BEFORE THE
OFFICE OF ADMINISTRATIVE HEARINGS
STATE OF CALIFORNIA

In the Matter of:

CLAIMANT

and

SAN DIEGO REGIONAL CENTER, Service Agency

DDS No. CS0036988

OAH No. 2026060207

DECISION

Mary Agnes Matyszewski, Administrative Law Judge, Office of Administrative Hearings, State of California, heard this matter on July 15, 2026, in San Diego, California.

Claimant's parents represented claimant, who was not present.

Sarah Franco, Appeals and Resolution Manager, represented San Diego Regional Center (SDRC).

Oral and documentary evidence was received. The record was closed, and the matter was submitted for decision on July 15, 2026.

ISSUE

Is claimant eligible for regional center services under the Lanterman Developmental Disabilities Services Act (Lanterman Act) as a result of autism that constitutes a substantial disability?

FACTUAL FINDINGS

Jurisdictional Matters

1. Claimant, presently a six-year-old female, sought regional center services and was evaluated under the qualifying category of autism.

2. On February 18, 2026, SDRC sent claimant a letter advising she was not eligible for regional center services.

3. Claimant appealed SDRC's determination, and this hearing followed.

Evidence Introduced at Hearing

4. SDRC coordinator of intake services Joeann Randall, SDRC staff psychologist Paul Hobson, Ph.D., and claimant's mother testified in this hearing, and several documents were received. The factual findings reached herein are based on that evidence.

5. SDRC's Position Statement provided the reasons for its decision.

CLAIMANT'S MEDICAL RECORDS

6. Claimant's medical records contained a May 30, 2024, report summarizing claimant's evaluations, office visits, and findings, and noting the reason for the telephonic visit with claimant's mother was to go over the developmental testing performed.

7. The report noted that as of May 16, 2023, following an evaluation for claimant's "developmental, behavioral, and social functioning, including difficulties suggestive of a possible autism spectrum disorder diagnosis," it was determined that claimant did "not meet DSM-5[1] criteria for autism spectrum disorder" and her symptoms would continue to be monitored. She did have social anxiety and articulation challenges for which she was referred to speech therapy, but was later determined not to qualify for speech therapy. As of 2023, claimant was diagnosed with Developmental Speech and Language Disorder, Unspecified, and Child Behavioral Problem, Unspecified.

8. Claimant's mother testified that given her daughter's age at the time of this 2023 evaluation, three years and four months, she was concerned about having a

[1] Although not offered as an exhibit, the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision* (DSM-5-TR) is the current publication by the American Psychiatric Association for the classification of mental disorders using a common language and standard criteria. It is the main book for the diagnosis and treatment of mental disorders.

label placed on her and asked the doctor about deferring the diagnosis even though he wanted to diagnose claimant with autism.

9. The report noted further that on January 31, 2024, claimant was again screened for autism spectrum disorder. She had some symptoms consistent with an autism spectrum disorder diagnosis, but other behaviors were not observed, so she was referred for an Autism Diagnostic Observation Schedule, Second Edition (ADOS-2), which was performed on May 1, 2024. Claimant's scores on the ADOS-2 did not exceed the cutoff for autism spectrum disorder. On another cognitive test, claimant's language was noted to be one of her strengths.

10. The Interim History section of the report documented that claimant had been doing better overall. Her tantrums were slightly better but still persisted. She still had sensory challenges and was a picky eater. Given claimant's "difficulties with emotional regulation and sensory differences, an occupational therapy evaluation [was] pending." It was recommended that claimant have an evaluation through her school for an individualized education plan (IEP), and her teacher's concerns with claimant's lack of friends and that she was "sensitive/cries easily" were noted.

11. The "Communication" section of the report stated that claimant "expressively, speaks in full sentences, all back-and-forth conversations; receptively, responds to name, responds to commands; uses a variety of gestures (pointing, waving, other gestures)."

12. On cognitive testing, claimant's abilities were in the average range.

13. The report noted that claimant's diagnosis was autism spectrum disorder and developmental speech and language disorder, unspecified. The report documented that claimant met the DSM-5-TR criteria for a diagnosis of "Autism

Spectrum Disorder (Category A Social: Level of Support 1, Category B Behaviors: Level of Support 1) with Language Impairment."[2] The report further stated:

> It is important to note that the support level is not something set in stone and can change over time as children learn skills and benefit from services provided. Support level is also confounded by a child's age and therefore should not be considered predictive of future functioning in young children. It is rare that we give less than Level 2 to young children, as we want them to get as much support as possible while they are in this critical time in development where they are learning so much and making so many new brain connections all the time.

14. The report contained numerous resources and recommendations.

15. Notably, given the ADOS-2 scores, it was unclear how the autism diagnosis was reached. Moreover, claimant was assessed at Level 1, even though her medical providers noted it was "rare" to give a severity level less than 2 to young children, again suggesting how minimal claimant's symptoms were.

[2] The DSM-5-TR has three "severity level specifiers" for evaluating social communication and restricted, repetitive behaviors, which identify whether the individual has mild symptoms and can function independently with support (Level 1), has moderate symptoms and requires substantial support (Level 2), or has severe symptoms and requires very substantial support (Level 3).

16. A May 19, 2026, letter from claimant's developmental-behavioral pediatrician stated that claimant has "Autism Spectrum Disorder Level 1 Social, Level 1 Behaviors; Developmental Speech and Language Disorder, Unspecified, Picky Eater, [and] Unspecified Anxiety."

SCHOOL DISTRICT RECORDS

Multidisciplinary Psychoeducational Report

17. A June 10, 2025, Multidisciplinary Psychoeducational Report documented that on March 5, 2025, claimant was referred to the preschool evaluation team because of parent concerns regarding her social skills, her behavior, and her communication skills. Claimant had received an autism diagnosis in March 2024 from her medical provider. Since meeting criteria for that diagnosis, she had received applied behavioral analysis (ABA) services. The report noted that it would address whether claimant qualified for special education services under the disability categories of specific learning disability, speech and language impairment, other health impairment, and/or autism.

18. The report stated that claimant demonstrated appropriate social skills and was a "very happy, curious, kind and social child." On language testing administered, claimant scored in the average range on auditory comprehension (receptive language), in the above average range for expressive communication, and her total language score was above average. Based on the testing administered, and observations made, claimant did not meet eligibility for special education services under the category of speech language impairment.

19. The report documented the occupational therapy assessment rendered. Claimant performed above average on the visual-spatial subtest (matching), and within

the average range on the visual-motor subtest (drawing). Her overall judicial-motor abilities were in the average range. On the sensory processing testing administered, claimant's scores demonstrated strength with processing input for body awareness in the home environment. However, she demonstrated severe difficulties with processing auditory input within the home environment and demonstrated moderate but less severe difficulties with "processing input visual, tactile, taste and smell, balance (vestibular), overall sensory total, planning and social participation within the home environment." Based on the testing performed, claimant did not qualify for occupational therapy services, and her fine motor skills were not a concern.

20. Claimant's parent was administered the autism rating scale and noted claimant did not have problems with attention and/or motor and impulse control but had difficulty using appropriate verbal and nonverbal communication for social contact, engaged in unusual behaviors, had difficulty relating to children and adults, had difficulty providing appropriate emotional responses to people in social situations, used language in an atypical manner, engaged in stereotypical behaviors, had difficulty tolerating changes in routine, and overreacted to sensory stimulation. Based on claimant's parent's responses, claimant's social-communication scale scores fell in the elevated score range. The unusual behaviors scale scores fell in the very elevated range. The adult socialization scale scores were in the very elevated range. The social/emotional reciprocity scale scores were in the elevated range. The atypical language scores were in the slightly elevated range. The stereotypy scores were in the elevated range. The behavioral rigidity scores were in the very elevated range. The sensory sensitivities scores were in the very elevated range. The attention/self-regulation scores were in the average range. Claimant was observed to be very articulate and social, open to sharing about herself, and to completing all tasks

presented to her. When tasks became difficult, she would clearly express her struggle but would complete all tasks without getting upset or frustrated.

21. Claimant's learning potential was determined to be in the average range as determined by her performance on the nonverbal index of the Kaufman Assessment Battery for Children, Second Edition (KABC-II). On other cognitive testing administered, including language testing, claimant scored in the average ranges, with the exception of her oral language composite and associational fluency scores, which were both in the very high range.

22. As a result of the testing administered, observations made, records reviewed, and feedback obtained, the school district determined that claimant did not meet the criteria for special education services under the disability categories of specific learning disability, speech and language impairment, other health impairment, and/or autism.

Letter from School

23. An undated letter from claimant's school counselor described the Initial 504 Plan meeting recently held. A 504 plan is a formal document developed under section 504 of the Rehabilitation Act of 1973, and is designed to provide accommodations and support for students with disabilities, ensuring they have equal access to education in general education classrooms. The letter noted that claimant struggles with anxiety and has toileting issues. She has some accommodation to help her be successful with using the bathroom.

OCCUPATIONAL THERAPY RECORDS

24. Occupational therapy records introduced documented the steady progress claimant made, "particularly with improving her independence and managing fasteners and minimally increasing her tolerance for grooming and hygiene tasks." Claimant's willingness to try new foods remained highly inconsistent, and there were continued concerns regarding toileting and claimant's difficulty expressing her need for assistance. Her participation in toileting and grooming routines remained highly inconsistent.

OTHER RECORDS

25. A behavior flow chart for void avoidance documented ways to prevent bathroom issues and the consequences of those issues.

26. Emails between claimant's parent and the school district documented, among other concerns, the parent's concern that claimant remains in soiled clothing as no one notices and she does not call attention to the issue, and the district's response.

WITNESS TESTIMONY

Testimony of Joeann Randall

27. Ms. Randall testified about SDRC's intake process and the eligibility requirements. She described the records SDRC reviewed, noting the school records showed that claimant was not receiving special education services.

28. Ms. Randall referenced the SDRC Social Summary that was prepared as part of the intake process, which documented claimant had been referred by her medical provider due to her autism diagnosis. That summary documented how

claimant presented during the September 15, 2025, intake evaluation, and provided information regarding claimant's home life, her needs, especially those involving self-care, her supports, her personal and emotional growth, and her health and fitness. The social summary documented claimant's lack of socialization when younger, and that she kept to herself. Although claimant's mother testified about several safety issues, the social summary documented that claimant "does not need supervision to remain safe that is not typical for her age when in the home unless she is upset," and referenced wandering off sometimes when she was distracted, but that she would not go with a stranger if enticed. Further, claimant "does understand community and street safety unless she is upset she may just run off." No formal safety goal was required at the time of the intake.

Testimony of Paul Hobson, Ph.D.

29. Dr. Hobson reviewed claimant's records and explained that although her medical provider diagnosed her with autism spectrum disorder, Level I, a diagnosis indicating claimant requires a mild level of support, she did not have three of the required substantial disabilities in order to qualify for regional center services.

30. Dr. Hobson explained that given claimant's age, two of the seven categories, economic self-sufficiency and capacity for independent living, are not relevant, nor is the mobility category given claimant's ability to move, and because that category "is not really an autism issue." As to the four remaining categories, the school records did not document an educational disability, and showed that learning was a great strength for claimant, so claimant did not have a substantial disability in the learning category. Nor did she have a substantial disability in the language category. The medical records showed her language skills were in the average range,

and the educational records showed that her language skills were in the above average range.

31. Dr. Hobson explained that while the records did demonstrate some self-care issues and some self-direction issues, neither of claimant's needs in those areas indicated she would require lifelong support as the Lanterman Act requires. Of note, even if she did, these are only two categories, not the requisite three required for regional center eligibility.

32. Dr. Hobson agreed that levels of support needed can change over time.

Claimant's Mother's Testimony

33. Claimant's mother testified about her daughter's many issues, including self-care, bladder and bowel accidents at school, lack of friends, lack of safety awareness, explosive tantrums, and her anxiety issues. She explained that the IEP evaluation was done by a different school, not the one that knows claimant. Claimant is good at masking her issues, and people do not know how much she struggles. Claimant's mother explained how her daughter tells her about her anxiety, feeling scared, and being nervous.

34. Claimant's physician explained to claimant's mother that anxiety and autism can be combined, and recommended claimant be treated for anxiety to determine if her issues are solely due to anxiety or if they are also due to her autism. Claimant has not yet begun that treatment.

35. Claimant's mother does not know how to support her child and hopes SDRC can as it is more experienced in this area. Claimant's mother's testimony was credible and sincere, and it is clear she wants what is best for her daughter. However,

her testimony did not establish that claimant has a substantial disability as a result of her autism diagnosis in at least three of the required areas of a major life activity.

LEGAL CONCLUSIONS

Burden and Standard of Proof

1. In a proceeding to determine eligibility, the burden of proof is on the claimant to establish he or she meets the proper criteria. The standard of proof is a preponderance of the evidence. (Evid. Code, § 115.)

Statutory and Regulatory Authority

2. The Lanterman Act is set forth at Welfare and Institutions Code section 4500 et seq.

3. Welfare and Institutions Code section 4501 states:

> The State of California accepts a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. Affecting hundreds of thousands of children and adults directly, and having an important impact on the lives of their families, neighbors and whole communities, developmental disabilities present social, medical, economic, and legal problems of extreme importance . . .
>
> An array of services and supports should be established which is sufficiently complete to meet the needs and

choices of each person with developmental disabilities, regardless of age or degree of disability, and at each stage of life and to support their integration into the mainstream life of the community. To the maximum extent feasible, services and supports should be available throughout the state to prevent the dislocation of persons with developmental disabilities from their home communities.

4. Welfare and Institutions Code section 4512, subdivision (a), states in part:

As used in this division:

(a)(1) "Developmental disability" means a disability that originates before an individual attains 18 years of age, continues, or can be expected to continue, indefinitely, and constitutes a substantial disability for that individual. As defined by the Director of Developmental Services, in consultation with the Superintendent of Public Instruction, this term shall include intellectual disability, cerebral palsy, epilepsy, and autism. This term shall also include disabling conditions found to be closely related to intellectual disability or to require treatment similar to that required for individuals with an intellectual disability, but shall not include other handicapping conditions that are solely physical in nature.

(2)(A) A child who is under five years of age shall be provisionally eligible for regional center services if the child

has a disability that is not solely physical in nature and has significant functional limitations in at least two of the following areas of major life activity, as determined by a regional center and as appropriate to the age of the child:

(i) Self-care.

(ii) Receptive and expressive language.

(iii) Learning.

(iv) Mobility.

(v) Self-direction.

(B) To be provisionally eligible, a child is not required to have one of the developmental disabilities listed in paragraph (1).

5. Any person believed to have a developmental disability, and any person believed to have a high risk of parenting a developmentally disabled infant, and any infant at a high risk of becoming developmentally disabled shall be eligible for initial intake and assessment services in the regional centers. (Welf. & Inst. Code, § 4642, subd. (a)(1).) Initial intake includes, but is not limited to, providing information and advice about the nature and availability of services provided by the regional center and by other agencies in the community, and "shall also include a decision to provide assessment." (*Id.* at subd. (a)(2).)

6. California Code of Regulations, title 17, section 54000, provides:

(a) "Developmental Disability" means a disability that is attributable to mental retardation,[3] cerebral palsy, epilepsy, autism, or disabling conditions found to be closely related to mental retardation or to require treatment similar to that required for individuals with mental retardation. (Note: The regulations still use the term "mental retardation," instead of the term "Intellectual Disability.")

(b) The Developmental Disability shall:

(1) Originate before age eighteen;

(2) Be likely to continue indefinitely;

(3) Constitute a substantial disability for the individual as defined in the article.

(c) Developmental Disability shall not include handicapping conditions that are:

(1) Solely psychiatric disorders where there is impaired intellectual or social functioning which originated as a result of the psychiatric disorder or treatment given for such a disorder. Such psychiatric disorders include psycho-social deprivation and/or psychosis, severe neurosis or personality

[3] The regulations still use the term "mental retardation," which was replaced with the term "intellectual disability," which has since been replaced with the term "intellectual developmental disorder."

disorders even where social and intellectual functioning have become seriously impaired as an integral manifestation of the disorder.

(2) Solely learning disabilities. A learning disability is a condition which manifests as a significant discrepancy between estimated cognitive potential and actual level of educational performance and which is not a result of generalized mental retardation, educational or psycho-social deprivation, psychiatric disorder, or sensory loss.

(3) Solely physical in nature. These conditions include congenital anomalies or conditions acquired through disease, accident, or faulty development which are not associated with a neurological impairment that results in a need for treatment similar to that required for mental retardation.

7. California Code of Regulations, title 17, section 54001, provides:

(a) "Substantial disability" means:

(1) A condition which results in major impairment of cognitive and/or social functioning, representing sufficient impairment to require interdisciplinary planning and coordination of special or generic services to assist the individual in achieving maximum potential; and

(2) The existence of significant functional limitations, as determined by the regional center, in three or more of the following areas of major life activity, as appropriate to the person's age:

(A) Receptive and expressive language;

(B) Learning;

(C) Self-care;

(D) Mobility;

(E) Self-direction;

(F) Capacity for independent living;

(G) Economic self-sufficiency.

(b) The assessment of substantial disability shall be made by a group of Regional Center professionals of differing disciplines and shall include consideration of similar qualification appraisals performed by other interdisciplinary bodies of the Department serving the potential client. The group shall include as a minimum a program coordinator, a physician, and a psychologist.

(c) The Regional Center professional group shall consult the potential client, parents, guardians/conservators, educators, advocates, and other client representatives to the extent that they are willing and available to participate in its

deliberations and to the extent that the appropriate consent is obtained.

(d) Any reassessment of substantial disability for purposes of continuing eligibility shall utilize the same criteria under which the individual was originally made eligible.

School Services

8. School services are governed by California Code of Regulations, Title 5 and regional centers are governed by California Code of Regulations, Title 17. Title 17 eligibility requirements for services are much more stringent than those of Title 5.

Evaluation

9. The Lanterman Act and the applicable regulations set forth the criteria that a claimant must meet in order to qualify for regional center services. Claimant did not establish by a preponderance of evidence that she qualifies for regional center services. Her Level 1 autism diagnosis indicates she only requires minimal support. Moreover, she failed to demonstrate she has substantial disabilities in at least three of the required seven areas. At most, she has self-care and self-direction limitations, but even those have been improving as documented in the records. Further, even though school districts have less stringent requirements than regional centers for offering services under an autism category, claimant did not qualify under that category at her school district, indicating her symptoms were not even sufficient to warrant services under the less restrictive regulations governing schools.

This is not to say that in the future claimant will not have significant functional limitations in three or more of the seven required areas, as both claimant's medical

providers and Dr. Hobson acknowledged, conditions can change over time. If that were to occur, claimant can re-apply for regional center services at that time. This decision does not prohibit her from re-applying in the future.

On this record, claimant's appeal shall be denied.

ORDER

Claimant's appeal from SDRC's determination that she is not eligible for regional center services is denied. SDRC's determination that she is not eligible for regional center services is affirmed.

DATE: July 20, 2026

MARY AGNES MATYSZEWSKI
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.