

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

In the Matter of:

CLAIMANT

and

WESTSIDE REGIONAL CENTER, Service Agency.

DDS No. CS0026631

OAH No. 2025120272

DECISION

Shanda Connolly, Administrative Law Judge, Office of Administrative Hearings, State of California, heard this matter in El Segundo at the Westside Regional Center (WRC) on January 13, 2026.

Claimant's mother (mother) represented claimant, who was present at the hearing. (Claimant and mother are not identified by name to protect their privacy.) Sonia Tostado, Appeals Specialist, represented WRC.

Oral and documentary evidence was received. The record was closed, and the matter was submitted for decision on January 13, 2026.

ISSUE

Whether claimant is eligible for regional center services based on a developmental disability under the Lanterman Developmental Disabilities Services Act, Welfare and Institutions Code section 4500 et seq. (Lanterman Act). (All further statutory references are to the Welfare and Institutions Code unless otherwise stated.)

EVIDENCE PRESENTED

The documentary evidence at hearing consisted of: WRC Exhibits 1 through 13 and Claimant Exhibit A. The testimonial evidence at hearing was provided by Karesha Gayles, Psy.D., a WRC psychologist, and mother.

FACTUAL FINDINGS

1. Claimant, who is 27 years old and identifies with he/him/his pronouns, asserts he is eligible for regional center services because he is substantially disabled in three or more areas due to his autism spectrum disorder (ASD). The parties agree that claimant does not have cerebral palsy, epilepsy, intellectual disability, or a "fifth category condition, i.e., a disabling condition closely related to intellectual disability or requiring treatment similar to that required for individuals with intellectual disability.

2. On March 19, 2025, WRC issued a Notice of Proposed Action informing claimant that he is not eligible for regional center services. On May 5, 2025, mother appealed WRC's decision.

3. This hearing ensued.

Diagnostic Criteria for ASD

4. Only one condition is at issue in this case: ASD. Regional centers and mental health practitioners rely on the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition Text Revision (DSM-5) to diagnose ASD.

5. Under the DSM-5, an individual with ASD has persistent deficits in social communication and social interaction across multiple contexts (A Criteria), as manifested by the following, currently or by history: (1) deficits in social-emotional reciprocity, (2) deficits in nonverbal communication behaviors used for social interaction, and (3) deficits in developing, maintaining, and understanding relationships.

6. The individual also must display restricted, repetitive patterns of behavior, interests, or activities (B Criteria), as manifested by at least two of the following, currently or by history: (1) stereotyped or repetitive motor movement, use of objects or speech, (2) insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior, (3) highly restricted, fixated interests that are abnormal in intensity or focus, and/or (4) hyper- or hypo-reactivity to sensory input or unusual interest in sensory aspects of the environment. In addition, the individual's symptoms must have been present in the early developmental period and must cause the individual clinically significant impairment in social, occupational, or other important areas of current functioning (Criteria C and D) and not better explained by Intellectual Disorder or Global Development Delay (Criteria E). (Ex. 12 at A55-56.)

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Claimant's Background

7. Claimant is a non-conserved adult who lives within WRC's service catchment area with his mother, father, and sister.

8. Claimant was born at full-term and met all developmental milestones. Claimant attended public school in Chicago until the third grade, when he began attending Francis W. Parker School through his freshman year of high school. His family thereafter moved, and he attended high school from his sophomore through senior year at Waiakei High School in Hilo, Hawaii. Claimant received much support from his teachers during school. He did not have an Individual Education Program (IEP).

9. After high school, claimant attended Art Center College of Design in Pasadena from 2017 to 2022, where he received a bachelor's degree in fine arts.

10. Prior to and after graduating college, claimant lived with his parents and worked part-time sporadically. From Fall 2023 to Fall 2024, claimant lived with his partner, who became his caregiver, in Koreatown. Claimant moved back home in Fall 2024.

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Psychological Evaluations

11. Sometime before January 9, 2025, WRC received an undated letter from Dr. Harry Do, claimant's primary psychiatrist the Los Angeles County Department of Health, requesting claimant to receive an evaluation for ASD to determine his eligibility for regional center services.

12. In response, on January 9, 2025, Maritz Cortes, WRC Intake Coordinator, performed a psychosocial assessment of claimant to clarify claimant's current level of functioning. Ms. Cortes noted that claimant had a history of depression, was taking Zyprexa and Lexapro, and was receiving psychotherapy. Claimant had been hospitalized twice due to suicidal thoughts, and had one self-harm attempt. Claimant is enrolled in Medi-Cal health insurance. Claimant's family noted that he struggles with self-direction, independent living, and self-sufficiency. Ms. Cortes recommended claimant to obtain a psychological evaluation to assess any developmental disabilities and to consider applying for services offered by the Department of Rehabilitation.

13. On March 14, 2025 and April 26, 2025, WRC arranged for claimant to be assessed by Jeffrey Nishii, Psy.D., a clinical psychologist. Dr. Nishii reviewed claimant's records, performed a clinical interview, and administered the following tests: Wechsler Adult Intelligence Scale, Fourth Edition (WAIS-IV), Vineland Adaptive Behavior Scales, Third Edition (VABS-III), and Autism Diagnostic Observation Schedule, Second Edition Module Four (ADOS-2).

14. Based on the WAIS-IV, Dr. Nishii found that claimant had a full-scale IQ (FISQ) of 104, indicating average intellectual functioning. According to the VABS-III, claimant had an overall adaptive behavior composite score and receptive communication skills in the low range, and had daily living skills and interpersonal

relationship skills in the moderately low range. The ADOS-2 showed that claimant: did not exhibit echolalia, stereotypical idiosyncratic speech, or limited use of emphatic or emotional gestures; showed some description of experiencing emotions, but with limited effectiveness and detail; did not display unusual sensory interests but displayed unusually repetitive interests; and had scores that fell within the autism-spectrum range.

15. Dr. Nishii diagnosed claimant with ASD, with persistent deficits in social communication and social interaction as set forth in Criteria A of the DSM-5 definition for ASD at Level One (requiring support), and with restricted, repetitive behavior as set forth in Criteria B of the DSM-5 definition for ASD at Level One (requiring support). Dr. Nishii recommended that claimant: continue with individual therapy to improve his coping, communications, and self-advocacy skills; continue with medication to manage his anxiety and depression; and develop a consistent self-care regimen.

16. On July 9, 2025, Dr. Gayles performed a multidisciplinary psychological evaluation of claimant "to assess the presence of a developmental disability, with specific consideration given to [ASD], as well as to explore any additional diagnostic considerations that may impact eligibility for Regional Center services." (Ex. 7, p.A40.) It was not made clear at hearing why a second evaluation was performed approximately two months after Dr. Nishii's evaluation. Dr. Gayles reviewed claimant's records, performed a clinical interview, interviewed claimant's mother and sister, and administered the ADOS-2. Dr. Gayles reviewed the psychological evaluation conducted by Dr. Nishii in March and April 2025. Dr. Gayles found that claimant's emotional insight and nonverbal communication "indicated a strong motivation to connect," but his "narrative revealed functional challenges with emotional regulation, social navigation, and daily independence, suggesting the presence of significant psychiatric

and mental health needs.” (Ex. 7, p. A42.) Dr. Gayles noted that claimant had prior diagnoses of major depressive disorder (MDD) with psychotic tendencies and premenstrual dysphoric disorder (PMDD), had previously been hospitalized for mental health issues, had a history of anxiety symptoms since childhood, and was taking Abilify and reporting no active suicidal ideation.

17. Based on the ADOS-2, Dr. Gayles found claimant had a communication score of 2, reciprocal social interaction score of 5, imagination and creativity score of 0, and stereotypical behaviors and restricted interests score of 1, which met the threshold for a classification of ASD. Dr. Gayles recommended that her findings be “interpreted in conjunction with possible caregiver report, developmental history, and cognitive/adaptive assessments to guide diagnostic clarity and service recommendations.” (Ex. 7, p. A45.)

18. According to a WRC Eligibility Sheet dated September 10, 2025, claimant was found to be ineligible for regional center services because he did not have a “severe handicap in three or more areas.” (Ex. 8, p. A46.) The Eligibility Sheet was signed by WRC’s eligibility team, which included a physician and two psychologists.

Claimant’s Evidence

19. Mother submitted a letter dated January 8, 2026, describing claimant’s deficits and limitations in the areas of self-care, communication, self-direction, capacity for independent living, and economic self-sufficiency. (Ex A.)

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Testimony

MOTHER

20. Mother testified consistent with her January 8, 2026 letter regarding claimant's deficits and limitations, and noted that claimant's deficits and limitations were not always apparent because claimant has learned ways to mask them, such as smiling and nodding in response to questions.

21. Mother explained that claimant is no longer taking antidepressants and his mental health has stabilized. Claimant's parents handle his medical care, insurance, and schedule. Claimant does not drive or take public transportation, and he relies mainly on his parents for transportation.

22. In the area of self-care, mother explained claimant requires daily reminders to take his medication, Abilify. In addition, mother stated that claimant often fails to alert others about serious concerns, even in urgent situations. For instance, several days after claimant's discharge from the hospital after removal of his gall bladder, mother noticed pus seeping from claimant's incision and navel. Claimant told his parents the wound had been secreting pus for several days. Without his parents' intervention, claimant would not have understood the urgency of his situation or sought medical treatment.

23. In the area of communication, mother stated that claimant does not provide responses beyond the scope of a question, and follow-up questions are necessary. For instance, mother overheard a call between claimant and claimant's doctor and asked claimant if there was a problem. Claimant responded that it was his doctor and he was okay. However, mother asked if it was about claimant's upcoming appointment, and he responded yes. When mother reminded claimant about the

appointment, he stated "it's not tomorrow." Mother then learned the doctor had called to reschedule the appointment. Although claimant relies upon his parents to drive him to appointments, he had not explained to them the change in appointments.

24. In the area of self-direction, mother noted that claimant does not correctly interpret social cues and does not understand when people do not treat him fairly and considerately. For instance, claimant has waited on FaceTime while some friends have gone off to take a shower or eat a meal. When claimant was employed part-time by a merchant in Little Tokyo, his boss told him that he would have to work for free until the profit lost on an item stolen by a customer was recovered, and claimant believed him.

25. In the area of capacity for independent living, mother explained that claimant has never lived fully independently. During college, claimant lived with roommates and commuted to classes on a shuttle bus. Claimant does not pay his bills and relies upon his parents to do so. Claimant's parents create his budget and provide him with envelopes of money for him to spend on specific items. Claimant requires assistance to make and keep appointments, and he cannot complete household tasks unless specifically prompted. Claimant does not inform his parents when he runs out of required items, such as medications and personal hygiene products.

26. In terms of economic self-sufficiency, mother stated that claimant needed assistance to complete and submit job applications. Claimant is unable to maintain full-time employment and struggles with part-time employment because he misinterprets social cues and often believes he is in trouble, which results in anxiety and sometimes job loss.

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27. Mother believes that claimant qualifies for regional center services, and claimant would greatly benefit from the support and services WRC provides, especially training regarding safety and self-advocacy.

DR. GAYLES

28. Dr. Gayles first testified (before mother testified) that she reviewed the entirety of the records in this case and agreed with the findings of the WRC eligibility team that claimant was not eligible for regional center services based on ASD because he was not substantially disabled in three or more areas.

29. However, after hearing the testimony provided by mother, Dr. Gayles found that claimant had deficits in social communication as set forth in Criteria A of the DSM-5 definition for ASD at Level Two (requiring substantial support). In addition, Dr. Gayles found that claimant had substantial disabilities in four areas, and did not dispute that such substantial disabilities were attributable to claimant's ASD. First, Dr. Gayles found that claimant is substantially disabled in the area of self-care, citing evidence such as his need for daily reminders to take his medication and his inability to inform others about signs of an infection following his gall bladder surgery. Second, Dr. Gayles found claimant is substantially disabled in the area of communication, given his limitations in pragmatic communication. Third, Dr. Gayles found claimant is substantially disabled in the area of independent living, citing evidence such as his inability to ride public transportation, and his need for his parents to provide him with a budget and limit his spending. Fourth, claimant lacks the capacity for economic self-sufficiency, citing evidence such as his inability to create or adhere to a budget. When questioned whether she would find that claimant is eligible for regional center services based on mother's testimony, Dr. Gayles explained that the eligibility team would need to make that determination and she could not make that determination on her own.

LEGAL CONCLUSIONS

1. Jurisdiction exists to conduct a fair hearing in this matter, pursuant to section 4710 et seq., based on Factual Findings 1 through 3.

2. Because claimant is the party asserting a claim, he bears the burden of proving, by a preponderance of the evidence, that he is eligible for government benefits or services. (See Evid. Code, §§ 115 and 500.) Claimant has met his burden of proving he is eligible for regional center services.

Legal Conclusions Pertaining to Eligibility Generally

3. The Lanterman Act, at section 4512, subdivision (a)(1), defines developmental disabilities as follows:

“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. . . . [T]his term shall include intellectual disability, cerebral palsy, epilepsy, and autism. This term shall also include disabling conditions found to be closely related to intellectual disability or to require treatment similar to that required for individuals with an intellectual disability, but shall not include other handicapping conditions that are solely physical in nature.

4. To prove the existence of a developmental disability within the meaning of section 4512, a claimant must show that he has a “substantial disability.” California

Code of Regulations, title 17 (CCR), section 54000, defines “substantial disability” to mean:

(1) A condition which results in major impairment of cognitive and/or social functioning, representing sufficient impairment to require interdisciplinary planning and coordination of special or generic services to assist the individual in achieving maximum potential; and

(2) The existence of significant functional limitations, as determined by the regional center, in three or more of the following areas of major life activity, as appropriate to the person’s age:

(A) Receptive and expressive language

(B) Learning;

(C) Self-care;

(D) Mobility;

(E) Self-direction;

(F) Capacity for independent living;

(G) Economic self-sufficiency.

5. Also taken into consideration when determining whether a person has a substantial disability are the Association of Regional Center Agencies guidelines (ARCA Guidelines). (Ex. 13.) The ARCA Guidelines set forth the following in assessing

limitations in certain categories: self-care (hygiene, grooming, and feeding); receptive and expressive language (standardized measures of receptive and expressive language, receptive language abilities, and expressive language abilities); learning (general intellectual ability, academic achievement, retention, and reasoning); mobility; self-direction (emotional development, interpersonal relations, and personal judgment); capacity for independent living (difficulty performing household tasks, management of multiple step domestic activities; ability to be left unsupervised, difficulty with money management, and basic steps to obtain health care); and economic self-sufficiency (capacity to obtain and maintain employment without significant support).

Legal Conclusions Specific to this Case

6. There is no dispute claimant has a developmental disability, ASD.

7. Application of the ARCA Guidelines supports a finding that claimant is eligible for regional center services, as they indicate that claimant has substantial disabilities in the areas of self-care, self-direction, communication, independent living, and economic self-sufficiency. Claimant shows a substantial disability in self-care, in terms of his hygiene, as demonstrated by his inability to care for a surgical wound that was infected for several days before it was discovered by mother. (Factual Finding 22.) In addition, claimant shows a substantial disability in receptive and expressive language, as demonstrated by his inability to understand the information being requested of him and to follow conversational norms. (Factual Finding 23.) Claimant further shows a substantial disability in self-direction, as demonstrated by his lack of personal judgment in failing to alert others in urgent situations. (Factual Finding 22.) Claimant shows a substantial disability in capacity for independent living, as demonstrated by his failure to live on his own, inability to maintain a budget or pay his

own bills, and inability to seek and obtain health care without his parents' assistance. (Factual Findings 21, 25.) Finally, claimant shows a substantial disability in economic self-sufficiency, as demonstrated by his inability to maintain full-time employment, his difficulty maintaining part-time employment, and his inability to maintain a budget and handle his own expenses. (Factual Findings 25, 26.)

8. The testimony of mother and Dr. Gayles further supports the conclusion that claimant is eligible for regional center services by indicating he demonstrates three or more areas of substantial disability under CCR section 54001 and the ARCA Guidelines. Mother and Dr. Gayles agreed that claimant is substantially disabled in the areas of self-care, communication, capacity for independent living, and economic self-sufficiency. (Factual Findings 22-26, 29.)

9. As set forth in Factual Findings 1 through 29 and Legal Conclusions 1 through 8, claimant established that he has a substantially disabling developmental disability that makes him eligible for services under the Lanterman Act.

ORDER

Claimant's appeal is granted. Claimant is eligible for regional center services.

DATE:

SHANDA W. CONNOLLY
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.