

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

In the Matter of:

CLAIMANT

and

SAN DIEGO REGIONAL CENTER,

Service Agency

DDS No. CS0034140

OAH No. 2026020716

DECISION

Sharon Lahey, Administrative Law Judge, Office of Administrative Hearings, State of California, heard this matter on April 1, 2026, at the San Diego Regional Center (SDRC) in San Diego, California.

Erik Peterson, Appeals and Resolutions Manager, represented SDRC.

Claimant represented herself.

Oral and documentary evidence was received, the record was closed, and the matter submitted for decision on April 1, 2026.

ISSUE

Is claimant eligible for regional center services under the Lanterman Developmental Disabilities Services Act of 1969 (Lanterman Act) due to a substantial disability resulting from autism spectrum disorder (ASD or autism)?

FACTUAL FINDINGS

Background

1. Claimant is a 48-year-old woman seeking regional center services based on ASD.

2. On December 11, 2025, following review by a multidisciplinary team comprised of a physician, psychologist, and intake service coordinator, SDRC determined that the documents collected during claimant's intake process did not establish her eligibility for regional center services under the Lanterman Act.

3. In a letter dated December 11, 2025, SDRC notified claimant that she was not eligible for regional center services. SDRC stated that it had reviewed all available information and found claimant was not substantially disabled by an intellectual disability, autism, cerebral palsy, epilepsy, or a condition closely related to intellectual disability or requiring treatment similar to treatment for an intellectual disability.

4. On February 11, 2026, claimant filed a fair hearing request challenging SDRC's eligibility determination. Claimant stated that she was diagnosed with Asperger's syndrome as a child and has been diagnosed again with autism, level two, as an adult.

SDRC'S Evidence

5. SDRC presented testimonial evidence from two witnesses and documentary evidence underlying its eligibility determination, including: a September 10, 2025, Social Summary; a December 11, 2025, Eligibility Determination Form; a December 13, 2024, Confidential Neuropsychological Evaluation by Lisa Davidson, Ph.D.; August 29, 2024, University of California San Diego (UCSD) Medical Center records; and California Department of Social Services (Department) records concerning claimant's application for the California Work Opportunity and Responsibility to Kids program (CalWORKs program).

TESTIMONY OF JOEANN RANDALL

6. The testimony of JoeAnn Randall, SDRC Manager of Intake Services, and documentary evidence referenced in her testimony are summarized as follows:

7. Ms. Randall has worked in the field of developmental disabilities for 22 years. She is a qualified intellectual disability professional and holds a bachelor's degree in psychology and a master's degree in marriage and family therapy. She has worked at SDRC in various capacities for the past nine years. She currently serves as the manager of intake services, the SDRC department responsible for determining eligibility. As to SDRC's eligibility-determination process, Ms. Randall explained that individuals who apply for regional center services are assigned to an intake service coordinator. The intake service coordinator works with the individual (and/or the individual's family) and an eligibility team to gather information necessary to determine eligibility.

8. Claimant's eligibility team consisted of a physician, Jamie J. Barea, M.D., a psychologist, Paul Hobson, Ph.D., and an intake service coordinator, Lizbeth Serna. The

eligibility team reviewed documents collected during the intake process including, but not limited to, SRDC's Social Summary and Eligibility Determination Form, Dr. Davidson's neuropsychological evaluation, and claimant's UCSD Medical Center records. Based on its review, the eligibility team found that claimant was not eligible for regional center services because the evidence did not establish a diagnosis of ASD prior to age 18 and/or three areas of substantial disability due to ASD prior to age 18.

TESTIMONY OF PAUL HOBSON, PH.D.

9. The testimony of Paul Hobson, Ph.D., SDRC Coordinator of Psychological Services, and Dr. Davidson's neuropsychological evaluation, as referenced by Dr. Hobson, are summarized as follows:

10. Dr. Hobson obtained his Ph.D. in psychology. He began his career in the field of disability and education working as an elementary school teacher for seven years, before transitioning to positions as a school psychologist and consultant. He has served as the coordinator of psychological services at SDRC since May 2025. His role at SDRC consists primarily of managing psychological assessments, serving as a member of SDRC's eligibility team, and overseeing other psychologists. As to his work on eligibility teams, Dr. Hobson explained that the eligibility process generally involves reviewing records, interviewing the claimant, and, if necessary, coordinating psychological testing for diagnoses and/or functionality.

11. Dr. Hobson served as the psychologist on claimant's eligibility team. In considering claimant's eligibility, he reviewed Dr. Davidson's neuropsychological evaluation and found that it was insufficient, inconsistent, and appeared to rely too heavily on claimant's subjective reports. For example, while Dr. Davidson diagnosed claimant with ASD, Dr. Davidson did not find claimant's symptoms were present before

age five, which he stated was a required diagnostic criteria. Dr. Davidson also diagnosed claimant with a math-related learning disorder but did not address a seemingly contradictory finding that claimant displayed low-average math capabilities upon testing. Similarly, while Dr. Davidson found that claimant was “struggling in all areas of memory functioning,” Dr. Davidson’s own testing revealed high-average working memory. Dr. Davidson also appeared to accept claimant’s reports of significant Attention-Deficit/Hyperactivity Disorder (ADHD)-related deficits in all questioned areas, without addressing the statistical rarity that an individual would actually experience deficits in every area. Dr. Davidson also used outdated diagnoses codes, which further undermined the reliability of her findings.

12. Dr. Hobson explained that he considers psychological assessments and testing when evaluating eligibility, but he cannot rely solely on a single report or test. Instead, he looks for a clear developmental timeline that begins in childhood.

13. Dr. Hobson testified that the evidence did not establish a valid ASD diagnosis for claimant prior to age 18 or three areas of substantial disability due to ASD. To the contrary, the evidence established a timeline that was incongruent with significantly disabling limitations due to ASD. Specifically, in August 2024, claimant experienced a mental health-related medical crisis that was not related to ASD and, shortly thereafter, applied for regional center services and the CalWORKs program, alleging ASD, anxiety, social anxiety, and ADHD. To the extent, if any, the evidence established functional limitations, the evidence did not link any such limitations to ASD, as opposed to other mental impairments.

Claimant's Evidence

TESTIMONY OF CLAIMANT'S SISTER

14. The testimony of claimant's sister is summarized as follows: Claimant's sister is claimant's younger sister. Claimant's sister lives with claimant and spends time with claimant almost every day. Claimant experiences brain fog, anxiety, noise sensitivity, and food sensitivity that significantly limits her diet. Claimant is overstimulated, has difficulty paying attention, and requires redirection. Claimant is unable to perform routine tasks independently, e.g., cooking and dressing, and requires constant supervision to ensure she does not hurt herself. Claimant has always displayed these difficulties, however, her mother was not aware of the concept of "special needs" and struggled to care for claimant during claimant's childhood.

CLAIMANT'S TESTIMONY

15. Claimant's testimony is summarized as follows: Claimant understands that SDRC has found her ineligible for regional center services because she does not have an ASD diagnosis from when she was young. However, as a child, claimant's doctors diagnosed her with Asperger's syndrome, which is now considered to be ASD. Claimant's childhood was difficult because her mother used drugs. However, claimant's uncle provided her with medicine to help with claimant's limitations. Claimant was also in therapy as a child during times when she lived in group homes. She lived in a group home for a month as an adult and also received therapy during that time.

DOCUMENTARY EVIDENCE

16. Claimant submitted records relating to her application for the CalWORKs program, including a physical and mental capabilities assessment form completed by

her physician, Nabil Baig,¹ which he signed on November 21, 2025. Dr. Baig states that claimant has a medically verifiable condition that would limit or prevent her from performing certain tasks; he states the onset date for the condition is December 11, 1977. In addition to significant physical limitations, Dr. Baig states claimant has difficulty retaining information due to autism, severe debilitating anxiety in social settings, and no ability to sustain focused attention due to autism and social anxiety. He states she is unable to work but does not have a condition(s) that requires someone to be in the home to care for her. Dr. Baig further states that claimant has a “very limited physical and mental ability to work and participate in education/training.”

LEGAL CONCLUSIONS

Burden and Standard of Proof

1. An individual seeking regional center services under the Lanterman Act has the burden of establishing that she meets the eligibility criteria for such services. She must meet this burden with a preponderance of the evidence, meaning simply, she must present evidence showing that her eligibility for regional center services is “more likely than not.” (*Sandoval v. Bank of Am.* (2002) 94 Cal.App.4th 1378, 1387–88; Evid. Code, §§ 115, 500.)

¹ Dr. Baig states that he is a licensed physician specializing in internal medicine but does not provide his medical credential(s).

Applicable Law

2. The purpose of the Lanterman Act (Welf. & Inst. Code, § 4500 et seq.) is to provide a “pattern of facilities and services . . . sufficiently complete to meet the needs of each person with developmental disabilities, regardless of age or degree of handicap, and at each stage of life.” (*Assn. of Retarded Citizens v. Dept. of Developmental Services* (1985) 38 Cal.3d 384, 388; Welf. & Inst. Code, § 4501.)

3. The Department is the state agency responsible for carrying out the laws related to the care, custody, and treatment of individuals with developmental disabilities under the Lanterman Act. (Welf. & Inst. Code, § 4416.) To comply with its statutory mandate, the Department contracts with private non-profit community agencies, known as “regional centers,” to provide the developmentally disabled with “access to the services and supports best suited to them throughout their lifetime.” (Welf. & Inst. Code, § 4620.)

4. Under the Lanterman Act, a “developmental disability” is a disability that: (1) is attributable to an intellectual disability, cerebral palsy, epilepsy, autism, or disabling conditions closely related to an intellectual disability or requiring treatment similar to the treatment required for individuals with an intellectual disability; (2) originated before age 18 and is likely to continue indefinitely; and (3) constitutes a “substantial disability” for the individual. (Welf. & Inst. Code, § 4512, subd. (a)(1); Cal. Code Regs., tit. 17, § 54000, subds. (a)–(b).)²

² The Lanterman Act was amended to eliminate the term “mental retardation” and replace it with “intellectual disability,” as reflected in the *Diagnostic and Statistical*

5. To constitute a “substantial disability,” a disability must result in a “major impairment” in cognitive and/or social functioning and result in “significant functional limitations” in three or more of the following areas: receptive and expressive language; learning; self-care; mobility; self-direction; capacity for independent living; and economic self-sufficiency. (Cal. Code Regs., tit. 17, § 54001, subd. (a).)

Conclusion

6. Claimant has not met her burden of presenting evidence establishing her eligibility for regional center services under the Lanterman Act. As Dr. Hobson testified, the evidence gathered during claimant’s intake process did not establish an ASD diagnosis prior to age 18 or significant functional limitations resulting from ASD in at least three required areas prior to age 18. (Welf. & Inst. Code, § 4512, subd. (a)(1); Cal. Code Regs., tit. 17, §§ 54000, subds. (a)–(b), 54001, subd. (a).)

7. While Dr. Davidson diagnosed claimant with ASD in her December 13, 2024, neuropsychological evaluation report, the diagnosis was unsupported. Most notably, Dr. Davidson nowhere found that claimant had ASD symptoms that were “present in the early developmental period,” a required diagnostic criteria for ASD.³ (DSM-5 TR at p. 58.)

Manual of Mental Disorders, Fifth Edition (DSM-5). The California Code of Regulations has not yet been amended to eliminate the term “mental retardation.”

³ Dr. Hobson testified that symptoms must be present before age five to diagnose ASD. However, the DSM-5-TR states only that symptoms must be present in the “early developmental period,” without defining “early developmental period” or otherwise setting forth age parameters. In any event, Dr. Davidson did not make any

8. Further, the record did not contain evidence sufficient to establish ASD and ASD-attendant limitations before claimant reached age 18. Claimant testified that doctors diagnosed her with Asperger's syndrome⁴ as a child, but she did not present evidence corroborating her testimony, such as medical or school records. While she submitted a form completed by her physician stating that she has autism and social anxiety and identifying an onset date of December 11, 1977, her physician did not provide any explanation or citation to medical findings or other evidence establishing the basis for his statements. Moreover, even assuming, for argument's sake, the evidence did establish ASD before age 18, it did not establish that ASD, as opposed to other, non-qualifying impairments, caused significant functional limitations required under the Lanterman Act.

9. Considering all the evidence, claimant has not met her burden of establishing that she is eligible for regional center services.

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findings concerning the presence of ASD symptoms at any point in claimant's early development or prior to claimant reaching age 18.

⁴ "Asperger's syndrome is a diagnosis that healthcare providers no longer use . . . Today, people with the features of Asperger's receive a diagnosis of [ASD]." (<<https://my.clevelandclinic.org/health/articles/asperger-syndrome>> [as of Apr. 6, 2026].)

ORDER

Claimant's appeal from San Diego Regional Center's determination that she is not eligible for regional center services is denied. San Diego Regional Center's determination that claimant is not eligible for regional center services is affirmed.

DATE: April 8, 2026

SHARON LAHEY

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.