BEFORE THE
OFFICE OF ADMINISTRATIVE HEARINGS
STATE OF CALIFORNIA

In the Matter of:

CLAIMANT

and

ALTA CALIFORNIA REGIONAL CENTER, Service Agency

DDS No. CS0036614

OAH No. 2026050696

DECISION

Hearing Officer Coren D. Wong, Administrative Law Judge, Office of Administrative Hearings, State of California, heard this matter by videoconference on July 22, 2026, from Sacramento, California.

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

Claimant's parents represented claimant.

Evidence was received, and the record was left open to allow claimant to produce additional evidence. ACRC waived its right to respond to the additional evidence and had no objection to the admission of the evidence. Claimant produced

Individualized Education Plan (IEP) documents and an appeal letter with supporting documents, which were marked as Exhibits A and B, respectively, and admitted, without objection.

The record was closed and the matter submitted for decision on July 29, 2026.

ISSUE

Does claimant have a developmental disability that qualifies him for regional center services and supports under the Lanterman Developmental Disabilities Services Act (Welf. & Inst. Code, § 4500 et seq.; Lanterman Act).

FACTUAL FINDINGS

Background

1. Claimant is an 18-year-young man who lives at home with his parents. He has a half-sibling who is much older and lives outside the family home. He was born full-term by cesarean section after 27 hours of labor. Mother's pregnancy and delivery were unremarkable, and she and claimant were discharged home without concern.

Special Education and Related Services

2. Claimant received special education and related services through the El Dorado County Special Education Local Plan Area (SELPA). He attended Mountainside Middle College High School, a school with the El Dorado County Office of Education that provides a combination of high school and college courses through dual-enrollment with Folsom Lake College – El Dorado Center. His most recent

qualifying diagnosis was specific learning disability, and he received 98 percent of his education in a general education classroom while receiving special education and related services on a "pull-out" basis, i.e., in a setting other than his classroom.

3. A December 2, 2025 Prior Written Notice of Proposed Action from the El Dorado County SELPA provides notice that claimant "is currently meeting the requirements for graduation with the regular high school diploma." It further states, "Upon their graduation, you/your child will no longer be eligible for special education services."

4. On December 2, 2025, the El Dorado County SELPA evaluated claimant's levels of academic achievement and functional performance. It wrote the following regarding his strengths, preferences, and interests:

> [Claimant] is a kind and respectful student who treats both peers and staff with consideration. He is caring and always willing to help others, often reaching out to classmates who need clarification on assignments. [He] demonstrates strong work ethic and remarkable self-discipline. He describes himself as "peaceful patient, kind, courteous, and obedient." Outside of school, [claimant] enjoys spending time with animals-especially cats-working with children, playing basketball, and gaming with friends. He also finds fulfillment volunteering at Bible camp.

5. Claimant's economics teacher noted:

> [Claimant] is a kind, respectful, and very thoughtful young man. He is clearly dedicated to his schoolwork and

> succeeding. He is diligent about getting his work done on time and with quality. He never hesitates to ask questions when he wants an answer. He is friendly with his classmates and works well in a group. He currently stands at 93% A in Economics and rarely, if ever, has late or missing work.
>
> He does occasionally struggle with recall of previous facts learned and will need to continue the practice of reviewing his work and studying to stay current and prepared for the progression of my class or any class for that matter. As mentioned above, he is excellent at asking about the business of the class (example: do we have HW?) but rarely asks clarification questions when he doesn't fully understand a concept. I would like to see more of that kind of self advocacy. I also notice he takes longer to answer a question than the other students, which of course we give more time for and is totally fine.

(No changes from original.)

6. Claimant was further described as "consistently" demonstrating "strong social awareness and positive interpersonal skills." "He actively reache[d] out to peers" for social engagement and frequently helped them when noticing they were struggling or confused. He was "frequently on time to school, appear[ed] well organized[,] and [had] good communication skills." (Writing mechanics original.)

7. Claimant demonstrated "appropriate self-advocacy skills" by telling others his wants or needs. When he noticed he needed "a separate, quieter setting for

assessments, he appropriately [sought] out [his teacher] to request this accommodation." "This reflect[ed] his growing ability to understand his own learning needs and to use available supports effectively." Claimant "appeared confident and [took] care of his personal needs at school."

8. Claimant identified three goals for after high school graduation: (1) continuing to attend Folsom Lake College; (2) joining the college's basketball team; and (3) working with disabled children. He identified three career goals as: (1) "working with kids"; (2) teaching physical education; and (3) coaching sports.

9. A May 13, 2026 IEP amendment indicates claimant was receiving "a traditional diploma on 05/29/26." It describes an IEP meeting that occurred on May 13, 2026, to discuss his leaving the El Dorado County SELPA's special education program.

Receipt of Early Intervention Services and Supports/Applications for Lanterman Services and Supports

10. Claimant previously received regional center services and supports under the California Early Intervention Services Act (Gov. Code, § 95000 et seq.) as an infant and toddler. He applied for services and supports under the Lanterman Act in 2014, but he was determined not to have a qualifying developmental disability. A June 17, 2014 Multidisciplinary Evaluation Summary from Kaiser Permanente's Autism Spectrum Disorder Center indicates claimant was referred "due to concerns of symptoms suggestive of autism spectrum disorder (ASD) and cognitive difficulties." The Summary provides a diagnosis of "borderline Intellectual Functioning (provisional)" but notes that claimant "does not meet criteria for the diagnosis of [ASD]."

11. In approximately January 2025, claimant reapplied for regional center services and supports from ACRC. Kaitlyn Fox was assigned as his intake specialist, and

she conducted an in-person social assessment on June 25, 2025. Claimant's therapist and psychiatrist and a family friend who is a physician had encouraged mother to reapply for regional center services and supports due to concerns that claimant may have ASD.

SOCIAL ASSESSMENT

12. In her assessment, Ms. Fox identified intellectual disability (ID) and ASD as possible qualifying developmental disabilities. She provided the following narrative of her observations:

> [Claimant] was a sweet and quiet boy. He walked into the room and greeted this worker. When this worker was speaking with him in the beginning, he was shy and quiet. [Claimant] was able to speak fluently and clearly. He spoke in full sentences. He did not make eye contact when speaking to this worker. He was observed to be fidgeting with his hands while speaking and while listening to the interviewer and his mother speaking. [Claimant] stayed quiet and only spoke when this worker spoke to him. He would not willingly volunteer information. He avoided eye contact during this interview.

13. Mother described concerns with claimant sometimes reacting inappropriately around others. For instance, he will laugh when being told something serious. He does not recognize the social cues others provide. She described him as "obsessed with fidget toys and stuffed animals."

14. Claimant "likes to flap his hands around and make random noises" at home. He enjoys when others hug him, but he does not "like loud noises or bright lights at all." "No outburst, elopement, or self-injurious behaviors [were] reported," although mother described having issues with outbursts and elopement when he was younger. He no longer has any "sensitivity to food or clothing," but he previously did not like certain textures of clothing or "soft textured foods."

15. Claimant described himself as being flexible and handling changes in routine well. He likes to organize "his things in a very particular way and does not like it when people move or touch them."

16. Claimant also described himself as shy and said he does not like engaging with others, but he also said he is friendly and can introduce himself to people and greet them. He prefers interacting with other neurodivergent children over neurotypical ones. Claimant said he is friends with some classmates, and he likes playing basketball and video games with them.

17. Ms. Fox noted the following regarding claimant's current self-care skills:

> [Claimant] can get himself dressed and undressed. [He] can do buttons and zippers and tie his shoes. [He] can pick out his own clothing. [He] can shower on his own. [He] can wash his hands on his own without reminders. [He] can shave and put deodorant on his own. [Claimant] can eat with a fork and spoon. He can use a knife but chooses not to use knives. [He] was toilet trained at 4 years old. [He] does not need help in the bathroom now.

18. Ms. Fox documented the following about claimant's current receptive and expressive language skills:

> Expressive: [Claimant] is verbal and able to speak in full sentences. He uses words easily and vocabulary is average. He can ask questions. [He] does struggle with group conversations and reciprocal language. Eye contact is poor.
>
> Receptive: [Claimant] needs extra time to process when people are speaking to him. He will not respond right away. [Mother] says that she must simplify things for [him] and repeat herself before he will understand. [Claimant] cannot follow multi-step instructions. He can only follow one instruction at a time.

19. Ms. Fox described claimant's general learning challenges as follows:

> [Claimant] says that processing is very difficult for him. He needs things simplified and repeat them to him before he understands it. [Claimant] shares that he needs constant support in the school setting. He says that his memory is also a struggle. He shares that he struggles with getting distracted easily by noises and lights in the classroom.

(Grammar original.)

20. Regarding self-direction skills, Ms. Fox wrote:

> [Claimant] can form friendships on his own but struggles with making friends with neurotypical people. [He] says that

he is flexible and does well with changes in routine. [Claimant] can initiate tasks on his own. He occasionally needs a reminder but for the most part, he will clean up after himself and initiate tasks on his own.

[Claimant] is very cautious of his environment and has good safety awareness. [He] was able to identify a safety plan in case of an emergency. He says that he might struggle though with responding in the case of an emergency. [Claimant] is never left home alone. [Mother] says that [he] becomes depressed when he is left alone and they worry about leaving him by himself.

21. Ms. Fox said the following about claimant's ability to live independently:

[Claimant] can make simple foods for himself. He can only use the microwave and air fryer. [He] says that he can clean up after himself without reminders. [He] can complete cleaning tasks on his own but does need help if it is a big mess. [Claimant] can order for himself at a restaurant. [He] shares that he is still learning to use money. He has his own bank account and card he uses. He does have his mother connected to his account for help at times. He will save his money. He does not know how to use cash or count money. [Claimant] just got his permit for driving.

22. Ms. Fox indicated the following regarding claimant's ability to be economically self-sufficient:

> [Claimant] may have trouble with following instruction at work due to his difficulty processing things. [He] also does not know how to count money and would not be able to do simple cashier jobs. [He] shares that he struggles with anxiety and people making him feel like he is not good enough.

(Grammar original.)

Additionally, claimant relies on mother's help with managing money, and he relies entirely on his parents for financial support.

DR. RHOADS'S ASSESSMENT

23. In the meantime, claimant was referred to Kaiser Permanente Autism Spectrum Center for an updated evaluation for ASD. Clinical psychologist Megan Rhoads, Psy.D., performed a virtual intake interview the same day as Ms. Fox's social assessment, and she performed an in-person assessment the following month.

24. Dr. Rhoads's assessment was based on her review of relevant medical and school records and portions of the *Diagnostic and Statistical Manual for Mental Disorders, 5th Edition* (*DSM-5*), behavioral observations, clinical interview of claimant and mother, and administration of various psychological tests and interpretation of their results. She documented her findings and conclusions in a written report dated July 28, 2025.

25. Dr. Rhoads ruled out claimant having ID. However, she concluded that he met *DSM-5's* diagnostic criteria for ASD "requiring support for deficits in social communication" and "for restricted, repetitive behaviors." Under clinical impressions, Dr. Rhoads wrote: "His diagnosis is not accompanied by an intellectual impairment or a language impairment." However, she wrote under *DSM-5* Diagnostic Impressions: "With accompanying intellectual impairment (Borderline Intellectual Functioning on file)" and "without accompanying language impairment – spoke in full sentences."

26. Based on Ms. Fox's social assessment and Dr. Rhoads's assessment, Ms. Fox referred claimant for a psychological evaluation by Christy Shaw, Psy.D., a clinical psychologist and neuropsychologist vendored with ACRC to evaluate applicants for regional center services and supports.

DR. SHAW'S EVALUATION

27. Dr. Shaw performed an in-person evaluation on February 12, 2026. Her evaluation consisted of reviewing relevant records and portions of the *Diagnostic and Statistical Manual for Mental Disorders, 5th Edition Revision* (*DSM-5 TR*), observing claimant's behaviors, interviewing parents, and administering various psychological tests and interpretating of the results. She documented her findings and conclusions in a written report dated February 12, 2026.

28. Dr. Shaw concluded that claimant "**does not meet criteria for [ID]** at this time." (Bolding original.) However, she opined that "significant concerns may be present regarding intellectual functioning. Therefore, a diagnosis of **Borderline Intellectual Functioning** is being assigned to ensure that this is a target for clinical intervention." (Bolding original.)

29. Dr. Shaw further concluded that claimant "**does meet criteria for [ASD]**." (Bolding original.) She specified that he requires "Level 1 Support for Deficits in Social Communication" and "for Restricted, Repetitive Behaviors." She further specified that his ASD is "With Accompanying Intellectual Impairment" and "Without Accompanying Language Impairment."

ACRC'S ELIGIBILITY REVIEW TEAM

30. Sparkle Crenshaw, Psy.D., is a psychological associate with ACRC. She reviewed Ms. Fox's social assessment, Drs. Rhoads's and Shaw's evaluations, and other relevant records as part of reviewing claimant's eligibility for regional center services and supports. Dr. Crenshaw concluded that although the evidence persuasively establishes that claimant has ASD, it is insufficient to establish that his ASD causes significant functional limitations in at least three of the seven areas of major life activity specified in the Lanterman Act.

31. Steven Graff, Ph.D., holds a doctorate in counseling psychology. The California Board of Psychology first issued him a license to practice psychology in March 1990. He served as a Staff Psychologist II and then Director of Clinical Services at Tri-Counties Regional Center in Santa Barbara, California, for 28 years before retiring in November 2024. He currently contracts with ACRC to supervise Dr. Crenshaw and serve on its eligibility review team.

32. Dr. Graff reviewed Dr. Crenshaw's determination that claimant's ASD does not constitute a substantial disability under the Lanterman Act. He also reviewed the evidence on which Dr. Crenshaw based her conclusion and independently reached the same conclusion. Dr. Graff went through this lengthy process for two reasons. First, Dr. Crenshaw is working toward her psychologist license from the California Board of

Psychology, and she can practice psychology only under the supervision of a licensed psychologist. Therefore, Dr. Graff wanted to verify she properly analyzed claimant's eligibility and reached the proper conclusion. Second, Dr. Graff is a member of claimant's eligibility review team. Therefore, he is required to conduct an independent assessment of claimant's eligibility.

33. At hearing, Dr. Graff agreed with Dr. Crenshaw's conclusion that there is insufficient evidence establishing that claimant's ASD constitutes a substantial disability as defined in the Lanterman Act. More specifically, he explained that there is contradictory evidence of the extent to which claimant's ASD impacts him.

34. For example, Dr. Rhoads described claimant's speech during her clinical evaluation as: "Intonation was normal, appropriately varied and did not exhibit any peculiar or odd intonation." Additionally, he "occasionally offered spontaneous information about his own thoughts, feelings, or experiences." He "spontaneously asked [Dr. Rhoads] about [her] own thoughts, feelings, or experiences on several occasions." Ms. Fox, on the other hand, wrote: "[Claimant] stayed quiet and only spoke when this worker spoke to him. He would not willingly volunteer information."

35. Dr. Rhoads also reported that claimant "appropriately used eye contact with the examiner that was combined with other nonverbal and verbal communication." When he spoke, "his words were usually combined with subtle and socially appropriate changes in gesture, gaze, and facial expression." Dr. Shaw, on the other hand, noted: "[Claimant] made some attempts to engage the examiner; however, he was somewhat impulsive and interrupted with ideas not allowing the examiner to finish speaking and struggles to transition away from preferred topics." (No changes from original.) Additionally, "His affect was limited and he struggles to coordinate

verbalizations with eye contact and/or gestures. Appropriate gesturing was not observed due to odd timing coordination." (No changes from original.)

36. Dr. Graff concluded that the state of the evidence prevents him from "solidly" concluding that claimant's ASD does or does not constitute a substantial disability for him. Although there is evidence of some functional limitations in certain areas of major life activity, the evidence as a whole is "too gray" for Dr. Graff to find that claimant more likely than not has significant functional limitations in three of the seven areas of major life activity identified in the Lanterman Act: "I couldn't see three solid areas."

Notice of Action and Appeal

37. On April 14, 2026, ACRC's eligibility review team completed an Eligibility Statement for claimant concluding he "is ineligible for regional center services because he/she/they was not found to have a developmental disability as defined in WIC § 4512 and CCR, Title 17, §§ 54000-54001." The same day, Ms. Fox signed and sent claimant a Notice of Action (NOA) notifying him of ACRC's decision and explaining its factual and legal bases.

38. The NOA also notified claimant of his right to appeal the decision and the process and timeframe for doing so. Claimant timely filed an appeal requesting an informal conference, mediation, and fair hearing.

Additional Evidence at Informal Conference

39. During the informal conference, parents shared the following information:

[Claimant] is currently working with the Department of Rehabilitation (DOR) and as a result has a short-term job as a helper coach in a P.E. program.

The family can leave [claimant] home alone without supervision for a few hours. However, he gets depressed and anxious if left alone any longer. Whenever they leave [him] home alone, his mom leaves a note for him of things he should do during their absence. She has never tried not leaving a note, but is concerned that [claimant] would simply not do anything if so. She believes the note is a helpful reassurance for [him].

They got [claimant] a Chase bank ATM card when he was around 13 years old. [He] is able to research items to buy and make purchases. [His] mother is thrifty and oversees [his] ATM purchases. [Claimant] does not use cash and coins because although he tries, he cannot reliably determine which bills and coins are needed to purchase something, or how much change he should receive back.

[Claimant] is able to prepare foods that he's not adverse to, such as those that do not use the stove. For example, he will eat a bowl (or multiple bowls) of cereal if hungry. [His] mother is not certain he'd be able to prepare food independently. She notes that she made a special cupboard that contained all of his snacks, so he wouldn't climb in the kitchen to try to find them. She did the same with cereal.

[He] has always had friends growing up, but they were friends who also had autism or other similar diagnoses. He looks typical and acts typical.

However, for a long time, [claimant] has had a cognitive problem, affecting his language. His cognitive processing is slow. He is able to complete tasks when someone shows him, but he requires a lot of repetition.

[¶] . . . [¶]

[Claimant] and his mother are very close; he tells his mother everything. He also asks his mother questions about everything. [His] mother noted that [he] slept in their bedroom until he was 15 years old, and this only stopped when the counselor advised against it. Using a process involving walkie-talkies, they were finally able to transition him to his own room.

[Claimant's] father shared that he can tell [claimant] to do something and show him how to do it, and then when he checks in two hours later, [claimant] hasn't done what he was asked to do. So these little tasks don't get done, and [claimant] himself doesn't understand why he doesn't do them. His father believes [claimant's] cognitive processing is impaired. [His] mother reports that his father can get frustrated when this occurs, and [claimant] then comes to his mother, who breaks everything down for him into

> smaller steps and stays with him while he's completing the tasks. Thus his mother is teaching him and answering all of his questions to help him.
>
> [Claimant] has his driver's license, and it took a year for him to get it. He doesn't like driving and was not really interested in learning how.
>
> His parents are worried about his future, at college, and in getting an apartment, in romantic relationships, and in employment. His mother is concerned that individuals with autism can't get hired.
>
> [Claimant's] father advised that [claimant] is very gullible and easily taken advantage of. He stated he is terrified of this. He is very worried about what will happen with [claimant] when his parents are gone, and this is why he states regional center services are so important for [claimant]. He does not believe [claimant] has the capacity for independent living. [Claimant's] parents reported [he] could benefit from the following from the regional center: housing, a place within the community, and people around to guide him.

(Grammar and writing mechanics original.)

40. Father was adamant at hearing that claimant has significant functional limitations in all seven areas of major life activity. Father explained that claimant frequently does not know what to do to hold a reciprocal conversation and does not

understand nonverbal communication. He does not maintain eye contact when talking to someone or when someone is talking to him.

41. Father further explained that claimant has trouble developing, maintaining, and understanding friendships, and he does not know to adjust his behavior to match a particular social context. He engages in restricted behaviors or activities such as flapping his hands every 30 minutes or watching the same television show for several hours before being told to do something else. He insists upon adhering to strict routines. Father described claimant's hearing as more intense "than a Bassett hound."

42. Mother explained that she spent more than 32 years in the education field working with children, including some with ASD. She further explained that she knows a lot of children with ASD, several of their parents noticed many similarities between their children and claimant, and they all encouraged her to have claimant reevaluated and to apply for regional center services and supports.

43. Mother insisted that claimant's ASD causes significant functional limitations in his abilities to advocate for himself, defend against others, and follow multi-step instructions, among other areas of major life activity. She also identified "communication errors" and "money issues" as causing him "significant problems."

44. Mother further explained that claimant receives services from the California Department of Rehabilitation, and he used to attend Montessori Autism Programs and Services (MAPS). The latter is a unique clinic that provides dedicated and therapeutic services to children with all types of developmental delays. Mother explained that claimant was "kicked out" of MAPS "because we never had a diagnosis."

45. Father outlined in his appeal letter the following examples of claimant's substantial disabilities and the functional limitations they cause:

> **EVIDENCE OF SUBSTANTIAL DISABILITY**
>
> • [Claimant] is unable to manage money independently; [parents] see [him] struggle with the ability to calculate how much money he will need for certain items such as buying a sandwich at the store. [He] is unable to perform this task and needs our intervention.
>
> • [Claimant] cannot schedule appointments; [he] is unable to understand the days of the week in order and needs [parents] to explain when his appointments are and what time.
>
> • [Claimant] needs reminders for hygiene every day; [mother] has to remind [him] to perform not only brushing but flossing also. [Parents] have to constantly ask [him] if he brushed and flossed and used deodorant.
>
> • [Claimant] cannot safely navigate unfamiliar situations; If [he] is driving, he cannot navigate without our ([parents']) help. [He] develops sweaty hands and seems to have panic attacks stating he doesn't like driving.
>
> • [Claimant] has great difficulty understanding consequences; [parents] have to constantly tell [him] the consequences of certain situations. This is where [his]

naiveté and ability to process social settings is troubling to us as parents. [Claimant's] inability to understand how some individuals with bad intentions would take advantage of him and cause something bad to happen to him.

• [Claimant] is overwhelmed by changes in routine; [he] has to be reminded constantly about changes in his routine. [He] doesn't react positively to a change in his routine, it has to be explained to him in depth what exactly is changing.

• [Claimant] experiences social isolation and being an only child exacerbates this; [he] has a great difficulty making and keeping friends. I, as a parent, try to allow [him] to emulate me by showing him the sincerity and warmth to someone you just met and how to allow that new friendship to flourish. [Claimant] is alone most of the day, being an only child.

• [Claimant] cannot maintain employment independently as Chloe Duane's letter explains.

• [Claimant] cannot complete multi-step tasks; I try to teach and show [him] simple tasks to perform and he ends up asking me 3-4 times," How do I do that dad." I feel I am explaining it to a child.

• [Claimant] requires supervision for important decisions; It is imperative that [he] have someone there with him to aid

him when there is an important decision to make. [Parents] have been to different businesses and if it weren't for our supervision [claimant] would have been treated grossly unfairly. On one occasion [claimant] and I were going to purchase a video component and if it weren't for me as a parent [he] would have been deceived. This component had a rebate easily seen by a consumer but unknown to [him]. The savings was $250 but [claimant] almost paid full price because he didn't understand the rebate and the store clerk was about to allow [him] to buy it at full price. Once again if I wasn't there [he] would have been completely taken advantage of.

FUNCTIONAL IMPACT OF [CLAIMANT'S] DISABILITY

• [Claimant] requires substantial assistance with executive functioning and planning; If [he] is going to someone's house, he needs to be reminded of what exactly is the plan. Many times, [parents] have explained to [him] that this is what you will be doing the whole day. [Parents] will then ask [claimant], "Do you know the schedule we just explained to you about the camp you will be working at?" [He] will just give us a blank look.

• [Claimant] experiences severe anxiety that prevents independent driving; [He] has now digressed and doesn't want to drive anymore. As a parent he looks as if he is experiencing a panic attack.

• [Claimant] has great difficulty initiating and maintaining reciprocal social relationships; [he] seems to not understand the ebb and flow of a relationship with someone and is constantly asking us how to react and how not to react. This happens every day and I try to explain to [him] that you need to find something in common that you both enjoy.

• [Claimant] is unable to independently organize appointments, medications, finances, and daily responsibilities; It would be an impossibility to ask [him] to understand his appointments, his finances, his daily responsibilities and his medications. This is an impossibility and another reason [claimant] needs ALTA'S services. We are older parents and both of us have heart conditions and if we were not there for [him] something bad would happen to him concerning all of these tasks.

• [Claimant] has great difficulty interpreting social situations, increasing vulnerability to exploitation, [he] is extremely naïve. I have noticed when [he] plays basketball i.e., he was taken advantage of maliciously and I just happened to observe and was able to rectify the situation. [Claimant] was fouled on a play and the player failed to see if [he] was okay. I was able to reprimand this player as he was denigrating [claimant] before he fouled him. [Claimant] doesn't speak up and never has, this could have had

catastrophic consequences to [him]. But what if I wasn't there for [him]? What would have happened to him?

• [Claimant] needs ongoing coaching to complete adult responsibilities; As [his] parent I don't believe in any way could [he] could go through life without ongoing coaching. [Claimant] needs to have someone there constantly to explain all of the nuances of his daily tasks as expressed previously.

• [Claimant] needs support to prepare for employment and community integration as pointed out by his Employment Specialist, Chloe Duane, in her letter.

(Bolding, grammar, and writing mechanics original.)

Analysis

46. Claimant applied for regional center services and supports from ACRC. Therefore, he has the burden of establishing, by a preponderance of the evidence, that he has: (1) a developmental disability (2) that originated before his 18th birthday; (3) is likely permanent; and (4) constitutes a substantial disability. It is uncontested that claimant satisfies the first three elements of eligibility. The sole issue on appeal is whether his ASD causes him significant functional limitations in at least three of the following areas of major life activity: (1) receptive and expressive language; (2) learning; (3) self-care; (4) mobility; (5) self-direction; (6) capacity for independent living; or (7) economic self-sufficiency.

47. Dr. Graff persuasively and credibly established why the evidence as a whole is insufficient to establish it is more likely than not that claimant's ASD causes him significant functional limitations in at least three of the seven areas of major life activity specified in the Lanterman Act. The additional evidence at the informal conference that claimant obtained his driver's license, is gainfully employed, and can be left "alone without supervision for a few hours" is further support for Dr. Graff's conclusion that there is insufficient evidence to establish that claimant's ASD constitutes a substantial disability under the Lanterman Act. Therefore, ACRC's NOA concluding he is not eligible for regional center services and supports must be upheld.

LEGAL CONCLUSIONS

Applicable Burden/Standard of Proof

1. Claimant has the burden of proving he is eligible for regional center services and supports by a preponderance of the evidence. (*Lindsay v. San Diego Retirement Bd.* (1964) 231 Cal.App.2d 156, 161 [the party seeking government benefits has the burden of proving entitlement to such benefits]; Evid. Code, § 115 [the standard of proof is preponderance of the evidence, unless otherwise provided by law].) This evidentiary standard requires claimant to produce evidence of such weight that, when balanced against evidence to the contrary, is more persuasive. (*People ex rel. Brown v. Tri-Union Seafoods, LLC* (2009) 171 Cal.App.4th 1567.) Claimant must prove it is more likely than not that he is eligible for regional center services and supports. (*Lillian F. v. Super. Ct.* (1984) 160 Cal.App.3d 314, 320.)

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 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, §§ 4406 & 4620, subd. (a); *Williams v. State of Cal.* (9th Cir. 2014) 764 F.3d 1002, 1004.)

ELIGIBILITY FOR REGIONAL CENTER SERVICES AND SUPPORTS

3. Eligibility for regional center services and supports is dependent on: (1) the person having a developmental disability (2) that originated before his 18th birthday; (3) is likely permanent; and (4) constitutes a substantial disability. (Welf. & Inst. Code, § 4512, subd. (a)(1); Cal. Code Regs., tit. 17, § 54000, subd. (b)(1)–(3).) Both ASD and ID are identified as developmental disabilities that potentially qualify a person for regional center services and supports under the Lanterman Act. (Welf. & Inst. Code, § 4512, subd. (a); Cal. Code Regs., tit. 17, § 54000, subd. (a).)

4. To constitute a "substantial disability," the disability must "result[] in major impairment of cognitive and/or social functioning" and represent a "sufficient impairment to require interdisciplinary planning and coordination of special or generic services to assist the individual in achieving maximum potential." (Cal. Code Regs., tit. 17, § 54001, subd. (a)(1).) Additionally, it must cause the person "significant functional limitations in three or more of the following areas of major life activity . . . 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." (Welf. & Inst. Code, § 4512, subd. (l)(1); see Cal. Code Regs., tit. 17, § 54001, subd. (a)(2)(A)–(G).)

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).) "Initial intake shall be performed within 15 working days following request for assistance" and must include "a decision to provide assessment." (*Id*. at subd. (a)(2).) "Assessment may include collection and review of available historical diagnostic data, provision or procurement of necessary tests and evaluations, and summarization of developmental levels and service needs." (Welf. & Inst. Code, § 4643, subd. (a).)

6. In determining if a person qualifies for regional center services and supports,

> the regional center may consider evaluations and tests, including, but not limited to, intelligence tests, adaptive functioning tests, neurological and neuropsychological tests, diagnostic tests performed by a physician, psychiatric tests, and other tests or evaluations that have been performed by, and are available from, other sources.

(Welf. & Inst. Code, § 4643, subd. (b).)

Conclusion

7. Claimant did not prove that he has ID or that his ASD constitutes a substantial disability. Therefore, he did not prove he is eligible for regional center services and supports, ACRC's NOA must be upheld, and his appeal must be denied.

ORDER

Claimant's appeal from Alta California Regional Center's April 14, 2026 Notice of Action denying his application for regional center services and supports is DENIED.

DATE: August 13, 2026

COREN D. WONG
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.