

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

In the Matter of:

CLAIMANT

and

SAN ANDREAS REGIONAL CENTER, Service Agency.

DDS No. CS0029288

OAH No. 2025080513

DECISION

Administrative Law Judge Juliet E. Cox, State of California, Office of Administrative Hearings, served as the hearing officer in this matter on April 2, 2026, in San José.

Claimant's parent appeared for claimant, who was not present.

Executive Director's Designee Esmeralda Rivera appeared for service agency San Andreas Regional Center.

Oral and documentary evidence was received. The record closed and the matter was submitted for decision on April 2, 2026.

ISSUE

Is claimant eligible under the Lanterman Developmental Disabilities Services Act (Lanterman Act, Welf. & Inst. Code, § 4500 et seq.) to receive services as a San Andreas Regional Center (SARC) consumer?

FACTUAL FINDINGS

1. Claimant was born in June 2018. He lives with his parents and younger siblings.
2. Pediatrician Emily Whitgob, M.D., diagnosed claimant with autism spectrum disorder (ASD) in September 2020. In March 2024, she diagnosed claimant as well with attention deficit hyperactivity disorder (ADHD).
3. In March 2021, when claimant was almost three years old, SARC deemed him provisionally eligible for Lanterman Act services. The evidence does not establish the basis for this determination. At three, claimant began attending a special education preschool, and began receiving speech therapy, through his local public school district.
4. As claimant approached five years old, SARC staff members evaluated his ongoing eligibility for Lanterman Act services. By letter dated May 23, 2023, SARC District Manager Jessica Hall notified claimant's parents that SARC's evaluation team deemed claimant ineligible to continue services beyond the age of five. As the basis for this determination, the letter states that claimant's ASD is mild and that he does not demonstrate substantial impairment in any major life activity. The evidence does not establish that claimant appealed this 2023 determination.

5. Claimant reapplied to SARC for Lanterman Act services in July 2024. SARC staff members conducted an intake social assessment in March 2025, and collected information from claimant's family, school, health care providers, and therapists. They concluded based on this evaluation that claimant did not meet statutory criteria for Lanterman Act eligibility, and notified claimant's parents of this conclusion in July 2025.

6. Claimant timely appealed.

Psychotherapeutic Experience and Services

7. In March 2024, claimant underwent a psychiatric assessment by Clara Lee, M.D., because of his parents' concerns over aggressive and self-injurious behavior such as hitting and pinching himself and other people (including his then-infant sibling) and escaping or attempting to escape the home. Dr. Lee recommended testing a new medication, but when claimant did so in April and May 2024 his parents perceived that the medication increased his irritability rather than decreasing it. Claimant continues to take other medication to address his ADHD.

8. Since March 2024, claimant has participated regularly in psychotherapy through Hope Services. Clinical notes from the period between March 2024 and September 2025 describe little change in claimant's presentation, emphasizing extreme emotional dysregulation, aggression, and elopement as ongoing challenges.

9. Claimant's Hope Services case manager, Jonathan Lam, testified about claimant's experience. Because of staff turnover, claimant has had three therapists. He has shown hostility and aggression toward all three. Lam believes that by comparison to other Hope Services clients, claimant's ASD-related behavioral challenges are severe.

10. Claimant has received applied behavioral analysis (ABA) services as well as social skills group therapy since October 2020. He receives these services through Pacific Clinics. Treatment notes in evidence from 2024 and 2025 show that claimant's treatment goals have emphasized reducing physical aggression toward others and increasing safety awareness, but that he has made little progress toward either goal.

11. Kristen Ding is claimant's clinical supervisor at Pacific Clinics. She testified that despite several years of work, claimant continues to show severe deficits as compared to peers in perspective-taking and social skills. He provokes other children, often because of his own inflexibility or idiosyncratic demands, and perseverates on conflict. When claimant is not agitated, however, Ding observes that he can follow multi-step directions and can speak in full, reasonable sentences.

Experience and Services in School

12. Claimant's school district conducted a triennial psycho-educational assessment of claimant in September 2024, when he had just started first grade. At that time, he was in a general education classroom, with pull-out speech and language services and push-in specialized academic instruction.

13. Cognitive testing as part of this assessment placed claimant in the average to below-average range of ability. On questionnaires, claimant's parents and teacher described behavior characteristic of a child with ASD, including difficulty in social communication, repeating words out of context, and overreacting to sensory stimulation. They also endorsed behavior characteristic of a child with ADHD, such as impulsivity and inattentiveness. A speech language pathologist rated claimant's expressive and receptive communication abilities as average, except for some ongoing articulation challenges.

14. The school district assessment team concluded that claimant continued to qualify for special education services because of articulation challenges and ADHD, but not because of ASD.

15. Claimant's second-grade teacher, Adriane Knight, provided a letter and testified regarding claimant's behavior and performance at school. Knight's major concern regarding claimant is his social behavior with relation to classmates. She describes him as controlling, disrespectful, and sometimes aggressive toward classmates, and states that his self-regulation skills are poor. As claimant becomes physically larger and stronger, Knight worries that his poor self-regulation and his tendency to create and perpetuate conflict will pose a safety risk to himself and to other students.

16. Knight has taught elementary grades for more than 20 years. She recalls other students in her classes with ASD, but does not know whether any of them were regional center consumers. By comparison with other students Knight recalls, claimant is more obstinate and more disruptive to the class. She also believes that during the year he has spent in her class, he has not shown significant ability to moderate or improve his maladaptive behavior through education or maturation.

17. School principal Jeanne-Marie Miller has known claimant since claimant was in kindergarten. She testified that he struggles to socialize with other students, in part because of the sensory overload of common social situations at school such as the lunchroom. Claimant's physical aggression toward classmates has improved since he was in kindergarten, but still occurs unacceptably often. Claimant remains unable to take other students' perspectives or to consider and resolve conflicts with other students in any manner other than insisting on his own position.

18. As far as Miller and Knight have observed, claimant is able to use the restroom as independently and appropriately as his similar-age peers. They believe that when he is attentive and not angry, he can give and receive information and can follow directions.

Experiences in His Family

19. Claimant's parent testified credibly about claimant's current abilities and challenges. Case manager Lam also has observed claimant in his home and described his observations.

20. Even accounting for his age, claimant's personal hygiene is poor. His parents must prompt him repeatedly to bathe or wash his hands. He usually does these tasks poorly, if at all, unless a parent assists him; and he often resists bathing in particular. Claimant cleans himself poorly after defecating and recently urinated in his clothing in public. Claimant cannot reliably tell a parent if he feels hungry, thirsty, or tired, or if he is in pain. His fine motor skills are poor for his age, causing him to struggle with tasks such as dressing himself and tying his shoes. Claimant's parent believes, credibly, that claimant's self-care skills have regressed in recent years.

21. Claimant has no personal safety judgment. His family moved from an upper-story to a ground-floor apartment because claimant attempted to elope from their apartment by pushing through a window screen. They have installed door locks that are above claimant's reach to prevent him from leaving home. In public, an adult needs to monitor claimant constantly, lest he dart away in a park or playground or across a street. If restrained from eloping, however, claimant engages in tantrums that occasionally have injured himself or an adult. Claimant's mother cannot leave claimant

alone in a room because of the risk that he will eat an inappropriate item, hurt one of his younger siblings, or break something purposely.

Professional Opinions

22. Claimant's pediatrician, Laura Campbell, M.D., testified regarding claimant's current needs. She believes that claimant's ASD causes greater disability for him than for many of her other patients with ASD; she describes claimant as needing a "very high level" of ASD-related support. Dr. Campbell points specifically to claimant's rigidity and resistance to changes in routine, his outbursts of aggression in response to unexpected events, and his elopement efforts as ASD-related behaviors that interfere with claimant's success and safety at school and at home. Dr. Campbell's testimony is credible and persuasive.

23. Dr. Whitgob did not testify, but provided two letters about claimant. Both letters state Dr. Whitgob's opinion that claimant is an appropriate candidate for SARC's services, although they do not confirm whether Dr. Whitgob understands the Lanterman Act's statutory eligibility criteria. Dr. Whitgob believes that claimant has "intact cognition," but that his "self-regulation and adaptive behavior challenges impact his functioning so severely that he is functioning far below his intellectual capacity." She considers claimant's impairments, particularly his inability to understand social context and his self-care challenges, to arise primarily from ASD, not from ADHD. Dr. Whitgob's opinion is persuasive.

24. Clinical psychologist Nina Testa, Ph.D., authored an evaluation report about claimant for SARC, which incorporated information she had gathered from documents and interviews through mid-2025. She concluded that claimant showed no substantial limitation in any major life activity. Dr. Testa did not testify at the hearing.

Analysis

25. Dr. Testa's conclusions regarding mobility, learning, and communication are persuasive, in light not only of the information that was available to her (such as the psycho-educational assessment described in Finding 13) but also of more recent information in evidence at the hearing (such as the records and testimony described in Findings 11 and 18). In addition, her conclusion that claimant is too young for any meaningful assessment of his economic self-sufficiency also is persuasive.

26. Dr. Testa's conclusion that the information available to her in mid-2025 did not demonstrate any substantial limitation for claimant in self-direction is not at all persuasive. She drew this conclusion, for example, despite summarizing records showing that claimant engaged regularly in physical aggression toward others and in property destruction, and that he did not understand the concept of a "friend." Dr. Testa minimized claimant's parents' and teachers' reports about claimant's poor social skills and his elopement; and she placed greater weight on claimant's minor achievements and improvements since his previous SARC evaluation than on the much more significant ways that claimant's adaptive function either had failed to improve or had regressed, despite therapeutic interventions.

27. Taken together, testimony from Knight, Miller, Ding, Lam, claimant's parent, and Dr. Campbell; claimant's treatment records from Hope Services and Pacific Clinics; claimant's school records; and Dr. Whitgob's letter establish significant functional limitations for claimant in self-direction stemming from his ASD. The matters summarized above in Findings 8 through 11, 15 through 17, and 21 through 23 illustrate these limitations.

28. In light of her unconvincing conclusion regarding self-determination, Dr. Testa's conclusions regarding claimant's self-care abilities and age-adjusted capacity for independent living also are unconvincing.

29. The matters summarized above in Findings 20 and 23 establish significant functional limitations for claimant in self-care, by comparison to most children his age.

30. The matters summarized above in Findings 8 through 10, 16, and 21 establish significant functional limitations for claimant in his capacity for independent living, again by comparison to most children his age.

LEGAL CONCLUSIONS

1. To qualify under the Lanterman Act for SARC's services, claimant must have a substantially disabling developmental disability. (Welf. & Inst. Code, § 4512, subd. (a)(1).) Claimant bears the evidentiary burden in this proceeding of demonstrating his eligibility.

2. Disabilities that qualify under the Lanterman Act as "developmental disabilities" include "intellectual disability, cerebral palsy, epilepsy, and autism." (Welf. & Inst. Code, § 4512, subd. (a)(1).) The Lanterman Act also covers persons with "disabling conditions found to be closely related to intellectual disability or to require treatment similar to that required for individuals with an intellectual disability." (*Ibid.*) As summarized in Finding 2, the evidence establishes claimant's ASD.

3. A qualifying disability must be "substantial," meaning that it causes "major impairment of cognitive and/or social functioning" through "significant

functional limitations, as determined by the regional center, in three or more of the following areas of major life activity, as appropriate to the person's age: (A) Receptive and expressive language; (B) Learning; (C) Self-care; (D) Mobility; (E) Self-direction; (F) Capacity for independent living; (G) Economic self-sufficiency." (Cal. Code Regs., tit. 17, § 54001, subd. (a); see also Welf. & Inst. Code, § 4512, subds. (a)(1), (j)(1).) For a child claimant's age, the last criterion is not relevant.

4. The matters summarized in Finding 25 establish no significant functional limitations for claimant in mobility, learning, or communication.

5. The matters summarized in Findings 26 through 30 establish significant functional limitations for claimant in self-direction, self-care, and capacity for independent living. Because claimant's ASD is substantially disabling, it qualifies him under the Lanterman Act for regional center services.

ORDER

Claimant's appeal is granted. Claimant has established his eligibility under the Lanterman Act for services from SARC.

DATE:

JULIET E. COX
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.