BEFORE THE
OFFICE OF ADMINISTRATIVE HEARINGS
STATE OF CALIFORNIA

In the Matter of:

CLAIMANT

and

NORTH LOS ANGELES COUNTY REGIONAL CENTER,

Service Agency.

DDS No. CS0034298

OAH No. 2026021072

DECISION

Administrative Law Judge Maria Palomares, Office of Administrative Hearings, State of California, heard this matter on June 10, 2026, at the North Los Angeles County Regional Center (Service Agency) offices in Chatsworth, California.

Stella Dorian, Due Process Officer, represented Service Agency.

Mother, Claimant's authorized representative, represented Claimant. To protect the family's privacy, the names of Claimant and her relatives are omitted.

The parties presented testimonial and documentary evidence. At the close of the hearing on June 10, 2026, the record closed, and the matter was submitted for decision.

ISSUE

Whether Claimant is eligible for regional center services under the Lanterman Developmental Disabilities Services Act (Welf. & Inst. Code, § 4500 et seq.) based on a qualifying diagnosis of autism spectrum disorder (ASD) or intellectual disability.

EVIDENCE RELIED UPON

Documents: Service Agency Exhibits 1–18; Claimant Exhibits A and B.

Testimonial: Sandi Fischer, Ph.D.; Mother.

FACTUAL FINDINGS

1. Claimant is 16 years old and in the 10th grade in general education. She was born full term, met all developmental milestones, and lives with her parents and younger sister.

2. Claimant has a documented mental-health history, including major depressive disorder with suicidal ideation diagnosed in 2021 and an anxiety disorder diagnosed in 2024. In 2024, she was hospitalized four times for suicidal ideation. Her maternal grandmother also has a history of depression. (Exh. 4, p. A22.)

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3. Claimant has never been diagnosed with ASD or intellectual disability. The parties agree she does not meet the criteria for cerebral palsy, epilepsy, or any condition closely related to intellectual disability or requiring similar treatment. (Exh. 5, p. A23.)

4. In October 2024, Claimant's school district completed an initial psycho-educational assessment. Following that assessment, the district determined that Claimant was eligible for an Individualized Education Plan (IEP) under the category of emotional disturbance. In February 2025, Claimant transferred to a charter school that provides general education instruction in a therapeutic environment for students with mental-health needs.

Claimant's Application for Services and Assessment

5. On September 23, 2025, Mother requested a Lanterman Act eligibility evaluation from the Service Agency.

SOCIAL ASSESSMENT

6. On October 27, 2025, a Service Agency intake coordinator interviewed Mother for the Social Assessment. Mother reported that Claimant's motor skills, general health awareness, and self-care abilities were age-appropriate; Claimant cooks, completes hygiene tasks, and manages chores with occasional reminders. (Exh. 4, p. A19.) Mother also reported that Claimant makes eye contact, shares and takes turns, understands social cues, and does not exhibit echolalia, scripting, or food rigidity. (Exh. 4, p. A20.) Based on the Social Assessment, Service Agency referred Claimant for a psychological evaluation to rule out ASD and intellectual disability.

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PSYCHOLOGICAL ASSESSMENT

7. On November 4, 2025, Alan J. Golian, Psy.D., a licensed psychologist, conducted an in-person psychological evaluation to assess Claimant for ASD and intellectual disability. (Exh. 9, pp. A40–A41.) Dr. Golian administered the Wechsler Intelligence Scale for Children (WISC-V), the Autism Diagnostic Observation Schedule, Second Edition (ADOS-2)-Module 3, the Autism Spectrum Rating Scales (ASRS), and the Vineland Adaptive Behavior Scales, Third Edition (VABS-3). (Exh. 9, p. A40.)

8. Dr. Golian concluded that Claimant did not meet the criteria for ASD based on the ADOS-2 and ARS. (Exh. 9, p. A45.) Although the ASRS ratings completed by Mother showed mild elevations in some ASD-related behaviors, Claimant's ADOS-2 performance and Dr. Golian's direct observations showed appropriate social communication, typical nonverbal behavior, and an understanding of social relationships. (Exh. 9, p. A45.) Claimant spoke in complete sentences, displayed typical prosody, and showed no echolalia, stereotyped speech, repetitive behaviors, or sensory abnormalities. She answered questions appropriately, described friendships, discussed emotions, and transitioned between tasks without difficulty. (Exh. 9, pp. A43, A45.)

9. Regarding intellectual functioning, Claimant obtained a Full-Scale IQ of 80 on the WISC-V, in the low-average range. (Exh. 9, p. A42.) Claimant displayed mild weaknesses in verbal reasoning and processing speed, and age-expected skills in visual-spatial reasoning and working memory. (Exh. 9, p. A43.) Dr. Golian concluded that these scores do not indicate intellectual disability. (Exh. 9, p. A45.)

10. The VABS-3 placed Claimant's overall adaptive functioning in the average range. (Exh. 9, p. A44.) She follows multi-step directions, describes daily events, attends

to information for extended periods, completes cooking tasks, selects clothing, and manages personal belongings. (Exh. 9, p. A44.) These skills show Claimant performs everyday tasks independently and at an age-expected level. Dr. Golian concluded that this observation is inconsistent with the broad adaptive deficits required for an intellectual disability diagnosis.

Service Agency Denial of Eligibility

11. On December 1, 2025, Service Agency's Interdisciplinary Eligibility Committee—consisting of two medical doctors, a senior clinical psychologist, and Dr. Sandi Fischer—determined that Claimant was not eligible for regional center services. (Exh. 11, p. A52.)

12. On December 3, 2025, Service Agency issued a Notice of Action informing Mother that Claimant did not meet the criteria for a qualifying developmental disability under the Lanterman Act.

13. On February 19, 2026, Mother appealed the Service Agency's determination.

14. On March 13, 2026, the Committee reconvened and upheld its prior determination. (Exh. 13, p. A85.)

DR. SANDI FISHER'S TESTIMONY IN SUPPORT OF SERVICE AGENCY

15. Dr. Sandi Fischer testified in support of the Interdisciplinary Eligibility Committee's conclusion that Claimant does not have ASD or an intellectual disability. Dr. Fischer has worked at Service Agency for approximately 15 years in various clinical roles and now serves as the Clinical and Intake Manager, supervising intake across

three regional offices and serving on the Multidisciplinary Eligibility Staffing Committee.

16. Dr. Fischer explained that the ASD diagnosis requires persistent social-communication deficits and at least two types of rigid or repetitive behaviors. Dr. Fischer stated that Claimant did not display these behaviors consistently or at a clinically significant level. Dr. Fischer noted that the ADOS-2 administered by Dr. Golian showed minimal to no evidence of ASD, and Claimant's ASRS ratings also fell within an age-expected range. Dr. Fischer added that neither parent report, school records, nor standardized testing reflected the pervasive social-communication impairment or restricted behavioral patterns required for an ASD diagnosis.

17. Dr. Fischer highlighted that Claimant's school comportment was inconsistent with ASD characteristics. School staff reported that Claimant interacted positively with peers, maintained friendships, followed routines, participated in class, and engaged in creative writing—all behaviors inconsistent with the social-reciprocity deficits, difficulty forming peer relationships, and narrow interests expected in ASD. (Exh. 12, e.g., A57–A58.)

18. Dr. Fischer further noted that a UCLA CAPPS Assessment Summary dated March 22, 2022, described Claimant as forthcoming, cooperative, oriented, and communicating within normal limits. (Exh. 6, p. A24.) Dr. Fischer asserted that this presentation did not reflect ASD-related difficulties with reciprocity, engagement, or communication.

19. Dr. Fischer stated that Claimant's WISC-V full-scale IQ fell in the low-average range—not the significantly impaired range—and that several subtests, including visual-spatial reasoning and working memory, were in the average range. Dr.

Fischer noted that even Claimant's weaker verbal scores remained well above levels associated with an intellectual disability profile.

20. Dr. Fischer noted that Claimant's adaptive behavior scores on the VBAS-3, completed by Mother, were in the average range across communication, daily living skills, and socialization. Dr. Fischer explained that individuals with intellectual disability show broad, consistent limitations in these core daily-life skills, which were not present here.

21. Dr. Fischer added that Claimant's school functioning further contradicted an intellectual disability diagnosis. Claimant's 2026 IEP documented grade-level academic performance, completion of prior goals, conceptual reasoning, and independent classroom participation. (Exh. 12, pp. A54–A58.) Academic records noted strengths in reading comprehension, creative writing, and algebraic skills such as solving equations and deriving linear functions, all of which, Dr. Fischer said, are inconsistent with the significant delays characteristic of intellectual disability. (Exh. 12, pp. A56–A57.) Dr. Fischer added that the IEP identified Claimant's primary needs as motivation, emotional support, and prompting to ask for help, not cognitive or adaptive deficits. (Exh. 12, pp. A57–A58.)

22. Dr. Fischer contended that Claimant's day-to-day functioning was significantly affected by mental-health conditions—specifically depression, anxiety, and prior hallucinations—rather than by a developmental disability. She stated that these conditions more accurately explained Claimant's fluctuations in attention, mood, motivation, and school engagement than ASD or intellectual disability.

23. Claimant's mental-health and medical records document a history of suicidal ideation, depressed mood, and emotional instability dating back to at least

2020, which Dr. Fischer concluded aligned with an emotional-disturbance-based profile, not ASD or intellectual disability. (Exh. 6, p. A24; Exh. 7, pp. A28-A29, A34.)

24. Dr. Fischer also referenced a February 18, 2026 letter from Claimant's treating psychiatrist, Dr. Vandan Chopra, stating that Claimant's "disturbances are not better explained by Intellectual Disability." (Exh. A, p. B1.) Dr. Fisher asserted that this supported the Committee's conclusion that intellectual disability is not present.

Claimant's Evidence in Support of Eligibility

25. Mother testified at hearing. Mother explained that she requested a regional center evaluation because she believes Claimant's social and communication difficulties are not fully explained by her mental-health diagnoses.

26. Mother stated that she believes Claimant may have ASD because Claimant struggles with social interaction and everyday communication. According to Mother, Claimant avoids speaking with unfamiliar people, has difficulty starting conversations, and cannot comfortably perform simple social tasks such as ordering food in public. Mother further stated that Claimant sometimes displays repetitive behaviors, including hand movements and foot tapping, and becomes overwhelmed in crowded environments or when routines change. Mother asserted that these difficulties were also present in elementary and middle school, where Claimant received intermittent support from school staff while remaining in general education.

27. Mother highlighted that Claimant frequently misses school because Claimant feels scared, nauseous, or anxious about attending, even at her current therapeutic school placement. (Exh. B, pp. B2–B4.)

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LEGAL CONCLUSIONS

1. The Lanterman Act provides services and supports to meet the needs of persons with developmental disabilities, regardless of age or degree of disability. (Welf. & Inst. Code, § 4501.)

2. Where a claimant seeks to establish eligibility for regional center services, the burden is on the claimant to demonstrate by a preponderance of the evidence Service Agency's decision denying eligibility is incorrect. (Evid. Code, § 115.) The term preponderance of the evidence means "more likely than not." (*Sandoval v. Bank of Am.* (2002) 94 Cal.App.4th 1378, 1388.) Claimant has not met her burden of proof in this case.

Applicable Law

3. To be eligible for regional center services and supports, claimants must demonstrate they have a qualifying developmental disability. (Welf. & Inst. Code, § 4512, subd. (a).) As defined by the Lanterman Act, a qualifying developmental disability is "a disability that originates before an individual attains 18 years of age; continues, or can be expected to continue, indefinitely; and constitutes a substantial disability for that individual." (Welf. & Inst. Code, § 4512, subd. (a)(1).)

4. The term "developmental disability" is defined as intellectual disability, cerebral palsy, epilepsy, ASD, and what is commonly referred to as the "fifth category." (Welf. & Inst. Code, § 4512, subd. (a)(1); Cal. Code Regs., tit. 17, §54000, subd. (a).)

5. A "developmental disability" as defined in the Lanterman Act excludes solely physical conditions as well as conditions that are solely psychiatric disorders or solely learning disabilities. (§ 4512, subd. (a)(1); Cal. Code. Regs., tit. 17, § 54000.)

Specifically, it excludes "[s]olely psychiatric disorders where impaired intellectual or social functioning originated as a result of the psychiatric disorder or its treatment." (Cal. Code Regs., tit. 17, §54000, subd. (c)(1).)

6. The Lanterman Act and its implementing regulations do not define ASD or intellectual disability. Eligibility for services based on these conditions is determined using the Diagnostic and Statistical Manual of Mental Disorders criteria for ASD and intellectual disability. (Diagnostic and Statistical Manual of Mental Disorders (5th ed. 2013) (DSM-5), section 299.00, pp. 37-68; Exh. 14, pp. A86-A101; Exh. 15, pp. A102-A114.)

7. The DSM-5, section 299.00, discusses the diagnostic criteria that must be met to provide a specific diagnosis of ASD, as follows:

> A. Persistent deficits in social communication and social interaction across multiple contexts, as manifested by 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 reduced sharing of interests, emotions, or affect; to failure to initiate or respond to social interactions. [¶] . . . [¶] 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 . . . 2. Insistent 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 . . . [¶] . . . [¶]
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> 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).
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> D. Symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning.

8. For intellectual disability, the DSM 5 requires that three criteria be met: First, there must be deficits in general mental abilities, such as reasoning, problem-solving, planning, abstract thinking, judgment, academic learning, and learning from experience (Criterion A). Second, the individual must show impairment in everyday adaptive functioning compared to peers of the same age, gender, and sociocultural background (Criterion B). Third, the onset of these deficits must occur during the developmental period (Criterion C). (DSM 5, § 317.00, pp. 37-46.)

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Analysis and Disposition

9. Although Mother believes Claimant may have ASD, the evidence does not support such a diagnosis. Claimant's documented conditions are anxiety disorder and depression with suicidal ideation, and she receives IEP services under emotional disturbance, not ASD. Mother pointed to Claimant's social discomfort, difficulty speaking with unfamiliar people, and occasional repetitive behaviors, but these symptoms are more consistent with anxiety than with the specific social-communication deficits and restricted behavior patterns required for ASD.

10. The most persuasive evidence is Dr. Golian's November 2025 psychological evaluation, which included autism-specific testing with the ADOS-2 and ASRS. During the evaluation, Claimant demonstrated reciprocal communication, typical nonverbal behavior, and no restricted or repetitive patterns. These results do not satisfy the DSM-5 requirement that ASD involve persistent social-communication deficits and at least two restricted or repetitive behaviors. Additionally, Dr. Fischer reviewed Dr. Golian's evaluation and persuasively explained that Claimant's cognitive abilities, average adaptive functioning, appropriate peer interactions, and ability to complete grade-level work point to anxiety-related emotional disturbance rather than ASD. Therefore, Claimant has not met her burden to establish an ASD diagnosis.

11. The evidence also does not establish that Claimant meets the diagnostic criteria for intellectual disability. Claimant's treating psychiatrist, Dr. Chopra, stated that Claimant's "disturbances are not better explained by intellectual disability," which supports the absence of this diagnosis. (Exh. A, p. B1.) Additionally, Claimant's Full-Scale IQ of 80 on the WISC-V is well above the significantly impaired intellectual functioning required under the DSM-5. Moreover, Claimant's VABS-3 scores show average adaptive functioning rather than the substantial limitations in daily living skills

which the DSM-5 requires. (DSM-5 § 317.00.) Additionally, Dr. Fischer persuasively explained that Claimant's ability to complete grade-level academic work, engage in age-appropriate communication, and complete daily living skills is inconsistent with intellectual disability. Therefore, Claimant has not met her burden to establish an intellectual disability diagnosis.

12. Claimant did not prove by a preponderance of the evidence that she is eligible for regional center services, as she did not establish any qualifying diagnosis—a threshold requirement under the Lanterman Act. Accordingly, she is not currently eligible for regional center services.

ORDER

Claimant's appeal is denied. Claimant is not currently eligible to receive regional center services.

DATE:

MARIA PALOMARES
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.