

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

In the Matter of:

CLAIMANT

and

WESTSIDE REGIONAL CENTER,

Service Agency.

DDS No. CS0028724

OAH No. 2025090431

DECISION

Administrative Law Judge (Hearing Officer) Chantal M. Sampogna, Office of Administrative Hearings, State of California, heard this matter by videoconference on October 29 and November 14, 2025, and April 8, 2026.

Karen Komosa Hawkins, Ph.D., Claimant's authorized representative, appeared on behalf of Claimant, who was not present. (Titles are used to protect the privacy of Claimant and his family.) Claimant's mother (Mother) and father (Father) were present for all hearing days.

Sonia Tostado, Appeals and Resolutions Specialist for Westside Regional Center (Service Agency), appeared on behalf of Service Agency.

Testimony and documents were received in evidence. At the conclusion of the fair hearing on November 14, 2025, the matter was continued for evidence only to December 11, 2025, for the parties to submit written closing arguments and rebuttal. The order setting forth the briefing schedule was memorialized in the Continuance Order for Evidence Only (November continuance order) signed by the Hearing Officer on December 3, 2025.

The parties timely submitted their written arguments which were marked as follows: Claimant's closing argument as Exhibit L; Claimant's written rebuttal as Exhibit M; and Service Agency's written closing argument as Exhibit 20. Included with its written closing argument, Service Agency submitted a December 3, 2025 letter written by Kristen M. Prater, Psy.D., BCBA, (Dr. Prater's letter), which was marked as Exhibit 21.

On December 29, 2025, the Hearing Officer issued a second Continuance Order for Evidence Only (December continuance order) directing the parties to submit written statements as follows: Service Agency was directed to clarify if it was requesting Dr. Prater's letter be admitted and if so to address the question of whether the admission of Dr. Prater's letter is in the interest of justice as required by Welfare and Institutions Code section 4712 (question of the interest of justice); Claimant was directed to lodge any objection he may have to the admission of Dr. Prater's letter and to address the question of the interest of justice. (Statutory references are to the Welfare and Institutions Code.) The written statements were due by January 9, 2026, on which date the record would close.

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The parties timely submitted their written statements which were marked as follows: Service Agency's January 6, 2026 Request to Admit Dr. Prater's letter as Exhibit Z1; Claimant's Objection to Dr. Prater's letter (Claimant's objection) as Exhibit Z2. As part of Claimant's objection, Claimant requested that if Dr. Prater's letter is admitted over Claimant's objection that a December 2025 psychological evaluation of Claimant completed by Chandni Singh (Dr. Singh evaluation) also be admitted. Claimant submitted Dr. Singh's evaluation and it was marked as Exhibit N.

Between January 9 and 23, 2026, OAH contacted the parties multiple times to obtain available dates for an additional date of hearing at which Drs. Prater and Singh could testify. Claimant timely responded via three letters dated January 15, 22, and 23, 2026, marked as Exhibits Z3, Z4, and Z5, respectively, and provided available hearing dates for Claimant and Dr. Singh; however, Service Agency did not respond to OAH's requests. On January 23, 2026, the Hearing Officer emailed the parties directly for the sole purpose of determining an available additional hearing date. Service Agency replied, and based on the parties' responses April 8, 2026, was agreed to by the parties and their witnesses for the additional hearing date.

On January 27, 2026, the Hearing Officer issued the Order Reopening the Record and Continuing the Fair Hearing; Notice of Additional Fair Hearing Date (January continuance order). In the January continuance order the Hearing Officer found good cause pursuant to section 4712, subdivisions (d)(4)(A) and (i)(3), to add an additional fair hearing day for the testimonies of Drs. Prater and Singh and for submission of Dr. Prater's letter and Dr. Singh's evaluation. The Hearing Officer directed Service Agency to have its Multidisciplinary Team (MDT) review Dr. Singh's evaluation by March 9, 2026, and submit its redetermination of Claimant's eligibility to Claimant by March 23, 2026.

Service Agency did not comply with the January continuance order as it failed to submit its redetermination to Claimant by March 23, 2026. On March 24, 2026, Ms. Hawkins contacted the Hearing Officer and Service Agency inquiring about the redetermination. Service Agency did not respond. The Hearing Officer replied to the email for the sole purpose of affirming that all parties must comply with orders issued by OAH and the Hearing Officer. On March 27, 2026, Service Agency submitted its Redetermination Letter (March 2026 redetermination) and Declaration of Service, marked as Exhibits Z6 and Z7. In the March 2026 redetermination, Service Agency concludes Claimant has ASD, Level 1, but it does not constitute a substantial disability.

On April 8, 2026, the third day of the fair hearing was held. Drs. Prater and Singh testified and Exhibits 21 and N were admitted. The record closed and the matter was submitted for decision on April 8, 2026.

Upon the Hearing Officer's review of the evidence, she realized Service Agency's redetermination letter, though relied on and referenced by both parties on the third fair hearing date, was not admitted into evidence. Finding good cause under section 4712, subdivision (i)(3), and to ensure a complete record, on her own motion the Hearing Officer remarks Exhibit Z6 as Exhibit 23 and Exhibit Z7 and Exhibit 24 and admits Exhibits 23 and 24 into evidence.

ISSUES

Whether Claimant is eligible for regional center services under the Lanterman Developmental Disabilities Services Act (Lanterman Act) under the qualifying condition of Autism Spectrum Disorder (ASD) (§ 4500 et seq.).

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EVIDENCE RELIED UPON

Documents: Service Agency's Exhibits 1 through 8, 11-12, 15-18, 23 and 24; Claimant's Exhibits A, B, D through K, and N.

Testimony: Karesha Gayles, Psy.D., Kristen Prater, Psy.D.; Karen Komosa Hawkins, Ph.D.; Father; Mother; Chandni Singh, Psy.D.

SUMMARY

Claimant is a six-year old boy who lives with his Mother and Father (collectively, Parents), and his two young siblings. Claimant initially sought eligibility for regional center services (services) in May 2024, when he was four years old. Parents were concerned with Claimant's behaviors such as emotional dysregulation, sensory seeking, and difficulties with communication, transitions, and peer relationships.

Based on a May 2024 psychological evaluation conducted by Dr. Prater (2024 evaluation), then a psychological associate, Service Agency denied Claimant's request (2024 denial). Notably, Service Agency failed to assess Claimant for provisional eligibility, contrary to the Lanterman Act, and instead denied him eligibility based on Dr. Prater's determination Claimant did not have ASD.

During the subsequent year, Claimant's challenging behaviors intensified. Parents worked closely with Claimant's school district (District) and, through a series of Individualized Education Program (IEP) meetings, Claimant has been classified as having ASD under special education law. Based on his increasing service needs Claimant is provided a one-to-one aide (aide), occupational therapy (OT), and additional services to assist him with accessing his education and navigating the

school day. Claimant's educational, medical, OT, or therapy records (Claimant's records) consistently assess and describe Claimant as having symptoms consistent with ASD.

At the suggestion of Claimant's service providers, in May 2025, Claimant again applied for services. Service Agency denied Claimant's request, relying on the 2024 evaluation. Service Agency did not reevaluate Claimant or consider Claimant's records acquired since the 2024 denial. Dr. Prater and Service Agency staff psychologist Karesha Gayles, Psy.D., testified in support of the 2024 evaluation and Service Agency's determination. However, Drs. Gayles and Prater's testimonies and the 2024 evaluation are given little weight. Both Drs. Gayles and Prater have minimal experience assessing for ASD, and demonstrated unfamiliarity with Lanterman Act eligibility requirements. In addition, the 2024 evaluation contained errors not corrected by Dr. Prater's supervising psychologist or Service Agency's MDT. In total, the 2024 evaluation presented as cursory and incomplete.

In contrast to the 2024 evaluation, Dr. Singh's evaluation was comprehensive and she established herself as well trained and experienced in ASD assessments. Dr. Singh considered Claimant's records and her own assessment of Claimant and concluded he has ASD with Level 1 in the domain of social communication and Level 2 in the domain of restricted and repetitive behaviors. Most notably, Claimant struggles with pragmatic language and reciprocal communication, developing peer relationships, and transitions. For example, Claimant can become intensely emotionally dysregulated when transitioning to a non-preferred activity to the point he requires an aide to navigate his learning environment. In addition, his sensory processing and lack of safety awareness require constant attention to ensure his safety and the safety of those around him.

Claimant presented reliable evidence which established he has ASD which causes a substantial disability in the major life activities (MLAs) of receptive and expressive language, learning, self-direction, and capacity for independent living (CIL). Accordingly, Claimant is eligible for services under the Lanterman Act. Claimant's appeal is granted.

FACTUAL FINDINGS

Jurisdiction

1. Claimant is six years old and resides with Mother, Father, and his eight-year-old sister and two-year-old brother. Claimant attends an elementary school in the District and is currently in kindergarten.

2. In approximately May 2024, when Claimant was four years and seven months old, Mother requested Service Agency assess Claimant for eligibility under the Lanterman Act.

3. On May 21 and 29, 2024, Dr. Prater conducted the 2024 evaluation of Claimant. Dr. Prater concluded Claimant did not have ASD. Based on the 2024 evaluation, Service Agency denied Claimant's request for eligibility.

4. On May 29, 2025, at Mother's request Service Agency Service Coordinator (SC) Maritza Cortes conducted a psychosocial assessment of Claimant. SC Cortes recommended Claimant undergo a psychological evaluation which, when complete, should be reviewed by Service Agency's MDT for a determination of eligibility. (Exh. 5, p. A29.)

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5. On July 9, 2025, without conducting any additional evaluations since the 2024 evaluation, and without reviewing any of Claimant's records, the MDT met and concluded Claimant was not eligible for services (2025 determination). Service Agency documented its 2025 determination on its "Diagnostic/Eligibility Sheet" (2025 eligibility sheet) which stated "No" next to the word "Eligible" with the added comment "No eligible condition." (Exh. 7.)

6. On July 11, 2025, Service Agency issued a Notice of Action informing Claimant he was not eligible for services under the Lanterman Act.

7. On July 25, 2025, Claimant submitted a timely Request for a Fair Hearing.

8. Jurisdictional requirements have been met.

Service Agency's Improper and Inadequate Assessments of Claimant

9. Service Agency provided improper and inadequate assessments of Claimant, beginning with the 2024 evaluation and continuing until the March 2026 redetermination. Initially, during the 2024 evaluation, Service Agency failed to comply with the Lanterman Act requirements to assess for provisional eligibility for children under five years old (§ 4512, subd. (a)(2)(A)), and instead conducted an assessment for a qualifying condition required of children five years or older (*Id.* at subd. (a)(1).) In addition, the 2024 evaluation contained basic errors, which demonstrate an inattention to detail by Dr. Prater, her supervisor, and the MDT. Also, in their testimonies Drs. Prater and Gayles struggled with basic understandings of Lanterman Act ASD requirements, diminishing the credibility of the 2024 evaluation and their testimonies. Further, neither Dr. Prater during the 2024 evaluation, nor Service Agency for the entirety of the matter, considered Claimant's records, resulting in an incomplete assessment. Finally, Service Agency failed to timely respond to OAH's request for

available hearing dates and failed to timely submit its March 2026 redetermination to Claimant, showing a lack of professionalism and inattentiveness to the Lanterman Act's requirements to timely attend to Claimant's appeal. In consideration of Service Agency's improper and inadequate assessments of Claimant, the credibility of Service Agency's assessments is diminished and given little weight

FAILURE TO ASSESS FOR PROVISIONAL ELIGIBILITY

10. At the time of the 2024 evaluation, Claimant was four-years and seven-months old. Pursuant to the Lanterman Act, he should have been assessed for provisional eligibility as provided in section 4512, subdivision (a)(2)(A), which provides the following:

A child who is under five years of age shall be provisionally eligible for [services] if the child has a disability that is not solely physical in nature and has significant functional limitations in at least two of the following areas of major life activity, as determined by a regional center and as appropriate to the age of the child:

- (i) Self-care.
- (ii) Receptive and expressive language.
- (iii) Learning.
- (iv) Mobility.
- (v) Self-direction.

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(B) To be provisionally eligible, a child is not required to have one of the developmental disabilities listed in paragraph (1) [ASD, intellectual disability (ID), cerebral palsy, epilepsy, or a condition requiring similar treatment to ID].

11. Although the Lanterman Act requires consideration of provisional eligibility for children under five years old, as Dr. Prater stated in the "Summary" section of the 2024 evaluation, "[Claimant's] behaviors were explicitly assessed as they related to [ASD]." (Exh. 6, pp. A37 & A38.) Dr. Prater further testified that based on Service Agency's request, she solely assessed for ASD, without considering provisional eligibility, and made no assessment of substantial disability. Dr. Prater's supervising psychologist, Rebecca R. Dubner, Psy.D., approved the 2024 evaluation, without considering the Lanterman Act's requirement to assess for provisional eligibility.

FAILURE TO CONDUCT A 2025 ASSESSMENT

12. On May 29, 2025, SC Cortes conducted a Psychosocial Assessment (psychosocial) of Claimant on behalf of Service Agency (Exh. 5). The psychosocial identified numerous social and emotional challenges Claimant was experiencing, including interacting with peers, requiring high levels of sensory input, and intense dysregulation when faced with transitions or changes to routine. (Exh. 5, p. A27.) As reported by Mother, Claimant displays tantrums daily when he becomes emotionally dysregulated and has sensory seeking behavior, such as bouncing, sitting, and rocking, and running back and forth to a door (zoomies). At the time of the psychosocial, Claimant was receiving OT, Speech Therapy (ST), and social support, and was recently assigned an aide in school to assist Claimant with his emotional dysregulation.

13. Pursuant to section 4642, subdivision (a), Service Agency had the discretion to either provide an initial intake or decline to conduct an intake. Service Agency chose to conduct an intake (the psychosocial), the outcome of which recommended an assessment.

14. Section 4643, subdivision (a), provides that if an assessment is needed, it must be conducted within 120 days of the intake. The assessment may:

. . . include collection and review of available historical diagnostic data, provision or procurement of necessary tests and evaluations, and summarization of developmental levels and service needs and is conditional upon receipt of the release of information specified in subdivision (b).

15. Contrary to the Lanterman Act requirements, and as confirmed by Dr. Gayles' testimony, after completing the psychosocial, Service Agency did not conduct any assessments of Claimant, collect any historical diagnostic data of Claimant, or review Claimant's records, and did not summarize Claimant's developmental levels or service needs. Rather, Service Agency relied on the untimely (as it was a full Lanterman Act assessment conducted when Claimant was under five years old) 2024 evaluation and determined Claimant was not eligible for services (see 2025 eligibility sheet).

Diagnostic and Statistical Manual – 5th Edition Definition of ASD

16. Service Agency presented the Diagnostic and Statistical Manual - 5th Edition (DSM-5) chapter on ASD to establish the Lanterman Act's requirements to be found eligible for services under the qualifying condition of ASD (Exh. 18). The DSM-5 defines ASD as having five essential features related to communication, patterns of

behaviors, age of onset, impact on everyday functioning, and whether the symptoms can be better explained by an ID.

17. First, an individual must have persistent impairment in reciprocal social communication and social interaction (Criterion A), as manifested either currently or historically by all of the following: (1) deficits in social-emotional reciprocity, (2) deficits in nonverbal communication behaviors used for social interaction, and (3) deficits in developing, maintaining, and understanding relationships.

18. Second, the individual must have restricted, repetitive patterns of behavior, interests, or activities (RRSBs) (Criterion B), as manifested by at least two of the following: (1) stereotyped or repetitive motor movement, use of objects or speech, (2) insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior, (3) highly restricted, fixated interests that are abnormal in intensity or focus, and (4) hyper- or hypo-reactivity to sensory input or unusual interest in sensory aspects of the environment.

19. Third, these symptoms must be present in early childhood (Criterion C). Fourth, these symptoms must limit or impair everyday functioning. (Criterion D). Finally, the symptoms must not be better explained by an ID. (Exh. 18, p. A147-148.)

Psychological Evaluations

CREDENTIALS AND WORK EXPERIENCES OF THE EVALUATING PSYCHOLOGISTS

20. Dr. Singh has worked as a licensed clinical psychologist for at least nine years longer than Dr. Prater. Further, her educational and work experience required more intense training and practice in the area of ASD and ASD assessments than did that of Dr. Prater. Regarding their respective psychological assessments of Claimant,

Dr. Singh completed her assessment with 8 years' practice as a licensed clinical psychologist while Dr. Prater had not yet obtained her clinical psychologist's license. For these reasons, Dr. Singh's evaluation is given greater weight than the 2024 evaluation.

Dr. Prater

21. Dr. Prater obtained her doctorate in psychology in 2018, and obtained her license to practice psychology in 2025. Dr. Prater has been certified as a Board Certified Behavior Analyst (BCBA) since 2013. Dr. Prater contracts with Service Agency to conduct psychological evaluations. Dr. Prater is also the Executive Director of Leaps n Boundz, a non-profit organization which provides therapy and programs to individuals with developmental disabilities.

22. Dr. Prater obtained her Psy.D. through California Southern University (Cal Southern). The Cal Southern Psy.D. program is not accredited by the American Psychological Association (APA) and it did not require her to complete any extern- or internships. Rather, Dr. Prater completed her Cal Southern Psy.D. requirements by completing the necessary hours under the supervision of Dr. Dubner.

23. Dr. Prater has completed the three-day training required to administer the ADOS-2 and additional refresher courses. Dr. Prater has been conducting ASD assessments for approximately two years and currently conducts approximately 10 psychological assessments on behalf of Service Agency per week, for which she is responsible for writing a psychological assessment documenting her findings. Dr. Prater attends to her Service Agency responsibilities while attending to her other professional obligations with Leaps n Boundz.

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Dr. Singh

24. Dr. Singh obtained her Psy.D. in 2017 from Roosevelt University, in Chicago, Illinois (Roosevelt), which offers a Psy.D. program approved by the APA. As part of her completion of her Psy.D. requirements, Dr. Singh completed three externships and one internship, primarily focused on ASD assessments. In the course of her career as a licensed clinical psychologist, Dr. Singh has conducted over 700 psychological assessments for ASD. Dr. Singh currently conducts ASD assessments through West LA Neuropsychology, PC.

SERVICE AGENCY'S 2024 EVALUATION

25. When Dr. Prater conducted the 2024 evaluation, she was a psychology associate, supervised by Dr. Dubner, a licensed psychologist. Dr. Prater met with Claimant on May 21 and 29, 2024, in a clinical setting. She did not observe Claimant in the school or home setting and did not request information from Claimant's school or service providers, such as his pediatrician or therapist.

26. Dr. Prater's explanation of the tests she administered to Claimant, observations, findings, and recommendations are summarized in the 2024 evaluation (Exh. 6). Dr. Prater administered the following assessments to Claimant: Wechsler Preschool and Primary Scale of Intelligence - Fourth Edition (WPPSI-IV); Vineland Adaptive Behavior Scales, Third Edition, (VABS-III); Childhood Autism Rating Scale, Second Edition (CARS-2-ST), and the Autism Diagnostic Interview-Revised (ADI-R). Dr. Prater based her findings and recommendations on the results of the evaluations, her interviews with Mother and Claimant, and her clinical observations.

27. In review of the information gathered during the 2024 evaluation, Dr. Prater concluded Claimant does not present with ASD as defined in the DSM-5.

Regarding Criterion A, deficits in social communication and interaction, Dr. Prater found Claimant does not meet this requirement because he only demonstrated two of the three factors. Dr. Prater found Claimant met the required deficits in social-emotional reciprocity range and in developing, maintaining, and understanding relationships. For example, she observed Claimant to have difficulty initiating social interactions with those he is not familiar with and struggled to make friends his age despite being in a preschool setting for an extended time. However, Dr. Prater concluded Claimant does not meet the requirement of deficits in nonverbal communicative behaviors used for social interaction because, for example, Claimant shares eye contact and purportedly understands non-verbal communication appropriate to his age. (Exh. 6, p. A35.)

28. Regarding Criterion B, RRBS, as manifested by at least two of four requirements, Dr. Prater found Claimant did not meet this requirement because he only met one of the four requirements. According to Dr. Prater, Claimant demonstrated insistence on sameness and inflexible adherence to routines through his rigidity and difficulty coping with changes in his routines. However, Dr. Prater found that Claimant does not have stereotyped or repetitive motor movements, highly restricted, fixated interests that are abnormal in intensity or focus, or hyper- or hypo reactivity to sensory input or unusual interest in sensory aspects of the environment. (Exh. 6, pp. A35-A36.)

29. In regard to the remaining ASD Criterion, Dr. Prater found Claimant met Criteria C and D because his symptoms were present in the early developmental period and cause significant impairment in social, occupational, or other important areas of current functioning. However, Dr. Prater found Claimant does not meet

Criterion E, because in her opinion Claimant's disturbances could be better explained by ID.

WPPSI-IV

30. The WPPSI-IV measures a child's cognitive ability using verbal and performance-based tasks. Claimant scored a Full Scale Intelligence Quotient score of 113, placing him in the High Average Range. (Exh. 6, p. A33.) Additional information was provided regarding Claimant's Index Scale scores, which ranged from Average to Superior. The parties agree that Claimant has strong cognitive skills and that he does not have ID so further detail about Claimant's cognitive skills and testing results is not necessary to address the issue presented in this matter, which is whether Claimant is eligible under the category of ASD.

VABS-3

31. The VABS-3 measures an individual's adaptive functioning, i.e., practical everyday skills required to function and negotiate environmental demands. The VABS-3 measures skill areas that are used to yield an Adaptive Behavior Composite Score with domain-skill area classification scores for Claimant's age group within the following areas: Communication (Receptive, Expressive, and Written); Daily Living Skills (Personal, Domestic, and Community); Socialization (Interpersonal Relationships, Play and Leisure Time, and Coping Skills); and Motor Skills (Gross Motor and Fine Motor).

32. Claimant's Adaptive Behavior Composite score was 99, placing him in the adequate range. Claimant's Communication Domain score, which measures how well an individual exchanges information with others, was 98, placing him in the adequate range. Claimant's Daily Skills score, which measures an individual's performance of practical everyday tasks of living, was 106, placing him in the adequate range.

Claimant's Socialization score, which measures an individual's functioning in social situations, was 94, placing him in the adequate range. Finally, Claimant's Motor Skills score was 124, placing him in the adequate range.

33. Within the subpart domain skills, Claimant's scores ranged significantly. For example, within the area of Daily Living Skills, Claimant scored at age 12 in the area of Personal Daily Living Skills, and at ages 3.6 and 3.7 in the areas of Domestic and Community Daily Living Skills, respectively. Similarly, in the area of Gross Motor Skills, Claimant scored at age 8.9 and 6.6 in the areas of Gross and Fine Motor Skills. However, in the area of Socialization, Claimant scored below age level in all three areas assessed: 4.4, 3.8, and 2.10 in the areas of Interpersonal Relations, Play and Leisure Time, and Coping Skills, respectively. Similarly, although Claimant scored 5.6 (above his age) in the area of Expressive Communication, he scored 3.10 and 4.3 (below his age) in the areas of Receptive and Written Communication, respectively.

34. Dr. Prater did not explain in the 2024 evaluation, or in her testimony, why she rated Claimant as age 12 in Personal Daily Living Skills. Rather her descriptors of Claimant's daily living skills, such as dressing and bathing himself, do not represent the personal daily living skills of a 12-year-old. Further, Dr. Prater did not address how Claimant's strong cognitive abilities might have skewed his composite score, e.g., that his assessed strengths in Personal Daily Living skills (12) and Gross Motor Skills (8.9) might have skewed his Adaptive Composite Score to the adequate range, and left unaddressed his assessed deficits in Socialization Play and Leisure (3.8) and Coping Skills (2.10).

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CARS-2-ST and ADI-R

35. The CARS-2-ST and ADI-R are rating scales used to identify children with ASD. These instruments were completed based on information provided by Mother and Dr. Prater's observations and interactions with Claimant. The CARS-2-ST is a 15-item behavior rating scale; the ADI-R questions address the triad of symptoms related to ASD: Language and Communication; Reciprocal Social Interactions; and RRSBs. (Exh. 6, p. A34.)

36. Claimant met the ADI-R cut off score in one of the three areas assessed. Claimant scored 3 in the area of RRSB, meeting the cut off score of 3. Claimant scored 8 in the area Qualitative Abnormalities in Reciprocal Social Interaction, scoring below the cut off score of 10. Claimant scored 6 in Qualitative Abnormalities in Communication, scoring below the cut off score of 8. (Exh. 6, p. A41.)

Dr. Prater's Assessment

37. Based on her review of Claimant's assessment scores, interview with Mother, and observations of Claimant, Dr. Prater concluded Claimant does not have ASD. Dr. Prater summarized her findings as follows:

[Claimant] was observed communicating to meet his needs and engaging socially with this examiner and his mother. He played appropriately with toys while his mother and this examiner engaged in the interview portion. [Claimant] did not display odd vocal prosody or tone when he spoke. There was no evidence of [RRSBs] during his play. When his behaviors were analyzed using both the CARS-2-ST and the ADI-R, [Claimant] did not show deficits that would indicate

a diagnosis of [ASD]. Therefore, he does not meet the diagnostic criteria for [ASD].

(Ex. 6, p. A38.)

38. As pointed out by Claimant, the 2024 evaluation had errors. These errors demonstrate inattentiveness and oversight in the evaluation, reporting, and supervisory process of the 2024 evaluation. At the time of the 2024 evaluation, Claimant was four years and seven months old, which Dr. Prater correctly reported on pages 1 and 10 of the 2024 evaluation (Exh. 6, pp. A31, A40); however, on page 7 of the 2024 evaluation, in the summary section, she reported claimant was four years and nine months old (*Id.* at p. A37). In addition, as Claimant was four years old at the time of the 2024 evaluation, the appropriate CARS assessment to conduct was the CARS-2-ST; in contrast, the CARS-2-HF (high functioning) is meant for children six-years old or older. Dr. Prater reported she conducted the CARS-2-ST on pages 8 and 10 (*Id.* at pp. A38, A40); however, on page 4 (*Id.* at p. A34) she twice reported that she conducted the CARS-2-HF with Claimant.

39. In addition, the 2024 evaluation contains analytic inconsistencies. For example, in the CARS-2-ST, Claimant met the cut off in the area of RRSB, however, in the summary section of the 2024 evaluation, Dr. Prater stated Claimant did not demonstrate RRSBs during his play. In addition, as described in Factual Finding 26, Dr. Prater concluded Claimant does not meet Criterion E of an ASD diagnosis which requires the individual's disturbances cannot be better explained by an ID, i.e., Dr. Prater concluded Claimant's disturbances could or might be better explained by an ID. However, Claimant's FSIQ score is 113 and the 2024 evaluation provides no basis in support of Dr. Prater's conclusion in the 2024 evaluation that Claimant's disturbances might be better explained by an ID.

Testimonies of Drs. Gayles and Prater

40. The testimonies of Drs. Gayles and Prater lacked professionalism and demonstrated confusion over Lanterman Act requirements and a lack of candor. Accordingly, their testimonies are given little weight.

41. Dr. Gayles, Psy.D., testified on November 14, 2025, on behalf of Service Agency. Dr. Gayles is a psychological assistant and works under Service Agency psychologist Tom Kelly's psychologist license. Dr. Gayle's has worked for Service Agency for approximately five years. Her duties include conducting some psychological evaluations and serving on the MDT. Before her work with Service Agency, Dr. Gayles' worked for the Department of Mental Health in psychiatric facilities.

42. Dr. Gayles explained the Lanterman Act eligibility requirements: Claimant must have a qualifying condition (cerebral palsy, epilepsy, ID, ASD, or 5th Category). She attempted to explain the requirements of a substantial disability, but could not clearly recall the requirements or the seven areas of major life activities included in the Lanterman Act's definition of substantial disability. Later in her testimony, Dr. Gayles returned to the topic of substantial disability and correctly explained the Lanterman Act's substantial disability requirements.

43. Dr. Gayles could not testify regarding Criterion E of the DSM-5's ASD requirements. As provided, Claimant's FSIQ is 113. There is no indication or claim that Claimant suffers from ID or global delays. Rather, his cognitive capacity is above average. Nonetheless, when questioned about Dr. Prater's conclusion that Claimant did not meet the DSM-5 ASD requirement that his disturbances are "not better explained by [ID]," Dr. Gayles evaded answering the question and explained she could

not answer whether that conclusion was accurate. Dr. Gayles demonstrated a lack of understanding of Criterion E and of Claimant's strengths, challenges, and overall condition.

44. Dr. Prater testified on behalf of Service Agency on April 8, 2026. Based on her testimony and the quality of the 2024 evaluation, Dr. Prater's assessment of Claimant was simplistic, inconsistent, and incomplete, and is given little weight.

45. Dr. Prater acknowledged she did not review, or make efforts to obtain, information from Claimant's preschool or therapist, despite Mother informing her of Claimant's difficulties across environments. Dr. Prater also did not assess for Claimant's use of pragmatic (social) language. In review of the 2024 evaluation and her testimony, Dr. Prater did not consider Claimant's records when making her determination. Rather, based on the 2024 evaluation and her testimony, Dr. Prater's conclusion that Claimant does not have ASD was focused on his ability to engage in eye contact and his eagerness to gain Mother's attention, and disregarded other information provided and available to her.

46. In addition, Dr. Prater's errors, and acknowledgment of her errors, were simplistic and dismissive of Claimant's rights to a comprehensive and credible assessment by Service Agency. Dr. Prater acknowledged the errors in the 2024 evaluation regarding Claimant's age and misstating she used the CARS-2-HF, rather than the CARS-2-ST on some portions of the 2024 evaluation. Dr. Prater did not explain or express concerns for the errors. Similarly, Dr. Prater acknowledged that in the 2024 evaluation she reported Claimant does not meet Criterion E, which requires the individual's disturbances to not be better explained by ID. When asked to explain that portion of her assessment, Dr. Prater simply stated that today (meaning the day of the hearing) she was saying something different, and as of her April 8, 2026, testimony

she is saying Claimant does meet the Criterion E requirement. Again, Dr. Prater did not explain or express concern for her inconsistent and inaccurate reporting.

47. Regarding substantial disability, Dr. Prater acknowledged Claimant's symptoms cause a substantial disability in the area of self-direction, but asserted they do not cause a substantial disability in the other areas of MLAs.

DR. SINGH'S EVALUATION

48. Dr. Singh evaluated Claimant on December 2 and 8, 2025. She administered the following assessments: Adaptive Behavior Assessment System - Third Edition-Parent Form (ABAS-3); ADOS-2 Module 3 (Module 3 is ADOS used to assess individuals who are verbally fluent); the Behavior Assessment System for Children-Third Edition (BASC-3); and the Parent and Teacher Rating Scale Social Responsiveness Scale-Second Edition (SRS-2), Parent and Teacher School-Age Form. (Exh. N, p. B167.)

49. In addition to the assessments, Dr. Singh interviewed Claimant and Parents, and comprehensively reviewed Claimant's records (which are summarized in the Claimant's Additional Evidence section of this Decision). Dr. Singh incorporated relevant information from these interviews and Claimant's records into her evaluation.

50. Based on the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition, Text Revision (DSM-5-TR), definition of ASD, and in consideration of the assessments and Claimant's records, Dr. Singh diagnosed Claimant with ASD Level 1 (requiring support) for social communication, and Level 2 (requiring substantial support) for RRBS, without accompanying intellectual impairment, accompanying language impairment, or accompanying co-occurring psychiatric conditions. (*Id.* at B176.)

ABAS-3

51. The ABAS-3 General Adaptive Composite (GAC) score evaluates an individual's adaptive functioning across various domains, and assesses an individual's ability to manage daily life tasks. Mother completed the ABAS-3 questionnaire. Claimant's GAC score was 90, Average. Within the ABAS standard and composite scores, Claimant scored Low Average in Conceptual Skills (89), Functional Academics (6), and Home Living (7). Claimant's remaining ABAS scores were in the average range. (Exh. N, p. B184.)

52. Mother reported that Claimant interacts effectively with others and enjoys his leisure time. Regarding practical skills, Claimant can manage tasks related to community use, home living, health and safety, and self-care. However, Claimant struggles with these tasks in the home-setting, showing he needs support with household tasks, chores, and managing his personal belongings. (Exh. N, p. B172.)

ADOS-2

53. Claimant's scores on the ADOS-2 suggested a low level of autism-related symptoms as compared to other children at his age and language level, corresponding to a Total Calibrated Severity Score (CSS) of 4. This overall score is comprised of two domain-specific scores that provide more detail about Claimant's profile. In the Social Affect domain, which assesses social communication and interaction, Claimant's score was 5, falling in the moderate range of concern. In the RRBS domain, which evaluates focused interests and repetitive behaviors, Claimant's score was 4, falling in the low range of concern. (Exh. N, pp. B169 & B184.)

54. Dr. Singh concluded that the results of the ADOS-2 indicate concerns for ASD based on his unique profile. "While [Claimant] demonstrated strengths in verbal

communication and social motivation, his patterns of social interaction, communication style, limited reciprocal conversation, and tendency to focus on restricted interests suggest the presence of autism-related characteristics.” (Exh. 6, p. B171.) Claimant consistently demonstrated several strengths, including his verbal expressiveness, nonverbal communication, curiosity, engagement in social-based activities, and ability to participate in playful interactions. “However, consistent with parental concerns and the results of the ADOS-2, he also presented with inconsistencies in reciprocal conversation, a tendency toward restricted interests, difficulties in understanding social nuances, and difficulties conveying understanding of complex emotions” which are consistent with ASD. (*Id.* at pp. B173-B174.)

BASC-3 and SRS-2

55. The BASC-3 and SRS-2 were administered to assess Claimant’s psychological, social, emotional, and behavioral functioning across home, therapy, and school settings. Parents, Claimant’s therapist, and Claimant’s kindergarten teacher completed the BASC-3 and SRS-2 questionnaires.

56. Parents scored Claimant as Severe in social motivation and Clinically Elevated in the areas of externalizing problems, hyperactivity, activities of daily living, anger control, developmental disorders, executive functioning, and negative emotionality. (Exh. N, p. B185.) Claimant’s therapist scored Claimant as Clinically Elevated in the areas of behavioral symptoms, aggression, somatization, withdrawal, and adaptability; and Severe in the areas of social awareness, social cognition, and RRBS. (*Id.* at p. B186.) Claimant’s teacher scored Claimant as within normal limits, acceptable, or at risk in all areas assessed. (*Ibid.*) However, it must be noted that at the time of Dr. Singh’s evaluation in December 2025, Claimant was receiving significant supports throughout the school day, including an aide since May 2025.

57. Substantively, Parents reported Claimant has significant needs in social awareness. Parents explained that Claimant often does not notice when he is out of step with others, e.g., he may not focus his attention where others are looking or listening, and he does not always realize when he is being too loud or making noise; or he may walk between people who are talking, showing limited awareness of social cues. Claimant's therapist observed similar concerns in social awareness, describing limited awareness of speaking volume and not seeming to mind being out of step with others. (Exh. N, p. B173.)

58. Dr. Singh concluded the BASC-3 and SRS-2 ratings from home, school, and therapy settings "reveal consistent concerns related to externalizing behaviors, social withdrawal, atypical behaviors, and emotional regulation." (Exh. N., p. B173.) Although the intensity of these behaviors varied depending on the environment, Claimant's behavioral pattern suggests he needs ongoing support to manage his behavior, improve social interactions, and enhance emotional well-being.

Dr. Singh's Assessment

59. Dr. Singh offered a comprehensive assessment of Claimant, which incorporated Claimant's assessment scores, her interviews with Claimant and Parents, and information included in Claimant's records.

60. Regarding communication, Dr. Singh concluded that Claimant demonstrates significant strengths in verbal communication. "[Claimant] speaks in complex sentences, uses a wide vocabulary, and is able to express his thoughts and ideas clearly. He is also highly curious . . . and seek[s] to understand the world around him . . ." and is motivated to connect with others and form peer relationships. (Exh. N, p. B174.) However, despite his strong verbal skills, Claimant demonstrates reduced

social reciprocity, particularly in maintaining balanced conversations. “[Claimant] is able to speak at length about his preferred topics, such as vehicles and ships, but shows less flexibility in engaging in reciprocal exchanges when the conversation shifts to other subjects.” (*Ibid.*) Claimant infrequently initiates questions to others and often redirects discussions back to his own interests. Claimant also demonstrates difficulty understanding social nuances and boundaries, which impacts his social interactions.

61. Regarding RRBS, Dr. Singh concluded Claimant demonstrates a strong preference for predictability and established routines, and has a history of difficulty coping with transitions or unexpected changes. “These situations have often resulted in episodes of emotional and behavioral escalation, sometimes persisting for extended periods. . . . [Claimant’s] responses have included behaviors such as throwing, hitting, or breaking objects in his immediate environment.” (Exh. N, p. B175.) Claimant also demonstrates sensory sensitivities, “frequently seeking proprioceptive input through activities such as body rocking, jumping, climbing, and seeking deep pressure.” (*Ibid.*)

62. In summary, and in consideration of the DSM-5-TR, Dr. Singh explained that although the DSM-5-TR does not include difficulties with emotion regulation or executive functioning among the core symptoms of ASD, “it is common for individuals on the spectrum to experience challenges in managing negative emotions, self-regulation, and daily living skills,” a pattern consistent with Claimant's profile. (Exh. N, p. B175.) Dr. Singh further explained that while Claimant’s history of noncompliance (particularly when asked to participate in activities that do not align with his interests) and difficulties tolerating delays in having his needs met (which may also lead to escalated mood and behavioral outbursts) may disrupt and impact Claimant’s ability to engage effectively in certain situations, these behaviors also demonstrate Claimant’s

struggles with communication, such as communicating discomfort or frustration, communication challenges which are also consistent with an ASD diagnosis. (*Ibid.*)

Dr. Singh's Testimony

63. Dr. Singh's testimony was consistent and thorough. She credibly established her experience and the accuracy and reliability of her evaluation, Claimant's ASD diagnosis, and her assessment that Claimant's ASD causes significant functional limitations in four areas of MLAs – receptive and expressive communication, learning, self-direction, and CIL. Claimant has significant challenges with pragmatic language; despite having a strong vocabulary, he utilizes his vocabulary to provide detailed descriptions of his interests, but his reciprocity is limited. Dr. Singh further explained that claimant's challenges with communication, insistence on predictability, and related behaviors, including lack of safety awareness, and tendency toward eloping and property destruction, significantly impact his ability to access the learning environment and self-direction. Further, Claimant's ASD symptoms significantly impact Claimant's CIL, as Claimant requires constant supervision to ensure his safety and the safety of others, a level of supervision not comparable to children his age.

Service Agency's Redetermination

64. During its March 2026 redetermination of Claimant, Service Agency considered Dr. Singh's evaluation but did not consider Claimant's records. On behalf of Service Agency, Ms. Tostado explained the Redetermination Letter (Exh. 23) was untimely because Service Agency's staff psychologists were both on leave and Service Agency had to comprise an eligibility team from contract psychologists.

65. Service Agency summarized its redetermination findings in its Redetermination Letter which states, "It was determined that Claimant continues to

have the same outcome of Autism Spectrum Disorder Level 1, and there are no severity symptoms in three or more areas that meet a substantial handicapped condition.” Notably, previous to the Redetermination Letter, and as found in the 2024 evaluation and the 2025 determination, Service Agency refuted that Claimant has ASD. However, in the Redetermination Letter Service Agency now concedes Claimant has Level 1 ASD but asserts it does not constitute a substantial disability.

Claimant’s Additional Evidence

66. Claimant submitted educational, OT, medical, and therapy records and letters by service providers in support of his appeal. Claimant’s records provide consistent and detailed descriptions of Claimant’s ASD symptoms, as observed and assessed by Dr. Singh and described by Parents and Ms. Komosa Hawkins during their testimonies, and are credited.

EDUCATIONAL RECORDS

67. Claimant submitted multiple educational records and assessments completed between November 2024 and May 2025, collectively referenced as Claimant’s educational records. Claimant submitted his Initial IEP (Exh. F) and his Multidisciplinary Psycho-Educational Assessment Report and Functional Behavioral Assessment (Multidisciplinary Assessment) (Exh. A), completed in November 2024. In addition, Claimant submitted District’s OT Initial Assessment Report (District’s OT Assessment) (Exh. B), three IEP Addendums, dated February, April, and May 2025, respectively (Exhs. G-I), and District’s Special Circumstances Instructional Assistance Evaluation Report (SCIA report), dated May 2025 (Exh. 8).

68. Pursuant to Claimant’s educational records, Claimant is eligible for special education services pursuant to the special education law diagnosis of Autism

(primary) and Speech or Language Impairment (secondary). (Exh. 8, p. A43.) Claimant currently receives the following educational services: intensive individual services, i.e., a full-time aide on Monday, Tuesday, Thursday, and Friday, from 8:15 a.m. until 2:30 p.m., and on Thursdays, from 8:15 a.m. until 1:05 p.m., totaling 1790 minutes per week; specialized academic instruction 60 minutes per week; language and speech services 30 minutes per week; OT 60 minutes per month; and behavior intervention services consisting of 600 minutes per month of supervision consultation with a non-public agency; and comparable extended-year services. (Exh. I, p. B130.)

69. Claimant's Multidisciplinary Assessment included administration of the ADOS-2 and language assessments, including the Clinical Evaluation of Language Fundamentals-5th Edition (CELF 5), which assesses pragmatic language. The Multidisciplinary Assessment examiners were Rob Marin, the school psychologist; C. Milanese, a speech and language pathologist; the school nurse; and Claimant's teacher.

70. On the school administered ADOS-2, Claimant scored 3 in social affect and 5 in RRBS, for a total score of 8, placing him at the moderate level of ASD. (Exh. A, p. B27.) Because Mr. Marin's credentials and experience generally, or specifically regarding administering the ADOS-2, were not presented, the school administered ADOS-2 is given moderate weight.

71. Claimant's score on the CELF 5 placed him in the fifth percentile, below average. (Exh. A, p. B19.) The examiner observed Claimant demonstrate the following pragmatic language challenges:

[Claimant] sometimes has difficulty introducing appropriate topics in conversation, interacting in structured group

activity and asking others for permission when required. [Claimant] has difficulty knowing how someone is feeling based on nonverbal cues. He almost never apologizes [*sic*] or accepts apologies, responds to reminders, or responds when asked to change his actions.

(Exh. A, p. B21.)

72. Claimant's history of symptoms and behaviors resulting in his current IEP services are summarized in the SCIA report. Claimant has an active Behavior Intervention Plan that targets Claimant's physical aggression and property destruction, which were significantly present in the spring of 2025. In addition, Claimant's February 2025 OT assessment confirmed Claimant's sensory-seeking profile and need for proprioceptive input and movement breaks.

73. In April 2025, due to a concerning increase in unsafe behavior, the SCIA evaluation was conducted. District concluded that although Claimant demonstrates strong academic readiness, his access to instruction "remains inconsistent due to behavioral dysregulation, elopement, task refusal, and sensory overload, which have resulted in multiple safety incidents and classroom evacuations." (Exh. 8, p. A43.) Beginning in March 2025, Claimant demonstrated increased incidents of aggression and property destruction. The SCIA report concluded as follows:

[Claimant's] behavioral, sensory, and regulatory needs impact his ability to access the classroom, instruction and participate safely in his current placement. He has demonstrated academic potential and positive interactions when heavily supported. However, the intensity,

unpredictability, and frequency of his behaviors require the immediate assignment of consistent, trained adult support to maintain his placement in the least restrictive environment.

(Exh. 8, p. A45.)

OT RECORDS

74. In addition to District's OT assessment, Claimant submitted an Initial OT Assessment from Kids in Motion, dated January 27, 2025, and a letter from his OT provider, Ciara Stewart M.S., OTR/L, dated October 23, 2025. Claimant has been receiving weekly OT services from Kids in Motion since February 2025.

75. Among other findings, Claimant's OT assessments and providers reported consistently that Claimant has severe difficulties in body awareness, decreased spatial and safety awareness, dysfunction with touch, and difference with balance and motion. (See Exhs. B, p. B42; D, p. B61.) The District's OT Assessment reported Claimant "represents tactile defensiveness, or over-responsiveness, and various tactile seeking behaviors. . . [f]requently rubs objects repetitively with hands and fingertips; frequently pokes, taps, or touches peers during class or when standing in line." (Exh. B, p. B43.) In addition, Claimant "[t]wirls or spins excessively on playground equipment; slumps forward, leans back or hold [*sic*] head up in hands while seated; swings excessively ; rocks, sways or squirms when seated." (*Ibid.*)

76. Regarding safety risk, Ms. Stewart from Kids in Motion reported that even with verbal cues Claimant does not recognize immediate dangers, such as walking near a child swinging, making tactile redirection a critical safety measure. Further, when Claimant becomes dysregulated by overstimulation or transitioning away from a

preferred activity, he has “significant difficulty following adult-led instructions” and has thrown items, such as a shoe or chair. (Exh. J.)

THERAPEUTIC RECORDS

77. Claimant’s therapist Amanda Walsh, Associate Clinical Social Worker, wrote a letter on behalf of Claimant, dated October 10, 2025 (Exh. E.) She has been providing therapy to Claimant since April 2024. Ms. Walsh reported that Claimant’s symptoms and behaviors as described by his educational and service providers and parents occur across a variety of environments, including but not limited to school, home, and within the community. Ms. Walsh further described Claimant’s sensory needs:

[Claimant] demonstrates intense sensory needs in order to feel adequately regulated. In the office, [Claimant] will get in the hammock swing, wrap himself up, and engage in intentional repeated contact with the padded wall.

[Claimant] visibly enjoys this behavior. [Claimant] will also be observed to alternate activities-or completely abandon activities in order to regulate with a physically stimulating behavior of running around the space, flapping his arms, and making a verbal sound with his throat. At home, it has been observed that [Claimant] continues to need increased physical stimulation. He will engage in the breaking of items and toys in the home, often using a brick or hard object to break them by hand.

(Exh. E, p. B65.)

MEDICAL RECORDS

78. Claimant's pediatrician, Tiffany Fischman, M.D., with Sollis Health, wrote a letter on behalf of Claimant, dated November 5, 2025. Dr. Fischman statements were consistent with the information provided by Claimant's educational and service providers. Dr. Fischman explained Claimant "continues to have trouble with transitions, frequent frustration, and episodes of physical aggression when overwhelmed or faced with changes in routine." (Exh. K, p. B135.) She added that "[d]espite efforts by his caregivers and educators to provide structure and support through an IEP, his needs exceed what can be reasonably addressed through the school system alone." (*Ibid.*)

TESTIMONIES OF MS. KOMOSA HAWKINS AND PARENTS

79. Ms. Komosa Hawkins and Parents testified on behalf of Claimant's request for eligibility. Their testimonies were consistent with the information provided in Claimant's records and Dr. Singh's evaluation and testimony. Based on the evidence presented, they request on behalf of Claimant that he be deemed eligible for services under the category of ASD with a finding of substantial disability in four areas of MLAs, receptive and expressive language, learning, self-direction, and CIL.

ARCA Guidelines

80. Service Agency submitted the "Association of Regional Center Agencies Recommendations for Assessing 'Substantial Disability' for the California Regional Centers"(ARCA Guidelines). (Exh. 17.) The ARCA Guidelines are to be considered when determining whether a qualifying condition constitutes a substantial disability.

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RECEPTIVE AND EXPRESSIVE LANGUAGE

81. When making the determination as to whether an individual's qualifying disability constitutes a substantial disability in the MLA area of receptive and expressive language, the ARCA Guidelines provide the individual must demonstrate impairment in receptive and expressive language to consider receptive and expressive language to be an area of substantial disability. Impairment in receptive language challenges includes having a significant difficulty following directions (not due to general noncompliance); impairment in expressive language includes having a significant difficulty participating in basic conversations (e.g., following rules for conversation and storytelling, tangential speech, fixation on specific topics). (Exh. 17, pp. A143-A144.)

LEARNING

82. Regarding the MLA of learning, the ARCA Guidelines direct the regional center's assessment to consider whether the individual has noticeable impairment in the ability to acquire and apply knowledge or skills to new or recurring situations. The ARCA Guidelines provide the individual must be substantially impaired in the ability to acquire and apply knowledge or skills to new situations even with special intervention. (Exh. 17, p. A144.)

SELF-DIRECTION

83. Regarding the MLA of self-direction, the ARCA Guidelines provide the individual must have a significant impairment in the ability to make and apply personal and social judgments and decisions. The ARCA Guidelines suggest considering whether the individual has difficulty coping with anxieties or frustrations, has severe maladaptive behaviors, or has significant difficulties establishing and maintaining

relationships with family or peers or with making appropriate choices. (Exh. 17, pp. A144-A145.)

CAPACITY FOR INDEPENDENT LIVING

84. Regarding the MLA of CIL, the ARCA Guidelines provide the individual must be unable to perform age-appropriate independent living skills without the assistance of another person. The ARCA Guidelines suggest considering whether the individual has significant difficulty performing age-appropriate, simple household tasks, or does not have age-appropriate capacity to be left unsupervised (e.g., lack of safety awareness). (Exh. 17, p. A145.)

LEGAL CONCLUSIONS

Jurisdiction

1. The Lanterman Act governs this case. An administrative “fair hearing” to determine the rights and obligations of the parties is available under the Lanterman Act. (§§ 4700-4716.) (Factual Findings 1-8.)

Burden and Standard of Proof

2. The party asserting a condition that would make the individual eligible for a benefit or service has the burden of proof to establish that he or she has the condition. (*Lindsay v. San Diego County Retirement Bd.* (1964) 231 Cal.App.2d 156, 160-161.) In this case, Claimant bears the burden of proving by a preponderance of the evidence that he has a developmental disability as defined by the Lanterman Act and is eligible for regional center services. (Evid. Code, § 115.)

Lanterman Act Eligibility Requirements

3. A developmental disability is a disability that originates before an individual turns 18 years old. This disability must be expected to continue indefinitely and must constitute a substantial disability for the individual. Developmental disabilities are limited to cerebral palsy, epilepsy, ASD, ID, or a disabling condition found to be closely related to intellectual disability or to require treatment similar to that required for an individual with an intellectual disability (also referred to as "5th Category"). Developmental disabilities do not include other handicapping conditions that are solely physical in nature, or which are solely psychiatric disorders or learning disabilities. (§ 4512, subd. (a); Cal. Code Regs., tit. 17, § 54000.)

SUBSTANTIAL DISABILITY

4. "Substantial disability" means:

(a) (1) A condition which results in major impairment of cognitive and/or social functioning, representing sufficient impairment to require interdisciplinary planning and coordination of special or generic services to assist the individual in achieving maximum potential; and

(2) The existence of 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) [CIL];

(G) Economic self-sufficiency.

(Cal. Code Regs., tit. 17, § 54001, subd. (a); see § 4512 (1)(1).)

Analysis

ASD

5. Claimant established by a preponderance of the evidence he has ASD as defined by the DSM-5-TR. Claimant's symptoms meet the requirements of Criteria A through E. (Factual Findings 16-19, 48-63, 66-79.)

6. Service Agency's evidence, including the 2024 evaluation and testimonies of Drs. Gayles and Prater, were given little weight and did not convincingly establish that Claimant does not have ASD or that his ASD does not constitute a substantial disability. Service Agency's evidence and failures to adhere to Lanterman Act requirements throughout Claimant's request for eligibility, including a failure to assess for provisional eligibility in 2024 and failure to conduct an assessment and consider Claimant's records in 2025, demonstrate a lack of awareness and attentiveness to Lanterman Act requirements. Further, Drs. Gayles and Prater did not establish themselves as reliable witnesses regarding Claimant's needs or diagnoses, ASD assessments, or Lanterman Act requirements.

7. In contrast to the lack of quality of Service Agency's evidence, Claimant presented consistent, descriptive, and comprehensive evidence demonstrating he has ASD. Dr. Singh's evaluation, coupled with Claimant's records, clearly demonstrate Claimant has ASD which constitutes a substantial disability.

8. Claimant demonstrates persistent impairment in reciprocal social communication and social interaction (Criterion A), as manifested by (1) deficits in social-emotional reciprocity, (2) deficits in nonverbal communication behaviors used for social interaction, and (3) deficits in developing, maintaining, and understanding relationships.

9. Claimant demonstrates RRSBs (Criterion B), as manifested by insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior and hyper- or hypo-reactivity to sensory input or unusual interest in sensory aspects of the environment.

10. Claimant further meets the requirements of Criteria C, D, and E because Claimant's symptoms are present during his early childhood (Criterion C), they limit or impair everyday functioning (Criterion D), and they are not better explained by an ID (Criterion E).

SUBSTANTIAL DISABILITY

11. When assessing whether Claimant's ASD constitutes a substantial disability, a wide variety of information, including all the evaluations presented at the fair hearing, should inform the decision. Claimant's records are replete with objective assessments by educational, OT, and therapeutic providers which demonstrate Claimant's ASD symptoms result in major impairment of his social functioning, representing sufficient impairment to require interdisciplinary planning and

coordination of special or generic services to assist the individual in achieving maximum potential. Further, the evidence established Claimant's ASD constitutes a substantial disability in four areas of MLA, expressive and receptive language, learning, self-direction, and CIL. (Factual Findings 16-19, 48-63, 66-79.)

12. The impacts of Claimant's ASD are further demonstrated by the success of the educational services provided to Claimant by the District. Despite his cognitive aptitudes, Claimant is unable to access his education based on his ASD symptoms without significant IEP services, including an aide. Claimant alone is not able to pragmatically communicate or build relationships with peers, manage his intense need for sensory input, or regulate his extreme sensorial and emotional responses to daily activities. Claimant's ASD symptoms further impact his self-direction and CIL as they cause him to lack safety awareness, posing safety risks to himself and others, and show he cannot be left unsupervised in a way common to his age.

13. Claimant has ASD, a qualifying condition under the Lanterman Act. Claimant's ASD constitutes a substantial disability in the MLAs of receptive and expressive language, learning, self-direction, and CIL. Accordingly, Claimant is eligible for services under the Lanterman Act.

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ORDER

Claimant's appeal is granted. Claimant is eligible for regional center services under the Lanterman Developmental Disabilities Services Act.

DATE:

CHANTAL M. SAMPOGNA
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 under Welfare and Institutions Code section 4713, subdivision (b), 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.