BEFORE THE
OFFICE OF ADMINISTRATIVE HEARINGS
STATE OF CALIFORNIA

In the Matter of:

CLAIMANT

and

ALTA CALIFORNIA REGIONAL CENTER,

Service Agency

DDS No. CS0035268

OAH No. 2026040197

DECISION

Matthew S. Block, Administrative Law Judge, Office of Administrative Hearings, State of California, serving as a hearing officer, conducted a fair hearing in this matter on August 5, 2026, in Sacramento, California.

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

The service agency, Alta California Regional Center (ACRC), was represented by D.J. Weersing, Legal Specialist.

Evidence was received, the record closed, and the matter submitted for decision on August 5, 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) based on a diagnosis of Autism Spectrum Disorder (ASD)?

FACTUAL FINDINGS

Jurisdictional Matters

1. ACRC 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 six years old and resides with her family in Rio Linda, California. On an unknown date, claimant applied for ACRC services based on a diagnosis of ASD. ACRC completed a social assessment, reviewed available medical, educational, and developmental records, and referred Claimant for a psychological assessment as part of its multidisciplinary eligibility review process. Although ACRC agrees Claimant has ASD, it nonetheless issued a Notice of Action denying Claimant's application on March 4, 2026, because it concluded that claimant's ASD did not cause significant functional impairment in three or more major life areas. Claimant appealed ACRC's decision on March 26, 2026. This hearing followed.

Diagnoses

3. Claimant receives primary care from UC Davis Medical Center. In September 2024, Developmental Behavioral Pediatrician Jasmine Wilaisakditipakorn, M.D., diagnosed Claimant with ASD and severed Generalized Anxiety Disorder (GAD).

Social Assessment

4. ACRC Intake Specialist Kaitlyn Fox completed an in-person social assessment interview with Claimant and her mother on June 5, 2025. During the interview, Claimant made good eye contact with Ms. Fox and responded when spoken to, although she did so using single words or short phrases. According to Claimant's mother, Claimant becomes very nervous when meeting new people.

5. Claimant's mother told Ms. Fox that Claimant is unable to get dressed and undressed on her own, and she cannot pick out weather-appropriate clothing. She cannot perform any grooming tasks on her own and has sensory difficulties when her hair is washed and brushed. She knows how to eat with a fork and spoon but prefers to eat with her hands. She is toilet trained but unable to wipe herself, and she occasionally has accidents during the day.

6. Claimant's mother explained Claimant is verbal and able to speak in sentences. However, she does not respond right away when spoken to because she takes extra time to process what is being said. She cannot follow and becomes overwhelmed by multi-step instructions. She struggles in large groups of people and has difficulty understanding social cues. She is extremely sensitive to loud noises. As a result, she is allowed to use headphones in class as an accommodation.

7. Claimant's mother shared that Claimant cannot read sight words and struggles to recognize letters, shapes, and colors. She has a short attention span, which results in difficulty focusing on her schoolwork in class. She has significant trouble expressing her needs in school and refuses to tell her teacher when she is hungry, thirsty, or needs to use the restroom.

Twin Rivers Unified School District (TRUSD) Records

OCCUPATIONAL THERAPY EVALUATION

8. On December 11, 2024, TRUSD Occupational Therapist Natalie Wing, M.S., evaluated Claimant to assist her Individualized Education Program (IEP) team in determining whether Claimant would benefit from school-based occupational therapy services. Ms. Wing's evaluation procedures consisted of: parent interview; record review; clinical observations; Peabody Developmental Motor Skills, Third Edition (PDMS-3); Schoodles Pediatric Fine Motor Assessment, Fourth Edition (Schoodles); and Sensory Processing Measure, Second Edition (SPM-2), home and school forms.

9. The PDMS-3 is a criterion and norm-referenced early childhood motor development assessment that contains six subtests assessing various motor skills of children between the ages of 5 and 11 years old. A scaled score of 8 to 12 on each subtest is considered within the average range of functioning. The results of the PDMS-3 indicated Claimant demonstrated fine motor skills within the average range of functioning.

10. The Schoodles is a performance-based observation tool used with children between the ages of three and eight years old and provides approximate ages for attaining skills related to school readiness. It assesses fine motor tasks of children as they prepare for and progress through school (classroom skills) and underlying

skills children need to be successful with fine motor skills (supporting skills). The results of the Schoodles indicated Claimant had the necessary skills to participate within her educational setting.

11. The SPM-2 is a norm referenced measure of function and an integrated system of rating scales to assess sensory difficulties in the areas of: (1) vision; (2) hearing; (3) touch; (4) taste and smell; (5) body awareness; and (6) balance and motion Items are rated in terms of frequency of behavior on a four-point scale (always, frequently, occasionally and never). Scores fall into the interpretive categories of typical, moderate difficulties, or severe difficulties. Claimant's mother completed the home form of the SPM-2, on which Claimant was found to have severe difficulties in five of the six sensory areas. Claimant's teacher completed the school form of the SPM-2, on which Claimant was found to be typical in all six sensory areas.

PSYCHOEDUCATIONAL EVALUATION

12. Claimant underwent a multidisciplinary psychoeducational evaluation through TRUSD to determine whether she met special education criteria for ASD. The evaluation was based on her parents' reported concerns about Claimant's language skills and social-emotional development, and consisted of a health and developmental history review, clinical observations, and a battery of psychological and speech assessments. It was performed by a school nurse, school psychologist, speech language pathologist, and an early childhood special education teacher on December 11, 2024, and January 6, 2025.

13. School nurse Tiffany Stan conducted the health and developmental history review, which consisted of a review of available records and conversations with Claimant's parents. They reported that Claimant is an overall healthy child with some

allergies. However, she is sensitive to sounds, smells, and textures, and she struggles with loud noises and large crowds. She also tends to mask certain behaviors at school.

14. School psychologist Lisa Chaney administered the battery of psychological tests to assess Claimant's cognitive and developmental functioning. Tests included: Differential Ability Scales – Second Edition (DAS-II); Primary Test of Nonverbal Intelligence (PTONI); Wide Range Assessment of Visual Motor Abilities (WRAVMA); Developmental Profile – Fourth Edition (DP-4); Behavior Assessment Scale for Children – Third Edition (BASC-3); Autism Spectrum Rating Scales (ASRS); Childhood Autism Rating Scale – Second Edition (CARS2-ST); and Behavior Rating Inventory of Executive Functioning – Preschool Version (BRIEF-P).

15. The DAS-II is a comprehensive assessment that measures general and specific abilities related to academic learning and provides a composite measure of conceptual and reasoning abilities. The verbal ability scale evaluates an individual's depth of knowledge and ability to communicate ideas. The nonverbal reasoning ability scale measures the ability to think with visual and spatial patterns. Claimant's verbal ability fell within the average range on the DAS-II. Her nonverbal reasoning ability fell within the high range and is considered an area of strength.

16. The PTONI is a nonverbal assessment that requires an individual to look at a series of pictures and designs and distinguish between similarities and differences. It provides a measure of reasoning ability in young children. Claimant's reasoning ability on the PTONI fell within the average range.

17. The WRAVMA is a paper and pencil task that involves drawing. It measures an individual's integration of visual-motor, visual-spatial, and fine motor skills. Claimant's visual-motor skills fell within the low average range on the WRAVMA.

18. The DP-4 estimates functioning in the following areas of development: (1) physical; (2) adaptive behavior; (3) social-emotional; (4) cognitive; and (5) communication. Results of each assessment are then used to calculate a general developmental score, representing a summary of a person's developmental status. Claimant's scores in physical, cognitive, and communication areas fell within the average range. Her scores in the adaptive behavior and social emotional areas fell in the below average range. Her overall general development score on the DP-4 fell within the normal range in comparison to her peers.

19. The BASC-3 is a behavioral checklist used to assess a child's social-emotional functioning and adaptive skills in both the home and school environments. It relies upon data provided by adults who are very familiar with a child's daily functioning. In this case, the data was provided by Claimant's mother and Claimant's teacher. It indicated elevated concerns with anxiety, depression, and somatization. Additionally, Claimant's mother expressed concerns with hyperactivity, aggression, and withdrawal in the home. Overall, Claimant's adaptive skills on the BASC-3 fell within the age-appropriate level in the school setting and below normal level in the home setting.

20. The BRIEF-P is a questionnaire completed by the parents and teachers of preschool children to rate the child's executive functioning in multiple domains, including the emotional, social, and behavioral areas. The information provided by Claimant's parents and teacher indicated Claimant's executive functioning skills are significantly delayed. She struggles with impulse control, emotional regulation, and adaptability to change in routine.

21. The ASRS quantifies observations of a child that is associated with ASD. It also consists of a standardized questionnaire filled out by a child's parents and

teacher. The results of the questionnaire are used to calculate an ASRS total score, representing the extent to which a child's behavioral characteristics are similar to the behavior of children diagnosed with ASD. The ASRS total scores from Claimant's teacher and mother were markedly different. Claimant's teacher's total score indicated slightly elevated similarities to children diagnosed with ASD, while Claimant's mother's score indicated very elevated similarities. Ms. Chaney noted that the discrepancy may be attributable to Claimant's masking of behaviors at school as reported by her mother.

22. The CARS2-ST is used as a structured instrument during play. It is a standardized scale used to facilitate the observation of a child in several areas that are associated with ASD. Observers rate a child's typical behavior from a distance in as natural a setting as possible. Behaviors are rated from one to four, with one indicating normal functioning, two indicating mildly abnormal functioning, three indicating moderately abnormal functioning, and four indicating severely abnormal functioning. Claimant's score on the CARS2-ST indicated mild to moderate symptoms of ASD.

23. Speech language pathologist Heather Messall administered three speech assessments. The Clinical Assessment of Articulation and Phonology – Second Edition (CAAP-2) assesses speech sounds either by spontaneously naming pictures or indirect imitation. During the assessment, Claimant accurately produced age-appropriate speech sounds in isolation, in single words, and in sentences, although she demonstrated some sound substitutions. Overall, Claimant's performance on the CAAP-2 indicated that her speech intelligibility, fluency, and voice were not of concern.

24. The Preschool Language Scales – Fifth Edition (PLS-5) assesses a child's auditory comprehension, expressive communication, and total language skills as observed by the examiner. Ms. Messall reported that Claimant understood pronouns,

qualitative and quantitative concepts, and complex sentences. However, she had some difficulty understanding time and sequence, identifying a word that does not belong, and following multistep directions. She was able to name objects in photographs, answer questions about hypothetical events, and formulate grammatically correct sentences, but had some difficulty naming letters, using synonyms, and using past tense forms. Overall, Claimant's auditory comprehension, expressive communication, and total language skills as measured by the PLS-5 fell within the average range for children her age.

25. The Clinical Evaluation of Language Fundamentals – Preschool, Descriptive Pragmatics Profile, Third Edition (CELF-P, DPP-3), assesses pragmatic language skills in the areas of nonverbal communication, conversational routines, and asking for, giving, and responding to information. It is based upon parent reports and clinical observations during testing. Ms. Messall noted that Claimant made good eye contact with others, was able to hold a back-and-forth conversation, and used words for a variety of pragmatic functions, although she needed extra encouragement when she did not know the answer to a question. Her parents reported she has significant anxiety, but that it had gotten better with medication. Overall, Claimant's score on the CELF-P, DPP-3 fell within the average range for children her age.

26. Early childhood special education teacher Lauryn Ito administered the Brigance Inventory of Early Development, Third Edition (IED-III), to assess Claimant's overall academic knowledge in the areas of mathematics, general concepts, and literacy sub-domains. It provides age equivalent and quotient scores which compare a child's performance to other children of the same age. During the IED-III, Claimant independently wrote her first name. She turned pages in a book and pointed to specific words and pictures. She was unable to identify all letter names but

demonstrated she knew many letter sounds. She was able to solve some word problems and demonstrated knowledge of number concepts, although she was unable to tell the examiner what numbers were missing from a sequence. Overall, Claimant's performance on the IED-III indicated she has average academic skills compared to children her age.

27. Ultimately, the TRUSD multidisciplinary evaluation team concluded that Claimant did not meet special education criteria for ASD. However, in their evaluation report, they suggested that accommodations and supports would be appropriate as Claimant started kindergarten, stating, in part:

> Although [Claimant] does not meet eligibility criteria for special education the school psychologist discussed how a 504 should be created at the beginning of the 2025-2026 school year when she is enrolled in kindergarten. To provide the least restrictive environment it is recommended she continue in a general education classroom and once enrolled in a TRUSD classroom 504 accommodations should be implemented. School psychologist stated she will reach out the school psychologist and principal at [Claimant's] school of residence for setting up the 504 at the beginning of the school year.

(Grammar in original.)

PROGRESS REPORTS

28. Claimant's progress reports for the second and third trimester of the 2025-2026 school year were received in evidence. For the second trimester, Claimant

was noted to have not met standards in syllables and phonemes, but met standards in reading foundation, understanding literature and informational text, producing and expanding complete sentences, participating in collaborative conversations, describing familiar people, places, and things, and expressing thoughts, feelings, and ideas clearly. She was noted to be approaching standards in reading high frequency words, knowing letter and sound correspondence, and spelling simple words phonetically.

29. Claimant was noted to be approaching standards in math practices, counting to 100 by ones, and naming numbers. However, she exceeded standards in math content, representing objects with a written numeral, comparing groups and numbers, and classifying objects. She was noted to have met standards in the areas of science and social studies.

30. For the third trimester, Claimant was noted to have not met standards in syllables and phonemes and independent reading. She met standards in understanding literature and informational text, producing and explaining complete sentences, participating in collaborative conversations, describing familiar people, places, and things, and expressing thoughts, feelings, and ideas clearly. She was noted to still be approaching standards in reading high frequency words, knowing letter and sound correspondence, and spelling simple words phonetically.

31. Claimant was noted to be approaching standards in math content and practices, counting to 100 by ones, and identifying and comparing two and three-dimensional shapes. She met standards in naming numbers, representing objects with a written numeral, and understanding addition and subtraction. She also met standards in science and exceeded standards in social studies.

32. Claimant's progress reports also addressed her attendance. She missed 15 days during the first trimester, 23 days during the second trimester, and 23 days during the third trimester. In the progress report teacher comments for the second trimester, Claimant's teacher wrote the following:

> [Claimant] has really started to become much more comfortable at school and is even playing with her peers at recess! She still loves creating, and goes to Let's Create almost every day! [Claimant] is meeting expectations in identifying upper and lowercase letters (23 and 21) but she only gained one letter sound since last trimester (10 to 11 which is "approaching standards). To meet standards, she needed to know 20 letter sounds at this time. She is starting to be able to orally isolate the beginning, middle and ending sounds of words, but I said three sounds to [Claimant], like, /m/ /oo/ [n], she isn't able to put them together and tell me the word. She also has difficulty telling me all the sounds in a word, such as, duck is /d/ /u/ /ck/. These are word games that we play almost every day in class, and [Claimant] is still missing a lot of school with her illnesses. [Claimant] did go from 6 to 14 high frequency words this trimester, more than double! In math, [Claimant] scored 100 percent on her math assessment, (she does sometimes need to use a number line to remember what a number looks like), was able to count aloud to 39 and recognized 15 numbers. If [Claimant] is able, I hope she is

> able to be at school more consistently this last trimester. This will help keep her on track with her learning!

(Grammar and punctuation in original.)

33. In the progress report teacher comments for the third trimester, Claimant's teacher wrote the following:

> I have enjoyed having [Claimant] in our Kind Critter Family this year! She has come so far with her confidence from the beginning of the year! I was so proud of her getting the Soaring Eagle award and going up in front of everybody at Sing! [Claimant] made significant growth in letter sounds this trimester, from 11 to 22! As soon as she knows all 31 sounds, she'll be ready to start sounding out simple words. In math, [Claimant] still gets stuck at 39 when counting aloud. It would be helpful to practice counting to 100 over the summer. I will miss [Claimant] and wish her the best as she moved on to first grade!

(Grammar and punctuation in original.)

Psychological Evaluation

34. ACRC referred Claimant for a psychological evaluation with Wendy Meisel, Ph.D. Dr. Meisel performed the evaluation on February 12, 2026. Her evaluation procedures included a clinical interview with Claimant and her mother; a review of available records from UC Davis Health and TRUSD; behavioral observations and mental status examination; Wechsler Preschool and Primary Scale of Intelligence –

Fourth Edition (WPPSI-IV); DP-4; Autism Diagnostic Observation Schedule – 2 (ADOS-2) (module 3); CARS2-ST; and Adaptive Behavior Assessment – Third Edition (ABAS-3). Following the evaluation, Dr. Meisel drafted a report of her findings, which was received in evidence at hearing.

35. Claimant's mother told Dr. Meisel that Claimant spoke her first words between 5 and 12 months of birth. However, she then stopped speaking and did not resume until she was over two years old. Her parents became concerned with her development shortly after birth because she was sensitive to sounds and because she was not interested in people other than her parents. At the time of the evaluation, Claimant was enrolled in a general education kindergarten class at Orchard Elementary School and had a 504 plan.

36. Claimant's mother told Dr. Meisel that there is a history of ASD and dyslexia in their family. Both she and her husband have been diagnosed with anxiety and depression. Claimant's mother also suspects her father is on the autism spectrum but he has never been diagnosed as such.

37. Claimant speaks in complete sentences. However, she takes time to process questions asked of her and has difficulty responding. She notices when people are sad or upset but does not know how to respond. She does not engage in two directional conversations and she has difficulty picking up on social cues. She will at times respond when her name is called, and she presents with a delayed and forced smile when someone smiles at her. She used to avoid eye contact with others, but with effort and instructions she has gradually gotten better at maintaining eye contact.

38. Claimant's mother told Dr. Meisel that she is behaviorally rigid and likes to know what to expect. She wants to get ready for school in the exact same way each

morning and eat the same foods to maintain her routine. She screams while having her teeth brushed and her hair combed or washed. In the past, she threw herself on the ground and kicked and screamed going from one place to another. She has taken to giving herself pep talks to deal with transition.

39. Claimant freezes when she is approached by other children, and she retreats if approached in an overly animated manner. She will engage and play with other children but only if they approach her calmly, follow her directions, and play the way she wants to play. She has difficulty during social gatherings and tends to become overwhelmed and withdraw. She tends to become overly fixated on specific children and topics.

40. Claimant clinches her jaw and grinds her teeth. She does not like large crowds of people, bright lights, or loud environments, and she utilizes sunglasses and noise-cancelling headphones as coping mechanisms. She enjoys soft and fluffy clothing and blankets but does not like having tags in clothing or wearing restrictive clothing.

41. During the evaluation, Claimant rocked back and forth in her chair. Dr. Meisel characterized her style as rigid. Although she spoke in complete sentences, she froze when asked questions, which Dr. Meisel attributed to receptive language delays.

42. Dr. Meisel administered the WPPSI-IV, which consists of six subtests measuring ability across five areas of cognitive functioning. It produces scores showing how Claimant performed and produces a composite score representing her overall intellectual ability (FSIQ). Each subtest results in a scaled score from 1 to 19, with scores between 7 and 12 considered average. The scaled scores contribute to an index

score, with scores between 90 and 109 considered average. Claimant's FSIQ score was 94.

43. Dr. Meisel administered the DP-4, which is a survey measure evaluating five key areas of development: physical, adaptive behavior, social-emotional, cognitive; and communication. Claimant's scores in each category were based on information provided by Claimant's mother, which resulted in scores within the average range in the physical, cognitive, and communication categories, a score in the delayed range in the adaptive behavior category, and a score in the below average range in the cognitive category. The average general development score range for the DP-4 is between 85 and 115. Claimant's general development score was 88.

44. Dr. Meisel 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. She administered Module 3 of ADOS-2 based on claimant's age and language abilities.

45. Claimant's score on the ADOS-2 exceeded the autism cutoff score, consistent with an ASD diagnosis. She used sentences in a largely correct fashion with some complex speech. However, she did not engage in back-and-forth exchanges. Of Claimant's social interaction, Dr. Meisel noted:

> [Claimant] used eye contact to initiate, terminate, or regulate social interaction. She directed some facial expressions to the evaluator to communicate affective or cognitive states. [Claimant] showed some pleasure, which was appropriate to the context during interactive

> participation or conversation with the evaluator. [Claimant's] overtures primarily revolved around personal demands related to her own interests. [Claimant's] social overtures possessed an unusual quality without an attempt to involve this evaluator in those interests. Most of [Claimant's] communication was object-oriented or concerned with a particular preoccupation or in response to questions. Interactions between [Claimant] and this evaluator were comfortable but not sustained.

46. Dr. Meisel administered the CARS2-ST. Claimant's score on the CARS2-ST was indicative of mild to moderate symptoms of ASD, similar to her CARS2-ST result from the TRUSD multidisciplinary psychoeducational evaluation.

47. Dr. Meisel administered the ABAS-3, which evaluates behaviors one displays in home, school, and community environments. Items yield scores that are divided into conceptual, social, and practical composite scores. Claimant's general adaptive composite score on the ABAS-3 indicated she has low adaptive skills.

48. Based upon her observations of Claimant and Claimant's scores on the assessments, Dr. Meisel concluded that Claimant meets the diagnostic criteria for ASD. Regarding severity, she concluded that Claimant's social communication impairments are best categorized as Level 1 (Requiring Support), meaning:

> 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.

49. Dr. Meisel found that Claimant's demonstrated restrictive or repetitive patterns of behavior are best categorized as Level 2 (Requiring Substantial Support), meaning:

> Inflexibility of behavior, difficulty coping with change, or other restricted/repetitive behaviors appear frequently enough to be obvious to the casual observer and interfere with functioning in a variety of contexts. Distress and/or difficulty changing focus or action.

Testimony of Steven Graff, Ph.D.

50. Steven Graff received his doctorate in psychology from the University of Southern California in 1988. From 1990 to 1995, he worked as a clinical psychologist for the Devereaux Foundation in Santa Barbara, California. He then served as a staff psychologist and director of clinical services at the Tri-Counties Regional Center in Santa Barbara until his retirement in 2024. He has extensive experience performing and interpreting psychological assessments and estimates that he has reviewed between 7,000 and 10,000 assessments in his career. For the past year, he has worked for ACRC reviewing the eligibility determinations of its clinicians.

51. Dr. Graff testified at hearing. He was asked to review ACRC's determination that Claimant does not qualify for regional center services based on her

ASD diagnosis. Dr. Graff reviewed all available records, including TRUSD records and Dr. Meisel's evaluation report.

52. In order to qualify for regional center services, a person must be determined to have a developmental disability that is substantially debilitating and which originated before the age of 18. 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.

53. Dr. Graff explained that there are circumstances under which not all seven areas are considered. For instance, as in this case, capacity for independent living and economic self-sufficiency are not considered for young children, as they would not have the ability to live independently or provide for themselves even absent a developmental disability. Additionally, as there is no indication Claimant struggles with mobility, that area was not considered. Thus, Dr. Graff limited his review to whether Claimant has significant functional limitations in the areas of learning, self-direction, self-care, and receptive and expressive language.

54. Based on all available information, Dr. Graff concluded that Claimant does not demonstrate significant functional limitation in learning. In support of his conclusion, he referred to Claimant's progress reports, which indicated that Claimant was either approaching standards, or had met or exceeded standards in most academic areas. Additionally, Dr. Graff noted Claimant's multiple absences from school and suggested that academic difficulties could be attributable to her missing class.

55. Dr. Graff explained that self-direction refers to an individual's ability to make choices as they move throughout the day and interact with others. He acknowledged that Claimant does appear to have issues with self-direction. Specifically, he pointed to the difficulty Claimant has with meeting new people and interacting with other children. Nonetheless, Dr. Graff explained that while these difficulties may be attributable to Claimant's ASD, they may also be attributable to her severe GAD. Because he cannot determine which condition causes Claimant the functional limitation in the area of self-direction, he cannot attribute it to ASD.

56. Dr. Graff explained that self-care refers to the way individuals physically take care of themselves, including eating, bathing and using the restroom. Dr. Graff acknowledged Claimant's functional limitation with self-care. Although he did not testify that the functional limitation is significant, he acknowledged it is unusual for a six-year-old child to continue requiring assistance in the restroom. However, like the area of self-direction, Dr. Graff cannot conclude whether Claimant's functional limitations with self-care are attributable to ASD or severe GAD.

57. Dr. Graff explained that receptive language refers to the ability to understand what is being said, and expressive language refers to the ability to use words and nonverbal communication to express wants and needs. According to Dr. Graff, this is "absolutely not" an area of functional limitation for Claimant. In support of his determination, he referenced the TRUSD psychoeducational evaluation report, which noted Claimant is verbal, uses words and phrases, likes and understands praise, and maintains eye contact. These are not traits a clinician would expect to see in an individual having difficulties with expressive or receptive language.

58. Based on his review of all the evidence, Dr. Graff did not find that Claimant's ASD caused significant functional limitations in three or more major life

areas. Consequently, he concurs with the ACRC eligibility review team's conclusion that Claimant is not eligible for regional center services.

Claimant's Evidence

59. Claimant's mother testified at hearing. She explained that Claimant struggles significantly with self-care and self-direction. She refuses to bathe, clean up after herself, choose her own food, and pick out her own clothes to wear. She can use the restroom alone and is capable of wiping but refuses to do so. She does not like to wash her hands and frequently puts her hands in her mouth as a coping mechanism. As a result, she is frequently sick, which is why she missed so many days during the 2025-2026 school year.

60. Claimant speaks very well. However, she freezes every time she is asked a question, and she is unable to engage in back-and-forth conversation. If she does answer a question, the answer is typically no, regardless of what is asked. Claimant also speaks very fast, which often makes her difficult to understand.

61. Claimant is very rigid in and typically retreats from social settings. When she is invited to a friend's party she will go to the friend's house to help set up for the party, leave before the other children arrive, and return once the other children have left.

62. School is very difficult for Claimant because there are a lot of transitions throughout the day and Claimant is not flexible at all. She acts much differently at home than at school. She does not like to bring attention upon herself at school, and she refuses to express her needs and advocate for herself. She will use the restroom at school during recess but refuses to ask if she needs to use the restroom during class time. As a result, she had multiple accidents during the previous school year. She will

not tell her teacher if something is wrong and will hold her emotions in until the end of the day when she is picked up, at which time she will "fall apart" emotionally.

63. Claimant's mother confirmed Claimant is extremely sensitive to lights and loud noises, and she constantly uses headphones and sunglasses as coping mechanisms. She has been participating in horseback riding lessons and Girl Scouts, which have been beneficial. She loves arts and crafts, and has worked to overcome anxiety so she may participate in Girl Scout activities.

64. Claimant's mother introduced a letter from Dr. Wilaisakditipakorn dated August 4, 2026, in which she discussed Claimant's ASD-related difficulties. She wrote, in relevant part:

> [Claimant's] autism significantly affects her ability to function independently in daily life. She has ongoing difficulties with adaptive skills, flexibility, emotional regulation, transitions, and responding to everyday environmental demands. These challenges interfere with her ability to complete age-appropriate self-care activities and participate independently in routines at home and in the community.
>
> [¶] . . . [¶]
>
> [Claimant] continues to require constant support, prompting, reassurance, and supervision from her parents to complete daily self-care activities. She is easily overwhelmed by routine tasks, transitions, sensory experiences, and changes in her environment. When

overwhelmed or dysregulated, she may be unable to initiate, continue, or complete activities independently. Her parents must therefore provide significantly more direct assistance and supervision than would typically be expected for a [six]-year-old child.

Her autism-related difficulties are present across settings and affect her independence, safety, participation, and ability to generalize previously learned skills. Although she may demonstrate certain skills under structures or familiar conditions, she does not consistently perform these skills independently when environmental demands increase or routines change. She requires ongoing adult support to apply adaptive and coping skills in everyday situations.

[Claimant] also has severe Generalized Anxiety Disorder, which further intensifies her autism-related difficulties with rigidity, transitions, emotional regulation, and participation. Without appropriate intervention and ongoing support, she is at risk for increasing functional impairment as environmental and developmental expectations become more complex.

Analysis

65. 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).

66. It is undisputed that six-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 conflicting regarding whether Claimant's ASD causes significant functional limitations in three or more life areas.

67. Claimant's mother acknowledges Claimant's ASD does not present significant functional limitations on her mobility. She also acknowledges that based on her age, the capacity for independent living and economic self-sufficiency areas are inapplicable here. The issue to be determined is whether Claimant's ASD causes significant functional limitations in the areas of learning, self-direction, self-care, or expressive and receptive language.

68. Claimant's mother testified that Claimant struggles academically, does not know shapes, and has difficulty counting to 10. That testimony is contradicted by Claimant's performance on the IED-III and her progress reports, which indicate that in most academic areas, Claimant is either approaching, has met, or has exceeded standards. Claimant underwent a psychoeducational evaluation to determine if special education was appropriate. The examiners concluded that it was not, and she remains enrolled in a general education classroom. When all the evidence is considered, Claimant did not establish that her ASD causes significant functional limitations in the area of learning.

69. Dr. Graff testified that Claimant's ASD "absolutely [does] not" cause significant functional limitations in the areas of expressive and receptive language. Her mother testified that Claimant speaks very well, albeit very fast. Although she also testified that Claimant freezes when spoken to and is unable to engage in a back-and-forth conversation, that testimony is contradicted by the observations of Ms. Fox and the clinicians who evaluated Claimant, as well as her performance on the CAAP-2, PLS-5, CELF-P, DPP-3. When all the evidence is considered, Claimant did not establish that her ASD causes significant functional limitations in the areas of expressive and receptive language.

70. Claimant did establish that her ASD presents functional limitations in the areas of self-care and self-direction. Her mother convincingly testified that she cannot pick out clothing, dress or undress herself, clean up after herself, or choose her own food. She also testified to the difficulties Claimant has while interacting with other children, particularly in larger groups. Although Dr. Graff did not testify that the limitations in these areas were significant, Claimant demonstrated that they are. However, Dr. Graff testified that he cannot conclude Claimant's difficulty meeting and interacting with others was attributable to her ASD, severe GAD, or a combination of both. Consequently, although she demonstrated significant limitations in the areas of self-care and self-direction, she did not establish they are attributable to ASD.

71. When all the evidence is considered, Claimant established that she has ASD, and that it causes functional limitation in two areas of major life activity. Because Claimant did not demonstrate significant functional limitations in at least three areas of major life activity, she did not establish that she is eligible for regional center services at this time.

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 she is eligible for services from ACRC 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 ACRC 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: August 12, 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 this decision, or appeal the decision to a court of competent jurisdiction within 180 days of receiving the final decision.