

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

In the Matter of:

CLAIMANT

and

VALLEY MOUNTAIN REGIONAL CENTER,

Service Agency

DDS No. CS0035025

OAH No. 2026030876

DECISION

Matthew S. Block, Administrative Law Judge, Office of Administrative Hearings, State of California, serving as a hearing officer, conducted a fair hearing by videoconference on April 23, 2026, from Sacramento, California.

Claimant was not present and was represented by her mother and father. The names of claimant and her parents are omitted to protect their privacy and confidentiality.

The service agency, Valley Mountain Regional Center (VMRC), was represented by Jason Toepel, Compliance Manager.

Evidence was received, the record closed, and the matter submitted for decision on April 23, 2026.

ISSUE

Is claimant eligible for services from VMRC under the Lanterman Developmental Disabilities Services Act, Welfare and Institutions Code section 4500 et seq. (Lanterman Act) based on a diagnosis of Autism Spectrum Disorder (ASD)?

FACTUAL FINDINGS

Jurisdictional Matters

1. VMRC provides funding for services and supports people with developmental disabilities under the Lanterman Act. To be eligible for services under the Lanterman Act, the developmental disability must be substantially disabling and have originated before the person turns 18 years old.

2. Claimant is seven years old and resides with her family in Modesto, California. On an unknown date, claimant applied for VMRC services based on a diagnosis of ASD. VMRC completed an assessment, including a review of available records and a psychological evaluation by Justin Schrottenboer, Psy.D., in which he diagnosed claimant with ASD. Although VMRC concurs with Dr. Schrottenboer's ASD diagnosis, it nonetheless issued a Notice of Action denying claimant's application on February 19, 2026, because it concluded that claimant's ASD was not substantially disabling. Claimant appealed VMRC's decision on March 16, 2026. This hearing followed.

Psychological Evaluation and ASD Diagnosis

3. On August 25, 2025, Dr. Schrottenboer performed a remote psychological evaluation of claimant. His evaluation procedures included a clinical interview with claimant and her mother; a phone interview with claimant's mother; behavioral observation and mental status examination, Developmental Profile (DP-4); Wechsler Intelligence for Children – Fifth Edition (WISC-V); Adaptive Behavior Assessment – Third Edition (ABAS-3); Autism Diagnostic Observation Schedule – 2 (ADOS-2) (Module 3); and a review of the Diagnostic and Statistical Manual of Mental Disorders – Fifth Edition (DSM-V) criteria for ASD. Following the evaluation, Dr. Schrottenboer drafted a report of his findings, which was received in evidence at hearing.

4. Claimant's mother told Dr. Schrottenboer that claimant achieved developmental milestones within normal expectations. However, her social skills regressed significantly when she turned four years old, and she began behaving "like a baby." The regression coincided with her enrollment in a local preschool, which she attended five days per week for four hours per day. She moved into a transitional kindergarten class at the age of five. Claimant's mother told Dr. Schrottenboer she also suspects claimant has attention deficit and hyperactivity disorder (ADHD), and reported a history of ADHD in their family.

5. Claimant is overly bothered by lights and always wants the lights in her home to be low. She tends to obsess over and overreact to smells, and she is frequently bothered by tags, buttons, or fabric textures. She seeks tactile feedback with soft items such as blankets or stuffed animals but dislikes the feeling of water on her head. Claimant's mother reported claimant has an unusually high activity level, makes unusual hand movements, and engages in rocking, bouncing, and spinning

behaviors. She also reported that claimant will exhibit a “quiet anger” where she will rip up papers and break toys when she does not get her way.

6. Claimant attended the evaluation with her mother and father. At the start of the evaluation, she immediately started playing with toys she was interested in. She shared the toys with the other participants to show her excitement about playing with them, but her facial expressions and eye contact were not sustained. She engaged in some spontaneous play, although her behavior was reminiscent of a much younger child. She was able to describe things that make her happy, sad, angry, and fearful, but she was unable to elaborate on how those emotions make her feel.

7. Claimant spoke in complete sentences but exhibited less reciprocal conversation than what would be expected for a child her age. Her eye contact was inconsistent and she directed a limited range of facial expressions toward the other evaluation participants. The coordination of her gestures and communication was poorly integrated. The gestures she did use were far less than what would be expected for a child her age.

8. Dr. Schrottenboer administered the DP-4. The DP-4 provides an estimate of an individual’s overall level of development compared to peers of the same age. It is based upon information provided by an individual’s parent or other person with knowledge of their development and behaviors. Claimant’s mother provided Dr. Schrottenboer with the information requested for administering the DP-4.

9. The DP-4 evaluates five global areas of development: (1) physical; (2) adaptive behavior; (3) social-emotional; (4) cognitive; and (5) communication. Claimant’s scores in the physical, adaptive behavior, and social emotional areas were below average. Her score in the cognitive area was average, and her score in the

communication area was delayed. Overall, her general development score was below average compared to peers of the same age.

10. Dr. Schrottenboer administered the WISC-V. The WISC-V is comprised of subtests that measure an individual's cognitive abilities within five indexes: (1) verbal comprehension; (2) visual spatial; (3) fluid reasoning; (4) working memory; and (5) processing speed. Claimant's score in the verbal comprehension index placed her in the superior range. Her score in the fluid reasoning index placed her in the average range. For reasons that are unclear, Dr. Schrottenboer did not assign scores to the other three indexes.

11. Dr. Schrottenboer administered the ABAS-3. The ABAS-3 measures an individual's ability to perform routine tasks independently. It consists of a parent questionnaire and clinical observations. Dr. Schrottenboer found the information provided by claimant's mother to be consistent with his observations of claimant during the evaluation. Claimant's general adaptive composite score on the ABAS-3 indicated she has below average adaptive skills.

12. Dr. Schrottenboer administered the ADOS-2. The ADOS-2 is a standardized, play-based instrument which allows an evaluator to observe and gather information on an individual's social interactions, verbal communication, and non-verbal communication across a variety of social situations. He administered Module 3 of the ADOS-2 based on claimant's age and language abilities.

13. Dr. Schrottenboer did not observe any restricted or repetitive behavior while administering the ADOS-2. However, of claimant's social affect during the evaluation, he wrote:

[Claimant] exhibited difficulty with reciprocal social conversation, infrequently used eye contact and gestures to augment and regulate social communication. [Claimant] infrequently directed a range of facial expressions toward others. [Claimant's] imaginary play is reminiscent of [a] child who is much younger, and she infrequently sought the social attention of others.

14. Claimant's total score on the ADOS-2 exceeded the autism cutoff score, suggesting an ASD diagnosis. After administering the battery of tests and applying the DSM-V diagnostic criteria, Dr. Schrottenboer diagnosed claimant with ASD "with mild pragmatic language challenges." In his evaluation report, he explained, in part:

[Claimant] warrants a diagnosis of an autism spectrum disorder (ASD), as seen by her limited social reciprocity, nonverbal communication deficits, limited social motivation or skills, repetitive behaviors, nonfunctional routines, fixated interests, and sensory issues. More specifically, [claimant] has limited social reciprocal conversation and difficulty sharing her emotions. She makes limited attempts to augment her communication through nonverbal gestures such as eye contact or directing facial expressions toward others.

15. The DSM-V enables clinicians to specify the severity of an individual's ASD by measuring deficits in social communication and restricted, repetitive behaviors. There are three severity levels: level one (requiring support); level two (requiring substantial support); and level three (requiring very substantial support). Dr.

Schrotenboer diagnosed claimant with level one ASD. Regarding social communication, the DSM-V states the following of an individual with level 1 autism:

Without supports in place, deficits in social communication cause noticeable impairments. Difficulty initiating social interactions, and clear examples of atypical or unsuccessful responses to social overtures of others. May appear to have decreased interest in social interactions. For example, a person who is able to speak in full sentences and engages in communication but whose to-and-fro conversation with others fails, and whose attempts to make friends are odd and typically unsuccessful.

16. Regarding restricted and repetitive behaviors, the DSM-V states the following of an individual with level 1 autism:

Inflexibility of behavior causes significant interference with functioning in one or more contexts. Difficulty switching between activities. Problems of organization and planning hamper independence.

VMRC Intake Assessment and Determination

17. Mary Sheehan is a registered nurse and pediatric nurse practitioner with a master's degree in child health nursing. Ms. Sheehan worked for VMRC for 40 years, including 12 years as its clinical director. Since 2020, she has worked for VMRC part-time as a retired annuitant.

18. Ms. Sheehan is familiar with the eligibility criteria for regional center services. To be eligible for regional center services, a person must have a developmental disability that is substantially debilitating and which originated before the person reaches 18 years of age. Under the Lanterman Act, a substantial disability is a disability that causes significant functional limitation in three or more of the following areas: (1) self-care; (2) receptive and expressive language; (3) learning; (4) mobility; (5) self-direction; (6) capacity for independent living; or (7) economic self-sufficiency.

19. Ms. Sheehan explained that when an individual applies for regional center services, they undergo an intake assessment, which consists of a comprehensive review of all relevant school and medical records and any psychological reports that have been prepared, and an interview with the applicant and their family members. Each application is reviewed by an eligibility review team, which includes an intake coordinator, a medical doctor, and a licensed psychologist.

20. In this case, the eligibility review team reviewed claimant's 504 plan. Ms. Sheehan explained that a 504 plan is a written education plan documenting the steps that classroom teachers and school administrators will take to support individuals with learning difficulties. It is typically used with individuals whose difficulties do not rise to the level of being substantially disabling and is considered a relatively low-level intervention. Ms. Sheehan further explained that individuals whose difficulties do rise to the level of substantially disabling typically have a higher level of intervention, such as an individualized education plan (IEP).

21. The eligibility review team also considered records from Catalight Care Services, through which claimant receives applied behavioral analysis (ABA) services. The records indicate that when compared to children her age, claimant's social skills

and relationships are in the low range, her communication skills are in the moderately low range, and her daily living skills are in the adequate range.

22. Claimant and her parents participated in an intake interview with a VMRC intake coordinator at VMRC on October 1, 2025. During the interview, claimant's parents were the primary sources of information about claimant's history, and the intake coordinator found them to be "reliable reporters who provided adequate information regarding [claimant's] well-being as well as her adaptive and developmental skills."

23. Claimant's parents told the intake coordinator that claimant is continent and able to care for herself, although she occasionally needs reminders to flush the toilet and wash her hands. She can pick out seasonally appropriate clothing to wear but will often try to wear the same outfit multiple times. She struggles with fastening buttons but can use zippers and snaps. She is able to brush her teeth.

24. Claimant's parents reported that claimant tends to speak quietly when speaking with unfamiliar people. She also speaks with a southern accent, which can make it difficult to understand what she is saying. She has limited social communication with others and does not maintain consistent eye contact. She can complete one step directions but needs multiple reminders.

25. Claimant's parents reported that she does well academically and performs at grade level. Physically, however, she is very clumsy.

26. Claimant's parents reported significant hardship in the area of self-direction. For instance, claimant is very literal and does not do well when plans change, so her parents have resorted to not telling her of plans ahead of time. She can interact with other children but insists on controlling the manner of play.

27. Claimant's parents indicated she prefers being at home but occasionally enjoys going to the mall to play at the playground. She is responsible for cleaning her room and occasionally assists others with household chores. She can use a vacuum and knows how to make her bed. She can use the microwave to make popcorn and can get a snack from the kitchen when she is hungry.

28. Following the interview, the intake coordinator recommended that claimant's application, Dr. Schrotenboer's evaluation, and the available records be reviewed by the eligibility review team clinicians. John Chellson, Ph.D., performed the initial review. He noted that the results of the battery of tests Dr. Schrotenboer administered to claimant revealed her cognitive and adaptive functioning to be in the average to low average range as opposed to severe and thus did not amount to a substantial disability. Felipe Dominguez, M.D., reviewed Dr. Schrotenboer's report and Dr. Chellson's determination and concurred with his conclusion.

29. The eligibility review team concluded that claimant's ASD causes significant functional limitation in the area of self-direction. However, since significant functional limitation was not evident in three or more of the seven areas, VMRC was required by law to deny the application.

30. Although not considered by the eligibility review team in its initial determination, claimant's parents subsequently submitted a letter written by her teacher, Ms. Millan. In that letter, dated April 7, 2026, she wrote, in part:

[Claimant] has many strengths and is a valued member of our classroom community. She is sweet, caring, outgoing, and full of energy. [Claimant] brings a positive presence to the classroom and enjoys engaging with her peers. Her

enthusiasm and willingness to connect with others contribute to a warm and inclusive classroom environment.

[Claimant] demonstrates difficulty with sustained attention and focus during independent work time. She is often easily distracted, which impacts her ability to complete assigned tasks. On average, [claimant] completes approximately 20-40% of independent work throughout the day without additional support or redirection.

[¶] . . . [¶]

Additionally, [claimant] shows a strong desire to share her thoughts and perspectives. At times, she may become fixated on her interpretation of a situation and seek to have her voice heard immediately. This can lead to speaking over adults or peers and may be perceived as argumentative, particularly during moments requiring redirection or clarification.

31. Ms. Sheehan reviewed Ms. Millan's letter. In her view, the letter is consistent with the other records and psychological testing that the eligibility review team used in making its determination, and while it describes claimant's difficulties, it does not suggest that those difficulties rise to the level of a substantial impairment. Ms. Sheehan also explained that the behaviors discussed in Ms. Millan's letter were potentially attributable to ADHD, which claimant's mother suspects claimant may also have.

Claimant's Evidence

32. Claimant's father and mother testified at hearing. They believe the criteria for regional center services are being applied in too "rigid" of a manner. They are disappointed that VMRC deemed claimant ineligible for services based upon Dr. Schrottenboer's level one diagnosis, particularly given that no VMRC clinician has ever met with claimant in person. They believe that VMRC based its decision to deny eligibility on information that is outdated, in that claimant's symptomology has gotten markedly worse since Dr. Schrottenboer's August 2025 evaluation. They also believe VMRC's decision is based on "money" and "legalities," and that the eligibility criteria have been applied to focus more on what claimant can do as opposed to what she cannot do.

33. Claimant's parents explained that claimant needs a great deal of supervision and direction, and she is not as independent as VMRC has attempted to portray her. She struggles "greatly" with dressing appropriately for the weather. She must be constantly reminded to flush the toilet and wash her hands when using the restroom. She cannot brush her hair alone, and she cannot fold laundry or put it away in a drawer or hamper.

34. Claimant is easily distracted. She has difficulty locating objects, even when her parents direct her toward them, and organization is very difficult for her. She cannot follow a visual schedule or perform routine tasks alone. She is unable to clean up spills, and her microwave privileges have been taken away because she almost "burned down the kitchen" while trying to heat something up. Although her parents taught her how to tie her shoes, which she did independently throughout kindergarten, she subsequently "forgot," and can no longer tie her shoes without assistance. She does not know how to tell time using an analog clock.

35. Claimant has no impulse control and no regard for her surroundings or the personal space of others. She is unable to regulate her own emotions. She cannot play independently with children her own age and prefers instead to interact with children who are much younger.

36. Claimant's father acknowledged telling the intake coordinator that claimant can brush her teeth. However, he clarified at hearing that just because claimant can do something does not mean she can do it well, and recounted a recent occasion when claimant poked herself in the eye while attempting to brush her teeth.

37. According to claimant's parents, claimant is not just "clumsy." She is extremely uncoordinated. She cannot skip, jump rope, or climb. She is unable to understand when she is in danger. She will walk into traffic if not closely supervised.

38. Claimant's parents dispute that she is performing at grade level academically. On the contrary, they just received her most recent progress report and she is struggling significantly. They are presently in the process of working with claimant's school to develop an IEP to supplement her 504 plan.

Analysis

39. Claimant bears the burden of proving she is eligible for regional center services by a preponderance of the evidence. To be eligible for regional center services under the Lanterman Act, a person must have a developmental disability that is substantially debilitating and which originated before the person reaches 18 years of age. To be substantially disabling, the developmental disability must result in significant functional limitations in three or more of the major life areas described in Welfare and Institutions Code section 4512, subdivision (l)(1).

40. It is undisputed that seven-year-old claimant has been diagnosed with ASD. It is also undisputed that, as a child with ASD, claimant will encounter struggles throughout her adolescence that children without ASD will not. However, the evidence is in conflict with regard to the severity of claimant's ASD, and whether it renders her substantially disabled in three or more major life areas.

41. Dr. Schrottenboer diagnosed claimant with level one autism, which is the mildest form requiring the lowest level of intervention and support. In his report, he explained that claimant's ASD has contributed to "mild pragmatic language challenges." Claimant attends school in a general education classroom and is well-regarded by her teacher. However, her social skills are limited, and she has difficulty with sustained attention and focus.

42. Claimant's parents testified at length about the struggles she encounters each day. They described claimant as being unable to care for herself and requiring constant supervision to prevent her from harming herself or others. They explained that she is performing poorly in school and cannot independently carry out activities of daily living. They further explained that they are presently working with claimant's school to develop her IEP.

43. Claimant's parents expressed concern that the VMRC eligibility team denied claimant services without a clinician meeting with claimant and observing her in her own environment. That concern is understandable. Nonetheless, it is claimant who bears the burden of proof in this proceeding. Claimant's parents' testimony is inconsistent with the clinical evidence received at hearing. Although they testified that they are working with claimant's school to develop an IEP, there is no evidence that an IEP is now in place or what it consists of.

44. When all the evidence is considered, claimant established that she has ASD, and that it causes functional limitation in one area of major life activity. Because claimant did not demonstrate significant functional limitation in at least three areas of major life activity, she did not establish that she is eligible for regional center services at this time. However, her parents are encouraged to continue providing VMRC with additional evidence of claimant's condition as it becomes available, and to re-apply for services in the future.

LEGAL CONCLUSIONS

Burden and Standard of Proof

1. In an administrative hearing, the burden of proof is on the party seeking government benefits or services. (See, e.g., *Lindsay v. San Diego County Retirement Bd.* (1964) 231 Cal.App.2d 156, 161.) In this case, Claimant bears the burden of proving, by a preponderance of the evidence, that he is eligible for services from VMRC under the Lanterman Act. (Evid. Code, § 115.)

Applicable Law

CARE FOR THE DEVELOPMENTALLY DISABLED

2. Under the Lanterman Act, the State of California accepts responsibility for persons with developmental disabilities and pays for the majority of the "treatment and habilitation services and supports" to enable such persons to live "in the least restrictive environment." (Welf. & Inst. Code, § 4502, subd. (b)(1).) The State Department of Developmental Services is charged with implementing the Lanterman Act and is authorized to contract with regional centers to provide the developmentally

disabled access to the services and supports needed. (Welf. & Inst. Code, § 4620, subd. (a); *Williams v. State of Cal.* (9th Cir. 2014) 764 F.3d 1002, 1004.)

ELIGIBILITY FOR REGIONAL CENTER SERVICES

3. Eligibility for regional center services and supports is dependent on the person having a “developmental disability” that: (1) originated before she reached 18 years of age; (2) is likely to continue indefinitely; and (3) constitutes a substantial disability. (Welf. & Inst. Code, § 4512, subd. (a)(1).) Under the Lanterman Act, “developmental disability” includes intellectual disability, cerebral palsy, epilepsy, autism, and disabling conditions found to be closely related to or require treatment similar to that required for individuals with an intellectual disability. (*Ibid.*)

4. Business and Professions Code section 4512, subdivision (l)(1), states:

“Substantial disability” means the existence of significant functional limitations in three or more of the following areas of major life activity, as determined by a regional center, and as appropriate to the age of the person:

(A) Self-care.

(B) Receptive and expressive language.

(C) Learning.

(D) Mobility.

(E) Self-direction.

(F) Capacity for independent living.

(G) Economic self-sufficiency.

5. Any person believed to have a developmental disability shall be eligible for initial intake and assessment services in the regional centers. (Welf. & Inst. Code, § 4642, subd. (a)(1).) "If assessment is needed, the assessment shall be performed within 120 days following initial intake." (Welf. & Inst. Code, § 4642, subd. (a).)

6. Welfare and Institutions Code section 4710, subdivision (e), provides:

If a person requests regional center services and is found to be ineligible for these services, the regional center shall give adequate notice pursuant to Section 4701. Within five business days of the time limits set forth in Sections 4642 and 4643, notice shall be sent to the applicant and, if appropriate, the authorized representative, by standard mail, certified mail, or email at their preference as indicated at the time of intake.

APPEAL PROCESS

7. Welfare and Institutions Code section 4710.5, subdivision (a), provides:

Any applicant for or recipient of service, or authorized representative of the applicant or recipient, who is dissatisfied with a decision or action of the regional center or state-operated facility under this division shall, upon filing a request within 60 days after notification of the decision or action, be afforded an opportunity for an informal meeting, a mediation, and a fair hearing.

Disposition

8. Claimant established, and VMRC does not dispute, that she has been diagnosed with ASD. However, based on the Factual Findings and Legal Conclusions as a whole, claimant did not meet her burden of establishing by a preponderance of evidence that the ASD presents significant functional limitations in three or more areas of major life activity, and thus does not render her substantially disabled within the meaning of Welfare and Institutions Code section 4512, subdivision (a)(1). Consequently, her appeal must be denied at this time.

ORDER

Claimant's appeal is DENIED.

DATE: May 4, 2026

MATTHEW S. BLOCK
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.