

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

**In the Matter of:**

**CLAIMANT**

**and**

**NORTH LOS ANGELES COUNTY REGIONAL CENTER,**

**Service Agency.**

**DDS No. CS0029700**

**OAH No. 2025090340**

**DECISION**

Ji-Lan Zang, Administrative Law Judge (ALJ), Office of Administrative Hearings, State of California, heard this matter by videoconference on November 5, 2025.

Cristina Aguirre, Due Process Officer, represented North Los Angeles County Regional Center (NLACRC).

Claimant represented herself. (The names of claimant and her mother are withheld to protect their privacy.)

Laurie Neri and Marcela Hernandez, certified court interpreters, provided language assistance in Spanish.

Oral and documentary evidence was received. The record was closed, and the matter was submitted for decision at the close of the hearing.

## **ISSUE**

Is claimant eligible to receive services and supports under the Lanterman Developmental Disabilities Services Act, Welfare and Institutions Code section 4400 et seq. (Lanterman Act)?

## **EVIDENCE**

Documentary: Service Agency Exhibits 1–16.

Testimonial: Heike Ballmaier, Psy.D. BCBA-D, claimant, claimant’s mother (Mother).

## **FACTUAL FINDINGS**

### **Jurisdictional Matters**

1. Claimant is a 42-year-old woman who lives with Mother. Claimant seeks eligibility for regional center services under the Lanterman Act based on a claim of autism.
2. By a Notice of Action (NOA) and letter dated July 30, 2025, NLACRC notified claimant that she is not eligible for regional center services. NLACRC’s

interdisciplinary team had determined that claimant does not meet the eligibility criteria set forth in the Lanterman Act. The NOA stated: "NLACRC has completed the assessment process and determined that the applicant does not meet criteria for a developmental disability as defined by California law and regulation." (Ex. 1, p A3.)

3. On August 29, 2025, claimant filed a fair hearing request to appeal NLACRC's determination. All jurisdictional requirements have been met.

## **Background**

4. Claimant was born in Mexico and moved to the United States when she was 17 years old. She attended high school for two years in the United States in a general education setting. Claimant also attended College of the Canyons periodically, but she is currently taking a break from school. Claimant obtained her GED in June 2025.

5. On March 8, 2024, claimant submitted an intake application seeking regional center eligibility based on claims of a condition similar to intellectual disability, also known as the fifth category. Due to the lack of relevant records from claimant's developmental period, NLACRC was unable to complete the eligibility determination process and issued an NOA on May 6, 2024. On May 16, 2024, claimant filed an appeal of this decision. Claimant's May 16, 2024 appeal was eventually dismissed, without prejudice, for failure to appear for mediation and hearing.

6. On October 11, 2024, claimant refiled an appeal request indicating she was born with autism. After a fair hearing held on November 26, 2024, an ALJ concluded that while claimant presents with physical and psychiatric disorders, she failed to demonstrate she has a developmental disability as required by statute. (Ex. 6.) Claimant's appeal was denied. (*Ibid.*)

7. On April 15, 2025, claimant submitted an intake application to NLACRC, asserting she was eligible for regional center services and supports because she had Autism Spectrum Disorder. (Ex. 8, p. A97.) Claimant also submitted a letter, dated March 27, 2025, from Brian Collins, M.D., of Northeast Valley Health Corporation, which stated, in its entirety:

[Claimant] is currently under my medical care. [Claimant] has been diagnosed with Autism. She was originally diagnosed in childhood prior to the age of 18.

If you require additional information please contact our office.

(Ex. 7, p. A92.)

## **Social Assessment**

8. On May 15, 2025, NLACRC conducted a social assessment of claimant. According to the social assessment conducted by Nancy Gonzalez (Gonzalez), LMFT, claimant can walk, jump, and hop without the use of any equipment. Claimant can complete several activities of daily living independently, including showering, tying her shoelaces, doing her laundry, and driving. However, claimant does not know how to cook. Claimant has not worked for a long time, and she is not a part of any social group.

9. Regarding claimant's medical history, Gonzalez wrote in the social assessment:

[Claimant] reported that she has been diagnosed with schizophrenia through Santa Clarita Mental Health and

currently sees a psychiatrist regularly. She stated that she has never received any form of therapy. During the social assessment, [claimant] stated that she has worked for a television company for the past 40 years without receiving any payment. She specifically mentioned working with Univision and Netflix and reported that she has a reality show in which the network films her daily life. When asked about the nature of her work, [claimant] reiterated that she is featured in this program but does not receive compensation for her involvement, which is something that she is very frustrated with. [Claimant] stated that she has also been diagnosed with depression, bipolar disorder, and generalized anxiety.

(Ex. 9, p. A118.)

## **Psychological Evaluation**

10. On June 16, 2025, Efrain A. Beliz, Jr., Ph.D., conducted a psychological evaluation of claimant. Dr. Beliz performed clinical observations and interviewed claimant and Mother. However, he was unable to administer standardized tests because claimant was too agitated, manic, and psychotic to proceed with testing. Dr. Beliz set forth his findings in an undated psychological evaluation report.

11. During Dr. Beliz's interview with claimant, she stated: "I'm always thinking that I work for television and Netflix and I'm suing the court for a settlement. I've submitted a demand for \$41 million because I [have] been working for television since I was born. Once I get my settlement I will no longer need regional center services."

(Ex. 11, p. A129.) Dr. Beliz observed that claimant engaged in reciprocal conversation about news and current events and responded to questions appropriately during the brief moments when she was not focused on her lawsuit. Dr. Beliz found no evidence of echolalia, jargon, or oddities in speech, tone, or rhythm.

12. Dr. Beliz attempted to administer the Vineland-3, a standardized test of adaptive skills, to claimant. He found that claimant had friends in Mexico and at College of the Canyons. Dr. Beliz also found claimant's academic abilities to be adequately developed because she took regular education classes and obtained her GED. Claimant is careful with hot and sharp objects, cautious around hazards, and performs household chores. She washes and dries dishes, cleans the bathroom, and sweeps floors. Claimant also initiates telephone calls to others and understands the function of money and clocks. She knows the value of coins and bills of different denominations, makes small purchases, and counts change when necessary. Claimant has a driver's license and is allowed to drive locally. Claimant also frequents Instagram, Tinder, and Chispa for dating opportunities. However, Dr. Beliz was unable to complete the Vineland-3 because "[claimant is] not stable enough to proceed with formal testing. She presented in a manic state with pressured speech, grandiosity, flight of ideas, emotional lability, and edgy irritability. Auditory hallucinations, ideas of reference, paranoia, and delusions of grandeur were also present." (Ex. 11, p. A130.)

13. Dr. Beliz concluded:

[Claimant] did not exhibit ASD characteristics. She made eye contact, offered information spontaneously, initiated reciprocal conversation, did not make off-topic comments, displayed a range of gestures, facial expressions, and emotions, and did not exhibit repetitive or self-stimulating

behaviors. There was no evidence of peculiar speech, oddities in tone, volume, or rhythm, and no evidence of stereotyped, repetitive motor mannerisms, circumscribed interests, unusual sensory interests, or repetitive use of objects.

[Claimant's] primary problem is her chronic and persistent mental illness, namely Schizoaffective Disorder, Bipolar Type. She exhibits elements of a Formal Thought Disorder and Major Affective Disorder with associated fluctuations in mood and exacerbations in her psychotic view of the world.

[Claimant] should be referred for intensive mental health services for people with severe and persistent mental disorders. The Los Angeles County Department of Mental Health has programs such as Full-Service Partnerships that provide services to treatment/medication resistant patients. The family should apply for FSP services over current mental health provider.

(Ex. 11, pp. A132-A133.)

## **Hearing Testimony**

### **CLAIMANT'S TESTIMONY**

14. At the fair hearing, claimant asserted she was eligible for regional center services and supports because she was born with autism. Claimant requests regional center services to "get economic help." Claimant explained that she experiences many

difficulties due to her disability. She does not have any friends or partners, and she is not able to find a job. Claimant currently relies entirely on Mother, and she wants to obtain job training to support herself and to relieve the financial burden on Mother. Claimant asserted that she developed schizophrenia due to her autism.

### **MOTHER'S TESTIMONY**

15. At the fair hearing, Mother asserted that claimant qualifies for regional center services under many categories. Mother stated claimant is educated, but she suffers from a mental disorder. According to Mother, claimant has seen a psychiatrist for 20 years and takes psychotropic medications for psychiatric conditions. Nevertheless, these medications are not working as well as they did before to control claimant's condition. Mother is 67 years old, and she has difficulties taking care of claimant, who cannot work and cannot sleep because she hears voices in her head.

16. However, Mother asserted claimant also suffers from autism. Mother averred Dr. Beliz determined that claimant did not qualify for regional center services without performing a detailed evaluation. Mother recounted that during the psychological evaluation, claimant became agitated and screamed at Dr. Beliz, at which point Dr. Beliz stopped the evaluation. Mother requests regional center services for claimant because she has "autism since birth."

### **TESTIMONY OF HEIKE BALLMAIER, PSY.D., BCBA-D**

17. Heike Ballmaier, Psy.D., BCBA-D, is NLACRC's senior clinical psychologist specialist. Dr. Ballmaier is a member of the NLACRC Eligibility Staffing Committee and reviewed claimant's records in this case.

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18. At the fair hearing, Dr. Ballmaier explained the eligibility criteria for regional center services and supports and why claimant did not meet the criteria. According to Dr. Ballmaier, a claimant must meet three requirements to obtain regional center services and supports under the Lanterman Act: First, a claimant must show that he or she has a developmental disability, i.e., cerebral palsy, or epilepsy, intellectual disability; Autism Spectrum Disorder; or a disabling condition found to be closely related to intellectual disability or to require treatment similar to that required for individuals with an intellectual disability. Second, the disability must be substantial, affecting adaptive functioning, including learning, language, self-care, self-direction, and economic capacity. Third, the developmental disability must be present and substantially handicapping at age 18.

19. NLACRC relies on the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR) to evaluate whether an individual presents with intellectual disability or Autism Spectrum Disorder. NLACRC also relies on the guidelines promulgated by the Association of Regional Center Agencies (ARCA Guidelines) to determine whether an individual is eligible under the fifth category. (Ex. 16.)

20. Based on her review of claimant's records and the DSM-5-TR, Dr. Ballmaier concluded claimant is not eligible for regional center services and supports based on a diagnosis of Autism Spectrum Disorder. Dr. Ballmaier agreed with Dr. Beliz's findings that claimant did not exhibit the symptoms of Autism Spectrum Disorder, as she had adequate eye contact, engaged in reciprocal conversation, and displayed facial expressions. Dr. Ballmaier also emphasized claimant did not show any repetitive and self-stimulating behaviors, atypical speech, sensory issues, or circumscribed interests.

21. Dr. Ballmaier specified that the NLACRC Eligibility Staffing Committee considered the March 27, 2025 letter from Dr. Collins. However, Dr. Collins did not provide details of any evaluation or assessment he conducted to arrive at his diagnosis of autism. Thus, according to Dr. Ballmaier, Dr. Collins' letter alone was insufficient to establish that claimant suffers from Autism Spectrum Disorder under the DSM-5-TR.

22. Based on her review of the DSM-5-TR and ARCA Guidelines, Dr. Ballmaier also concluded claimant did not present with intellectual disability or a fifth category condition, considering claimant's academic functioning and academic interests. Dr. Ballmaier pointed to claimant's 12th grade high school transcripts, which show she mostly received A's and B's, with some C's, across all subjects. (Ex. 3, p. A41.) On claimant's 2021 high school equivalency exam, she passed all subjects except for math. (Ex. 3, p. A43.) Claimant eventually passed the GED in June 2025.

23. Dr. Ballmaier opined that claimant does not suffer from any developmental disability. However, Dr. Ballmaier opined that claimant suffers from a psychiatric disorder, based on Dr. Beliz's diagnosis and claimant's mental health records. Specifically, Dr. Ballmaier referred to claimant's records from Santa Clarita Valley Mental Health Center (SCVMHC). (Ex. 4.) SCVMHC's records show claimant received psychiatric treatment from March 2011 until January 2014, when her family moved to Florida. In July 2024, claimant's family moved back to Santa Clarita and resumed treatment with SCVMHC. Claimant experienced depressive and manic episodes in 2007, 2008, and 2011. Claimant was hospitalized for psychosis in 2004, 2012, and 2014. Claimant reported auditory hallucinations characterized by threatening and critical voices and an inability to sleep and function due to the severity of the auditory hallucinations. SCVMHC diagnosed claimant with

Schizoaffective Disorder, Bipolar Type, and treated her with Abilify, Restoril, and Trazodone.

## **LEGAL CONCLUSIONS**

1. Because claimant is the party asserting a claim, she bears the burden of proving, by a preponderance of the evidence, that she is eligible for government benefits or services. (See Evid. Code, §§ 115 and 500.) She has not met this burden.

2. To be eligible for regional center services and supports, claimants must demonstrate they have a qualifying developmental disability. Welfare and Institutions Code section 4512, subdivision (a)(1), defines “developmental disability” as:

a disability that 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. . . [T]his term shall include intellectual disability, cerebral palsy, epilepsy, and autism. This term shall also include disabling conditions found to be closely related to intellectual disability or to require treatment similar to that required for individuals with an intellectual disability, but shall not include other handicapping conditions that are solely physical in nature.

3. A “developmental disability” as defined in the Lanterman Act excludes conditions that are solely physical in nature. (Welf. & Inst. Code, § 4512, subd. (a)(1); Cal. Code. Regs., tit. 17, § 54000.) A “developmental disability” under the Lanterman Act also excludes conditions that are solely psychiatric disorders or solely learning

disabilities. (Cal. Code. Regs., tit. 17, § 54000.) Therefore, someone whose conditions originate from the excluded categories (psychiatric disorder, physical disorder, or learning disability) and who does not have a developmental disability is not eligible for Lanterman Act services and supports.

4. Here, claimant contends she is eligible for Lanterman Act services and supports because she presents with autism. During the fair hearing, Mother also contended claimant qualifies for regional center services under other categories. Therefore, all categories of eligibility are discussed below.

## **Autism**

5. The Lanterman Act does not define the qualifying developmental disability of "autism." Consequently, when determining eligibility for regional center services and supports based on autism, the nature of the qualifying disability is defined as congruent to the DSM-5-TR definition of "Autism Spectrum Disorder."

6. Under the DSM-5-TR, a specific diagnosis of Autism Spectrum Disorder must meet the following criteria:

A. Persistent deficits in social communication and social interaction across multiple contexts, as manifested by the following, currently or by history (examples are illustrative, not exhaustive; see text):

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 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; 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 (examples are illustrative, not exhaustive; see text):

1. Stereotyped or repetitive motor movements, use of objects, or speech (e.g., simple motor stereotypies, lining up toys or flipping objects, echolalia, idiosyncratic phrases).

2. Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior (e.g., extreme distress at small changes, difficulties

with transitions, rigid thinking patterns, greeting rituals, need to take same route or eat same food every day).

3. Highly restricted, fixated interests that are abnormal in intensity or focus (e.g., strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interests).

4. Hyper- or hyporeactivity to sensory input or unusual interests in sensory aspects of the environment (e.g., apparent indifference to pain/temperature, adverse response to specific sounds or textures, excessive smelling or touching objects, visual fascination with lights or movement).

C. Symptoms must be present in the early developmental period (but may not become fully manifest until social demands exceed limited capacities, or may be masked by learned strategies in later life).

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 development disorder (intellectual disability) or global developmental delay. Intellectual developmental disability order and autism spectrum disorder frequently co-occur; to make comorbid diagnoses of autism spectrum

disorder and intellectual developmental disorder, social communication should be below that expected for general developmental level.

(Ex. 13, pp. A146–A147.)

7. Claimant did not establish she presents with autism. Claimant submitted the March 27, 2025 letter from Dr. Collins stating that claimant has autism and she was originally diagnosed with the condition before the age of 18. However, Dr. Collins provides no explanation of how he diagnosed claimant, whether he made the diagnosis under the DSM-5-TR, or the basis for his assertion that claimant was originally diagnosed before 18 years of age. Additionally, although Dr. Collins appears to be an M.D., there is no evidence that Dr. Collins has the qualifications of a psychologist or a psychiatrist to render a diagnosis of autism. Under these circumstances, Dr. Collins' opinion is given little weight.

8. On the other hand, Dr. Beliz opined that claimant does not suffer from Autism Spectrum Disorder. Dr. Beliz's opinions were based on his clinical observations and his interview of claimant during a psychological evaluation. Dr. Ballmaier agreed with Dr. Beliz's opinion and explained in her testimony how Dr. Beliz's clinical observations of claimant's behavior during his evaluation do not meet the criteria for Autism Spectrum Disorder under the DSM-5-TR. Both Dr. Beliz and Dr. Ballmaier are psychologists who rendered their opinions based on the DSM-5-TR. Dr. Beliz's report and Dr. Ballmaier's testimony constitute convincing evidence that claimant does not exhibit persistent deficits in social communication and social interaction and restricted, repetitive patterns of behavior, interests, or activities. (Factual Findings 10-13; 17-23.) Therefore, claimant does not meet the criteria for a diagnosis of Autism Spectrum Disorder under the DSM-5-TR.

## **Intellectual Disability and Fifth Category**

9. The Lanterman Act also does not define the qualifying developmental disability of "intellectual disability." Consequently, when determining eligibility for regional center services and supports based on intellectual disability, the nature of the qualifying disability is defined as congruent to the DSM-5-TR diagnostic definition of intellectual disability.

10. The DSM-5-TR describes intellectual disability, also referred to as Intellectual Developmental Disorder, as follows:

Intellectual development disorder (intellectual disability) is a disorder with onset during the developmental period that includes both intellectual and adaptive functioning deficits in conceptual, social and practical domains. The following three criteria must be met:

A. Deficits in intellectual functions, such as reasoning, problem solving, planning, abstract thinking, judgment, academic learning, and learning from experience, confirmed by both clinical assessment and individualized, standardized intelligence testing.

B. Deficits in adaptive functioning that result in failure to meet developmental and socio-cultural standards for personal independence and social responsibility. Without ongoing support, the adaptive deficits limit functioning in one or more activities of daily life, such as communication,



social participation, and independent living, across multiple environments, such as home, school, work, and community.

C. Onset of intellectual and adaptive deficits during the developmental period.

(Ex. 14, pp. A176-A177.)

11. Claimant did not establish she presents with intellectual disability. Although Dr. Beliz was not able to administer standardized cognitive testing to claimant, claimant did not present any evidence of deficits in her intellectual functioning during her developmental period. Rather, the evidence showed that claimant obtained good grades in 12th grade in the United States, attended community college, and passed the GED. (Factual Finding 22.)

12. Claimant also did not establish she presented with a qualifying condition “closely related” to intellectual disability or “requir[ing] treatment similar to that required” for individuals with intellectual disability. (Welf. & Inst. Code, § 4512; Cal. Code Regs., tit. 17, § 54000.) Claimant did not show she had any cognitive and/or adaptive deficits similar to those presented by a person with intellectual disability. Furthermore, Dr. Beliz’s recommendation is for claimant to receive intensive mental health services, which are not similar to treatment required for persons with intellectual disability. (Factual Finding 13.)

## **Other Categories**

13. No evidence was presented that claimant suffers from cerebral palsy or epilepsy.

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## **Disposition**

14. The evidence in this case shows claimant has schizoaffective disorder, bipolar type. (Factual Findings 10-13; 17-23.) This condition does not qualify claimant for regional center services and supports. Schizoaffective disorder, bipolar type, is a psychiatric condition. Solely psychiatric conditions are specifically excluded from the Lanterman Act by statute. (Legal Conclusions 2–3.)

15. In sum, claimant has not demonstrated she has a developmental disability that originated before she attained 18 years of age. Claimant has a psychiatric condition and not a developmental disability. Accordingly, Claimant is not entitled to regional center services and supports under the Lanterman Act.

## **ORDER**

Claimant's appeal is denied. The Service Agency's determination that claimant is not eligible for regional center services and supports is upheld.

DATE:

JI-LAN ZANG

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.