

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

In the Matter of:

CLAIMANT

and

REDWOOD COAST REGIONAL CENTER, Service Agency.

DDS No. CS0030012

OAH No. 2025090622

DECISION

Administrative Law Judge Karen Reichmann, State of California, Office of Administrative Hearings, heard this matter on October 17, 2025, by videoconference.

Claimant was represented by their parents. Claimant was not present.

Tito Ross represented the Redwood Coast Regional Center (RCRC).

The record remained open for claimant's parents to submit additional evidence and for RCRC to file a response, if any. Upon the parents' request, the deadline for submitting evidence was extended. No evidence was received by this deadline. The record closed, and the matter was submitted for decision on December 5, 2025.

ISSUE

Is claimant eligible for regional center services?

FACTUAL FINDINGS

Background

1. Claimant is 5 years old. Claimant's preferred pronouns are they/them.
2. Claimant's parents contacted RCRC in October 2024 to request an eligibility evaluation. The parents reported concerns with claimant's behavior and development. The parents suspected that claimant may have autism spectrum disorder (ASD). One of claimant's parents has been diagnosed with ASD and Attention-Deficit/Hyperactivity Disorder (ADHD).
3. On March 18, 2025, claimant's parents and claimant met with RCRC intake specialist Sasha Sokolowski. Sokolowski prepared a report documenting the information provided by the parents and some of her own observations.
4. RCRC referred claimant to psychologist Michael Wright, Ph.D., for a psychological evaluation. Dr. Wright interviewed claimant's parents, observed claimant, and administered several diagnostic assessments. Dr. Wright wrote a report with his findings and conclusions dated June 1, 2025.

Dr. Wright administered the Autism Diagnostic Interview-Revised (ADI-R) by interviewing both parents. Claimant scored above the cut off score for ASD in restricted, repetitive, and stereotyped patterns of behavior, but below the cut off score in the other two areas assessed (communication and reciprocal social interactions).

Dr. Wright also administered the Autism Diagnostic Observation Schedule – Second Edition (ADOS-2). Dr. Wright did not observe any restricted or repetitive behaviors during the ADOS-2, and reported that claimant showed age-appropriate understanding of emotions and relationships, engaged in reciprocal conversation, used gestures and facial expressions, and did not have difficulty with eye contact.

Dr. Wright concluded that claimant does not meet the diagnostic criteria for ASD. He found that claimant did not demonstrate persistent deficits in social communication and social interaction and did not have any restricted, repetitive behaviors, interests, or activities.

Dr. Wright administered intelligence testing and documented a Full Scale IQ of 115 (high average). Dr. Wright noted that claimant's performance on IQ testing was not uniform, with significantly higher scores on the Verbal Comprehension Index, Working Memory Index, and Visual Spatial Index than on the Fluid Reasoning Index and Processing Speed Index.

Dr. Wright recommended further evaluation for ADHD.

5. An RCRC eligibility team including psychologist Robin Kissinger, Ph.D., met and reviewed Dr. Wright's report and Sokolowski's report. The team concluded that claimant does not have a qualifying developmental disability and is not eligible for regional center services. Claimant's parents were notified of the decision denying eligibility on July 7, 2025.

6. Claimant's parents met with RCRC staff to discuss the denial. They provided additional medical records and expressed concerns about Dr. Wright's report. They were troubled that Dr. Wright misgendered one of claimant's parents, did not respect claimant's they/them pronouns, made conflicting findings, and used outdated

diagnostic assessment tools. Due to claimant's parents' negative experience with Dr. Wright and complaints about the intake process, RCRC offered to arrange a second evaluation with another clinician, but claimant's parents declined this offer.

7. Claimant requested a fair hearing to appeal the denial of eligibility.

Claimant's Evidence

8. Claimant's parents both have education and experience working in child development. They believe that claimant has ASD and/or another developmental disability and is substantially disabled. They asserted that the evidence refutes RCRC's eligibility denial.

9. Claimant's parents disagree with statements and conclusions in Dr. Wright's report, and expressed frustration that Dr. Wright did not appear at the hearing to testify.

10. Claimant's parents reported that claimant has significant functional limitations in language, self-care, and self-direction. Claimant scored low in receptive language in Dr. Wright's testing. Claimant has chronic challenges with feeding, grinding teeth, sensory sensitivities, and is still dependent on help for toileting. Claimant's parent comes to school to help claimant with toileting. Claimant has tantrums and engages in dangerous, aggressive, and self-injurious behaviors. Claimant is impulsive and elopes. Transitions are challenging for claimant. Claimant has social anxiety and plays by himself rather than with peers. Claimant's parents also reported a history of verbal stimming, body stimming, and rigid behaviors around food and play. Claimant snores loudly and a sleep study was performed on claimant the night before the hearing.

11. Claimant's parents expressed distrust for RCRC's eligibility process and complained of a lack of communication by RCRC. They declined the offer for a second evaluation because they lost trust in RCRC.

12. Claimant's parents also believe that claimant qualifies for regional center eligibility under the fifth category, based on the disparity between claimant's cognitive ability and life skills and claimant's inconsistent scores on Dr. Wright's IQ testing.

13. Dr. Kissinger acknowledged that claimant's IQ testing showed "peaks and valleys," which are sometimes seen in children with ASD. This testing profile, however, is also frequently seen in children with learning disabilities. Dr. Kissinger does not believe that claimant has an impairment similar to intellectual disability or requiring similar treatment. Dr. Kissinger also acknowledged that ASD and ADHD can have overlapping deficits and that some individuals have both conditions.

LEGAL CONCLUSIONS

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

2. A developmental disability is a "disability which originates before an individual attains age 18, continues, or can be expected to continue, indefinitely, and constitutes a substantial disability for that individual." The term "developmental disability" includes intellectual disability, autism, epilepsy, cerebral palsy, and what is referred to as the "fifth category." (Welf. & Inst. Code, § 4512, subd. (a).) The fifth category refers to "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.*) Disabling conditions that consist solely of psychiatric disorders, learning disabilities, or physical conditions do not qualify as developmental disabilities under the Lanterman Act. (Cal. Code Regs., tit. 17, § 54000, subd. (c).)

3. Pursuant to section 4512, subdivision (f), the term "substantial disability" is defined as "the existence of significant functional limitations in three or more of the following areas of major life activity, as determined by a regional center, and as appropriate to the age of the person: (1) Self-care. (2) Receptive and expressive language. (3) Learning. (4) Mobility. (5) Self-direction. (6) Capacity for independent living. (7) Economic self-sufficiency."

4. Regional center services are limited to individuals who meet the eligibility requirements established by law. It is claimant's burden to prove that they have a developmental disability, as that term is defined in the Lanterman Act.

5. Claimant has never been diagnosed with ASD. Claimant's parents' suspicions that claimant has ASD, even if informed by their education and experience in child development and one parent's diagnosis with this condition, do not establish that claimant has ASD. The presence of ASD can only be established by a formal diagnosis by a trained and impartial clinician.

6. The evidence failed to establish that claimant is eligible under the fifth category. Claimant has not been diagnosed with a condition that is closely related to intellectual disability or that requires similar treatment to that required by individuals with intellectual disability.

7. The evidence established that claimant has many behavioral challenges. The evidence did not establish that these challenges are due to a developmental disability.

8. Claimant has not met their burden of establishing that they are substantially disabled by a developmental disability within the meaning of the Lanterman Act. Claimant is not eligible for regional center services. Accordingly, the appeal is denied.

9. Claimant may reapply for regional center services in the future, should there be new information suggesting eligibility such as an ASD diagnosis by a qualified clinician.

ORDER

Claimant's appeal is denied.

DATE:

KAREN REICHMANN
Administrative Law Judge
Office of Administrative Hearings

NOTICE

This is the final administrative decision. Each party is bound by this decision. Either party may request a reconsideration pursuant to subdivision (b) of Welfare and Institutions Code section 4713 within 15 days of receiving the decision, or appeal the decision to a court of competent jurisdiction within 180 days of receiving the final decision.