

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

**In the Matter of:**

**CLAIMANT**

**and**

**NORTH LOS ANGELES COUNTY REGIONAL CENTER,**

**Service Agency.**

**DDS No. CS0031435**

**OAH No. 2025110448**

**DECISION**

Cindy F. Forman, Administrative Law Judge, Office of Administrative Hearings, State of California, heard this matter on April 20, 2026, at the North Los Angeles County Regional Center (Service Agency or NLACRC) offices in Lancaster, California.

Cristina Aguirre, Due Process Officer, represented NLACRC.

Mother, Claimant's Authorized Representative, represented Claimant, who was not present at hearing. (The names of Claimant and his family members are withheld to protect their privacy.) A Spanish interpreter assisted Mother.

Evidence was received, the record closed, and the matter was submitted for decision on April 20, 2026.

## **ISSUE**

Whether Claimant is eligible for regional center services under the Lanterman Developmental Disabilities Services Act (Lanterman Act), Welfare and Institutions Code section 4500, et seq.

## **EVIDENCE RELIED UPON**

The Administrative Law Judge relied on the testimony of Sandi Fischer, Ph.D., and Mother in addition to Exhibits 1 and 3 through 17 in making her decision.

## **FACTUAL FINDINGS**

1. Claimant is a non-conserved 19-year-old who seeks eligibility for regional center services under the Lanterman Act.
2. On December 5, 2025, Service Agency issued a Notice of Action to Mother stating Claimant was not eligible for regional center services because Claimant did not have a substantially disabling qualified condition under the Lanterman Act.
3. On November 3, 2025, Mother filed an appeal of Service Agency's decision. In her appeal, Mother asserted Claimant has a diagnosis of borderline intellectual functioning, has significant learning and communication difficulties, and struggles with basic life skills. Considering Claimant's severe deficits, Mother requested

Service Agency conduct a more detailed evaluation to accurately determine Claimant's level of functioning and the supports he requires.

4. This hearing followed.

## **General Background**

5. Claimant lives at home with his mother and his older sister. Claimant's father is deceased. Claimant's family speaks English and Spanish, although Claimant prefers to speak in English. Claimant is not employed and does not attend school.

6. Claimant was born prematurely at seven months. His weight at birth was seven pounds, five ounces, and he was 19 inches long. Mother received regular prenatal care. Her pregnancy was complicated by gestational diabetes and anemia.

7. Claimant could sit alone at six or seven months. He did not crawl, but started to walk at 14 months. He said his first words at 18 to 20 months old. He was toilet trained at three years old, but regressed and did not stop having accidents until he was 13 years old. Mother first became concerned about Claimant's development when he was five years old because of his inability to speak clearly, his struggles with comprehension, his regression in toilet training, and his inability to pay attention. According to Mother, there is a family history of autism, Down syndrome, and schizophrenia.

8. Claimant currently weighs 268 pounds and is five feet 11 inches tall. He has no history of seizures. Claimant has not been diagnosed with cerebral palsy or epilepsy. His medical history includes the following diagnoses: abnormal grief reaction, conduct disorder, major depressive disorder, mild intermittent asthma, and substance misuse. According to Mother, Claimant has been diagnosed with depression, asthma,

anxiety, liver problems, Attention Deficit Hyperactivity Disorder (ADHD), bipolar disorder, and insomnia. He suffers from chronic stomach issues. School documents indicate Claimant was prescribed ADHD medication when he was younger, but he stopped taking the medication by the time he was in high school because of the medication's side effects. Medical records in 2023 indicate Claimant does not regularly take the medication his healthcare providers prescribe, and he relies on cannabis to feel good.

9. Claimant did not graduate from high school and currently does not attend school. While in school, Claimant was supported by an individualized education plan (IEP) since he was eight years old. According to his IEP, the school district found Claimant eligible for special education services under the Other Health Impairment category because Claimant had a medical diagnosis of ADHD, and the observations of Mother and Claimant's teachers supported that diagnosis. According to his IEP report, Claimant's difficulties with attention "significantly hinder his academic progress in all areas and . . . limit his vitality and alertness to learning." (Exhibit 6, p. A96.)

10. Claimant required increasing levels of instructional assistance while he attended school. He initially received accommodations in the general education classroom to assist with his attention deficits and learning issues. However, he then transitioned to the Resource Specialist Program (RSP), where he received specialized academic instruction in language arts and math outside the classroom. In 2016, Claimant received 360 minutes weekly of specialized academic instruction in the Resource Specialist Program; in 2019, Claimant received 452 minutes weekly of specialized academic instruction; and in 2022, Claimant received 520 minutes weekly of specialized academic instruction as well as monthly counseling and career guidance. In 2023, when Claimant was attending continuation school, Claimant's IEP team

determined that RSP no longer best served Claimant's needs, and the team recommended Claimant participate in a Special Day Class Academic in Core Subject Matters, for 690 minutes each week, along with an extended school year. Claimant stopped attending school in February 2024 after he became involved in a physical altercation with a peer at school.

11. Per school records, Claimant often excessively talked with his peers, became easily frustrated or angry, and did not use his time efficiently in class. He was often out of his seat, daydreaming, or scrolling on his phone. Claimant had 13 discipline incidents between 2021 and 2024 relating to possession of drugs and drug paraphernalia, possession of liquor, and fighting. Claimant's grades worsened as he moved up in grade level, with more F's every semester, and his last report card indicates he failed all his classes. (Exhibit 6, p. A226.)

12. None of Claimant's school records indicates Claimant has an intellectual disability. Results from the Wechsler Intelligence Scale for Children, Fifth Edition, administered in 2019, show Claimant's Full-Scale IQ (FSIQ) was 85, in the average range. His scores in verbal comprehension, visual spatial reasoning, and fluid reasoning were average, while his score in working memory was high average, and his processing speed was below average. In 2021, testing by Claimant's school district showed a marked decline in Claimant's performance: he scored in the below-average range on verbal comprehension, visual spatial reasoning, fluid reasoning, and processing speed indices, while his working memory fell within the average range. The testing found Claimant's FSIQ at the time was 73, below average. (Exhibit 6, p. A169.) The school district did not explain the drop in Claimant's test scores from 2019 to 2022.

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13. Claimant is under the care of a psychiatric healthcare provider. Over the course of his treatment, Claimant has been prescribed Prozac, quetiapine fumarate, sertraline, and Abilify. His current mental health diagnoses include Major Depressive Disorder, Recurrent Episode - Moderate with anxious distress; Cannabis Use Disorder – Moderate; Cannabis Induced Anxiety Disorder, and unspecified neurodevelopmental disorder.

## **Service Agency’s Denial of Eligibility**

### **SOCIAL ASSESSMENT**

14. In the telephonic social assessment conducted by Service Agency in July 2025, Mother reported the following:

- Claimant does not have any significant mobility issues.
- Regarding self-care, Claimant can complete all self-care activities (toileting, bathing, hygiene, grooming, etc.) on his own. He can use fasteners, zippers, and buttons, but does not tie his shoes. He can use utensils without spillage. He needs support with washing his clothes and keeping his room clean.
- Regarding safety awareness, Mother reported that Claimant can cross the street on his own, but cannot make purchases on his own. He does not use the stove without supervision. He would like to drive but was unable to pass the written test. He can use the microwave, read a digital clock, and use the phone to read social media, make calls, and send texts. He cannot use a search engine to find information or use the map app to find directions.
- Regarding his cognitive skills, Mother reported that Claimant does not know how to do age-level math, although he can do simple math and use a

calculator. Claimant can read but does not comprehend what he is reading. He has messy writing. Claimant knows the day of the week but does not know when holidays occur. Mother reported Claimant can stay on task for an activity he likes for up to an hour, but he gets frustrated waiting for non-preferred activities. He struggles with remembering instructions.

- Regarding his communication skills, Mother reported Claimant can use simple words in complete sentences, use and understand gestures, but struggles to express himself. Mother also reported Claimant mumbles and can follow simple instructions but requires several reminders.
- Regarding his social skills, Mother reported that Claimant has friends but goes through them quickly. Claimant spends most of his time with his twin brother. Claimant does not exhibit eye contact with anyone except his family. If Claimant is in a good mood, he can recognize emotions. He participated in football when he attended high school. Claimant likes to walk his dog, listen to music, or watch YouTube videos for fun. Claimant was physically aggressive with a peer at school only once, for which he was sent to juvenile court.
- Regarding his behaviors, Mother reported that Claimant is physically aggressive to his twin brother, and he is verbally aggressive with Mother and his sister. Claimant sometimes has destroyed property, i.e., punching holes in the walls and slamming doors, when his requests are denied or when he becomes frustrated. Claimant was referred to anger management classes, but he did not attend them because he does not believe they will help. According to Mother, when Claimant was younger, he struggled with transitions and did spinning movements with his hands. Currently, Claimant

bites his nails and constantly moves his feet or hands when he is upset. He also has trouble with loud sounds, and if someone raises their voice to him, he becomes angry.

(Exhibit 8.)

## **PSYCHOLOGICAL ASSESSMENT**

15. On September 17, 2025, Kristen Wheldon, Psy. D., a licensed psychologist, assessed Claimant for developmental disabilities at NLACRC's request. Dr. Wheldon's assessment was based on a review of Claimant's school and medical records, NLACRC's social assessment, the results of Claimant's cognitive, autism, and adaptive skills testing, her interviews with Mother, and her observations of Claimant. (Exhibit 10.)

16. Dr. Wheldon administered the Stanford-Binet Intelligence Scales, Fifth Edition, to Claimant to evaluate Claimant's cognitive functioning. She found Claimant achieved an FSIQ score of 77. Claimant's scores reflected weakness across both verbal and nonverbal domains. He obtained average scores in fluid reasoning and knowledge, and borderline scores in quantitative reasoning and visual spatial processing. Dr. Wheldon found Claimant's most pronounced weakness was in working memory, and noted Claimant's scores reflected severe impairment and indicated significant difficulty holding and manipulating information.

17. Dr. Wheldon relied on Mother's responses to the Childhood Autism Rating Scale, Second Edition, High Functioning Version, and to the Autism Diagnostic Observation Schedule, Second Edition, in addition to Dr. Wheldon's own observations of Claimant and school and medical records, to determine whether Claimant's behaviors were consistent with autism. On the Child Autism Rating Scale, Claimant

obtained a raw score of 21, which falls within the range indicating minimal to no symptoms of autism. Based on the Autism Diagnostic Observation Schedule, Claimant's scores indicated minimal to no evidence of autism-related symptoms. Dr. Wheldon also reported that during her interview with Claimant, he demonstrated appropriate eye contact, used facial expressions intermittently to convey understanding or request clarification, communicated effectively through gestures, engaged readily, and accurately described his emotions. Claimant also told Dr. Wheldon of his many friends and a girlfriend.

18. Dr. Wheldon interviewed Mother using the Vineland Adaptive Behavior Scales, Third Edition, to assess Claimant's adaptive functioning. Based on Mother's responses, Claimant's overall adaptive functioning is within the low range, consistent with patterns observed in Claimant's communication and socialization. However, Claimant's daily living skills were comparatively stronger, though still below age expectations, with relative strength in personal daily living skills.

19. Mother's responses to the Social Responsiveness Scales, Second Edition, did not indicate abnormal social functioning. Claimant's total score was within the normal range. Subscale scores in social cognition, restricted interests, and repetitive behavior were within normal limits. Claimant's scores in social communication, social awareness, and social movement were mildly elevated. Claimant's scores in social communication and social motivation were within the normal range.

20. Using the criteria for diagnosing autism presented in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition Text Revision (DSM-5) (Exhibit 13), Dr. Wheldon concluded Claimant did not present with autism. She found Claimant did not demonstrate deficits in nonverbal communicative behaviors used for social interaction because he demonstrated appropriate use of eye contact, facial

expressions, and gestures during the evaluation, and Claimant's testing results supported her observations. Dr. Wheldon found no evidence Claimant demonstrates restricted or atypical social relationship patterns because Claimant has friends, and his teachers described him as highly social. Consistent with his test scores, Claimant did not demonstrate any stereotyped or repetitive motor movements, and Mother did not report any. He did not demonstrate ritualized or repetitive behaviors characteristic of autism. There were no reports that Claimant has highly restricted or fixated interests or that he engages in pronounced sensory-seeking or sensory-avoidant behaviors.

21. Dr. Wheldon found Claimant did not have an intellectual disability under the criteria stated in the DSM-5 (Exhibit 14). According to the DSM-5, intellectual disability is a disorder with onset during the developmental period that includes both intellectual and adaptive functioning deficits in social, conceptual, and practical domains. Three criteria must be met for an intellectual disability diagnosis: deficits in intellectual functions, confirmed by both clinical assessment and individualized, standardized intelligence testing; deficits in adaptive functioning that fail to meet developmental and sociocultural standards for personal independence and social responsibility; and the onset of intellectual and adaptive deficits during the developmental period. Individuals with an FSIQ score between 65 and 75, assuming a margin of error of five points, are considered to present with intellectual disability. The DSM-5 also states that co-occurring disorders that affect communication, language, and or motor or sensory function may affect test scores.

22. Dr. Wheldon did not find Claimant was intellectually disabled because his FSIQ was 77, which falls within the borderline range of functioning, and he had strengths in fluid reasoning and knowledge, both in the average range. According to Dr. Wheldon, because Claimant's deficits are not uniformly present across domains,

Claimant did not meet the DSM-5 diagnostic criteria for Intellectual Disability. Instead, Dr. Wheldon found his overall profile was most consistent with borderline intellectual functioning, characterized by relative strengths in reasoning and knowledge, alongside delays in adaptive and life skills.

23. Dr. Wheldon's diagnostic impressions were borderline intellectual functioning and, by history, generalized anxiety disorder, ADHD, and bipolar disorder. She recommended Claimant undergo an evaluation for social-emotional functioning, be monitored academically, and receive school-based accommodations.

### **INTERDISCIPLINARY ELIGIBILITY COMMITTEE REVIEW**

24. On October 2, 2025, the Interdisciplinary Eligibility Committee, including Carlo DeAntonio, M.D., Director of Clinical Services, Margaret Swaine, M.D., Manager, Medical Services, and Dr. Fischer, met to review Claimant's records. They determined Claimant was ineligible for Lanterman Act regional center services based on Dr. Wheldon's diagnoses and recommended Claimant follow up with the Department of Rehabilitation and continue to attend school. (Exhibit 11.) On April 8, 2026, after reviewing Claimant's additional educational and medical records, the Interdisciplinary Eligibility Committee, now including Heike Ballmaier, Psy.D., Senior Clinical Psychologist, and Nichole Cecil, Psy.D., Supervisor, Psychological Services, in addition to Dr. DeAntonio, Dr. Swaine, and Dr. Fischer, reached the same conclusion and recommended Claimant follow up with mental health services for treatment of substance use and mental health conditions. (Exhibit 12.)

25. At hearing, Dr. Fischer explained the Interdisciplinary Eligibility Committee's findings. Dr. Fischer has been employed by Service Agency for 15 years; she previously was the Intake Coordinator for the Santa Clarita and San Fernando

offices and a Service Agency staff psychologist. Dr. Fischer currently works as the Clinical and Intake Manager for Service Agency, a position she has held for two years.

26. Dr. Fischer explained that an individual must have a substantially disabling qualifying disability, i.e., epilepsy, cerebral palsy, autism, intellectual disability, or a condition closely related to intellectual disability or to require treatment similar to that required for individuals with an intellectual disability, commonly known as a "fifth category" condition, to be eligible for regional center services under the Lanterman Act. The Interdisciplinary Eligibility Committee did not find Claimant presented with any of these conditions. Dr. Fischer asserted Claimant has not been diagnosed with cerebral palsy or epilepsy, and he has not exhibited characteristics of autism according to his school or medical records and the observations of Dr. Wheldon and Mother.

27. Dr. Fischer acknowledged Claimant's FSIQ scores were in the borderline range and Claimant had adaptive deficits. However, Dr. Fischer stated Claimant's test scores singularly failed to support a diagnosis of intellectual disability or a fifth category condition. According to Dr. Fischer, Claimant's FSIQ scores were too high for a diagnosis of intellectual disability, and Claimant's average scores on some of the subtests were likewise inconsistent with intellectual disability. Additionally, Dr. Fischer stated that the results of Claimant's cognitive testing were impacted by Claimant's drug use, his emotional and psychiatric issues, his ADHD, and his motivation.

28. Dr. Fischer asserted Claimant did not have a fifth category condition because his disability was not similar to intellectual disability. According to the Association of Regional Center Agencies' "Recommendations for Determining '5th Category' Eligibility for the California Regional Centers" (Exhibit 16), a disabling condition closely related to intellectual disability "would be expected to involve a

permanent impairment in cognitive skills and adaptive deficits across settings.” Dr. Fischer noted Claimant’s FSIQ scores had varied across time, scoring in the average range in 2019 but dropping to borderline in 2025. According to Dr. Fischer, Claimant’s widely varying results in the subtests comprising Claimant’s FSIQ did not support a diagnosis of a condition similar to intellectual disability. Additionally, Claimant was not eligible for special education based on intellectual disability; rather, he received special education services because of an “Other Health Impairment,” based on his ADHD and problems with attention. The modifications Claimant received at school were based on his attention problems, not because he required significant instructional support. As his attention problems worsened, Claimant required additional special education services.

29. Dr. Fisher further asserted Claimant did not require treatment similar to that of an intellectually disabled individual. Claimant’s teachers complained mostly about Claimant’s failure to attend class, his inability to focus, and his class interruptions. Claimant received college and career counseling from his school, which would not be provided to individuals with an intellectual disability. According to Dr. Fischer, Claimant’s issues would not be addressed by the kind of teaching and supports needed by an individual with an intellectual disability, i.e., by breaking down actions into small, discrete units taught through repetition.

30. Dr. Fischer contended that Claimant’s adaptive skill deficits and his memory issues were the result of his ADHD and his psychiatric issues. She opined Claimant might have a learning disability based on his widely varying test scores. She also suspected that Claimant’s cannabis use has impacted his functioning.

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## **Claimant's Evidence**

31. Mother asserts Claimant is eligible for regional center services based on his borderline intellectual functioning and Claimant's challenges with learning, comprehension, self-regulation, and motivation. She credibly testified regarding Claimant's inability to find work, purchase goods on his own, and remember important information like his address. Claimant would like to return to school, but his school will not permit him to do so because he was expelled for fighting. Mother noted Claimant was bullied at school, which is why his attendance was poor. He has participated in many kinds of therapy, but no one can identify the source of Claimant's problems or assist Claimant. Mother stated Claimant began smoking marijuana when he was 14 or 15 years old because it was the only way he could relax and feel good. Mother seeks assistance from Service Agency to help Claimant return to school, get a diploma, obtain job training, and find employment.

## **Analysis**

32. The parties agree that Claimant does not present with epilepsy, cerebral palsy, or autism. Claimant failed to show that he met the criteria of intellectual disability under the DSM-5 or that he presented with a fifth category condition. Claimant's FSIQ is above the cut-off for intellectual disability, his scores in certain subtests are average in several areas, and his FSIQ has varied over the years, all of which is inconsistent with a diagnosis of intellectual disability. Additionally, Claimant's school records do not suggest Claimant has an intellectual disability; since he was eight years old, Claimant was deemed eligible for special education based on an Other Health Impairment classification, not an Intellectual Disability classification.

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33. Claimant did not prove that he has a fifth-category condition. School reports consistently attribute his difficulties at school to his ADHD and his excessive absences, and not to a condition similar to intellectual disability. The accommodations and education he received at school were not consistent with the accommodations and schooling that a person with intellectual disability would receive. Dr. Fischer persuasively testified that Claimant's psychiatric conditions and his ADHD contribute to his borderline intellectual functioning and his poor adaptive skills. Claimant indisputably faces difficulties; however, Mother failed to prove that the difficulties stem from a qualifying developmental disability.

## **LEGAL CONCLUSIONS**

1. The Legislature enacted a comprehensive statutory scheme known as the Lanterman Act (Welf. & Inst. Code, § 4500 et seq.) to provide a pattern of facilities and services to meet the needs of each person with developmental disabilities, regardless of age or degree of handicap, and at each stage of life. The purpose of the statutory scheme is twofold: to prevent or minimize the institutionalization of developmentally disabled persons and their dislocation from family and community, and to enable them to approximate the pattern of everyday living of nondisabled persons of the same age and to lead more independent and productive lives in the community. (*Assn. for Retarded Citizens v. Dept. of Developmental Services* (1985) 38 Cal.3d 384, 388.)

2. The Department of Developmental Services is the public agency responsible for carrying out the laws related to the care, custody, and treatment of individuals with developmental disabilities under the Lanterman Act. (Welf. & Inst. Code, § 4416.)

3. Because Claimant is the party seeking governmental services, he bears the burden of proving, by a preponderance of the evidence, that he is eligible for such benefits or services. (See Evid. Code, §§ 115, 500.) Claimant has not met his burden of proving his eligibility for regional center services under the Lanterman Act.

### **Applicable Law**

4. A developmental disability “is a disability which originates before an individual attains age 18 years, continues, or can be expected to continue, indefinitely, and constitutes a substantial disability for that individual.” (Welf. & Inst. Code, § 4512, subd. (a)(1).) The Lanterman Act defines a developmental disability to include intellectual disability, cerebral palsy, epilepsy, and autism, as well as “disabling conditions found to be closely related to intellectual disability or to require treatment similar to that required for individuals with an intellectual disability,” otherwise known as a “fifth category” condition. A developmental disability does not include other handicapping conditions solely physical in nature. (*Ibid.*)

5. California Code of Regulations, title 17, section 54000, subdivision (c), specifies those conditions that are not considered developmental disabilities. The excluded conditions 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 [intellectual disability], educational or psychosocial 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 [intellectual disability].

6. To prove the existence of a developmental disability within the meaning of Welfare and Institutions Code section 4512, a claimant must show that he has a "substantial disability." "Substantial disability" means the existence of significant functional limitations in three or more of the following areas of major life activity, as determined by the regional center, and as appropriate to the person's age: (1) self-care; (2) receptive and expressive language; (3) learning; (4) mobility; (5) self-direction; (6) capacity for independent living; and (7) economic self-sufficiency.

## **Disposition**

7. As demonstrated in Factual Findings 31 and 32, Claimant did not prove he has a substantially disabling developmental disability that qualifies him for regional

center services under the Lanterman Act. The evidence showed his adaptive skills and cognitive deficits stem from physical and psychiatric causes, which are excluded from coverage under the Lanterman Act. Thus, there is no basis to conduct a new psychological evaluation for Claimant based on the evidence presented.

### **ORDER**

Claimant's appeal is denied. Claimant is not currently eligible to receive regional center services, and no new psychological evaluation is warranted.

DATE:

CINDY F. FORMAN  
Administrative Law Judge  
Office of Administrative Hearings

### **NOTICE**

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

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