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

## In the Matter of:

## CLAIMANT

## and

## ALTA CALIFORNIA REGIONAL CENTER, Service Agency

## DDS No. CS0031804

## OAH No. 2025110813

## DECISION

Hearing Officer Coren D. Wong, Administrative Law Judge, Office of Administrative Hearings, State of California, heard this matter by videoconference on December 18, 2025, from Sacramento, California.

Mother represented claimant.

DJ Weersing, Legal Services Specialist, represented Alta California Regional Center (ACRC), the service agency.

Evidence was received, the record closed, and the matter submitted for decision on December 18, 2025.

## ISSUE

Does claimant's autism spectrum disorder (ASD) constitute a substantial disability such that she is eligible for regional center services and supports?

## FACTUAL FINDINGS

### Background

1. Claimant is a seven-year-old girl who lives with her parents and four-year-old sister in Granite Bay, California. She experienced intrauterine growth restriction in utero – a fetus's failure to grow as much as expected – and mother was induced at 36 weeks gestation. Claimant weighed only four pounds at birth, and she lost one pound while in the neonatal intensive care unit (NICU) for two and a half weeks. Her lungs were undeveloped, and she was placed on breathing and feeding tubes.

2. At four months of age, claimant was diagnosed with exotropia, a condition in which both her eyes turn outward. She underwent surgery six months later. Mother was told this is a "lifelong condition, not currently affecting [claimant's] vision." Claimant also underwent surgery for a double inguinal hernia repair when she was around four years old. She has a history of febrile seizures, although she has not had one in more than a year. Testing ruled out epilepsy.

### Education

3. During the 2022/2023 school year, claimant attended preschool part time, two days per week, initially at Little Sunshine's Playhouse and then Childtime

Learning Center, both in Granite Bay. The following school year, mother enrolled her in kindergarten at Greenhills Elementary School, a public day school in the Eureka Union School District (District) in Granite Bay. A Student Support Team (SST) meeting was held toward the end of the school year because of concerns with claimant's academic progress.

4. Parents noted claimant exhibited difficulty with comprehension and connecting letters and sounds, and she frequently refused to complete homework at home because she considered it boring. Claimant's teacher reported that claimant often provided inconsistent answers when asked questions about counting and reading. Her teacher also expressed concerns regarding handwriting and writing numbers incorrectly. The team recommended various services and supports.

5. Claimant's year-end report card indicated she was below grade level in English language arts foundational skills and reading, approaching grade level in writing, and meeting grade level in listening and speaking. In mathematics, she was meeting grade level for numbers and operations in base ten, measurements/data, and geometry. She was approaching grade level in operations and algebraic thinking. Claimant demonstrated satisfactory behaviors in all areas of successful learning behaviors.

6. Claimant remained at Greenhills Elementary School for first grade the following year. Another SST meeting was held at the beginning of the school year to address concerns with difficulties she was having comprehending instructions and material at school and at home. The team noted that she still required instructions to be repeated multiple times before completely understanding them, and she was unable to repeat them after being told a second time. Although claimant's ability to count had improved, she still encountered difficulties. Furthermore, she refused to ask

for help when needed. The team continued to recommend various services and supports.

7. Claimant returned to Greenhills Elementary School for second grade. She continued struggling academically and experienced social anxiety, sensory overload, constant emotional shutdowns, and trouble communicating her needs to her teachers. Mother felt she had no alternative but to withdraw claimant from public school and home school her on October 6, 2025. Although claimant has been more successful learning at home, she still is unable to learn independently and requires constant adult support.

## Special Education and Related Services

8. When claimant started first grade, her parents requested that she be assessed for eligibility for special education and related services because of her overall academic progress and social-emotional development. A team consisting of a school nurse, special education teacher, and school psychologist gathered to evaluate claimant. On December 17, 2024, after a thorough review of claimant's health and developmental history, consideration of parent and teacher feedback and observations, and administration of numerous assessments, the team found claimant eligible for special education and related services based on a primary disability of "Specific Learning Disability." The team found no secondary disability.

9. An individualized education program (IEP) planning team consisting of claimant's parents, her first-grade teacher, a Local Education Agency representative, and the school psychologist and special education teacher who evaluated her met to document her eligibility for special education and related services. The team documented the following about how claimant's disability affected her and the

services and supports she needed: "[Claimant] is performing below grade level in reading, writing, spelling, and math despite receiving small group intervention and additional help within the general education classroom. She demonstrates the need for more individualized academic support to meet her educational needs."

10. The team wrote the following about claimant's strengths, preferences, and interests:

> [Claimant] enjoys coloring, playing on playgrounds and outside, using her imagination, and any kind of arts and crafts. She has taken a recent interest in puzzles and legos [*sic*]. She also enjoys her iPad, TV, and quiet time. She also enjoys baking and cooking. She has a great memory and enjoys being tested on her math memorization skills. [Claimant] is a hard worker and always tries to do her best. She is kind, well-liked, gets along well with peers and adults, and does great work in a group. She is very thoughtful and loves making others laugh. [Claimant] has no behavioral challenges and no problem following classroom routines or adapting to changes. She seems happy at school.

11. Finding claimant eligible for special education and related services, the IEP team provided the following explanation and comments:

> [Claimant] demonstrates below-grade-level academic performance in reading, writing, and math despite interventions. While demonstrating average abilities in word

> reading, comprehension, and some math concepts, she struggles with reading fluency, spelling, written expression, and some math skills including subtraction and problem [*sic*] solving. Cognitive testing reveals strengths in comprehension knowledge, fluid reasoning, and retrieval fluency, but weaknesses in visual processing, learning efficiency, and aspects of phonological processing, suggesting a possible learning disability impacting her academic skills.

12. The team determined claimant's baseline in the math skill "calculation" and reading skill "decoding/frequency" and set short-term objectives and annual goals for her to meet in each skill with proper support. Supports included: (1) being seated away from distractions and noise; (2) having additional time to finish assignments; (3) receiving simple, repetitive directions one at a time, in different ways, and with frequent confirmation of understanding; (4) dictating responses; and (5) using a graphic organizer. Additionally, she would receive specialized academic instruction in a small group setting outside the mainstream classroom for 30 minutes each day, five days a week.

## Psychological Evaluation

13. Kristoffer Flores, a licensed marriage and family therapist, referred claimant to Katherine A. Redwine, Ph.D., for an assessment of intellectual and adaptive functioning and an evaluation for ASD. Dr. Redwine is a licensed clinical psychologist who contracts with Kaiser Permanente to perform psychological evaluations of its members. She evaluated claimant by telehealth.

14. Dr. Redwine's evaluation consisted of her: (1) review of claimant's medical and education records, a psychological assessment intake form and various online assessments and evaluations mother completed, and the diagnostic criteria for ASD outlined in American Psychiatric Association, *Diagnostic and statistical manual of mental disorders* (5th ed.), hereafter *DSM-5*; (2) clinical autism interview of mother; and (3) behavioral observations of claimant using the SimplePractice video platform. Dr. Redwine prepared a written report of her evaluation, which was admitted at hearing. She warned of the limitations of her evaluation, including: "services based on a Telehealth evaluation may not yield the same results nor be as complete as face-to-face service." Dr. Redwine did not testify at hearing.

15. Dr. Redwine's review of records revealed a history consistent with that previously described. The diagnostic criteria for ASD outlined in *DSM-5* are substantially the same as those in the current edition of the manual, American Psychiatric Association, *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.), hereafter *DSM-5-TR*. *DSM-5-TR* outlines the following criteria:

> 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 reduce 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.

16. Dr. Redwine interviewed mother by telephone on February 11, 2025. Mother explained claimant began showing signs of social and communication difficulties at a young age. Mother said:

> "[Claimant] engages in parallel play often not addressing or speaking to peers around her. She does not make eye contact. I have tried asking her why she doesn't want to play with other kids and sometimes she cries and says she doesn't have friends but other times she will say she only wants to be alone. Her school offers coloring in a classroom or outside table and she will do that by herself often. Even with play dates, she plays her own games and won't engage with others."

17. Mother described having to call claimant's name multiple times before she responds. She maintains poor eye contact with others. When enrolled in daycare, claimant either played next to other children without engaging with them or "'would follow along doing what other people were telling her to do.'"

18. Mother wanted claimant evaluated for ASD because "'a mom at [claimant's] school who has a son with autism mentioned that she might be showing similar behaviors.'" Mother explained,

> "I worry about her socially. I put her in team sports, and she refuses to participate or engage with other kids even when

> they ask her to play or simply try to speak to her. I believe her to be very emotionally immature and her reactions don't match up with her age. Often my recently turned 4 year old's emotions are more mature in a sense of regulating her emotions. She does not handle any changes well either. Any change to her routine will send her off course and derail whatever we are doing. She has repeated outburst every day and not much seems to calm her down except time passing."

(Spelling and punctuation original.)

19. Mother also expressed concerns regarding claimant's speech and academic skills. Claimant rarely uses complex sentences, and she frequently whispers to herself in a manner mother does not understand. Mother explained:

> "[A]cademically [claimant] is struggling. I recently got an IEP in place which has her going to the special educational room daily for one hour for more one on one teaching. She struggles with reading, sounding out words, she operates mostly on memorization, and she has a really great memory."

(Diction and spelling original.)

20. Mother described claimant as engaging in restricted and repetitive behaviors. She sometimes runs in circles "'in her own world laughing to herself.'" She often memorizes lines from movies and repeats them while watching the movie. Claimant "'watches the same movie over and over and over.'"

21. Mother also described significant concerns with claimant's inflexibility. Claimant likes routines, and mother does her best to keep the same one. When forced to deviate, claimant cries hysterically and refuses to do anything. She also gets upset if mother tries to do something spontaneously. Mother said claimant struggles significantly when transitioning between activities, explaining "'any type of change that is not her own choice or something she wants to do causes her to be very upset. If she is playing and now needs to clean up for dinner etc.'"

22. Although claimant tends to listen at school with little to no objection, she expresses difficulty following directions at home. She is very resistant to leaving home for school in the morning and doing homework when she returns. Mother attributed that behavior to "'[claimant] feeling what I can assume is very overwhelmed and confused at school with being behind and not being able to comprehend what is being taught to her.'"

23. Mother noted potential sensory issues. Claimant cries "'uncontrollably at loud sounds.'" Additionally, she "'doesn't like touch at all, she screams and cries every time I wash her hair.'"

24. One of mother's biggest concerns was claimant's social functioning. Claimant will not engage with other children, regardless of how familiar she is with them. Although she sometimes expresses a desire to participate in a team sport, "'she won't participate at all, just falling on the floor screaming'" when put on a team. Claimant ignores children and adults who try to interact with her. She struggles with holding a conversation with another person.

25. Claimant rarely uses gestures when communicating, but she knows how to point and nod. "'[She] will not make eye contact unless asked to do so several

times[,] and when she is upset, she will not make eye contact at all.'" She laughs at inappropriate times, such as when talking about someone who got hurt or a family pet that was euthanized. Claimant shows no sympathy toward others, and she appears clueless about other's emotions.

26. Although claimant will engage in "simple play" with her younger sister, she will not do the same with children outside the family. She will play by herself and show great imagination, but she does not do the same with others. Mother befriended the parents of a girl around claimant's age. After a few prearranged play dates, claimant told mother the girl has other friends, and claimant plays with her only when forced to do so.

27. After Dr. Redwine completed her clinical assessment with mother, she met with claimant and mother by videoconference to conduct her behavioral observations. She directed them through a series of tasks to assess claimant's social communication skills and elicit any signs of restricted and repetitive behaviors.

28. Claimant demonstrated the ability "'to use some relatively complex speech with occasional utterances of two or more clauses.'" She repeatedly committed the same fundamental grammatical errors. She appropriately varied the pitch and tone when talking, "'but [she] often had a "baby talk" quality to her speech'" and over enunciated certain words. "'She did not display immediate echolalia or any stereotyped or idiosyncratic language.'"

29. Claimant sometimes spontaneously shared her thoughts, feelings, and experiences, but she never reciprocated by asking Dr. Redwine about hers. When talking with Dr. Redwine, claimant rarely engaged in a back-and-forth dialogue, instead providing short answers with no elaboration when asked questions.

"'[Claimant] used six nicely defined descriptive gestures during the assessment during the demonstration task, she did not otherwise use any descriptive or informational gestures. She was observed to nod but otherwise did not use conventional or instrumental gestures.'"

30. Claimant demonstrated "'poorly modulated eye contact'" when starting, ending, or regulating social interaction with others. Her infrequent eye contact was rarely for longer than three seconds. Her affect was more stoic than normal, and she displayed "'some vague smiling that was not consistently directed toward others for the purpose of social communication with them.'" Claimant demonstrated an understanding of emotions when shown fictional characters, such as describing a cat as angry and the fisherman as happy, but "'she did not describe emotions in other individuals from her life.'"

31. "'[Claimant] showed several different spontaneous, inventive, and creative activities in comments in conversation.'" She used different toys as "'independent agents.'" She also used toys to represent other objects, such as making a cake and candles with Play-Doh.

32. "'[Claimant] did not show any sensory seeking behaviors.'" Although she did not show any unusual hand or finger mannerisms, she was seen twice repeatedly rocking her whole body back and forth while sitting on her knees. She did not engage in any self-injurious behaviors, but she described sound sensitivities such as not liking it when people sing too loud. Claimant repeatedly referenced Legoland out of context.

33. Dr. Redwine assessed claimant's intellectual functioning by having mother complete an online evaluation covering five global areas: (1) physical, which analyzed her ability to perform tasks involving coordination, strength, stamina,

flexibility, and sequential motor skills; (2) adaptive behavior, which analyzed her competence, skill, and maturity to cope with the environment; (3) social-emotional, which analyzed her interpersonal relationship skills, social and emotional understanding, and performance in social situations; (4) cognitive, which indirectly analyzed her cognitive skills; and (5) communication, which analyzed her expressive and receptive communication skills with verbal and nonverbal communication. Claimant's scores fell within the delayed range for all five areas.

34. Mother completed another online evaluation to assess claimant's abilities. The evaluation consisted of various statements that mother rated based on the frequency of the behavior seen in claimant. Mother's answers provided a comprehensive indication of claimant's functional ability across 10 domains that are grouped into composite scores corresponding to different areas of adaptive functioning. The scores in communication, functional pre-academics, and self-direction were combined to determine the conceptual adaptive domain score; the scores in leisure and social were combined to determine the social adaptive domain score; and the scores in community use, home living, health and safety, self-care, and motor were combined to determine the practical adaptive domain score. Claimant scored extremely low across all adaptive domains.

35. Finally, mother completed an online evaluation to test for the presence of symptoms of autism spectrum disorder. Claimant's total score "exceeded the autism cutoff score for that screening measure."

36. Based on her psychological evaluation of claimant, Dr. Redwine formed the following impressions:

[Claimant] is a beautiful and sweet 6 year 8-month-old Latinx little girl who was referred to this evaluator by Kaiser Permanente to consider or rule out a diagnosis of autism. This evaluator conducted a telehealth assessment which utilized a review of records, clinical interviews, completion of online questionnaires, and significant behavioral observations.

[Claimant] was a product of a complicated pregnancy marked by intrauterine growth restriction and maternal cholestasis. She was born four weeks premature and required stay in the NICU. She has been reported to show several brain and eye disorder [*sic*] but has otherwise been a physically healthy child. She was late to speak and has participated in speech therapy but continues to show speech delays. She was also reported to show significant struggles with socialization and emotional regulation and a number of idiosyncratic behaviors. [Claimant] has been found eligible for special education services under the category of specific learning disability.

[Claimant's] scores on the [Developmental Profile-4th Edition (DP-4)] fell into the delayed range overall and in each domain area. Similarly, her adaptive abilities as measured by [the Adaptive Behavior Assessment System, Third Edition (ABAS-3)] fell into the extremely low range overall and in each adaptive domain area. Given her results

> on cognitive testing through the school district reaching into the average range in some areas, she does not show evidence of intellectual disability. However, children with autism often struggle to perform activities of daily living at a developmentally appropriate level.
>
> It is this evaluator's opinion that [claimant] meets diagnostic criteria for autism spectrum disorder. She displayed a restrictive range of affect, poorly modulated use of eye contact, and very reduced use of gestures. She showed reduced response to social cues and unusual prosody of speech. Overall, she showed expressive speech delays and struggled to an even greater degree with pragmatic speech. She showed social reciprocity that was significantly more inconsistent, limited, and restricted in range but consistently compliant with little additional warmth and playfulness. She did not tend to change her behavior to suit different social situations at an age-appropriate level and had a generally more flattened presentation. She showed some repetitive body rocking and made stereotyped references to sound sensitivities and Legoland.

37. Applying *DSM-5's* diagnostic criteria for ASD, Dr. Redwine made the following comments regarding claimant's deficits in social communication:

> [Claimant's] mother reported that she does not interact with peers outside of the home. She was observed during the assessment to show very reduced social reciprocity with her

> mother and the evaluator. She used mostly simple sentences with a single cause and showed some grammatical errors. She showed greater difficulty yet in terms of pragmatic language and reciprocal conversation. She was not yet reported to show sympathy toward others.
>
> [¶] . . . [¶]
>
> [Claimant] showed poorly modulated use of eye contact, affect, and gesture. She showed unusual prosody of speech and reduced response to social cues.
>
> [¶] . . . [¶]
>
> [Claimant] does not yet change her behavior to suit different social situations at an age-appropriate level. She was not yet reported to be able to make and sustain friendships at a developmentally appropriate level. Although she can show nice imaginary play skills on her own, her mother reported that she does not yet share imaginary play with other children at a developmentally appropriate level.

Dr. Redwine assessed claimant's social communication impairments at the lowest level of impairment, "Level 1 'Requiring support'," which she described as:

> 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 [*sic*] with others fails, and whose attempts to make friends are alive and typically unsuccessful.

38. Dr. Redwine also commented as follows about claimant's restricted, repetitive patterns of behavior:

> [Claimant] was reported by mother and in the school records to engage in spinning or running in circles. She was observed to rock her whole body back [*sic*] and [*sic*] forth while kneeling. She was also reported to script lines from movies and to rewatch movies repeatedly.
>
> [¶] . . . [¶]
>
> [Claimant] was reported to have a very high level of difficulty in the home setting with regards to transitions, changes in routine, and resistance to control.
>
> [¶] . . . [¶]
>
> [Claimant] was reported to show an intense, repetitive, and unusual pattern of interest with regards to addition, Legos, and rewatching movies such as *Moana* and *Frozen*.
>
> [¶] . . . [¶]

> [Claimant] was reported and observed to display evidence of tactile and auditory sensory differences.

Dr. Redwine assessed claimant's restricted, repetitive patterns of behavior also at the lowest level of impairment, which she described as:

> Inflexibility of behavior causes significant interference with functioning in one or more contexts. Difficulty switching between activities. Problems of organization and planning hamper independence.

## "Substantial Disability" Determination

39. Dr. Redwine determined claimant satisfied *DSM-5's* remaining diagnostic criteria. She concluded, without any analysis, that claimant's symptoms presented during early development; "cause clinically significant impairment in social, occupation [*sic*], or other important areas of current functioning"; and "are not better explained by intellectual disability or global developmental delay." She did not explain how claimant's ASD constitutes a substantial disability. Indeed, Dr. Redwine did not describe any functional limitations to an area of major life activity caused by claimant's ASD.

40. The Lanterman Developmental Disabilities Services Act (Welf. & Inst. Code, § 4500 et seq., the Lanterman Act) requires regional centers to provide services and supports to the developmentally disabled. A developmental disability is a disability that: (1) is attributable to intellectual disability (ID), cerebral palsy, epilepsy, ASD, or a disabling condition similar to ID or that requires treatment similar to that required for ID; (2) originates prior to the person's 18th birthday; (3) is likely permanent; and (4) constitutes a substantial disability.

41. After the Lanterman Act was enacted, there initially was a lack of uniformity in how regional centers determined if a person's disability constituted a substantial disability. This resulted in one regional center concluding someone was substantially disabled, while another regional center concluded someone else with the same disability that caused similar limitations was not.

42. Sometime in the 2000's, the Association of Regional Center Agencies (ARCA) concluded the lack of uniformity amongst the regional centers was contrary to the legislative intent behind the Lanterman Act. ARCA developed guidelines to promote uniformity in how regional centers determined if a person's developmental disability constituted a substantial disability. The guidelines were subsequently revised in December 2023. They provide, in part:

> When determining Regional Center (RC) eligibility, an Interdisciplinary Eligibility Review Team should consider the following recommendations for determining whether or not an individual has a "substantial disability" in three or more areas of major life activity. Informed by trained clinical judgment, substantially disabling impairments are expected to exist across multiple settings, are reasonably expected to be **caused by the eligible condition** (not solely physical, psychiatric, or learning disability), and are/were present prior to age 18. Age and cultural norms should be considered for all areas, as well as legal guidelines set forth in Welfare and Institutions Code Section 4512, and California Code of Regulations Title 17, Sections 54000 and 54001.

> It is important to note that scores on adaptive functioning measures (such as the Vineland Adaptive Behavior Scales) DO NOT solely determine the presence or absence of substantial disability, as these scores are not a direct, objective measure of an applicant's adaptive functioning abilities. As such, the Interdisciplinary Eligibility Review Team should be vigilant to the potential for unintentional bias and/or the possibility of artificial over- or under-reporting of behaviors on these types of measures. Adaptive scores should be interpreted by trained clinical staff. Moreover, although an applicant is welcome to provide a self-appraisal of areas of deficit, it would not be expected that a self-attestation would be the sole source of information used to determine whether a substantial disability is/was present. The amount, quality, and history of supports should be taken into account when assessing substantial disability. Therefore [*sic*] a wide variety of information, such as from an intake interview, psychological report(s), school and medical records, and provider and parent/caregiver interviews, should inform the determination of whether a substantial disability in three or more areas exists for each applicant.

(Capitalization and emphasis original.)

43. The revised guidelines identify personal hygiene, grooming, and feeding as skills within the major life activity "self-care." A person must have "noticeable

limitations in the ability to acquire and perform" the skills to have significant functional limitations in self-care.

44. The major life activity "receptive and expressive language" refers to a person's ability to understand (receptive) and produce (expressive) language. A person has significant functional limitations to this major life activity if she has "noticeable limitations in both the comprehension and expression of verbal and/or nonverbal communication."

45. "Learning" as a major life activity refers to a person's ability to learn new information or skills and apply them in new or similar situations. There must be "noticeable impairment in the ability to acquire and apply knowledge or skills to new or recurring situations" to support a finding of significant functional limitations to this major life activity.

46. "Mobility" as a major life activity refers to a person's ability to walk without assistance. She has significant functional limitations in mobility if she "has noticeable limitations with independent ambulation that is likely to continue indefinitely."

47. The major life activity "self-direction" refers to a person's self-initiative in making personal decisions, the impact of emotional dysregulation on her daily routine, and trouble creating and keeping relationships with others. She is said to have significant functional limitations in self-direction if she has "noticeable impairment in the ability to self-initiate personal and social judgments and decisions."

48. "Capacity for independent living" refers to the life activity of performing activities of daily living without assistance. A person has significant functional

limitations in this activity if she "has noticeable impairment in the ability to perform age-appropriate daily living skills without the assistance of another person."

49. The final major life activity is "economic self-sufficiency." However, the revised guidelines provide: "Note: It is recommended that for selecting Economic Self-Sufficiency as an area of substantial disability, the applicant is at least age 16 or older." Regardless, the activity refers to one's ability to be economically self-sufficient. She has significant functional limitations in this activity if she "has noticeable impairment in the ability to participate in vocational training or to obtain and maintain employment without significant support."

## Application for Regional Center Services and Supports

50. Based on Dr. Redwine's recommendation, mother contacted ACRC and inquired about daycare and social recreation services for claimant. Lauren Murphey, an Intake Specialist with ACRC, performed a social assessment in ACRC's Roseville office on April 11, 2025. Mother subsequently provided additional information by telephone. Melissa Schuessler, a Client Services Manager with ACRC, documented Ms. Murphey's assessment in a written report. Neither Ms. Murphey nor Ms. Schuessler testified at hearing, but the written report was admitted.

51. The report documents Ms. Murphey's observations during the assessment as follows:

> Interviewer greeted [claimant] and her mother in the lobby at the Roseville office. [Claimant] made initial eye contact with interviewer, but did not respond to interviewer's greetings. She was independently playing with a sticker book in the lobby, and interviewer offered for [claimant] to

bring the sticker book and coloring with her. She did not respond but gathered the book, coloring paper [*sic*] and crayons and followed the interviewer and her mother into the office. Interviewer asked [claimant] if she likes coloring [*sic*] and she responded "yes." Upon entering the reserved conference room, interviewer shared that [claimant] can play with any of the toys in the room [*sic*] and [claimant] first looked through the sticker book and then independently moved to the toy bin. She played with the baby doll, the dinosaur, and began building with blocks while sitting on floor.

Interviewer asked her questions about her interests [*sic*] and she would shyly answer with one to two words. Interviewer attempted to ask her questions about school [*sic*] and [claimant] answered "yes" to liking math and reading but her mom shared that this was not correct.

She was able to share her favorite foods and the food she does not like, saying confidently that she does not like pasta. When the interviewer inquired about sounds, smells [*sic*] or fabrics that [claimant] does not like, she had difficulty understanding the question and looked to her mother. [Mother] was able to rephrase the question to help share some examples of sensory aversions. When her mother asked [claimant] about her feelings around vomiting [*sic*] she giggled and shared that she does not like

vomit and talked about how she hides from her sister if she is sick to avoid being around vomit. She made initial eye contact with interviewer but would then look away. She smiled during all interactions with interviewer, giggled, and at one point brought a toy letter board out from the toy bin. She would interrupt her mother and ask her how to spell a word, [*sic*] and would then point to the letters. She cleaned up when prompted by mother, [*sic*] and helped to grab the items to bring back to the lobby. She walked out with interviewer and said "bye" when prompted by her mother, without eye contact.

[Claimant] was polite during the interview and was able to follow simple one-step directions. Part two of the interview was conducted via telephone so that [mother] could openly discuss behaviors and social concerns without [claimant] present.

52. Mother shared the following concerns with claimant's current behavior:

[Claimant] engages in outbursts, which include dropping self to the floor, screaming, crying, slamming bedroom door and ongoing refusal in the form of vocalizations of "NO" or "you can't make me." Refusal is reported to occur daily multiple times per day. [Mother] reports that refusal appears to be an immediate response when [claimant] wakes in the morning. Her outbursts occur multiple times

per day, and [mother] shares that once the meltdown is done, [claimant] acts as if it never happened.

Aggression occurs in the form of biting and kicking and throwing items, but occurs less frequently as [claimant] is given her space when an outburst begins. Aggression is reported to occur at least once a week but not every day.

[Claimant] does not exhibit any intentional [self-injurious behavior]. An unexpected change results in an outburst. However, if the transition or change is in her favor she does not exhibit any refusal or outburst. [Mother] reports that [claimant] likes to have control of the situation.

When asked about sensory sensitivities, interviewer was informed that [claimant] does not like loud noises such as her sister yelling, the dog barking or alarms. She also runs and hides if the dog vomits or if her sister feels sick.

She appears to exhibit sensory overload in the shower around hair washing, and this is being addressed through [occupational therapy].

[Claimant] engages in echolalia, repetitive talking to herself when engaging in independent play. These tend to be a mix of words that are not resembling productive language.

She does not engage in repetitive movement, spinning and does not line up her toys. She is [*sic*] does not regularly

seek out affection or hugs unless she is hurt or feeling uncomfortable.

Mother did not report any past behavioral concerns.

(Punctuation original.)

53. Mother shared the following concerns about [claimant's] social functioning:

> [Claimant] does not currently have any friends [*sic*] and she does not engage with peers or in group activities. When around peers, she engages in parallel play. [Mother] shared that she previously attempted to set up opportunities for [*sic*] to play with friends [*sic*] but she did not engage with peers. When peers approach her or attempt to interact her [*sic*] she does not respond.
>
> Her parents have explored social recreation opportunities including soccer and Jui-Jitsu. [Mother] shared that [claimant] cried during soccer and would sit on the sidelines. There were also some instances of meltdowns in public with [claimant] falling to the floor crying. She is reported to enjoy Jiu-Jitsu as it is individual lessons.
>
> [Claimant] does not show interest in building friendships. She engages and plays with her younger sister and is reported to respond better to younger children. [Claimant] is unable to understand social cues, facial expressions or

> gestures. In the past, if a peer made a rude comment directed at [claimant], she would not understand or be affected by the comment.
>
> Her preferred receptive and expressive form of communication is verbal. She is able to communicate in full sentences, and is working on using her communication before reaching the point of frustration that leads to a meltdown. She is able to follow simple one-step directions. Her mother shared that recently, [claimant] has shown some awareness of the opinions of others in the community. She wears an eye patch for 4 hours per day due to her eye condition, and has requested that she not wear this when in public.

54. Claimant made eye contact with the interviewer but then quickly looked away. Mother explained claimant does not make eye contact with others unless prompted, and she quickly looks away when she does. She shows no interest in others or in making friends. However, she enjoys pretend play with dolls and her sister, with whom she gets along well, and she likes going to movies and getting manicures with her grandmother. Claimant dislikes spontaneity. She purportedly interacts better with male peers than female ones.

55. Mother shared the following concerns with claimant's ability to perform basic self-care skills:

> [Claimant's] mother shared that she wakes [claimant] up early as she requires ample time to get ready due to refusal

and tantrums. [Claimant] and her mother select her outfits the night before, but if a last minute change in outfit is needed, it will result in a tantrum. She is able to physically dress herself but needs verbal prompts and supervision. She may refuse saying "my legs don't work" and her mother will need to provide physical assistance. She is working on buttons and zippers with her OT. She wears slip-on shoes and is beginning to work on learning to tie laces. Her mother brushes her teeth and she has required laughing gas when visiting the dentist. [Claimant] requires support and prompting to bathe and appears to have sensory difficulty with hair washing which is being addressed with her OT. [Mother] believes it is due to unwanted touch to her head, and balance and mobility issues related to leaning her head back for hair washing. Her mother fully supports with hair washing. [Claimant] assists with body washing when bathing.

Her mother supports to style her hair [*sic*] but [claimant] prefers quick hair styles. She is able to take herself to the restroom and does not ask for assistance and does not have any accidents. Her OT is supporting with wiping techniques to prevent rashes.

She is working on using silverware when eating but prefers finger foods. She is able to drink from an open cup with spillage and prefers to use a straw.

Mother did not describe any past concerns with claimant's ability to perform basic self-care skills.

56. Regarding current receptive and expressive language skills, mother shared:

> [Claimant] does not currently have any friends [*sic*] and she does not engage with peers or in group activities. When around peers, she engages in paralell [*sic*] play. [Claimant] does not show interest in building friendships. She engages and plays with her younger sister and is reported to respond better to younger children. [Claimant] is unable to understand social cues, facial expressions or gestures. In the past, if a peer made a rude comment directed at [claimant], she would not understand or be affected by the comment.
>
> Her preferred receptive and expressive form of communication is verbal. She is able to communicate in full sentences, and is working on using her communication before reaching the frustration that leads to a meltdown. She is able to follow simple one-step direction [*sic*].

57. Mother said the following about claimant's current self-direction skills:

> [Claimant] does not exhibit any intentional SIB [self-injurious behaviors]. She has a challenge with changes in her routine and transitions, and is not reported to be flexible. An unexpected change results in an outburst. However, if the transition or change is in her favor she does

not exhibit any refusal or outburst. [Mother] reports that [claimant] likes to have control of the situation.

She does not understand safety awareness. While she does not interact with strangers, there are continued concerns about her safety. She does not understand car safety and will walk into traffic. She also does not have body awareness and will walk into objects. She does not elope from home or wander.

[Claimant] is unable to problem solve in regards to difficult situations. She is able to strategize with simple games such as Uno or Candyland. She is able to initiate tasks such as selecting a preferred toy, asking for food or grabbing a snack. If she receives an injury in front her parents she may cry and ask for help. However, during the phone call on 4/22 [mother] shared that [claimant] was injured at school and did not tell anyone until the end of the day. In addition, [claimant] does not like to take medicine.

In an emergency [claimant] is unable to call 911 but knows her mother's phone number.

58. Mother explained the following about claimant's ability to live independently:

> [Claimant] does not have any consistent chores but is expected to pick up her toys before dinner, clear her plate after dinner [*sic*] and she helps to pack her snack and water

> bottle for school. She likes to bake but loses interest quickly and only uses kids safe knives. She does not cook using the microwave, stove [*sic*] or oven. She does not understand the concept of saving money and wants to spend money as soon as it is received; however [*sic*] she is unable to make purchases independently. She likes her independence and alone time [*sic*] but her mother is usually close by to supervise.

59. After conducting the social assessment, Ms. Murphey obtained records relevant to claimant's eligibility for regional center services and supports, including medical records from Kaiser Permanente and school records from the District and Placer County Office of Education. She then convened an eligibility review team to review all the records and determine claimant's eligibility. In addition to herself, the team included Sparkle Crenshaw, Psy.D., Steven Graff, Ph.D., and Peter Himber, M.D.

60. The eligibility team convened on October 22, 2025. After reviewing all the records, the team concluded that, although claimant has an ASD diagnosis, her disability does not constitute a substantial disability as defined by the Lanterman Act . Therefore, the team determined claimant is not eligible for regional center services and supports.

61. On October 23, 2025, Ms. Murphey prepared a Notice of Action (NOA) notifying claimant of the eligibility review team's determination that she is not eligible for regional services and supports. Ms. Murphey explained, "[T]he multidisciplinary team determined that while [claimant] has a diagnosis of Autism Spectrum Disorder, that condition does not now, or did not prior to age 18, constitute a substantial

disability." She included information about claimant's right to appeal ACRC's decision. Mother filed an appeal on claimant's behalf.

## Hearing Testimony

### DR. CRENSHAW

62. Dr. Crenshaw has been a Psychological Associate with ACRC for approximately two and a half years. Her primary role is to serve on eligibility review teams and review clinical records alongside her clinical supervisor, Dr. Graff, to determine if applicants are eligible for regional center services and supports. She holds a master's in psychology and a doctorate in clinical psychology.

63. Dr. Crenshaw provided a broad overview of the process for applying for regional center services and supports. The process starts "at the door" with an intake specialist receiving a request for services and supports either in person or by telephone. The intake specialist gathers demographic information about the person seeking services and supports and the person requesting them if they are different. The intake specialist also gathers information about the developmental disability that potentially makes the applicant eligible for services and supports. She then performs a social assessment.

64. Once the intake specialist has gathered all the necessary information and performed the social assessment, she gathers an eligibility review team and forwards all the information for a determination of eligibility. After the team reviews all the information, it decides whether it has enough information to decide the applicant's eligibility. If the team determines more information is needed, it sends the applicant to the appropriate practitioner for assessment. Claimant's team concluded it had enough information to determine eligibility and did not request an assessment.

65. Dr. Crenshaw was part of claimant's eligibility review team. As such, she reviewed all the documents Ms. Murphey obtained and her social assessment. She determined claimant is not eligible for regional center services and supports. She then discussed her findings and conclusions with Dr. Graff. He agreed with her, as did Dr. Himber.

### DR. GRAFF

66. Dr. Graff holds a doctorate in counseling psychology. The California Board of Psychology first issued him a license to practice psychology in March 1990. He served as a Staff Psychologist II and then Director of Clinical Services at Tri-Counties Regional Center in Santa Barbara, California, for 28 years before retiring in November 2024. He currently contracts with ACRC to supervise Dr. Crenshaw and another psychological associate. Dr. Graff also contracts with Tri-Counties Regional Center to serve on eligibility review teams under the California Early Intervention Services Act (Gov. Code, § 95000 et seq.).

67. Dr. Graff reviewed Dr. Crenshaw's determination that claimant is not eligible for regional center services and supports. He also reviewed the evidence Dr. Crenshaw based her conclusion on and independently determined claimant is not eligible. Dr. Graff went through this lengthy process for two reasons. First, Dr. Crenshaw is working toward her psychologist license from the California Board of Psychology, and she can practice psychology only under the supervision of a licensed psychologist. Therefore, Dr. Graff wanted to verify she properly analyzed claimant's eligibility and reached the proper conclusion.

68. Second, Dr. Graff was a member of claimant's eligibility review team. Therefore, he was required to make an independent assessment of claimant's

eligibility. If Dr. Graff and Dr. Crenshaw reached different conclusions, he assumed his conclusion would have "overruled" hers because of his licensed status.

69. Dr. Graff found discrepancies between Dr. Redwine's conclusion and narrative. He noted much of the narrative was based on information mother provided, rather than Dr. Redwine's direct observations. For example, mother's responses to the ABAS-3 led to an "Extremely Low" rating for claimant's speech development. However, the IEP planning team concluded the following about claimant's speech development at its May 15, 2025 meeting:

> [Claimant's] speech and language skills were assessed at the request of her mother. The Goldman-Fristoe Test of Articulation-3 was administered to test [her] articulation. Overall, [she] demonstrated substitutions on /sh, ch, I, r/ [*sic*] and voiced and voiceless 'th.' However, she presented with one "ts" for "ch" and /w/ for /I/ substitution at the word level. She produced all other "ch" and /I/ words correctly. At this time, it appears that [claimant's] "ch" and /I/ sounds are emerging. In addition, despite her substitutions, [she] was 100% intelligible during the evaluation to an unfamiliar listener. [Claimant's] teacher reported that she is at least 90% intelligible in class. These sound substitutions do not impact her academic performance, social interactions, nor her ability to convey her message. [Claimant's] receptive, expressive, and pragmatic language skills were addressed using the CASL-2. [She] performed in the average range in all areas with the

> exception of a slightly below average score on the Synonyms subtest. Her score on the receptive and expressive vocabulary subtests were within the average range therefore this is not an area of concern at this time. In conversation, [claimant] asks questions, makes comments, uses age [*sic*] appropriate vocabulary, and produces grammatically correct sentences. She has been observed playing and communicating with peers in class and on the playground. Overall, [claimant's] speech and language skills are sufficient for communication within the general education setting.

70. Additionally, a speech therapist at Kaiser Permanente evaluated claimant and determined her speech/language deficits are due to her difficulty speaking in a manner others can understand, not her difficulty using and understanding language. The therapist wrote in her records:

> - -[Claimant] was found to have phonological disorder and demonstrated adequate language skills.
>
> - [Claimant] is making adequate progress in treatment goals.
>
> - [Claimant] demonstrates adequate attention and participation to benefit from continued [speech therapy].
>
> - -Parent demonstrates understanding of discussed strategies.

Problems:

- [Claimant] displays deficits in speech intelligibility and phonological awareness.

71. The IEP team also concluded claimant had appropriate social skills, adequately controlled her behavior, had sufficient vocational skills, and had appropriate adaptive and daily living skills. It wrote that despite occasionally preferring solitude, "[claimant] demonstrates age-appropriate social skills, is well-liked by her classmates, and appears happy, enthusiastic, and comfortable at school." Furthermore, "[claimant] demonstrated the ability to maintain self-regulation within the classroom without the need of additional sensory supports."

72. The team noted, "[Claimant] comes to school regularly, on time, and prepared. She takes responsibility for herself, follows all school routines, and is independent in completing age-appropriate tasks. [She] demonstrates age-appropriate vocational skills." Finally, "[Claimant] demonstrates age-appropriate adaptive and daily living skills. She is independent with her self-care, participates in age-appropriate jobs and chores, adjust [*sic*] well to changes, and can follow all safety rules."

73. Moreover, an occupational therapy assessment noted claimant was reported or observed to have completed the following with little or no help: "using utensils, drinking from a straw and open cup, doffing upper and lower body clothing, donning upper and lower body clothing, washing and drying her hands, completing a teeth brushing routine, zippers, and opening snack containers and packages." Dr. Graff commented claimant is "able to do a lot" despite having some limitations and difficulties.

74. Dr. Graff explained that "best practice" for evaluating a patient for ASD requires observations in multiple environments. He criticized Dr. Redwine for observing claimant only at home. He explained it would have been best to observe claimant at home, at school, and in the office.

75. Dr. Graff also criticized Dr. Redwine's use of telehealth to evaluate claimant. He opined that telehealth is "artificial" because the evaluator is not actually "interacting" with the patient. He noted Dr. Redwine's footnote warning of the limitations of telehealth evaluations.

76. Finally, Dr. Graff observed that a multitude of specialists evaluated claimant for eligibility for special education and related services. None concluded she has ASD. Instead, she was determined eligible based on a primary disability of specific learning disability. Dr. Graff said that determination "speaks volumes to him" because ASD has a lower qualification threshold than specific learning disability.

**MOTHER**

77. Mother argued ACRC's evaluation was not sufficiently comprehensive to accurately determine claimant's eligibility for regional center services and supports. She believed ACRC relied too heavily on claimant's school records. Mother doubted the accuracy of those records because she questioned whether the District officials responsible for special education knew what they were doing. Also, she initially encountered strong resistance to having claimant evaluated for special education and related services and had to "fight" for that to happen.

78. Mother explained that once claimant was evaluated, found eligible, and an IEP adopted, the District refused to implement the IEP except for a limited period of time. Mother further explained claimant's "autism-related challenges made it

impossible for her to function in a traditional classroom setting. Claimant experienced overwhelming social anxiety, sensory overload, frequent emotional shutdowns, and difficulty communicating her needs to staff." Therefore, mother strongly disagreed with the District's observations and assessment of claimant. Claimant struggled so much in school that mother withdrew her and began homeschooling her at the beginning of the 2025/2026 school year.

79. Mother also criticized ACRC's evaluation because Ms. Murphey observed claimant only in an office setting, rather than multiple settings. Dr. Graff conceded during cross-examination that Ms. Murphey's social assessment was not "as comprehensive as [he] personally would do" for that reason.

80. Mother was adamant that claimant's ASD constitutes a substantial disability. She explained in a supporting letter that claimant's disability results in the following functional limitations:

- **Self-Care:** She needs help with basic daily routines such as getting dressed, brushing her teeth, and bathing. Without constant reminders and hands-on help, she becomes overwhelmed or distracted and can't complete these tasks.

- **Communication:** She struggles to understand verbal directions and express her thoughts and feelings. When she's anxious or overstimulated, she often shuts down completely or uses very few words, making it difficult for her to get her needs met.

- **Learning:** Even in a quiet, supportive home environment, learning is slow and difficult for her. She has trouble focusing, remembering instructions, and

retaining what we work on. Every small gain takes an incredible amount of time and repetition.

- **Self-Direction:** She cannot manage time or transitions without guidance. Simple changes in routine can lead to emotional meltdowns, and she often relies on me for constant structure and reassurance.

- **Independent Living:** She is not able to safely manage her environment, make safe decisions, or navigate daily life without full adult supervision.

Her challenges are not occasional — they are consistent, pervasive, and affect nearly every aspect of her day.

(Emphasis original.)

81. Mother submitted a declaration in which she posited "based on my daily lived experience, [claimant's] medical and educational history, and ongoing professional evaluations, [claimant] has significant and pervasive limitations in more than three . . . functional areas." Specifically, mother stated claimant has limitations in "learning, receptive and expressive language, self-direction, self-care, independent living skills, and economic self-sufficiency (as appropriate for her age)."

82. An undated speech therapy evaluation showed the results of "Clinical Observation" of claimant's: (1) oral-motor mechanism (the coordinated movements of her lips, tongue, jaw, cheeks, and pallet, which are essential for speaking, eating, and facial expressions); (2) voice (the sounds she makes using her lungs, vocal cords, and vocal tract); (3) resonance (the quality of her voice from sound vibrations in her throat, mouth, and nose); (4) fluency (the rate, rhythm, and ease of production of speech); and (5) articulation/phonology (the physical process of her using her oral-motor

mechanisms to form individual sounds to create words/the study and treatment of patterns of sound errors children use to simplify speech).

83. The evaluating speech therapist found deficits only in articulation/phonology, noting: (1) claimant has "a reduced phonetic inventory for [her] age"; (2) her "speech skills were poor when compared with same-age peers"; and (3) her "phonological patterns are not considered age-appropriate and formal intervention is needed." The therapist did not explain if any of those deficits were caused by claimant's ASD or how, if at all, they made her ASD substantially disabling.

84. An undated occupational therapy assessment noted that claimant "presented to this evaluation with some challenges regarding her fine motor and sensory development." Testing revealed "a composite fine motor score within the below average range." Additionally, claimant demonstrated "below average manual dexterity skills." The therapist provided no correlation between the deficits noted and claimant's ASD. Nor did the therapist explain how, if at all, any of them caused claimant significant functional limitations in a major life activity.

85. On August 28, 2025, mother evaluated claimant's adaptive functioning by completing the Vineland Adaptive Behavior Scales, Third Edition. Claimant's overall adaptive functioning was below normal. In the three specific adaptive behavior domains – communication (how well claimant listens and understands, expresses herself orally, and reads and writes), daily living skills (her ability to perform age-appropriate activities of daily living), and socialization (her ability to function in social situations) – she was strongest in the daily living skills domain and weakest in the socialization domain. No evidence of any correlation between claimant's scores and any impairment to areas of major life activity was introduced.

86. Finally, Pacific Charter Institute performed the mCLASS Math assessment on October 24, 2025, to measure claimant's mathematical skills. She was evaluated in the domains of Algebraic Thinking, Measurement & Data, and Numbers & Operations. She received the lowest performance rating of "Well Below Benchmark" in all three domains. Again, mother produced no evidence of any correlation between claimant's scores and impairment to areas of major life activity.

## Analysis

87. Claimant has the burden of proving: (1) she has a qualifying disability; (2) that manifested prior to her 18th birthday; (3) is likely permanent; and (4) constitutes a substantial disability. Dr. Redwine diagnosed claimant with ASD shortly before her seventh birthday. ASD is a permanent disability. ACRC did not dispute the diagnosis. The only issue on appeal is whether claimant's ASD constitutes a "substantial disability" under the Lanterman Act.

88. Claimant did not produce persuasive evidence that her ASD constitutes a substantial disability. Dr. Redwine did not opine as much, and she did not describe in her report any significant functional limitations to areas of major life activity claimant suffers because of her ASD. Additionally, the persuasiveness of Dr. Redwine's psychological evaluation is questionable because it was conducted remotely and she observed claimant in only one setting. She did not testify at hearing, so there was no opportunity to clarify her findings and conclusions.

89. Mother's argument that Ms. Murphey did not evaluate claimant in the manner Dr. Graff described as "the best practice" was factually accurate. However, it was unpersuasive because rejecting Ms. Murphey's evaluation does not create affirmative evidence of claimant's substantial disability. To prevail, claimant must

present evidence that it is more probable than not that her ASD constitutes a substantial disability. She failed to do so.

90. Moreover, Dr. Graff persuasively explained that claimant's deficits in speech and language affect her ability to be understood, not her ability to understand and produce language as required by the major life activity receptive and expressive language. He also persuasively explained that claimant showed sufficient skills in the major life activities self-care, self-direction, and capacity for independent living.

91. Considering all the evidence, claimant did not meet her burden of proving her ASD constituted a substantial disability. Therefore, she did not prove she is eligible for regional center services and supports, and her appeal for ACRC's NOA must be denied.

## LEGAL CONCLUSIONS

### Applicable Burden/Standard of Proof

1. Claimant has the burden of proving she is eligible for ACRC's services and supports by a preponderance of the evidence. (*Lindsay v. San Diego Retirement Bd.* (1964) 231 Cal.App.2d 156, 161 [the party seeking government benefits has the burden of proving entitlement to such benefits]; Evid. Code, § 115 [the standard of proof is preponderance of the evidence, unless otherwise provided by law].) This evidentiary standard requires claimant to produce evidence of such weight that, when balanced against evidence to the contrary, is more persuasive. (*People ex rel. Brown v. Tri-Union Seafoods, LLC* (2009) 171 Cal.App.4th 1567.) Claimant must prove it is more likely than not that she is eligible for ACRC's services and supports. (*Lillian F. v. Super. Ct.* (1984) 160 Cal.App.3d 314, 320.)

## Applicable Law

### CARE FOR THE DEVELOPMENTALLY DISABLED

2. Under the Lanterman Act, the State of California accepts responsibility for persons with developmental disabilities and pays for the majority of the "treatment and habilitation services and supports" to enable such persons to live "in the least restrictive environment." (Welf. & Inst. Code, § 4502, subd. (b)(1).) The Department of Developmental Services is charged with implementing the Lanterman Act and is authorized to contract with regional centers to provide the developmentally disabled access to the services and supports needed. (Welf. & Inst. Code, §§ 4406 & 4620, subd. (a); *Williams v. State of Cal.* (9th Cir. 2014) 764 F.3d 1002, 1004.)

### ELIGIBILITY FOR REGIONAL CENTER SERVICES AND SUPPORTS

3. Eligibility for regional center services and supports is dependent on: (1) the person having a developmental disability (2) that originated before her 18th birthday; (3) is likely permanent; and (4) constitutes a substantial disability. (Welf. & Inst. Code, § 4512, subd. (a)(1); Cal. Code Regs., tit. 17, § 54000, subd. (b)(1)–(3).) Under the Lanterman Act, developmental disability includes autism spectrum disorder. (Welf. & Inst. Code, § 4512, subd. (a); Cal. Code Regs., tit. 17, § 54000, subd. (a).)

4. To constitute a "substantial disability," the disability must "result[] in major impairment of cognitive and/or social functioning" and represent a "sufficient impairment to require interdisciplinary planning and coordination of special or generic services to assist the individual in achieving maximum potential." (Cal. Code Regs., tit. 17, § 54001, subd. (a)(1).) Additionally, it must cause the person "significant functional limitations in three or more of the following areas of major life activity . . . 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." (Welf. & Inst. Code, § 4512, subd. (l)(1); see Cal. Code Regs., tit. 17, § 54001, subd. (a)(2)(A)–(G).)

5. "Any person believed to have a developmental disability . . . shall be eligible for initial intake and assessment services in the regional centers." (Welf. & Inst. Code, § 4642, subd. (a)(1).) "Initial intake shall be performed within 15 working days following request for assistance" and must include "a decision to provide assessment." (*Id*. at subd. (a)(2).) "Assessment may include collection and review of available historical diagnostic data, provision or procurement of necessary tests and evaluations, and summarization of developmental levels and service needs." (Welf. & Inst. Code, § 4643, subd. (a).)

6. In determining if a person qualifies for regional center services and supports,

> [t]he regional center may consider evaluations and tests, including, but not limited to, intelligence tests, adaptive functioning tests, neurological and neuropsychological tests, diagnostic tests performed by a physician, psychiatric tests, and other tests or evaluations that have been performed by, and are available from, other sources.

(Welf. & Inst. Code, § 4643, subd. (b).)

## Conclusion

7. Claimant did not prove her ASD constitutes a substantial disability. Therefore, she did not prove she is eligible for regional center services and supports, and her appeal from ACRC's NOA must be denied.

## ORDER

Claimant's appeal from Alta California Regional Center's October 23, 2025 Notice of Action denying her application for regional center services and supports is DENIED.

DATE: January 5, 2026

COREN D. WONG
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.