed to tell a story, her commentary expanded upon the story in an amusing and creative way, and Dr. Smith did not find it to be effortful. Claimant did not evidence any sensory interests, unusual hand or finger mannerisms, self-injurious behaviors, excessive interests, or compulsive behaviors. She constantly moved during ADOS-2, typically jiggling or rocking back and forth, but she did not appear agitated, and the movement was not disruptive to the assessment. Dr. Smith used the Module 4 scoring algorithm to score Claimant's performance on the ADOS-2. Claimant's score was eight, which is the cutoff score used to differentiate between autism spectrum and non-spectrum classifications.

23. The WASI-II 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 performance on the WASI-II demonstrated an intelligence quotient (IQ) of 132, which places her in the 98th percentile. As such, Dr. Smith concluded she does not have an intellectual disability or related condition, although in her report, she appears to have mistakenly written that Claimant's WASI-II score is indicative of low average intelligence.

24. Dr. Smith acknowledged that Claimant met several of the diagnostic criteria for autism. She displayed deficits in social-emotional reciprocity, in that she was unable to have a normal back-and-forth conversation and failed to initiate or

respond to certain social interactions. She displayed a rigid and inflexible adherence to routine, often being unable to adapt and function if plans change. However, there were multiple diagnostic criteria that were not met, and Dr. Smith ultimately concluded Claimant does not meet the criteria necessary to diagnose her as autistic. Dr. Smith wrote in her report, in part:

Based on the results of the intelligence testing, autism-specific assessment, and interviews with [Claimant's] partner (in-person) and mother (by phone), in addition to [Claimant's] reports in the interview and taken with full review of available records, [Claimant's] symptoms do not meet criteria for autism spectrum disorder or intellectual developmental disability. However, [Claimant] appears to be functioning at a level clearly below age-appropriate expectations with regard to independence skills and social abilities.

25. Dr. Smith believes that Claimant's behavioral and social difficulties may be attributable to one or more potential psychiatric disorders. She concluded her report by recommending Claimant be evaluated to rule out the following: ADHD; anxiety; cannabis use disorder; depression; OCD; personality disorder; and PTSD.

Testimony of Sindhu E. Philip, Psy.D.

26. Dr. Sindhu E. Philip has been employed as a staff psychologist at ACRC for 14 and a half years. She has been licensed as a psychologist in California since 2012. She has a master's degree and a Ph.D. in clinical psychology. Approximately 90 percent of her work at ACRC involves conducting psychological evaluations and

reviewing psychological evaluations performed by other clinicians. She is an expert in the assessment and diagnosis of developmental disabilities.

27. Dr. Philip was not a member of the ACRC multidisciplinary assessment team that denied Claimant's application. However, she is familiar with Dr. Smith and believes her to be an expert in diagnosing autism. Nonetheless, Dr. Philip performed her own independent review of all the available information in this case, including Dr. Smith's report, documentation from Claimant's therapist, and Claimant's education and medical records. Based on all the available evidence, Dr. Philip determined that Claimant did not meet all the diagnostic criteria for autism.

28. Dr. Philip acknowledged Claimant's medical records include isolated references to the term "Asperger's disorder, residual state." She explained that Asperger's is a condition that falls under autism spectrum disorder. She was asked at hearing why the term was disregarded in her analysis of whether Claimant has autism. She explained that the term was only used sparingly and was always accompanied by multiple other physical and psychiatric diagnoses which appeared to be notes of Claimant's medical history. She further explained that the term was never accompanied by any objective medical information which would support such a diagnosis, and the DSM-V criteria were not applied to Claimant's manifested symptoms to analyze whether an autism spectrum disorder was appropriate. Consequently, Dr. Philip does not believe the records establish Claimant was formally diagnosed with autism.

29. Although she acknowledges Claimant appears to struggle with issues which are yet undiagnosed, Dr. Sindhu concurs with Dr. Smith's opinion that Claimant does not meet the criteria for an autism diagnosis. She also agrees that Claimant does not have an intellectual disability. Dr. Sindhu explained that an IQ of 132 is not

indicative of low average intelligence. She believed that Dr. Smith made a typographical error when writing her report.

Claimant's Evidence

30. Claimant testified at hearing. She believes Dr. Smith's report contained multiple inaccuracies and contradictory information, and that it should not be regarded as a reliable assessment of whether Claimant has autism. For example, she pointed to Dr. Smith's typographical error regarding her IQ and intelligence level. Claimant noted that Dr. Smith asserted she did not demonstrate any sensory issues, yet she also wrote that Claimant left the evaluation to retrieve a cushion from her car because she was uncomfortable sitting in a chair. She believes Dr. Smith dismissed her score on the ADOS-2 but did not explain why. Moreover, she believes Dr. Smith failed to sufficiently explain why Claimant's social and behavioral issues are likely more attributable to psychiatric conditions than autism.

31. Claimant emphasized she has always had strongly fixed interests. Both her mother and her partner confirmed so in their conversations with Dr. Smith. Claimant feels that ACRC is doing everything possible to dismiss evidence of autism so it can deny her services. Claimant has experienced the difficulties that are at issue in this case her entire life. She is simply trying to advocate for herself and get the help she needs.

Analysis

32. The evidence is in conflict regarding the specific question of whether Claimant has autism. On the one hand, her medical records include multiple references to Asperger's disorder, which Dr. Philip testified is a condition which falls under autism spectrum disorder. Moreover, Claimant correctly pointed out that her score on the

ADOS-2 was eight, and that Dr. Smith neglected to explain why a score meeting the threshold cutoff score was not sufficient to establish Claimant has autism.

33. On the other hand, the ADOS-2 was only one of several measures used during the evaluation. Dr. Smith is a clinical psychologist, and deference to her observations and clinical judgment are warranted. Even more persuasive, however, was the testimony of Dr. Philip. She performed an independent review of Claimant's case and reached the same conclusion as Dr. Smith. She also explained why the references to Asperger's in Claimant's records do not establish that she has autism.

34. It is important to note that for purposes of this Decision, Claimant bears the burden of proving she 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 autism or other qualifying developmental disability. Dr. Smith and Dr. Philip both concluded Claimant does not meet diagnostic criteria for autism. There was no clinical evidence to refute their determinations. In this matter, when all the evidence is considered as a whole, Claimant did not meet her burden.

35. For all the foregoing reasons, and based on the evidence presented, a finding cannot be made at this time that Claimant has autism 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 she 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 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.*)

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 her burden of establishing by a preponderance of evidence that she has autism or any other developmental disability that would qualify her to receive services from ACRC under the Lanterman Act. Thus, her appeal must be denied.

ORDER

Claimant's appeal is DENIED.

DATE: October 2, 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 this decision, or appeal this decision to a court of competent jurisdiction within 180 days of receiving the final decision.