

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

**In the Matter of:**

**CLAIMANT**

**and**

**ALTA CALIFORNIA REGIONAL CENTER, Service Agency**

**DDS No. CS0034126**

**OAH No. 2026021122**

**DECISION**

On April 6, 2026, Wim van Rooyen, Administrative Law Judge, Office of Administrative Hearings (OAH), State of California, acting as a hearing officer, conducted a fair hearing by videoconference from Sacramento, California.

Claimant's mother (Mother) and father (Father) represented Claimant.

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

Evidence was received, the record closed, and the matter submitted for decision on April 6, 2026.

## **ISSUE**

Is Claimant eligible for services from ACRC under the Lanterman Developmental Disabilities Services Act, Welfare and Institutions Code section 4500 et seq. (Lanterman Act)?

## **FACTUAL FINDINGS**

### **Jurisdiction**

1. Claimant is four years old and resides with Mother, Father, and his siblings in Roseville, California. On January 26, 2026, ACRC issued a Notice of Action (NOA) finding Claimant ineligible for regional center services under the Lanterman Act. The NOA advised Claimant of his appeal rights.

2. Mother timely filed an appeal request. Consequently, the matter was set for a fair hearing.

### **Claimant's Assessments**

3. In addition to witness testimony at hearing, the parties presented extensive documentary evidence of Claimant's assessments and treatment notes by various providers. All of that evidence was carefully reviewed and considered. However, this Decision only briefly summarizes the most pertinent assessments to explain resolution of Claimant's appeal.

4. On April 2, 2024, Claimant underwent an occupational therapy assessment at Teeny Tots Therapy. The assessment found concerns with sensory

processing and regulation, behavioral organization and attention, fine motor skills, and self-care skills. It determined that Claimant may benefit from occupational therapy.

5. In May 2024, Claimant underwent a multidisciplinary academic, psychoeducational, communication, and occupational therapy evaluation by the Roseville City School District. The evaluation involved assessment by a speech and language pathologist, school psychologist, occupational therapist, and early childhood special education teacher. The evaluation found Claimant ineligible for special education services. With respect to the category of autism, the evaluation noted:

Because [Claimant] is not showing significant delays in both communication and social skills, he does not meet the eligibility requirements for special education services under this category. It is important to note that ineligibility under this category does not rule out a medical or clinical diagnosis.

6. On July 14, 2025, Claimant underwent a Confidential Diagnostic Telehealth Evaluation by Mary M. Poon, Psy.D., a clinical psychologist with Jigsaw Diagnostics. Dr. Poon reviewed videos of Claimant and administered the following tests/assessments: a clinical interview; a semi-structured live behavioral observation of Claimant using components/selected subtests from the Autism Diagnostic Observation Schedule, Second Edition (ADOS-2) Module 2 modified for telehealth administration and used for qualitative purposes; the Childhood Autism Rating Scale, Second Edition (CARS 2-ST); the Developmental Profile-4 (DP-4); and the Social Responsiveness Scale, Second Edition (SRS-2). Dr. Poon noted that the ADOS-2 "has not been validated for telehealth and as such no quantitative data/scores were used in this evaluation."

Additionally, Dr. Poon noted that the CARS 2-ST “is not normed through telehealth observation and results should be interpreted with caution.”

Based on Dr. Poon’s telehealth evaluation, she diagnosed Claimant with autism spectrum disorder with accompanying language impairment with a level 2 severity (requiring substantial support) for social communication and restricted, repetitive behaviors. She explained:

Specifically, [Claimant] demonstrates persistent impairments in social-emotional reciprocity, nonverbal communicative behaviors, and the development of relationships. For example, [Claimant] tends to be driven by his own demands rather than the context and social expectations. His focus was more on the toys instead of social interaction. He displayed difficulties when his mother tried to engage him in play. He has difficulty with pretend play. He often refused to follow directions. In addition, he has inconsistent eye contact and shows limited affect. He also demonstrated minimal appropriate social overtures and stereotyped use of objects. Furthermore, he has sensory seeking behaviors. These behaviors combined are indicative of an autism spectrum disorder.

7. On August 22, 2025, Lauren Murphey, an ACRC Intake Specialist, completed a Social Assessment for Intake with Claimant and Mother. Ms. Murphey made the following observations:

Struggled to say most words, was mumbling or stuttering a lot. [Claimant] was wearing headphones when he entered the interview room. He had a tablet with him he was playing with. At first, he did not want to enter the interview room, mom had to take the tablet and walk into the room with his sibling before he would follow.

[Claimant] started vocalizing and "winning" [*sic*] asking to leave as soon as mom sat down. Asking for pool and his cousins over and over. Mom attempted to tell him it was not available and maybe they would see them later. He continued to ask and began crying. His crying sounded very immature, like a much younger child would cry. He clung to mom and she put him on her lap even though she had baby sister swaddled to her chest.

[Claimant] did not want this worker to look at him and would screech and turn his head away when he saw she was looking at him. He put the tablet down and was clinging to mom. He started to calm down and mom attempted to offer toys for him to play with but he refused.

Younger brother started to play with the tablet. [Claimant] watched him and started to say, "Not like that." He then pushed his little brother's head down into the tablet. His brother screamed and tried to push him back. Mom had to intervene and took the tablet away for a few minutes.

[Claimant] aggressed towards his younger brother several

times during the interview. Each time it was something that his brother was doing to a toy or pushing something toward him.

[Claimant] acted younger than he was in relation to his brother and his mother, winning [*sic*] and crying quickly. He did not seem to reference his family members until he wanted something from them. Did not look at his brother when he was crying. [Claimant] asked to leave and to go to the pool over and over throughout the interview. He did not settle until near the end of the interview when mom offered him snacks and the tablet.

[Claimant] did answer some questions from this worker on school age topics. When he seemed to not know how to answer he would say "nothing" or "no more." This worker walked the family to their car and stayed with them until mom had all the children in the car. [Claimant] was able to climb into the car and buckle himself into his booster seat.

Mother reported significant behavior concerns, including trouble with changes to routine, not responding when called, obsessions and attachments, difficulty focusing, ritualistic and repetitive behaviors, elopement, angry outbursts, aggression, headbanging and biting himself, sensory sensitivities and mouthing objects. Additionally, Mother reported serious deficits in self-care, receptive and expressive language, learning, and self-direction.

8. Based on Dr. Poon's telehealth evaluation and the Social Assessment for Intake, ACRC referred Claimant for a second opinion, in-person evaluation with Wendy Meisel, Ph.D., a clinical psychologist with Hazel Psychological Services. As part of her evaluation, Dr. Meisel reviewed Claimant's records and materials, including videos of Claimant, the occupational therapy assessment by Teeny Tots Therapy, the multidisciplinary evaluation by the Roseville City School District, Dr. Poon's telehealth evaluation, and the Social Assessment for Intake. She also administered the following tests/assessments: a clinical interview and observations; the Adaptive Behavior Assessment System Third Edition (ABAS-3); the ADOS-2, Module 2; the CARS 2-ST; the Wechsler Preschool and Primary Scale of Intelligence, Fourth Edition (WPPSI-IV); and the DP-4.

Based on Dr. Meisel's evaluation, she diagnosed Claimant with a language disorder, attention deficit hyperactivity disorder (ADHD), and anxiety disorder. In her opinion, he did not meet the criteria of autism spectrum disorder. Dr. Meisel explained:

[Claimant] was administered a battery of tests to observe behaviors and traits associated with Autism Spectrum Disorder (ASD) as well as to assess his cognitive functioning and adaptive behaviors. His profile indicates Minimal-to-No Evidence of symptoms related to ASD with no significant deficits in social affective functioning or stereotyped and repetitive behaviors. Furthermore, his performance on the ADOS-2 Module 2 (Total Score = 2, Comparison Score = 1) does not exceed diagnostic cutoff for an ASD. Based on parent report, direct observation, and performance on

standardized measures, it is in this evaluator's opinion that [Claimant] does not meet diagnostic criteria for ASD.

Additionally, Dr. Meisel opined that Claimant did not meet the diagnostic criteria for Intellectual Developmental Disorder.

9. Claimant's pediatrician, Rajroop Bhullar, M.D., authored a March 3, 2026, letter in support of eligibility for regional center services under a diagnosis of autism spectrum disorder. Dr. Bhullar identified significant safety and behavior concerns, sensory processing difficulties, and rigidity/limited flexibility which require provision of regional center services. He believes such services are medically necessary to support a child with Claimant's needs.

## **Hearing Testimony**

10. Mother and Father testified at hearing. Both testified consistently to Claimant's problematic behaviors, which include inconsistent eye contact, limited gestures, flat or neutral affect, difficulty with peer interaction, repetitive speech, hand flapping, toe walking, lining up objects, rigidity around routines and food, difficulty with transitions, mouthing objects, sensory sensitivities, and tantrum behavior. They sincerely believe Claimant is observably different from his siblings in ways that are significant, persistent, and consistent with autism. These differences are noticed by family members, friends, neighbors, and Claimant's T-Ball coach. Mother and Father believe ACRC places too much weight on the opinion of Dr. Meisel, who they feel evaluated Claimant in a limited, controlled clinical setting and did not adequately consider Mother and Father's concerns.

11. Carl Modeste, Ph.D., an Associate Psychologist, testified at hearing. Dr. Modeste obtained his doctorate in forensic psychology in 2020 and currently works

under the supervision of a clinical supervisor until he achieves full licensure by the California Board of Psychology. Dr. Modeste has worked for ACRC since June 2023, where his duties include consulting with ACRC staff and vendored psychologists regarding eligibility determinations. He also has previous experience as a school psychologist.

Dr. Modeste reviewed all of Claimant's records, including the aforementioned assessments by Drs. Poon and Meisel. He found Dr. Meisel's assessment most persuasive for three reasons.

First, Dr. Meisel's evaluation was conducted in person. Dr. Modeste explained that the California Board of Psychology issued guidance permitting telehealth evaluations during the COVID-19 pandemic, but requiring a return to in-person evaluations as soon as possible. By the time of Dr. Poon's July 2025 telehealth evaluation, the height of the COVID-19 pandemic was long over. At that time, best practices required the ADOS-2 to be administered in person, in the absence of exceptional circumstances.

Second, Dr. Meisel's evaluation was more thorough and comprehensive. She administered a larger battery of tests.

Third, Dr. Meisel's evaluation specifically considered the differential diagnoses of autism and ADHD. By contrast, Dr. Poon's report does not suggest that she considered and ruled out ADHD.

12. Dr. Modeste also reviewed Dr. Bhullar's letter of support. It did not change Dr. Modeste's opinion because: (1) Dr. Bhullar is a pediatrician and not a clinical psychologist competent to make a clinical diagnosis of autism; and (2) the letter of support was not a formal assessment.

## LEGAL CONCLUSIONS

1. Pursuant to the Lanterman Act, regional centers are responsible for providing or coordinating services for persons with developmental disabilities. A developmental disability is defined as:

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. As defined by the Director of Developmental Services, in consultation with the Superintendent of Public Instruction, this 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.

(Welf. & Inst. Code, § 4512, subd. (a)(1).)

2. As the applicant, Claimant bears the burden of proving by a preponderance of the evidence that he is permanently eligible for Lanterman Act services. (See Evid. Code, §§ 500 [“Except as otherwise provided by law, a party has the burden of proof as to each fact the existence or nonexistence of which is essential to the claim for relief or defense that he is asserting”] & 115 [“Except as otherwise provided by law, the burden of proof requires proof by a preponderance of the

evidence.”].) The term “preponderance of the evidence” means “more likely than not.” (*Sandoval v. Bank of America* (2002) 94 Cal.App.4th 1378, 1387–1388.)

3. Claimant was never diagnosed with cerebral palsy, epilepsy, intellectual disability, or a disabling condition closely related to intellectual disability or requiring treatment similar to that required for individuals with an intellectual disability. The only qualifying developmental disability at issue is autism.

4. Here, the record contains conflicting evidence from licensed clinical psychologists regarding whether Claimant has autism. Dr. Poon diagnosed autism spectrum disorder whereas Dr. Meisel diagnosed a language disorder, ADHD, and an anxiety disorder. However, Dr. Modeste persuasively explained that Dr. Meisel’s opinion should be given greater weight because her assessment was performed in person, was more thorough and comprehensive, and specifically considered the differential diagnoses of autism and ADHD. Additionally, Dr. Modeste persuasively explained why Dr. Bhullar’s letter of support is insufficient to call into question Dr. Meisel’s opinion. Furthermore, although Mother and Father’s testimony regarding their experiences with Claimant’s behavior was sincere and fully credible, they are not qualified to diagnose Claimant with autism spectrum disorder.

5. Even assuming, without deciding, that the opinions of Drs. Poon and Meisel were equally persuasive, to prevail, Claimant must establish that it is more likely than not that he has autism spectrum disorder. After considering the record as a whole, Claimant failed to discharge that burden. As such, Claimant’s appeal must be denied.

## **ORDER**

Claimant's appeal is DENIED, and Alta California Regional Center's denial of eligibility for Lanterman Act services is AFFIRMED.

DATE: April 15, 2026

WIM VAN ROOYEN

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.