

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

**In the Matter of:**

**CLAIMANT**

**and**

**SAN ANDREAS REGIONAL CENTER, Service Agency.**

**DDS Case No. CS0032624**

**OAH No. 2025120691**

**DECISION**

Administrative Law Judge Frances M. Valdez, State of California, Office of Administrative Hearings, served as the hearing officer for this matter on January 29, 2026, by videoconference.

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

Executive Director's designee James Elliott represented service agency San Andreas Regional Center (SARC).

The record closed and the matter was submitted for decision on January 29, 2026.

## **ISSUE**

Whether SARC improperly denied an assessment of claimant for regional center eligibility under the Lanterman Developmental Disabilities Services Act (Lanterman Act, Welf. & Inst. Code,<sup>1</sup> § 4500 et seq.)?<sup>2</sup>

## **FACTUAL FINDINGS**

### **Introduction**

1. Claimant is 49 years old and has been under conservatorship since 1998. He lives at home with his father, who is his conservator. Claimant's father provides constant supervision of claimant, including the use of alarms. Claimant has been diagnosed with both Autism Spectrum Disorder (ASD) and schizophrenia.

2. In July 2025, claimant's father requested an eligibility assessment for claimant with SARC under the eligibility category ASD.

3. On October 23, 2025, SARC sent claimant's father a letter and issued a notice of action, denying an assessment for services under the Lanterman Act, and

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<sup>1</sup> All statutory references are to the Welfare and Institutions Code, unless otherwise stated.

<sup>2</sup> This issue is the only issue identified in the notice of action from which claimant appeals. At hearing, claimant's representative urged the hearing officer to resolve the issue of eligibility. The hearing officer will not do so in this decision.

contending that based on the information provided there are no indications of an eligible condition.

4. Claimant's father filed an appeal request and this hearing followed.

### **Previous SARC Intake Screening in 2021**

5. In 2021, claimant's father requested an intake assessment for claimant based on the condition of ASD. Claimant's father provided SARC with the following documents: a 2021 letter from claimant's father; a 1990 psychiatric evaluation from Donald S. Bialos, M.D.; a 1984 Clifford W. Beers Guidance Clinic intake and psychological evaluation; an undated letter from the principal of Monroe Middle School; school records from 1989 through 1993; a 1998 physician note from Patrick Teverbaugh, M.D.; and conservatorship court records from 1998 through 2020.

6. On November 3, 2021, Janet Juarez, SARC District Manager – Intake and Clinical Services, wrote a letter to claimant and his father denying an intake assessment. After reviewing the records described in Factual Finding 5, the SARC clinical team determined "there is little evidence to support that [claimant] ever met the diagnostic criteria for [ASD]." Juarez wrote that claimant's diagnoses are "best explained in the psychotic spectrum/psychotic personality disorder arena." Juarez acknowledged that ASD is mentioned in claimant's records, however, "this was not consistently identified across contexts, and it is difficult to determine the current trajectory of impairments being associated with ASD." Juarez further acknowledged there was a "mix of clinical impressions" and wrote that with a true ASD diagnosis SARC would expect to see consistent symptoms across contexts. No appeal information was provided in SARC's letter.

## **SARC Intake Screening in 2025**

7. Claimant's father again requested an intake assessment for claimant based on ASD in 2025. Claimant's father submitted the following documents to SARC: letters from family members; conservator legal documents; Clifford W. Beers Guidance Clinic documents; a 2025 Connections Family and Behavioral Services letter; and a 1990 Guilford Public Schools Report. Claimant's father wrote that claimant's most recent diagnoses are ASD, schizophrenia, anxiety, Obsessive Compulsive Disorder, and Tourette syndrome.

8. Cristal L. Byrne, Ph.D., SARC staff psychologist, reviewed claimant's intake assessment request and supporting documents. She prepared a note regarding her review and wrote that claimant's school records do not contain any mention of ASD or "the necessary constellation of symptoms to warrant a diagnosis." Similarly, when reviewing the Clifford W. Beers Clinic documents, Dr. Byrne wrote that there was no mention of ASD or the "necessary constellation of symptoms to warrant a diagnosis." In her note, Dr. Byrne did not elaborate on the "necessary constellation of symptoms" she expected to see nor did she testify at hearing.

9. On October 23, 2025, Juarez wrote a letter to claimant's father denying an intake assessment. SARC's clinical team reviewed the records described in Factual Finding 7. Juarez wrote that claimant was assessed several times when he was under the age of 18 and none of the professionals found evidence of a developmental disability or ASD. Juarez continued, "ASD was first noted by Dr. Tucholska in a letter of

2022 when [claimant] was 26 years old.”<sup>3</sup> The letter concludes that “there are no indications of an eligible condition” as defined by the Lanterman Act.

## **Claimant’s Evidence**

10. Claimant’s father provided a declaration, a document regarding his observations, and testimony at hearing. Although claimant was diagnosed with ASD as an adult, claimant’s father believes claimant had ASD as a child but went undiagnosed because ASD diagnostic criteria and training were less developed at the time. Claimant’s father submitted detailed observations of claimant’s behaviors as a child, including his social communication and interaction; restricted or repetitive patterns of behavior, interests, or activities; early developmental onset; and significant impairment. When he was approximately 22 years old, claimant was diagnosed with schizophrenia. Claimant’s father contends that his son has co-occurring ASD and schizophrenia.

11. In an undated letter regarding the 1987 through 1988 school year, Lois Adams, principal of Monroe Middle School, wrote that claimant is the student she was most concerned about because of his “deep-seated and pervasive” emotional difficulties. She was worried about claimant’s personal safety and emotional health. Adams wrote that there were two areas of concern “his denial of his own actions and his self destructive behavior with peers.” Adams noted that the same concerns were present since claimant was in fourth grade, which was the earliest record in her possession.

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<sup>3</sup> Claimant’s age appears to be a typographical error; he was 46 years old in 2022.

12. Claimant was enrolled in special education during his school years, but the record did not establish the diagnosis or condition upon which claimant received those services.

13. Dr. Bialos wrote a letter dated July 1, 1990, regarding a psychiatric evaluation of claimant who was 14 years old at the time. Dr. Bialos noted that claimant's difficult behavior dates to his earliest school years. He wrote that claimant exhibited "bizarre behavior, making animal noises, taunting other children and disobeying teachers. His peer relationships are poor." Further, Dr. Bialos stated that mainstream education classes "appear to be too stimulating" for claimant. There had been a number of attempts at evaluation and treatment, including medication. Claimant denied delusions, hallucinations, and other psychotic manifestations, but admitted to anxiety and depression. Dr. Bialos opined that some of claimant's history was consistent with Attention Deficit Disorder, "but [claimant] did not seem hyperactive in the evaluation sessions." Dr. Bialos concluded his letter by writing, "[a]t this point the diagnosis is unclear. There is a mixture of symptoms and behavior and conduct disorders. There may well be soft neurological deficits and attentional problems." Dr. Bialos recommended claimant attend a special school, combined with outpatient evaluation and treatment, and a trial of medication.

14. In May 1998, when claimant was 22 years old, he was in a program called Pioneer House. Dr. Teverbaugh prepared a physician's note that reflects his discussions with case management, Pioneer House staff, and other records. Recent testing showed "the probability of psychotic symptoms along with borderline intellectual functioning." One psychiatrist gave claimant the diagnosis of psychotic disorder not otherwise specified, but another felt claimant's symptoms were more consistent with schizotypal personality disorder. Staff at Pioneer House reported claimant as "very disorganized"

and “not really participating.” Claimant denied any hallucinations, fears, paranoia, or depression. Dr. Teverbaugh wrote, “I am leaning towards the diagnosis of schizophrenia complicated by polysubstance abuse.” He “considered the diagnosis of autism” but it was not mentioned by claimant’s father, his case worker, or in his education records. Dr. Teverbaugh noted that claimant had psychological tests in junior high school and he would have expected “this diagnosis would have come up at that time.” Dr. Teverbaugh wrote this was an “important question” he wanted to clear up with claimant’s father.

15. In court documents dated from 2018 through 2025, relating to claimant’s conservatorship, Margaret Tucholska, M.D., Mark Alexakos, M.D., and Sukhi Johal, M.D., all declared under penalty of perjury that claimant has an ASD diagnosis among other conditions.

16. Dr. Tucholska of Monterey County Behavioral Health wrote a letter dated January 31, 2022. Claimant has been her patient since 2015, and she confirmed diagnoses of schizophrenia, ASD, and Tourette syndrome. Dr. Tucholska wrote that claimant demonstrates behavioral deficiencies and abnormalities associated with ASD, including deficits in social communication and social interaction and verbal and non-verbal communication, difficulties adjusting behavior to various social contexts, repetitive motor movements, and echolalia.

17. Portia Belo, MSW/ASW, wrote a letter summarizing the symptoms and diagnoses of claimant dated June 13, 2025. Belo noted that several factors precluded the completion of the regular schedule of standardized assessment measures but enough data was collected to support claimant’s ASD diagnosis. Belo wrote that the information and data provided “shows that symptoms and signs of Autism Spectrum Disorder were observed during all childhood developmental stages.”

## LEGAL CONCLUSIONS

1. The State of California accepts responsibility for persons with developmental disabilities under the Lanterman Act. (§ 4500 et seq.) The purpose of the Lanterman Act is to rectify the problem of inadequate treatment and services for the developmentally disabled, and to enable developmentally disabled individuals to lead independent and productive lives in the least restrictive setting possible. (§§ 4501, 4502; *A.R.C. v. Dept. of Developmental Services* (1985) 38 Cal.3d 384.)

2. A developmental disability is a disability that originates before an individual attains age 18, is likely to continue indefinitely, and constitutes a substantial disability for that individual. (§ 4512, subd. (a)(1); Cal. Code Regs., tit. 17, § 54000, subd. (b).) The term "developmental disability" includes intellectual disability, autism, epilepsy, cerebral palsy, and other "disabling conditions found to be closely related to intellectual disability or to require treatment similar to that required for individuals with an intellectual disability." (§ 4512, subd. (a)(1).)

3. "Any person believed to have a developmental disability . . . shall be eligible for initial intake and assessment services in the regional centers." (§ 4642, subd. (a)(1).) Initial intake shall be performed within 15 working days following the request, and shall include a decision whether to provide assessment. (§ 4642, subd. (a)(2).) Claimant has the burden of proving by a preponderance of the evidence that he suffers from a developmental disability. (§§ 4501, 4512, subd. (a); Evid. Code, §§ 115, 500.)

4. SARC contends there is no evidence to support a suspicion that claimant had a developmental disability before the age of 18. However, the evidence established that many professionals were concerned about claimant's development as

a child, and claimant was in special education throughout his childhood. Several medical professionals, including Dr. Bialos and Dr. Teverbaugh, struggled to identify a diagnosis for claimant that accurately captured his symptoms. Contrary to SARC's 2025 denial letter, in which Juarez wrote that ASD was first noted by Dr. Tucholska in 2022, Dr. Teverbaugh explicitly considered an ASD diagnosis in 1998, but he needed to gather additional information. While claimant was not diagnosed with ASD as a child, the evidence demonstrates claimant is eligible for initial intake and assessment services. This decision does not make a finding that claimant has ASD or another developmental disability. Rather, under these circumstances, claimant has established that further assessment by SARC is warranted.

## **ORDER**

Claimant's appeal is granted. SARC shall provide an assessment of claimant to determine whether he is eligible for regional center services.

DATE:

FRANCES M. VALDEZ  
Administrative Law Judge  
Office of Administrative Hearings

## **NOTICE**

This is the final administrative decision. Each party is bound by this decision. Either party may request a reconsideration pursuant to subdivision (b) of Welfare and

Institutions Code section 4713 within 15 days of receiving the decision, or appeal the decision to a court of competent jurisdiction within 180 days of receiving the final decision.