

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

In the Matter of:

CLAIMANT

and

INLAND REGIONAL CENTER, Service Agency

DDS No. CS0030898

OAH No. 2025100591

DECISION

Kimberly J. Belvedere, Administrative Law Judge (ALJ), Office of Administrative Hearings (OAH), State of California, heard this matter by videoconference on January 21, 2026.

Keri Neal, Fair Hearings Representative, Fair Hearings and Legal Affairs, represented Inland Regional Center (IRC).

Claimant's mother represented claimant.

Oral and documentary evidence was received. The record was closed, and the matter submitted for decision on January 21, 2026.

ISSUE

Is claimant eligible for regional center services under the Lanterman Developmental Disabilities Services Act (Lanterman Act) as a result of a substantial disability attributable to autism spectrum disorder (autism) or intellectual developmental disorder (IDD)?¹

SUMMARY

Although claimant has a diagnosis of autism, the evidence did not establish that she has significant functional limitations in three or more areas of a major life activity as a result of that diagnosis. The evidence also did not establish that claimant meets the diagnostic criteria for IDD.

¹ The Lanterman Act was amended long ago to eliminate the term "mental retardation" and replace it with "intellectual disability," as reflected in the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* (DSM-5). The more current DSM-5, text revision (DSM-5-TR) no longer uses the term "intellectual disability" and instead refers to the condition as IDD. Many of the regional center forms have not been updated to reflect this change, and during testimony, all of the terms were used interchangeably. Accordingly, for purposes of this decision, as well as all admissible documentary evidence, "mental retardation," "intellectual disability," and "IDD" mean the same thing.

FACTUAL FINDINGS

Background

1. Claimant is a 13-year-old girl that lives in the family home with her mother and three brothers. She is in the sixth grade and attends school online.

2. Claimant submitted a number of documents to IRC seeking eligibility under the categories of autism and IDD, which were evaluated by an interdisciplinary assessment team.

3. On October 1, 2025, IRC sent claimant a Notice of Action stating that claimant did not have a "substantial disability" as a result of IDD, autism, cerebral palsy, epilepsy, or a disabling condition under the fifth category, and claimant was not eligible for IRC services.

4. On October 8, 2025, claimant filed an appeal request, contending claimant is substantially impaired in several areas, and that her "learning disability causes her academic performance to fall significantly below grade level." Claimant requested a re-evaluation "by a clinician experienced in diagnosing autism and developmental disabilities in children."

5. Claimant subsequently submitted additional records between October 30, 2025, and November 17, 2025, which were again reviewed by the interdisciplinary team. IRC adhered to its previous determination that claimant was not eligible for regional center services.

Applicable Diagnostic Criteria

AUTISM SPECTRUM DISORDER

6. The DSM-5-TR identifies criteria for the diagnosis of autism spectrum disorder. The diagnostic criteria include persistent deficits in social communication and social interaction across multiple contexts; restricted repetitive and stereotyped patterns of behavior, interests, or activities; symptoms that are present in the early developmental period; symptoms that cause clinically significant impairment in social, occupational, or other important areas of function; and disturbances that are not better explained by intellectual disability or global developmental delay. An individual must have a DSM-5-TR diagnosis of autism spectrum disorder to qualify for regional center services based on autism.

INTELLECTUAL DEVELOPMENTAL DISORDER

7. The DSM-5-TR contains the diagnostic criteria used for IDD. The essential features of IDD are deficits in general mental abilities and impairment in everyday adaptive functioning, as compared to an individual's age, gender, and socio-culturally matched peers. Intellectual functioning is typically measured using intelligence tests. Individuals with IDD typically have IQ scores in the 65-75 range (unless an individual is African American, in which case IQ results are not considered). In order to have a DSM-5-TR diagnosis of IDD, three diagnostic criteria must be met. The DSM-5-TR states in pertinent part as follows:

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

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

B. Deficits in adaptive functioning that result in failure to meet developmental and sociocultural standards for personal independence and social responsibility. Without ongoing support, the adaptive deficits limit functioning in one or more activities of daily life, such as communication, social participation, and independent living, across multiple environments, such as home, school, work, and community.

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

Substantial Disability Determination

8. In addition to having a qualifying developmental disorder, a person seeking eligibility must also be substantially disabled as a result of that qualifying condition. California Code of Regulations, title 17, sections 54000 and 54001, set forth the criteria for substantial disability. Under the regulations, in order to have a substantial disability for eligibility purposes, a person must have a significant functional limitation in three or more areas of a major life activity, as appropriate for the person's age, in the areas of: communication (must have significant deficits in both expressive and receptive language), learning, self-care, mobility, self-direction, capacity for independent living, and economic self-sufficiency.

9. Association of Regional Center Agencies published clinical recommendations to be of assistance in making substantial disability determinations within the meaning of applicable law.

- Regarding self-care, a person should have significant functional limitations in the ability to acquire or perform basic self-care skills such as personal hygiene, grooming, and feeding (chewing and swallowing, eating, drinking, use of utensils).
- Regarding receptive and expressive language, a person must have significant limitations in both the comprehension and expression of verbal and/or nonverbal communication resulting in functional impairments. There also must be impairment in both receptive and expressive communication, not just one area. Some factors to consider are whether the person has: significant difficulty understanding a simple conversation; needing information to be rephrased to a simpler level in order to enhance understanding; significant difficulty following directions (not due to general noncompliance); significant difficulty understanding and interpreting nonverbal communication (i.e. gestures, facial expressions); significant difficulty communicating information; significant difficulty participating in basic conversations (following rules for conversation and storytelling, tangential speech, fixation on specific topics); and atypical speech patterns (jargon, idiosyncratic language, echolalia, significant impairment of the ability to communicate).
- Regarding learning, a person must be substantially impaired in the ability to acquire and apply knowledge or skills to new situations even with special intervention. Things to consider include: a person's general intellectual

ability; academic achievement levels, retention (short and/or long-term memory); and reasoning (the ability to grasp concepts, to perceive cause and effect relationships, ability to generalize information and skills from one situation to another).

- Regarding mobility, a person must have significant limitations with independent ambulation. Things to consider include: the need for crutches, a walker or wheelchair; gait abnormalities; and coordination problems (unable to walk long distances due to fatigue from the significant effort involved in ambulating, difficulty negotiating stairs or uneven ground).
- Regarding self-direction, a person must have significant impairment in the ability to make and apply personal and social judgments and decisions. Things to consider include: emotional development (routinely has significant difficulty coping with fears, anxieties, or frustrations, severe maladaptive behaviors, such as self-injurious behavior); interpersonal relations (has significant difficulties establishing and maintaining relationships with family or peers, social immaturity, marked difficulty protecting self from exploitation); and personal independence (significant difficulty maintaining daily schedules, responding appropriately in an emergency, taking medications as directed).
- Regarding capacity for independent living, a person must be unable to perform age-appropriate independent living skills without the assistance of another person. Things to consider include: significant difficulty performing age-appropriate household tasks; significant difficulty managing domestic activities (grocery shopping, laundry, home repair, etc.); significant need to be supervised; significant difficulty with money management (using bank

accounts, making purchases, and budgeting); and significant difficulty taking the basic steps necessary to obtain appropriate health care (obtaining medication refills, obtaining medical attention when needed).

- Regarding economic self-sufficiency, a person must lack the capacity to participate in vocational training or obtain and maintain employment without significant support.

Testimony of IRC Expert and Summary of Records

10. Samantha Martinez, Ph.D., is a licensed clinical psychologist for the Collaborative Psychology Group, which contracts with IRC to review cases for eligibility. Dr. Martinez worked in this capacity as a licensed clinical psychologist since 2022, but prior to that, she worked as a post-doctoral intern since 2018, where she focused on providing therapy and making clinical diagnoses of individuals with developmental and mental disorders. Dr. Martinez has worked for school districts and other entities where she served as a crisis team response member, facilitated camp programs targeting children with developmental and intellectual delays, and helped develop behavioral components of Individualized Education Programs (IEPs) for disabled children in schools. Dr. Martinez currently supervises post-doctoral trainees and other interns for Collaborative Psychology Group and Inland Empire Ronald McDonald House. Dr. Martinez has teaching experience at Loma Linda University in the field of psychology, specifically, regarding psychological interventions in children and adolescents. Dr. Martinez clearly articulated the eligibility criteria for conditions that render a person eligible for regional center services. Dr. Martinez is an expert in the field of clinical psychology, which includes the evaluation and diagnosis of individuals seeking regional center services.

11. Dr. Martinez reviewed all applicable reports in evidence, and participated as a member of the interdisciplinary assessment team in the two eligibility reviews conducted by IRC. Her testimony, and a summary of the pertinent reports she reviewed, are summarized as follows.

12. A psychoeducational evaluation conducted by claimant's school psychologist dated January 24, 2023, when claimant was 10 years old, involved substantial clinical observations, phonological testing, cognitive testing, and adaptive testing. The results of the testing determined claimant was eligible for special education services under "other health impairment" and "specific learning disability." Neither of those categories qualifies a person for regional center services. The extensive testing did not contain any opinion that claimant might have autism or IDD, and as Dr. Martinez explained, although claimant's cognitive testing showed challenges, she tested within the low average to average range of cognitive ability, which is not consistent with IDD. Additionally, there were many noted deficiencies throughout the evaluation in attendance and effort, showing claimant has irregular attendance in classes, does not complete work, is tired, lethargic, and easily distracted. Thus, her academic performance is affected by those challenges, and not autism or IDD. Notably, claimant was in a general education classroom at the time. Claimant was referred to speech and language therapy.

13. An addendum to her above-referenced IEP in 2024 showed claimant failed a hearing test and passed a vision test. The hearing test was later administered again, and she passed. The addendum notes reaffirmed claimant's continued eligibility for special education services. No autism testing or findings regarding IDD were made in the addendum.

14. As a result of testing completed to develop claimant's December 12, 2024, IEP, claimant's eligibility for special education services was again reaffirmed. However, the categories were noted as "specific learning disability" and "speech and language impairment." The specific learning disability was attributed to the consistent deficit claimant showed in the area of "crystallized knowledge²" and long-term memory retrieval. Her speech and language impairment was found to be in the area of pragmatic language only. Notably, in this IEP, Dr. Martinez pointed out that there was fluctuating variability in claimant's participation in academic instruction, and since claimant attends school online, there were many instances where claimant elected not to participate. This variability (choosing when to participate and when not to participate) showed corresponding problems with grades. This is not what someone would expect to see in someone with autism or IDD. Also, this report showed claimant was making progress with her math and speech goals – a person with autism or IDD would not make such marked progression.

15. A May 16, 2024, psychological evaluation completed by a psychologist at ABS Kids involved comprehensive cognitive and adaptive testing, and also included autism-specific measures. Claimant was 11 years old at the time of the testing. During the clinical interview, most of the concerns were in the area of claimant's speech,

² Crystallized knowledge refers to an individual's accumulation of knowledge, including the ability to use and understand verbal language and demonstrate general knowledge about the world around oneself. The development of these skills is strongly related to environmental exposure and experience. Verbal expression and verbal reasoning skills are needed for reading comprehension, written expression, and effective communication skills.

specifically “jumbling” of words and speaking backwards. Some features of autism (rocking repetitively, excessive speaking about a fixed interest, and restricted interests) were noted. This evaluation was conducted specifically to rule-out IDD and autism.

Cognitively, the testing did not show claimant met the DSM-5-TR diagnostic criteria for IDD.

The autism-specific testing conducted were the Autism Diagnostic Observation Scale – Second Edition (ADOS-2) and the Autism Spectrum Rating Scales (ASRS) were provided to claimant’s mother and teacher.

On the ASRS, both the parent and teacher ratings placed claimant in mostly the average range of each category, and overall, showed that while claimant has some features of autism, she likely did not have autism. The parent ASRS evaluation demonstrated:

[Claimant] appropriately uses verbal and non-verbal communication for social contact, does not engage in unusual behaviors, does not have problems with attention and/or motor and impulse control, relates well to children, relates well to adults, provides appropriate emotional responses to people in social situations, uses language appropriately, does not engage in stereotypical behaviors, tolerates changes in routine well, reacts appropriately to sensory stimulation, and is able to appropriately focus attention.

The teacher ASRS evaluation demonstrated:

[Claimant] does not engage in unusual behaviors, does not have problems with attention and/or motor and impulse control, relates well to children, relates well to adults, provides appropriate emotional responses to people in social situations, uses language appropriately, does not engage in stereotypical behaviors, tolerates changes in routine well, reacts appropriately to sensory stimulation, and is able to appropriately focus attention; however, she has difficulty using appropriate verbal and nonverbal communication for social contact.

On the adaptive measure administered, the Behavior Assessment System for Children: Third Edition (BASC-3) – parent rating, some areas of behavior showed claimant was at risk (social skills, leadership, and activities of daily living) and one area showed clinically significant (withdrawal), all other behavioral areas (in 10 categories) showed “no concern.” Because of the specific areas of concern, the behaviors were suggestive of autism. But the BASC-3 merely tests for the presence of behaviors, and is not an autism-specific test. The teacher’s reporting on the BASC-3 was similar to claimant’s mother.

On the ADOS-2, claimant’s scores placed her with the autism range. This result is inconsistent with the results of the ASRS by the parent and teacher.

The report also indicates claimant’s cognitive abilities fall within the “very low” range, however, the scores across subsets in the test administered were scattered. This is not consistent with someone who has IDD.

16. On July 3, 2025, when claimant was 12 years old, Dr. Martinez conducted her own psychological assessment of claimant specifically to determine eligibility for regional center services. Dr. Martinez conducted clinical interviews of claimant and her mother, clinically observed claimant, and conducted the Childhood Autism Rating Scale – Second Edition (CARS-2); Wechsler Intelligence Scale for Children – Third Edition (WISC-3); the Gilliam Autism Rating Scale – Third Edition (GARS-3); and the Vineland Adaptive Behavioral Scales – Third Edition, parent form.

On the CARS-2, claimant's scores showed features of mild to moderate autism. The GARS-3 showed that autism was "very likely." After considering all evidence and observations during her assessment, Dr. Martinez gave claimant a diagnosis of autism, but classified it as Level One – very low. Finally, on the WISC-3, claimant's cognitive scores were again scattered, as they were in previous cognitive testing, and overall her full-scale IQ was 80, which is not consistent with IDD.

Ultimately, Dr. Martinez concluded that, while claimant's testing is suggestive of autism, it is very mild, and the records do not demonstrate a substantial disability. Further, although claimant is struggling in school, the school records (IEPs and psychological evaluations) show her struggles are attributable to her specific learning disability (in the area of crystallized knowledge) and her speech and language impairment, neither of which are eligible conditions for regional center services. Put another way, claimant's "symptoms of autism are not directly affecting her education." Claimant displays a high degree of avoidance of academic requirements, and her avoidance is context-dependent; it depends on the situation she is in and what she is doing. This is not consistent with autism, and it is this avoidance of things she does not like to do that is likely having a greater effect on her academic performance. Although claimant's adaptive scores on the Vineland show she has adaptive

challenges, they are not substantially disabling, and Dr. Martinez opined that the scores on the Vineland underrepresent claimant's true abilities.

17. Finally, claimant's most current IEP, dated November 14, 2025, again reaffirmed claimant's qualification for special education under specific learning disability due to deficits in crystallized knowledge and long-term retrieval, and speech and language impairment in the area of pragmatic language. There were no concerns regarding autism or autistic-like behaviors. Dr. Martinez noted again that claimant is attending online school, missing assignments, and not completing required work, and these actions likely are having a big effect on her academic performance. None of the selective avoidance or failures, however, are attributable to autism.

Claimant's Mother's Testimony and Pertinent Evidence

18. Claimant's mother submitted a letter explaining her position. That letter stated:

I respectfully submit this formal statement to request reconsideration of the Inland Regional Center's denial of initial services for my daughter The prior determination does not fully reflect her documented functional limitations or her demonstrated need for ongoing support under the Lanterman Developmental Disabilities Services Act.

[Claimant] has confirmed diagnoses of Autism Spectrum Disorder (Level 2), Specific Learning Disability, and Speech and Language Impairment. She currently receives special-education services under an Individualized Education Program (IEP) through her school district, including speech

therapy and academic accommodations. However, her needs extend well beyond the educational setting and require coordinated, community-based developmental supports.

[Claimant] requires frequent verbal prompts and visual modeling to complete personal-hygiene tasks (tooth-brushing, bathing, dressing). She lacks sequencing and task-completion skills, resulting in incomplete or inconsistent hygiene. She cannot safely use household appliances or prepare simple meals without direct supervision. Her safety awareness is limited; she does not consistently recognize environmental risks such as traffic, heat sources, or strangers.

She experiences expressive-language delays and pragmatic-language deficits. [Claimant] struggles to formulate clear sentences, misinterprets social cues, and becomes frustrated when misunderstood. Her difficulty regulating tone and emotion contributes to isolation and withdrawal. She demonstrates poor working memory and difficulty following multi-step instructions, requiring constant redirection. Transitions, schedule changes, and sensory stimuli often trigger behavioral escalation and emotional dysregulation.

Although [claimant] benefits from her school IEP, educational services alone do not meet her comprehensive

developmental needs. At home, she requires near-constant supervision, structured prompting, and behavioral guidance. This ongoing support demand significantly impacts family functioning and caregiver capacity. Despite consistent effort, I remain solely responsible for implementing strategies that trained specialists should provide through regional-center intervention.

The Inland Regional Center is designed to provide lifelong services for individuals whose disabilities substantially limit major life activities. [Claimant] clearly meets these criteria. Access to regional-center supports—such as in-home adaptive-skills training, respite, and social-skills development—would address deficits not covered by educational or medical systems.

These interventions are not only immediately necessary but preventive. Early habilitation directly influences long-term outcomes: with appropriate programming, [claimant] can acquire foundational independent-living skills that extend into adolescence and adulthood, reducing future dependence on intensive public-assistance systems.

Denying services at this stage jeopardizes her developmental trajectory and contradicts the intent of the Lanterman Act, which prioritizes the promotion of maximum independence and integration.

In light of these facts, I respectfully request that the Inland Regional Center reconsider its denial and approve the appropriate initial services for [claimant]. Such services would directly support her functional development, promote independence, and align with the agency's statutory mission to assist individuals with developmental disabilities in achieving the greatest level of self-sufficiency possible.

[Claimant's] disabilities substantially limit her ability to perform daily functions independently. Regional-center services would directly support her development, relieve caregiver strain, and align with statutory objectives promoting independence and community inclusion. I appreciate your careful review and look forward to collaborating with IRC staff to ensure her needs are appropriately addressed.

19. Claimant's mother's testimony was consistent with the above-referenced letter. She added that claimant has not attended school online her whole life, rather, claimant started school in person but transitioned to online learning for "her safety." The school also has "park days" where children can interact. The fact that claimant attends school online does not change the severity of her disability or her challenges; and the online school was an accommodation to help her function better. Claimant's disability has been well-documented, and her autism is affecting her attendance and performance. She did not get a diagnosis of autism until she was 12 years old, but autism is a lifelong condition so she always had the condition. The fact that the school

did not list autism on claimant's IEP is not determinative because schools have their own reason for listing the conditions they list. It was stated by Dr. Martinez that claimant is choosing willfully not to participate in academic activities and that affects claimant's academic performance, however, it is claimant's autism that is causing her to choose not to participate. Sometimes claimant cannot complete assignments because she does not understand them. There is no cure for autism and claimant will have lifelong problems. She has not progressed from her struggles, and she will not be able to live independently without assistance.

LEGAL CONCLUSIONS

Burden of Proof

1. In a proceeding to determine eligibility, the burden of proof is on the claimant to establish he or she meets the eligibility criteria. The standard of proof is a preponderance of the evidence. (Evid. Code, §§ 115; 500.)

Applicable Statutes

2. The Lanterman Act is set forth at Welfare and Institutions Code section 4500 et seq.

3. Welfare and Institutions Code section 4501 states:

The State of California accepts a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. Affecting hundreds of thousands of children and adults directly, and having an important impact on the lives of their families, neighbors and whole

communities, developmental disabilities present social, medical, economic, and legal problems of extreme importance . . .

[¶] . . . [¶]

An array of services and supports should be established which is sufficiently complete to meet the needs and choices of each person with developmental disabilities, regardless of age or degree of disability, and at each stage of life and to support their integration into the mainstream life of the community. To the maximum extent feasible, services and supports should be available throughout the state to prevent the dislocation of persons with developmental disabilities from their home communities.

4. Welfare and Institutions Code section 4512, subdivision (a), defines “developmental disability” as follows:

“Developmental disability” means 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. As defined by the Director of Developmental Services, in consultation with the Superintendent of Public Instruction, this term shall include mental retardation, cerebral palsy, epilepsy, and autism. This term shall also include disabling conditions found to be closely related to mental retardation or to require treatment

similar to that required for mentally retarded individuals, but shall not include other handicapping conditions that are solely physical in nature.

5. Welfare and Institutions Code section 4512 (l)(1) defines "substantial disability" 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:

(A) Self-care.

(B) Receptive and expressive language.

(C) Learning.

(D) Mobility.

(E) Self-direction.

(F) Capacity for independent living.

(G) Economic self-sufficiency.

6. California Code of Regulations, title 17, section 54000 provides:

(a) 'Developmental Disability' means a disability that is attributable to mental retardation, cerebral palsy, epilepsy, autism, or disabling conditions found to be closely related

to mental retardation or to require treatment similar to that required for individuals with mental retardation.

(b) The Developmental Disability shall:

(1) Originate before age eighteen;

(2) Be likely to continue indefinitely;

(3) Constitute a substantial disability for the individual as defined in the article.

(c) Developmental Disability shall not include handicapping conditions that are:

(1) Solely psychiatric disorders where there is impaired intellectual or social functioning which originated as a result of the psychiatric disorder or treatment given for such a disorder. Such psychiatric disorders include psycho-social deprivation and/or psychosis, severe neurosis or personality disorders even where social and intellectual functioning have become seriously impaired as an integral manifestation of the disorder.

(2) Solely learning disabilities. A learning disability is a condition which manifests as a significant discrepancy between estimated cognitive potential and actual level of educational performance and which is not a result of generalized mental retardation, educational or psycho-social deprivation, psychiatric disorder, or sensory loss.

(3) Solely physical in nature. These conditions include congenital anomalies or conditions acquired through disease, accident, or faulty development which are not associated with a neurological impairment that results in a need for treatment similar to that required for mental retardation.

7. California Code of Regulations, title 17, section 54001, subdivision (a), also defines "substantial disability" and requires "the existence of significant functional limitations, as determined by the regional center, in three or more of the . . . areas of major life activity" listed above.

Appellate Authority

8. The purpose of the Lanterman Act is to provide a "pattern of facilities and services . . . sufficiently complete to meet the needs of each person with developmental disabilities, regardless of age or degree of handicap, and at each stage of life." (Welf.& Inst. Code, § 4501; *Association of Retarded Citizens v. Department of Developmental Services* (1985) 38 Cal.3d 384, 388.)

9. The Lanterman Act enumerates legal rights of persons with developmental disabilities. A network of 21 regional centers is responsible for determining eligibility, assessing needs and coordinating and delivering direct services to individuals with developmental disabilities and their families within a defined geographical area. Designed on a service coordination model, the purpose of the regional centers is to "assist persons with developmental disabilities and their families in securing those services and supports which maximize opportunities and choices for living, working, learning, and recreating in the community." The Department of

Developmental Services allocates funds to the centers for operations and the purchasing of services, including funding to purchase community-based services and supports. (*Capitol People First v. Department of Developmental Services* (2007) 155 Cal.App.4th 676, 682-683.)

Evaluation

10. The information contained in claimant's records, which were reviewed by IRC's interdisciplinary assessment team and Dr. Martinez, do not establish by a preponderance of the evidence that claimant suffers from a substantial disability as a result of a qualifying developmental disability. The records do not show claimant meets the DSM-5-TR diagnostic criteria for IDD. Although claimant does have a diagnosis of autism, it is very mild, and claimant's challenges are not attributable to her mild autism. Rather, academically, her challenges are attributable to her specific learning disability and speech and language disorder, neither of which qualify a person for regional center services. The only expert that testified was Dr. Martinez who concluded claimant is not substantially disabled under applicable law, and that conclusion was not controverted by any other expert. Accordingly, based on the record as a whole, claimant is not eligible for regional center services.

//

//

//

ORDER

Claimant's appeal is denied. Claimant is not eligible for regional center services due to a substantial disability that resulted from autism, intellectual developmental disorder, cerebral palsy, epilepsy, a condition that is closely related to an intellectual disability, or a condition that requires treatment similar to a person with an intellectual disability.

DATE: February 2, 2026

KIMBERLY J. BELVEDERE
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.