

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

In the Matter of:

CLAIMANT

and

ALTA CALIFORNIA REGIONAL CENTER, Service Agency

DDS No. CS0030763

OAH No. 2025100381

DECISION

On January 28 and April 7, 2026, Marcie Larson, Administrative Law Judge, Office of Administrative Hearings, State of California, acting as a hearing officer, conducted a fair hearing by videoconference from Sacramento, California.

Robin Black, Legal Services Specialist, represented Alta California Regional Center (ACRC).

Claimant was represented by his mother. Claimant was not present at the hearing.

Evidence was received, the record closed, and the matter submitted on April 7, 2026.

ISSUE

Does claimant qualify for services from ACRC under the Lanterman Developmental Disabilities Services Act (Lanterman Act), Welfare and Institutions Code section 4500 et seq., because he is an individual with autism spectrum disorder (ASD)?

FACTUAL FINDINGS

1. Claimant was born in July 2008. He is currently 17 years old. Claimant lives with his parents in Davis, California. He has one older sibling. Between 2022 and 2023, claimant was diagnosed with Major Depressive Disorder, Generalized Anxiety Disorder, Social Anxiety Disorder and Attention-Deficit/Hyperactivity Disorder (ADHD). In December 2023, Allison Womack, Ph.D., BCBA-D, a Registered Psychological Associate at Bridges of the Mind Psychological Services, Inc. (Bridges of the Mind), diagnosed claimant with ASD.

2. In approximately April 2024, claimant's mother sought services for claimant from ACRC under the Lanterman Act, for ASD. On July 31, 2025, ACRC denied claimant's request, asserting that claimant is not eligible to receive regional center services because "there is no evidence that, prior to age 18, [claimant] had autism, cerebral palsy, epilepsy, intellectual disability, or a condition closely related to intellectual disability or that requires treatment similar to that required by individuals with developmental disabilities."

3. Claimant appealed the denial. A fair hearing was held on his appeal. During the fair hearing, claimant's mother argued that claimant is eligible for ACRC services under the Lanterman Act because he is an individual with ASD.

History of Prior Treatment, Assessments and Evaluations

4. Between 2022 and 2023, claimant was diagnosed by his treating physician at Kaiser Permanente with Major Depressive Disorder, Generalized Anxiety Disorder, Social Anxiety Disorder, and ADHD. Claimant was placed on medication. Robert M. Coates, M.D., is claimant's treating psychiatrist. In approximately January 2023, claimant was hospitalized due to thoughts of self-harm. In the fall of 2023, Kaiser Permanente's ASD Clinic referred claimant to Bridges of the Mind for an ASD assessment. Claimant was hospitalized again in January and April 2024 for thoughts of self-harm and suicide.

DR. WOMACK ASSESSMENT AND OPINIONS

5. On December 18, 2023, Dr. Womack completed a psychological evaluation of claimant and issued a report. Dr. Womack testified at hearing consistent with her report. At the time Dr. Womack completed claimant's psychological evaluation, she was a Registered Psychological Associate. She was supervised by Erika Frieze, Psy.D., a Licensed Psychologist at Bridges of the Mind. Dr. Womack became a licensed psychologist in 2024. She holds a Ph.D. in psychology, with a specialty in school psychology. Dr. Womack is a "doctoral level board certified behavioral analyst." She explained that she has 20 years of experience working with individuals with neurodevelopment differences.

6. As part of the evaluation, Dr. Womack conducted interviews with claimant, claimant's parents and claimant's therapist, Scott Weintraub, a Licensed Marriage and Family Therapist. Dr. Womack also administered several assessments and tests, including the Wechsler Intelligence Scale for Children, Fifth Edition (WISC-V), Adaptive Behavior Assessment System-Third Edition (ABAS-3), Multidimensional

Anxiety Scale for Children-Second Edition, Parent and Self Report Childhood Depression Inventory–2nd Edition, Parent and Self Report Social Communication Questionnaire (SCQ), Social Responsiveness Scale-2nd Edition (SRS-2), and Autism Diagnostic Observation Schedule, Second Edition (ADOS-2)-Module 4. Dr. Womack also reviewed the Diagnostic and Statistical Manual for Mental Disorders, Fifth Edition-TR (DSM-5). Dr. Womack did not review any of claimant’s educational records.

7. Dr. Womack noted in her report that the reason for the referral to Bridges of the Mind was as follows:

[Claimant] was referred to Bridges of the Mind Psychological Services, Inc., by Kaiser Permanente’s ASD Clinic due to concerns regarding an autism spectrum disorder. Parents had initial concerns about [claimant’s] development when he was approximately 7-8 years old due to difficulties navigating social struggles and friendships, strong division of “right” and “wrong”, cutting off friends and not wanting to resolve conflict, sleeping issues, difficulties deciphering emotions and letting them out, and low self-image.

8. At the time of the evaluation, claimant was enrolled in 10th grade at Davis School for Independent Study which is part of the Davis Unified School District (Davis Unified). Claimant’s parents reported he was in “hybrid classes, and he is supposed to be in class two days/week, though he has not been to school in several weeks.” Claimant’s parents explained that claimant had “significant difficulties with school at this time including struggles to remain focused, to stay in class, and to complete and turn in assignments.” Claimant was “frustrated with schoolwork.” He

would “slam things down” and demonstrated “significant self-doubt.” They also reported that until March 2023, claimant “had straight As at school, at which time he told his mother that he was exhausted, struggling with being perfect, and he did not have the energy to maintain friendships.” Claimant had a “504 plan for previous mental health diagnoses.”

9. Dr. Womack obtained a family, developmental, social, and medical history for claimant. Claimant’s parents reported to Dr. Womack that they have a family history that is “remarkable for anxiety, depression, obsessive compulsive disorder, bipolar disorder, gender dysphoria, schizophrenia, panic disorder, eating disorders, ADHD, substance abuse, and gambling addiction.” Claimant’s mother also reported claimant has a cousin who was recently diagnosed with ASD.

10. Claimant’s parents reported that their initial concerns about claimant’s development began when he was seven or eight years old. Claimant’s parents explained that when claimant was a child he “briefly participated in therapy services due to difficulties in school and maintaining friendships.” However, he was “not overly receptive to therapy at that age and services were discontinued.” Dr. Womack noted that claimant was diagnosed with depression in August 2022, panic/anxiety disorder in March 2023, and ADHD in November 2023. Since April 2023, he attended weekly therapy with Mr. Weintraub. He also meets with Dr. Coates for medication management monthly via Zoom.

11. Dr. Womack noted that on December 15, 2023, she spoke to Mr. Weintraub, who reported that claimant had significant “struggles with anxiety, depression, and anhedonia.” He also shared that claimant had “resistance and difficulties discussing emotions, friendships, and general difficult conversations.”

12. Claimant's parents told Dr. Womack that claimant "was hospitalized for several days at Sacramento Behavioral Health in March 2023 after running away from home one night and cutting himself." Claimant's parents explained that claimant was at "rock bottom." He was dealing with "many emotions which were hypothesized to have been related to the pressure of returning to in-person schooling following spring break."

13. Concerning claimant's early development, claimant's parents reported that he sat at five months, crawled between six and seven months, and walked independently at 12 months. His "motor milestones were met at the expected ages." Claimant was toilet trained at three years old, but he wore pullups overnight until he was nine or ten years. Claimant said his first words at 12 months and combined words into two to three-word phrases shortly thereafter. He was able to speak in short sentences between two and three years old. Claimant had "no history of language or motor regression."

14. Claimant's parents reported that claimant was "a picky eater since he was a toddler, though his willingness to try new foods has increased across time." He had "some difficulties with the textures of foods" and is also "particular about certain food brands and the way foods are cooked." His parents also noted that claimant "engages in some compulsive eating." Additionally, since birth claimant had "irregular sleep patterns."

15. Concerning claimant's communication and language abilities, claimant's parents reported that he had a speech assessment for a minor lisp when he was in elementary school which improved without intervention. When claimant was seven or eight years old, "he began to demonstrate significant black and white thinking patterns, and he continues to struggle understanding grey areas." Claimant's parents

reported he had "typical use and understanding of nonverbal gestures now and per history." He had "no instances of echolalia, neologisms, or stereotyped language." Claimant has "well developed language skills and he can converse with others about preferred and shared interests (e.g., metal working, blacksmithing, family pets, paintball). However, he struggles to engage in conversations outside of his areas of interest." Claimant's strong interests "shifted across time."

16. Claimant's parents noted in the past few years, claimant had difficulty making eye contact. However, they did not notice any atypical eye contact in his earlier years. They also described claimant as "sensitive and if he perceives that he is being reprimanded or told that he did something wrong, he struggles to focus on anything else." Claimant's parents "did not perceive any difficulties with [claimant's] ability to initiate and to respond appropriately to peers when he was younger."

17. Claimant's parents explained that claimant has several interests, including online video games, paintball, metal work, and blacksmithing. When he was younger, claimant "engaged in pretend and interactive play and he was reported to be a director of play." However, if "others did not follow his rules or processes then he often disengaged and walked away." Claimant is "particular about the placement of personal items in his bedroom and in the bathroom, he notices when items are moved, and he prefers that they not be touched." He is also "sensitive to loud or high-pitched noises and smells." Claimant also has "some sensory difficulties with foods, and he is particular to the feeling of certain clothing items."

18. Claimant's parents also shared that claimant "struggles with changes to routines and he prefers consistency." Claimant's parents did not report that claimant engaged in any stereotypical body movement. However, claimant reported that he

spun in circles and clapped his hands when he was young. Claimant also reported that he currently bites his nails and "moves/twitches his legs."

19. Dr. Womack conducted a mental status examination of claimant and made behavioral observations. Dr. Womack noted that during the intake interview claimant "played a game on his phone with earbuds, though he occasionally provided additional information, shook, shrugged his shoulders, and nodded his head." Dr. Womack did not observe any "atypical or repetitive motor behaviors." His "sensory behaviors were within normal limits." Dr. Womack explained that claimant appeared "anxious and depressed. His facial expressions were limited, and his affect was flat."

20. Claimant's general intellectual ability was assessed using the WISC-V. The WISC-V "is an intelligence test that measures a child's intellectual ability and five cognitive domains that impact performance." Claimant's full scale IQ (FSIQ) score fell in the high average range. His General Ability Index (GAI) "which is an estimate of general intellectual ability with reduced emphasis on working memory and processing speed relative to the FSIQ, fell in the high average range."

21. Claimant's mother completed the ABAS-3, which "assesses information in four general domains: conceptual (including communication, functional academics, self-direction), social (including social, leisure), practical (including self-care, home/school living, community use, health and safety), and general adaptive composite." Based on those responses, claimant obtained a General Adaptive Composite standard score of 86 which is below average.

22. Claimant's mother also completed the SCQ which "determines the degree of concerns related to the social and communication difficulties most often associated with" ASD. "Scores of 15 and above are considered to be clinically

significant." Claimant's mother reported six "positive symptoms resulting in a non-clinically significant score."

23. Claimant's mother also completed the SRS-2 which is used to assess for symptoms of ASD. The "SRS-2 consists of five subscales: Social Awareness, Social Cognition, Social Communication, Social Motivation, and Restricted Interests/Repetitive Behaviors." Claimant's score placed him in the "severe range" which indicate "differences in reciprocal social behavior that are clinically significant, lead to severe interference with everyday social interaction, and are often associated with ASD."

24. Dr. Womack also administered the ADOS-2, which is a "semi-structured, standardized assessment of communication, social interaction, and play or imaginative use of materials for individuals who have been referred because of a possible [ASD]." Dr. Womack explained the ADOS-2 "administration consists of a series of planned social occasions or 'presses' in which a behavior of a particular type is likely to occur." Dr. Womack presented claimant with "numerous opportunities" to exhibit behaviors of "communication and social interest."

Dr. Womack observed that claimant "used sentences in a largely correct fashion." Claimant's "speech was markedly flat and toneless, and he spoke very quietly." Claimant's "speech tended to be somewhat idiosyncratic at times but was not obviously odd." There was "little reciprocal conversation." Claimant also "used poorly modulated eye contact to initiate, terminate, and regulate social interaction." He also "showed limited insight into typical social relationships." Dr. Womack did not observe any stereotyped behaviors and restricted interests. Dr. Womack noted that claimant "showed marked anxiety during the evaluation." Dr. Womack opined that claimant's "observed behaviors were consistent with a diagnosis of ASD."

25. Dr. Womack utilized the DSM-5 to determine if claimant met the diagnostic criteria of ASD which require:

A. Persistent deficits in social communication and social interaction across multiple contexts, as manifested by all of 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 interest in sensory aspects of the environment (e.g., apparent indifference to pain/temperature, adverse response to specific sounds or textures, excessive smelling or touching of 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 developmental disorder (intellectual disability) or global developmental delay. Intellectual developmental disorder 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.

26. In her report, Dr. Womack included a chart containing the DSM-5 diagnostic criteria for ASD. Dr. Womack provided examples of claimant's conduct in the chart for each criteria claimant met, which supported her findings. At hearing, Dr. Womack testified that to meet the DSM-5 diagnostic criteria for ASD, claimant must meet all three criteria A under reciprocal social communication and social interaction. Dr. Womack determined claimant met all three criteria. Under criteria B for restricted, repetitive patterns of behavior, interests or activities, claimant must meet two of the four criteria. Dr. Womack determined that claimant met three of the four criteria. Dr. Womack also opined claimant met Criterion C, D and E.

27. For the DSM-5 criteria A1, deficits in social-emotional reciprocity, Dr. Womack wrote the following examples:

[Claimant] has well developed language skills. He prefers to engage in reciprocal conversations involving his interests,

but he struggles to engage in other back-and-forth conversations. [Claimant's] ability to organize and use language diminishes when responding to others in social situations and when discussing emotions.

28. For the DSM-5 criteria A2, deficits in nonverbal communicative behaviors Dr. Womack wrote the following examples:

[Claimant] prefers not to make eye contact and he noted that making eye contact with others makes him feel anxious. His use of nonverbal communicative gestures is limited and not well integrated with his eye contact.

29. For the DSM-5 criteria A3, deficits in developing, maintaining, and understanding relationships, Dr. Womack wrote the following example:

[Claimant] presents with difficulties understanding, developing, and maintaining close relationships.

30. Dr. Womack found that claimant required "Level 1" which requires support for social communication based on finding that he met all of the A criteria. Level 1 support is explained as follows:

Without supports in place, deficits in social communication cause noticeable impairments. Difficulty initiating social interactions, and clear examples of atypical or unsuccessful responses to social overtures of others. May appear to have decreased interest in social interactions. For example, a person who is able to speak in full sentences and engages

in communication but whose to-and-fro conversation with others fails, and whose attempts to make friends are odd and typically unsuccessful.

31. For the DSM-5 criteria B2, insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior, Dr. Womack wrote the following example:

[Claimant] presents with rigid thinking patterns and displays difficulties with changes to his routines.

32. For the DSM-5 criteria B3, highly restricted, fixated interests that are abnormal in intensity or focus, Dr. Womack wrote the following example:

[Claimant] displays highly fixated interests that shift across time (e.g., metal working, blacksmithing).

33. For the DSM-5 criteria B4, hyper- or hyporeactivity to sensory input or unusual interest in sensory aspects of the environment, Dr. Womack wrote the following example:

[Claimant] displays sensory sensitivities to noises, smells, food textures, and clothing items.

34. Dr. Womack opined that claimant requires "Level 2" which is "substantial support" for "restricted, repetitive patterns of behavior." Level 2 support is explained as follows:

Inflexibility of behavior, difficulty coping with change, or other restricted/repetitive behaviors appear frequently

enough to be obvious to the casual observer and interfere with functioning in a variety of contexts. Distress and/or difficulty changing focus or action.

35. Dr. Womack admitted that she did not directly observe any of the behaviors she included as examples to support her opinions that claimant met the B2 through B4 criteria. Rather, she relied on claimant's parents report of the behaviors.

36. Dr. Womack opined in her report that based on test results and interview, claimant "presents with challenges related to his communication and social functioning, which are exacerbated by symptoms of anxiety and depression as well as rigid thinking patterns." She also opined that claimant "presents with restrictive, repetitive, and perseverative behaviors indicative of ASD." Dr. Womack did not provide a differential diagnosis. Dr. Womack testified at hearing that she should have clarified the specific ASD symptoms and developmental trajectory of those symptoms to make them clearer in her report. However, she still agrees with the diagnostic conclusions she made in her report. As a result of her findings, she advised claimant's parents to contact ACRC to determine if claimant qualified for "supportive services."

SOCIAL ASSESSMENT PERFORMED BY ACRC

37. On September 28, 2024, Vincent Fong, a Licensed Clinical Social Worker and Intake Counselor for ACRC, performed a social assessment of claimant. Mr. Fong met with claimant and his parents at their home. Thereafter, Mr. Fong prepared a report. Mr. Fong did not testify at the hearing in this matter. Mr. Fong noted that claimant was being assessed after a referral to Bridges of the Mind by his Kaiser Permanente's ASD Clinic due to concerns regarding ASD.

38. The purpose of the social assessment was to obtain information about claimant's family, his medical and psychiatric history, to document behavior concerns and social functioning, and to obtain information about claimant's adaptive skills such as self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living and economic self-sufficiency.

39. After introductions, Mr. Fong spoke to claimant alone. Claimant brought Mr. Fong to the garage where "he explained he enjoys welding, metal work and riding dual sport motorcycles." Claimant explained to Mr. Fong "how the forge works for metal work." Claimant explained that he made a "suit of armor" for Halloween and "verbalized the challenges of moving in it with some humor thrown in."

40. After speaking with claimant alone in the garage, Mr. Fong sat with claimant and his parents at a dining room table inside the house. Mr. Fong noted that claimant was "present throughout the assessment" and "engaging, responsive to questions." He did not require prompting to answer Mr. Fong's questions. Mr. Fong noted that claimant did not exhibit any type of distraction and his speech was fluid, non-tangential and easy to track." The "tone of his voice was steady with some mild animation." Claimant "spoke in complete sentences" and his "eye contact was variable." Mr. Fong did not observe "any avoidant eye contact or idiosyncratic behaviors."

41. Claimant's parents reported that claimant has "difficulties expressing and connecting with his emotions, especially when he is triggered or overwhelmed." They explained claimant "always had trouble with fitting in with his peers" which his parents attribute to claimant's "rigidity and difficulty seeing others perspectives." They explained that he "engages in self-stimming behaviors when under stress and can become fixated on a specific topic as a form of stimming as it distracts him."

Claimant's mother shared she feels claimant's "issues are due more to depression and anxiety rather than autism."

42. At the time of the assessment claimant was enrolled in the 11th grade at a high school in Davis Unified. Claimant shared that he had friends at school and that he was "a lot better" as he used to be "scared of people due to anxiety." Claimant explained that he was playing football and "would like to play at a Division 1 or 2 college." Claimant also shared that he "enjoys riding motorcycles and he and his father "enjoy metal work and welding." Claimant was also preparing to obtain his driver's license.

43. Claimant reported that he could take care of all of his daily self-care needs. Concerning receptive and expressive language observations, Mr. Fong noted that claimant's mother shared that when claimant was younger, he liked routine and did not like to be interrupted. He was sensitive to loud sounds and high pitches. He would spin in circles and clap his hands. She also reported claimant had difficulty making eye contact when he was younger.

Mr. Fong noted that initially during the assessment, claimant was a "little reserved but warmed up quickly." Claimant "exhibited fluid speech and ability respond to all questions" in a thorough manner. Mr. Fong observed that claimant "understands humor and sarcasm." Mr. Fong "did not observe any issues with avoidant or poor eye contact." Mr. Fong opined that claimant was "aware of his surroundings." Claimant "responded well to his parents comments and feedback."

44. Mr. Wong concluded in his report that a determination of eligibility for ACRC services will be decided after comprehensive case review by the ACRC multidisciplinary Eligibility Review Team.

DAVIS UNIFIED SCHOOL DISTRICT ASSESSMENT

45. Between October 10 and 30, 2024, Davis Unified completed a Psychoeducational Assessment of claimant and issued a report. Claimant was in the 11th grade at the time. Claimant's parents requested the assessment "due to concerns regarding [claimant's] overall school functioning including autism, social interactions, emotional regulation, and adaptive functioning."

46. As part of the assessment, Davis Unified reviewed claimant's educational records, conducted interviews and administered a variety of tests and assessment, including the Autism Spectrum Rating Scale (ASRS). It is noted that claimant had been enrolled as a student at Davis Unified since kindergarten. Information concerning claimant's performance from kindergarten through six grades is listed as follows:

Elementary School

Review of elementary school records indicates regular attendance and no excessive tardies. Marks are in the expected ranges overall. Summaries follow. Marks are taken from trimester 3; comments are from all available areas.

6th grade:

No grades are listed for trimester 3 due to Covid school closures. Trimester 2 grades are As and Bs in all classes. Teacher comments include that [claimant] is a strong student who cares about his learning and works hard to achieve. He doesn't accept positive feedback easily but has a creative component to his work. He doesn't care for

writing but is developing a personal style and is learning to express himself with greater clarity.

5th grade:

Marks are in the 3s (Adequate Understanding) and 4s (Thorough Understanding) in all areas. Comments indicate [claimant] is conscientious but can be off task occasionally. When off task, he is easily redirected.

4th grade:

Marks are in the 3s with the exception of two specific reading areas (summarizing text to determine theme and using key details to determine the main idea) and portions of math (fraction equivalents, using measurement to solve problems, understanding angles and measuring angles using a protractor, and drawing and identifying angles and shapes based upon angles). These are marked 2s (Partial Understanding). Teacher comments include that [claimant] is compassionate and cares about his classmates. He works diligently to use his time wisely and turns in work on time. He can work on staying in his own space (including talking), accepting responses when he doesn't like the answer, grammar, and seeing the gray in problems (social).

3rd Grade:

Marks are in the 3s and 4s in all areas. Teacher comments indicate [claimant] is an enthusiastic student who has good math skills. He could benefit from slowing down when completing work and keeping his emotions in check.

2nd grade:

Marks are in the 3s and 4s with the exception of Narrative Writing. Teacher comments state [claimant] is a bright student whose work products show care and thought. He interacts well with peers.

1st grade:

Marks are in the 4s in all areas. Comments note that he transitioned well into 1st grade and was an eager participant. He was reported to be friendly and outgoing, creative and curious.

Kindergarten:

Marks are 4s in all areas. Comments note that [claimant] was a positive contributor to class and consistently put forth his best effort. Improvement was suggested in emotional regulation.

47. It was noted that claimant completed part of sixth and all of seventh grade at home due to the COVID-19 pandemic. Claimant returned to in-person class at David Unified for eighth grade. Claimant had a "history of consistent attendance until

9th grade." It was noted that a "Section 504 Plan" was developed for the 2023-24 and the 2024-25 school years due to claimant's anxiety and depression.

48. Claimant's 11th grade teachers also provided the following feedback regarding claimant:

Current grade in American Studies is 86.9%. [Claimant] is a strong self-advocate. He requests accommodations in advance. He participates in class and is social with a close group of friends. Work is submitted on time (currently has 100% in Professionalism). Asks questions and seeks help when he needs it. My assessment is that [claimant] is even more capable than he thinks he is. (Written input from teacher report form)

See above for current grade. I also agree with [above teacher's] assessment of [claimant] on all counts – especially that he is more capable than he thinks he is. The one thing that I will add is that I would love to see him ask content related questions as needed. He may not be asking because he understands the content so well, but the logistic/accommodation questions are frequent and the content questions are less so.

[Claimant] is a TA [teacher's assistant] for me this year and in that role he is a great communicator, always asks how he can help and does any tasks I assign to him, even if frustrating or boring. He is also good at communicating

how tasks are for him and advocating for himself if he needs to do schoolwork instead of TA work, which is always fine. I appreciate his clear explanations of events and experiences in his life, and his sense of humor. I see how hard he is trying to get back into life at DV and I always look forward to his life updates:) As a student in the junior high, I found [claimant] to be a strong writer, engaged in classroom conversations, and great at asking clarifying questions to make sure he was doing the work as hoped and to a high quality. He was a strong collaborator but did have a deep sense of injustice when people didn't complete their share of the work or were mean to others.

Additional comments provided via BASC 3 rating scale:
[Claimant] experiences a great deal of anxiety and will worry about the future and things beyond his control. He can ruminate about perceived injustices and have difficulty moving on. He can become upset or angry when these situations occur.

49. As part of the assessment claimant was observed during class and documented. Claimant was observed working on a problem with another student. Claimant spoke to the other student "directly, made good eye contact, smiled, and nodded when she gave answers to his questions." Additionally, "when the teacher used the opportunity to share the information with the class, [claimant] followed her with his eyes and body position." Claimant also raised his hand to ask a question. Overall, he was engaged and there were "no indications of anxiety were observed (no foot

bouncing, no movement within his seat, no visible appearances of being uncomfortable).”

50. Davis Unified utilized the ASRS which was “designed to measure behaviors of children and youth aged 2 through 18 years, reported by parents and/or teachers that are associated with the Autism Spectrum Disorders.” The ASRS “comprises 70 items to be completed by teacher(s), parent(s) and others that have knowledge of the individual’s behaviors.” Claimant’s mother and two of his general education teachers were asked to complete scales. ASRS scores of 40-60 are considered average, 61-64 are slightly elevated, 65-69 are elevated, and 70 and above are very elevated. Claimant’s mother and one of claimant’s teacher gave claimant a score of 64. The other teacher gave claimant a score of 60. The report noted that claimant’s “scores range from Average to Slightly Elevated indicating he exhibits at least some behaviors similar to others diagnosed with [ASD] in the home and school settings.”

51. However, to qualify for education services for ASD, claimant must have a developmental disability significantly affecting verbal communication, nonverbal communication and social interaction. Claimant was found to have a developmental disability significantly affecting his social interaction, but not his verbal or nonverbal communication. Therefore, he did not qualify for education services for ASD.

52. Claimant qualified for educational services for an emotional disability. The basis for that finding includes the following:

[Claimant] has demonstrated he has the ability to learn and does well in school when in attendance and with minimal demands. His level of anxiety is sufficient to keep him from

fully participating in his education (he has missed half of the required attendance periods) and can contribute to misunderstandings with peers and teachers. Rating scales completed by [claimant], his parents, and his teachers indicate the feelings are pervasive (occurring in most settings); medical history documents they have been present since at least 9th grade.

53. The assessment concluded that claimant would benefit from instruction to “bolster coping strategies, executive functioning, and collaboration skills as well as to build tolerance for written assignments and those activities that require social interaction and collaboration.”

DR. HALEIGH SCOTT ASSESSMENT AND OPINIONS

54. Haleigh Scott, Ph.D., has been a licensed psychologist since 2019. Dr. Scott holds a Ph.D. and master’s degree in intellectual and developmental disabilities psychology. From 2018 until 2020, Dr. Scott was a Postdoctoral Fellow in the Autism Research Training Program at the University of California, Davis MIND Institute. Since 2020, Dr. Scott has owned and operated City of Trees Assessment and Psychotherapy, a private clinic which specializes in assessment and treatment of neurodevelopmental disorders. Dr. Scott contracts with ACRC to provide psychological assessments of developmental disabilities.

55. On June 18, 2025, based on a request from ACRC, Dr. Scott conducted a psychological evaluation of claimant and prepared a report. Dr. Scott testified at the hearing in this matter consistent with her report. Dr. Scott’s report included the following reason for the referral from ACRC:

[Claimant] was referred by the Alta California Regional Center (ACRC) for a psychological evaluation. [Claimant] was originally referred to ACRC by Bridges of the Mind Psychological Services due to their diagnosis of autism spectrum disorder.

[Claimant] is to be assessed due to his recent diagnosis of autism spectrum disorder, socialization concerns, and behavioral concerns.

56. As part of her evaluation, Dr. Scott interviewed claimant, his parents, and reviewed available records, including claimant's Davis Unified evaluation report, medical records and Dr. Womack's report. Prior to hearing, Dr. Scott reviewed a November 12, 2025, psychological evaluation report concerning claimant, issued by Jennie Kaufman Singer, PhD, a Licensed Clinical Psychologist. Dr. Scott also administered standardized testing and assessments including the Weschler Adult Intelligence Scales- Fifth Edition (WAIS-5), the Vineland Adaptive Behavior Scales-Third Edition (VABS-3) and the ADOS-2.

57. Dr. Scott obtained a family, developmental, social, and medical history for claimant. The information claimant's parents provided to Dr. Scott about claimant's early childhood development was mostly consistent with the information they shared with Dr. Womack. Concerning claimant's social functioning, claimant's parent reported the following:

In [claimant's] early childhood his language was typical though his parent's noted that he had a slight lisp. [Claimant] would approach other children to play in

preschool and there were no concerns raised by teachers about his social behavior. [Claimant's] parents reported that he would share interest and objects with them frequently. Parent's reported eye contact, use of pointing, and other gestures in early childhood. [Claimant] could have back and forth conversations about a variety of topics. [Claimant's] parents reported that in early childhood he played outside frequently, loved to ride bikes/scooters and play on gym equipment. [Claimant] played with his sibling frequently and parents reported that they would role play and engage in imaginary play, though [claimant's] parents noted that the sibling often led the play.

As [claimant] entered elementary school, his parents reported that he experienced some bullying due to his weight. [Claimant] made friends and had some close friends but his parents reported that if a friend upset him, he would cut them off and find new friends. Currently, [claimant] is isolated and does not have any in-person friends. [Claimant] does have friends online and has had online romantic relationships. Currently, [claimant's] parent's report that his ability to have a back-and-forth conversation "depends on the day," and they reported this is a big change from early childhood. [Claimant] is unable to articulate why he does not want to talk with others.

58. Claimant's parents also shared that in early childhood, claimant "did not have any repetitive movements, however, currently he paces and taps his foot frequently." There also "were not any restricted interests in early childhood." Although currently, he struggled "to attend to things for a long period of time." They explained that claimant is "easily bored and is constantly wanting new and novel experiences." Claimant also "gets very rigid and agitated if his parents do not fulfill his desires or if he cannot complete a new task successfully the first time." Claimant's parents also shared that claimant was a "picky eater" as a child but had expanded his diet and there were not concerns about his diet.

59. Concerning claimant's psychiatric history, claimant's parents explained that claimant meets with a psychiatrist monthly for medication management and that he was "previously in therapy, but he refused to participate in therapy services." Claimant's parents also reported that claimant had "four 5150 holds due to self-harm, elopement, and threats of self-harm." They reported that claimant was in residential placement in May and June of 2024 for six weeks.

60. Concerning claimant's education history, claimant's parents reported that they had no concerns until the sixth grade. Claimant's parents shared the following information:

In the middle of sixth grade, he transitioned to online school due to the Covid-19 pandemic. During this time, his parent's reported that [claimant] was in his room, gaming frequently. They reported that during this time he seemed happy and he seemed to be keeping up with the schoolwork. In 8th grade, school returned to in-person learning and [claimant] was struggling to integrate back

into the school environment. During this time, [claimant's] parents reported that he started having increased struggles with anxiety and depression. In 9th grade he moved to high school, and in the fall his parents reported that he was getting good grades, social, playing football, and attending school. In the spring, [claimant] started crying, voicing feelings of depression, and wanting to leave school. He was missing school frequently at this point and at one point ran away from home. In 10th grade, [claimant] tried to transition to the Davis School for Independent Student but this did not work for him. [Claimant's] parents unenrolled him in January and he attended an online school to finish his 10th grade year. In his 11th grade year, [claimant] enrolled back into a public charter. In March, his parent's unenrolled him and he is currently in online school.

61. Dr. Scott noted during her evaluation she made behavioral observations concerning claimant. She often observed claimant "using appropriate eye contact, particularly during cognitive testing, although it was slightly less than would be typically expected." She noted that during times when claimant was "showing clear anxiety" he "frequently avoided eye contact." Claimant was "reserved and quiet." He also "did not engage in small talk with the clinicians and spoke minimally during tasks." However, "during several non-verbal fluid reasoning tasks in the WAIS-V that [claimant] excelled at, [claimant] became noticeably more interested and engaged." Dr. Scott noted that "during these two tasks, he spontaneously began explaining his thought process on difficult questions to the clinician."

62. Claimant's general intellectual ability was assessed using the WAIS-5, which is "designed to measure the general thinking and reasoning skills of people 16 and older." The WAIS-5 results in a FSIQ "as well as several domains related to intelligence: Verbal Comprehension, Visual Spatial Reasoning, Working Memory, Fluid Reasoning, and Processing Speed." The testing revealed that claimant's FSIQ is in the above average range, "indicating that [claimant's] overall skills are higher compared to those of his peers."

63. Claimant's parents completed the VABS-3, which is a "standardized measure of adaptive skills, the skills that people use to function in their everyday life." The VASB-3 "covers three domains: Communication, Daily Living, and Socialization as well as providing an Adaptive Behavior Composite score. This measure is intended to assess the tasks and activities that [claimant] can do independently on a regular basis." Claimant's overall adaptive functioning "is in the exceptionally low range with a score of 64, indicating that [claimant's] overall adaptive skills are significantly lower compared to those of his peers."

Dr. Scott explained that the "communication domain measures the individual's ability to effectively use and understand both verbal and non-verbal communication, as well as social interactions." Dr. Scott noted that claimant "fluently understands complex speech and he speaks fluently using complicated grammatical elements. He can explain about events or topics in detail. [Claimant] reportedly struggles significantly with attention. He is unable to pay attention to a 15-minute talk and often struggles to maintain attention with tv shows and movies."

Claimant's parents also scored claimant's daily living skills in the below average range. The daily living skills assess included "personal care, household chores, meal preparation, and money management." Claimant's parents reported that claimant can

complete the tasks independently, but he typically asks his parent to do the tasks for him.

Concerning claimant's social interaction and interpersonal skills, including making friends, managing relationships, and emotional regulation, claimant's parents scored him in the "exceptionally low range." Claimant's parents noted that claimant "does not go places to spend time with peers and rarely goes places in public on his own." However, he "recently began driving several places independently." He also "experiences significant difficulty regulating his emotions including handling disappointment and controlling his anger." Claimant is "very sensitive and aware of the emotions of others; he shows different emotions and can appropriately converse with others." However, claimant "does not have a best friend or good friends and does not maintain friendships over time."

64. Dr. Scott also administered the ADOS-2. Dr. Scott noted that during the administration of the ADOS-2:

[Claimant] presented with obvious and intense signs of anxiety and clear symptoms of depression. [Claimant] sat with his arms held tightly in front of him and his body was noted to be extremely tense throughout the assessment. He had a flat affect, avoided eye contact for much of the assessment, and was observed to tremble and bounce his leg intensely, especially during questions on the ADOS-2 which he found upsetting. [Claimant] also articulated to the clinician that he was very anxious and uncomfortable with the clinician's questions. He stated, 'I do not like being treated like I am different. I have done this a hundred times.'

I just want to get this over with. 'During several of the topics brought up by the clinician, [claimant] became visibly upset and stated that he did not wish to talk about that topic.

Dr. Scott noted that claimant's "expression was flat throughout the assessment, except for some frustration and anxiety which appeared during conversations about emotions and relationships." Claimant made appropriate eye contact during the assessment. Dr. Scott did not observe any atypical use of language or repetitive language.

Claimant's "conversation and engagement were variable throughout the assessment." He declined to answer questions about "sensitive topics such as bullying, friendship, and relationships." When discussing "topics such as pets, travel, and everyday annoyances, [claimant] responded appropriately to the clinician's questions and occasionally offered additional information." Concerning "social and emotional understanding, [claimant] was able to share situations that make him feel happy, angry, sad, and bored."

Dr. Scott noted that claimant "demonstrated some creativity, though it was noted that he was clearly annoyed and anxious when asked to complete the more playful and activity-based items in the assessment." Dr. Scott did not observe any "restricted interests, unusual sensory interests, or rigidity was observed." Claimant did "bounce his leg, [but] this was clearly anxiety related and tended to occur along side other obvious signs of anxiety and in response to sensitive questions."

Dr. Scott opined that claimant's "score on the ADOS-2 were consistent with a classification of autism." Claimant's "total score (12) was above the cut-off scores

(autism=10, autism spectrum=7)." Dr. Scott explained that claimant's engagement during the assessment was "fairly low." He indicated that he wanted to get the assessment "over with." Dr. Scott noted that "it is important to understand that a classification score on the ADOS-2 is not the same as a clinical diagnosis." Rather the "ADOS-2 is one tool that is used to collect information on the observable behaviors of an individual and this information is combined with other clinically relevant data, observations, historical information, and clinical judgement in the context of a full evaluation."

65. Dr. Scott explained that under the DSM-5, to receive a diagnosis of ASD, A1, A2, and A3 criteria must be met. These are: (1) persistent deficits in social communication and social interaction across multiple contexts, (2) restricted, repetitive patterns of behavior, interests, or activities, and (3) symptom presentation beginning in early childhood." Dr. Scott opined that claimant does not meet A1, A2 or A3 criteria set for in the DSM-5. Dr. Scott explained that:

In terms of social communication and socialization, [claimant's] parents reported typical development of skills in early childhood. They reported that [claimant] had typical use of eye contact and gestures. [Claimant] has demonstrated typical social-emotional reciprocity, including back-and-forth conversation and appropriate initiation of and response to social interaction. [Claimant] has shown the ability to develop, maintain, and understand relationships. As a young child, [claimant] had typical friendships that he maintained, and he played imaginatively with peers. [Claimant] did not engage in any repetitive patterns of

behavior or play in early childhood and he does not engage in repetitive patterns of behavior or show any patterns of restricted interest currently.

Dr. Scott opined that in sixth grade claimant experienced a "significant disruption in his life" due to the COVID-19 pandemic. Claimant completed school at home until eighth grade. During that time, he "did not have engagement with peers and mainly played video games in his room during his free time." Dr. Scott explained that transitioning back to in-person school was difficult for claimant. He "began experiencing severe anxiety and depressive symptoms." She explained that "it was during this time that [claimant's] behavioral concerns began, which had not been observed in early childhood. She opined that the "onset of difficulties during adolescence and the absence of behavioral concerns during early childhood rules out a diagnosis of [ASD]."

Dr. Scott further explained that claimant "clearly continues to experience social anxiety and social isolation." She noted that he "missed out on important socialization experiences with peers during important periods of his social-emotional development, and he would benefit from developing his social skills, addressing his social anxiety and depression, and increased social interaction with same age peers." Dr. Scott opined that claimant's "current challenges are best captured by his existing diagnoses of social anxiety disorder, major depressive disorder, and ADHD."

66. Dr. Scott explained that she had concerns with the basis for Dr. Womack's opinion that claimant meets the DSM-5 criteria for ASD. Dr. Scott explained that Dr. Womack noted there was not a strong early history of symptoms associated with ASD, which is consistent with Dr. Scott's findings. Yet she concluded claimant met the DSM-5 Criteria A for ASD. Additionally, Dr. Womack gave support at "Level 2"

diagnosis for Criteria B for restrictive and repetitive behavior. Dr. Scott found this “strange” because the definition of Level 2 support requires that restricted and repetitive behaviors appear frequently enough to be obvious to the casual observer. However, Dr. Womack did not see any evidence of these behaviors during her assessment.

DR. SINGER EVALUATION AND OPINIONS

67. Dr. Singer is a licensed clinical psychologist. In 1995, Dr. Singer earned her Ph.D. in clinical psychology. After becoming licensed, Dr. Singer worked on and off for many years for the California state and federal prison and parole system with male and female offenders. From 2003 until 2018, Dr. Singer was a professor of criminal justice at Sacramento State University (Sacramento State).

Dr. Singer’s psychologist license was inactive from 2014 until 2017. Dr. Singer has an adult child with ASD who is a client of a bay area regional center. Dr. Singer explained that she was focused on research and helping her son while her license was inactive. From 2019 until 2021, Dr. Singer worked as a psychologist at several places including Bridges of the Mind. Dr. Singer was a supervising psychologist at Bridges of the Mind. Dr. Singer was also performing assessments.

Since 2023, she has operated a private practice supporting patients with ASD and their families. Dr. Singer does not conduct developmental disability assessments, unless she has a patient who was “not correctly assessed.” If she disagrees with an assessment performed on a patient, she will do an assessment the patient can use to submit to a regional center for services.

68. Dr. Singer first met with claimant’s parents in November 2023. She meets with claimant’s parents every other week to provide “coaching.” Claimant’s parents

began working with Dr. Singer when claimant was in "crisis." He was struggling with social situations. Claimant was not Dr. Singer's patient, and she did not meet claimant until September 2025, although she did speak to Mr. Weintraub regarding the therapy he provided claimant.

69. In December 2023, claimant's parents provided Dr. Singer with the report prepared by Dr. Womack. Dr. Singer described Bridges of the Mind as a "highly regarded clinic." Dr. Singer agreed with Dr. Womack's findings and recommendations.

70. In February 2025, claimant's parents informed Dr. Singer that ACRC was requiring claimant to under another psychological assessment to determine whether he qualified for regional center services. In response, Dr. Singer wrote a letter to ACRC dated February 10, 2025. In the letter, Dr. Singer informed ACRC in part that:

In working closely with [claimant's] parents as an autism specialist, I have determined that [claimant] has Autism Spectrum Disorder with a strong PDA (pathologically demand avoidant) profile. He also struggles with depression. [Claimant] struggles to comply with the demands of school, and he has spent over a year in deep burnout, needing to stop school, go to the hospital, and to develop coping strategies so that he could get through each day.

It is very important for [claimant] that he get Alta's services. He will need to have support as he gets through high school and transitions to adulthood. Making him go through the intensive and very upsetting process of getting

evaluated a third time (first Bridges of the Mind to get the ASD diagnosis and then the school district to get qualified for an IEP [Individualized Education Program]) would be, in my professional opinion, cruel and unusual punishment for [claimant].

71. Dr. Singer explained that she wrote the letter to ACRC with the hope that claimant would not be subjected to another evaluation. Dr. Singer was disappointed that ACRC required claimant to undergo an evaluation with Dr. Scott in June 2025.

72. Dr. Singer learned from claimant's parents that claimant's experience with Dr. Scott was very negative. The experience was also negative for claimant's parents. They felt that Dr. Scott had decided claimant did not have ASD before evaluating him, because claimant's parents did not report to her any early childhood symptoms that were consistent with ASD. After claimant's parents provided Dr. Singer with Dr. Scott's report, Dr. Singer completed an assessment of claimant to "rebut" Dr. Scott's report.

73. On September 8 and 10, 2025, Dr. Singer met claimant for the first time when she completed a psychological evaluation and issued a report dated November 12, 2025. As part of the assessment, Dr. Singer conducted clinical and social interviews with claimant and his mother. Dr. Singer reviewed "prior psychological reports" and conducted an Autism Diagnostic Interview – Revised (ADI-R). Dr. Singer did not administer the ADOS to claimant because she did not want to ask him any questions that made him "uncomfortable."

74. Dr. Singer wrote in her report the following reason for the evaluation:

The purpose of the current evaluation is to review prior findings, and to specifically determine if symptoms were

present prior to age 4. Current symptoms and functioning will also be determined. The main purpose of this evaluation is to determine definitively if [claimant] has ASD, and to get him services through Alta Regional Center.

75. Dr. Singer obtained information from claimant's mother regarding claimant's developmental, medical, psychiatric and educational history. Concerning his early development, Dr. Singer noted the following about the information claimant's mother provided:

In elementary school, [claimant's mother] said that he had increasing difficulties with classroom friendships, and she had many teacher calls and conferences dealing with this issue. He was bullied, starting in elementary school, on the playground and in the classroom. She wrote, '[claimant] would be upset and then mask and go back. Clear as day to me now. By 6th grade, he was exhausted. Didn't want to go to Outdoor Ed. camp and was asking to stay home sick quite often. Prior to age 4, it's important to emphasize that he got lost in the crowd of Montessori and was bonded to his teacher and older sibling in a classroom where he could follow and not give a lot of early signs that were easily identifiable to clueless parents and pre-school educators that weren't trained to diagnose high masking autism in a 40+ child daycare with Montessori jobs and tasks. It's a perfect storm to allow a child to mask.

76. Concerning claimant's medical history, claimant's mother reported that claimant "self-soothes with food/novelty of food ordering/familiar tastes to self-soothe..." Dr. Singer opined that "this aligns with his from-birth rigidity of food limitations. He would only eat limited foods, from limited locations /stores/restaurants. Highly taste sensitive his whole life, from the breast on."

77. Concerning claimant's psychiatric history, claimant's mother reported that claimant "had difficulty with depression, anxiety, social situations, academic functioning, and the ability to attend school." Claimant's mother reported his hospitalizations for mental health crises. She also reported that claimant was no longer attending therapy. However, he continued to see Dr. Coates for medication management. Dr. Coates provided claimant's mother a letter which stated that he agreed with Dr. Womack's ASD diagnosis.

78. Dr. Singer conducted a clinical interview with claimant's mother for the ADI-R and the "results were calculated by algorithm." Dr. Singer opined in part that:

The results of the ADI-R indicate that [claimant] meets criteria for autism spectrum disorder according to the scoring algorithms for failure to use nonverbal behaviors to regulate social interaction, failure to develop and maintain typical peer relationships, lack of shared enjoyment, lack of socioemotional reciprocity, and relative failure to initiate or to sustain conversational interchange. He has had an inability to soothe himself from birth, and he needed to be close to or on his mother to soothe himself. He was a poor sleeper. He cried constantly and needed to be coregulated.

79. Dr. Singer conducted an interview with claimant. She made the following observations:

[Claimant] was clearly anxious, and he stated that he wanted his father to stay in the room with him. Claimant sat on the couch during the interview, and he held a pillow in front of his stomach, pushing in on it at times. He fidgeted with a string with his fingers and looked at his lap during our conversation. He said that he was sucking in his chest, and that if he lets his stomach jut [*sic*] out into the pillow this upsets him. He said that he always prefers to sit down holding a pillow against himself.

80. During the clinical interview, claimant talked about wanting to go to college in California to study computer science. Claimant explained that if he lived by himself, he would be motivated to take care of his own needs. Claimant explained that "when others are around he much prefers for others to do things for him." Claimant explained that:

[H]e mows the lawn, he can pump gas and drive, although he always prefers others to go with him and do things for him. 'I am definitely lazy,' he stated, and motivating himself to do things is really hard for him. He spends time at home stimming. 'I like to kick off things, like chairs,' he said, and he likes to wrap himself around things. The tight hugging sensation helps him. He also really likes swinging motions and likes to create a swinging movement with his foot in a chair. He also taps his foot (he also did this in the office). He

likes proprioception and must keep moving during his day.

He also can find himself moving around in circles.

81. Claimant also explained that he had his "most friends" in elementary school. He began struggling with friendships in junior high school. Claimant stated that he was "taunted" every day for "being smaller, chubby, or a nerd." Claimant described "dramatic and upsetting responses to certain social interactions, and [which] tend to ruin the relationship and usually the setting has to be abandoned as well." For example, he quit his job at a paintball company because of disagreements with his boss and employees.

82. Claimant shared that he "dropped out of high school entirely for a while and was unable to leave his house regularly. After he started to feel calmer and less burnt out, he started to work out regularly at the gym, but after a few months he couldn't sustain this energy and he stopped going."

83. Dr. Singer opined that claimant meets all the DSM-5 criteria for ASD. In her report she included a chart containing the DSM-5 diagnostic criteria for ASD, noting that he meets all of criteria A, B, and C. However, she did not list any examples of conduct. Dr. Singer said it "would have been a great thing for her to do" but her failure to do so does not affect her opinion that the criteria were met.

84. Dr. Singer opined that other psychologists have denied that claimant has ASD because he has been able to "mask" his symptoms. However, because of the COVID-19 pandemic, claimant "hit a wall" and became so overwhelmed at that point that it looked like an "emotional breakdown that was a depression" but is more consistent with ASD.

DR. WOMACK RESPONSE TO DR. SCOTT'S EVALUATION

85. Dr. Womack sent a letter to ACRC dated December 19, 2025, to "address inaccuracies and/or misrepresentations" regarding her December 2023 evaluation. Concerning early development symptoms, Dr. Womack explained that she noted "early neurodevelopmental differences, including parental concerns from approximately 7-8 years of age regarding social relationships, dichotomous thinking, emotional expression, and self-image." She opined that "these challenges are consistent with subtle presentations of autism spectrum disorder in higher-functioning individuals."

86. Dr. Womack also stated that she completed a differential diagnosis. Dr. Womack stated that she considered claimant's "mood factors, including anxiety and depression, as well as his history of psychiatric hospitalizations." Dr. Womack explained that her "assessment distinguished symptoms attributable to mood disorders from those consistent with autism spectrum disorder, concluding that the observed symptomatology exceeded what would be anticipated from mood-related factors alone."

Additional Testimony at Hearing

DR. CARL MODESTE

87. Carl Modeste, Ph.D., is an Associate Psychologist at ACRC. In 2020, Dr. Modeste obtained his doctorate in forensic psychology. Dr. Modeste has worked for ACRC since June 2023. Dr. Modeste currently works under the supervision of a clinical supervisor until he achieves full licensure by the California Board of Psychology. Dr. Modeste's duties include consulting with ACRC staff and vendored psychologists regarding eligibility determinations.

88. Dr. Modeste reviewed all of claimant's records, including the assessments performed by Dr. Womack, Dr. Scott, Davis Unified and Dr. Singer. Dr. Modeste explained that ACRC had concerns about Dr. Womack's evaluation because she did not include in her report or indicate that she considered differential diagnoses. He explained it is important to consider whether symptoms can be attributed to a diagnosis of ADHD, depression or anxiety, rather than ASD. Dr. Modeste explained that this is particularly important because ASD symptoms appear at birth and do not typically change.

89. Additionally, Dr. Modeste explained that Dr. Singer based her opinions primarily on claimant's mother's report. Dr. Modeste explained that information must be independently verified. It does not appear that Dr. Singer relied on any outside sources to support her conclusions.

90. In contrast, Dr. Scott conducted a comprehensive evaluation and articulated why claimant's symptoms can better be captured by his diagnoses of social anxiety disorder, major depressive disorder, and ADHD. Specifically, Dr. Scott described how claimant's symptoms coincided with the return to school after the the COVID-19 pandemic, rather than early childhood, which typically rules out an ASD diagnosis.

CLAIMANT'S MOTHER

91. Claimant's mother testified at hearing that she understands her son has complex diagnoses. However, she has come to learn that claimant has been "masking" his ASD symptoms since he was an infant. At times, claimant does well and other times he struggles. For example, when Mr. Fong conducted the Social Assessment at their

home, claimant was in a “good place.” Claimant’s mother explained that within a month after his visit, claimant was not doing well and could not go to school.

92. Claimant’s mother also explained that during her interview with Dr. Scott she was not prepared to answer questions about claimant’s toddler years. Claimant’s mother explained that she was not aware that the different issues he had as a toddler were symptoms of ASD. Claimant’s mother complained that Dr. Scott did not make her or claimant feel comfortable. As a result, the outcome was negative.

93. Claimant’s mother also described the Davis Unified evaluation as a “disaster.” She believes the evaluation was incomplete because claimant was not able to continue to attend school. Claimant needs to complete three credits to obtain his high school diploma. However, right now he is not motivated to finish.

94. Claimant’s mother explained that claimant has decided to stop taking medication. He is not participating in therapy. Claimant’s mother is trying to support claimant and not put demands on him so that he has the space he needs to function. She is hoping that ACRC services will help support claimant as he becomes an adult.

Analysis

95. When all the evidence is considered, claimant’s mother did not establish that claimant is eligible for services from ACRC due to ASD. Dr. Scott’s opinion that claimant is not an individual with ASD is most persuasive. Dr. Scott has extensive education and experience evaluating and diagnosing ASD. Her evaluation is comprehensive, thorough, and well-reasoned. She credibly explained that claimant’s current challenges are best captured by his existing diagnoses of social anxiety disorder, major depressive disorder, and ADHD, not ASD.

Dr. Scott's opinions are supported by many sources of evidence that demonstrate claimant's symptoms coincide with the return to school after the COVID-19 pandemic, rather than early childhood. In particular, the Davis Unified evaluation documents claimant's school performance starting in kindergarten. Claimant's teachers confirm that from kindergarten through sixth grade, claimant was engaged, well adjusted, compassionate and friendly. Claimant had no history of absenteeism. It was not until eighth grade that claimant began to miss school and have emotional issues. This is consistent with Dr. Scott's opinion that claimant's mental health struggles are a result of missing out on important socialization experiences with peers during important periods of his social-emotional development.

96. In contrast, Dr. Womack's opinions and evaluation are lacking in many respects. Most notably, the evaluation does not take into consideration claimant's educational history or the Davis Unified evaluation. Dr. Womack found that claimant met the DSM-5 criteria based mostly on claimant's parents' reports, rather than direct observation or support from outside sources. Dr. Womack failed to discuss in her report differential diagnoses that may have better explained claimant's symptoms. Dr. Womack also admitted her report lacked specific ASD symptoms and developmental trajectory of those symptoms. As a result, the evaluation performed by Dr. Womack and her opinions are not reliable or credible.

97. Dr. Singer's evaluation and opinions are also not reliable or credible. Dr. Singer is an advocate for claimant and his parents, not a neutral evaluator. Claimant's parents are Dr. Singer's clients. She has provided coaching for them for over two years. She has a personal relationship with claimant's family that has influenced her opinions. (See Evid. Code §780). This is evident by that fact that in February 2025, she wrote a

letter to ACRC stating that she had diagnosed claimant with ASD even though claimant was not her patient and she did not meet him until September 2025.

In that same letter, Dr. Singer claimed it would be “cruel and unusual punishment” for claimant to be assessed again. It is not surprising that claimant and his parents reported an unpleasant experience with Dr. Scott. Dr. Singer signaled to claimant’s parents that the experience would be negative and that claimant would not be properly evaluated.

Additionally, Dr. Singer’s evaluation is lacking in many respects. The information provided by claimant’s mother regarding claimant’s early childhood ASD symptoms is inconsistent with information she provided Dr. Womack, Mr. Fong, Davis Unified and Dr. Scott. Additionally, she failed to include any information from claimant’s educational records in her report. Dr. Singer also concluded claimant met the diagnostic criteria for ASD set forth in the DSM-5, without including any example to support her conclusion. As a result of Dr. Singer’s apparent bias and lack of evidence to substantiate her findings, her opinions were given little weight.

98. The legislature determined that only individuals with one or more of the five specified types of disabling conditions identified in the Lanterman Act are eligible for services from regional centers. The legislature chose not to grant services to individuals who may have other types of disabling conditions, including mental health disorders, if they cannot show that they fall within one of the five categories delineated in the act. Because claimant’s mother did not show that claimant is an individual with ASD, she did not establish that claimant is eligible for services under the Lanterman Act. Therefore, claimant’s appeal must be denied.

LEGAL CONCLUSIONS

1. The Lanterman Act governs this case. (Welf. & Inst. Code, § 4500 et seq.) Under the Lanterman Act, the State of California accepts responsibility for persons with developmental disabilities. The Lanterman Act “seeks to integrate developmentally disabled Californians into mainstream life and to ensure they are accorded equal access to programs receiving state funds.” (Tri-Counties Association for Developmentally Disabled, Inc. v. Ventura County Public Guardian (2021) 63 Cal.App.5th 1129, 1137; see also Welf. & Inst. Code, §§ 4501, 4502.)

2. An administrative “fair hearing” to determine the rights and obligations of the parties, if any, is available under the Lanterman Act. (Welf. & Inst. Code, §§ 4700–4716.) The burden of proof is on the party seeking government benefits or services. (*Lindsay v. San Diego County Retirement Bd.* (1964) 231 Cal.App.2d 156, 161.) Claimant has the burden of proving he has a qualifying developmental disability. The standard of proof required is a preponderance of the evidence. (Evid. Code, § 115.) A preponderance of the evidence means proving something is more likely to be true than not true. (*People ex rel. Brown v. Tri-Union Seafoods, LLC* (2009) 171 Cal.App.4th 1549, 1567.)

3. Applicants are eligible for services under the Lanterman Act if they suffer from at least one substantial developmental disability based on intellectual disability, cerebral palsy, epilepsy, autism, or “the fifth category.” (Welf. & Inst. Code, § 4512, subd. (a).) A qualifying condition must start before the age of 18, continue indefinitely, and constitute a “substantial disability.” (Welf. & Inst. Code, § 4512; Cal. Code Regs., tit. 17, § 54000, subd. (b).)

4. No evidence was presented that claimant was diagnosed with cerebral palsy, epilepsy, intellectual disability, or a disabling condition closely related to intellectual disability or requiring treatment similar to that required for individuals with an intellectual disability. The only qualifying developmental disability at issue is autism.

5. As set forth in the Factual Findings as a whole, claimant's mother did not establish that claimant qualifies for services under the Lanterman Act because he is an individual with ASD. Consequently, she did not establish that claimant qualifies for services from ACRC under the Lanterman Act. Claimant's appeal must therefore be denied.

ORDER

Claimant's appeal is DENIED. Alta California Regional Center's denial of services to claimant under the Lanterman Act is SUSTAINED.

DATE: April 21, 2026

MARCIE LARSON
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.