BEFORE THE
OFFICE OF ADMINISTRATIVE HEARINGS
STATE OF CALIFORNIA

In the Matter of:

CLAIMANT

and

SAN ANDREAS REGIONAL CENTER, Service Agency.

DDS. No. CS0032300

OAH No. 2026040848

DECISION

Administrative Law Judge Karen Reichmann, State of California, Office of Administrative Hearings, serving as the hearing officer, heard this matter on June 16, 2026, by videoconference.

Claimant was represented by her mother. Claimant was present intermittently during the hearing.

James Elliott represented the San Andreas Regional Center (SARC).

The record closed and the matter was submitted for decision on June 16, 2026.

ISSUE

Is claimant eligible for regional center services because she is substantially disabled by Autism Spectrum Disorder?

FACTUAL FINDINGS

Background

1. Claimant is 20 years old and lives with her family. Her younger brother is a regional center consumer with autism spectrum disorder (ASD).

2. Claimant's mother contacted SARC in March 2025 to request an evaluation for SARC services under the Lanterman Act (Welf. & Inst. Code, § 4500 et seq.), based on claimant's February 2025 ASD diagnosis.

3. On June 3, 2025, SARC intake service coordinator Janet Maravilla conducted an intake social assessment interview of claimant and her mother over videoconference. She created a document with her notes of the interview.

4. SARC psychologist Azelin A. Ellis, Psy.D., reviewed the intake social assessment interview notes and documents provided by claimant. Dr. Ellis completed an eligibility review document in which she concluded that claimant does not meet the eligibility criteria for SARC services under the Lanterman Act. A Notice of Action was issued to claimant on October 8, 2025.

5. Claimant requested a hearing to appeal the denial.

Claimant's Evidence

SCHOOL RECORDS

6. Claimant began receiving special education services under the Individuals with Disabilities Education Act (IDEA) in 2016, under the Other Health Impairment category. Her initial individualized education program (IEP) is not in evidence.

7. Claimant thrived during the pandemic when school instruction went online. She chose to continue with online school after schools reopened for in-person instruction. Claimant's IEP from 2021 reflects that claimant was in a general education online classroom and received 30 minutes of weekly specialized academic instruction.

8. In March 2022, claimant was reassessed for ongoing eligibility for special education services. Intelligence testing was performed, and claimant's cognitive ability was found to be in the "average" range. Her full scale IQ was measured at 93, with weaknesses in working memory and processing speed and strengths in verbal reasoning and visual spatial indices. Based on testing and reports from teachers, there were no academic concerns. Claimant was found to be no longer eligible for IDEA special education services and was instead provided accommodations for her ADHD (attention-deficit/hyperactivity disorder) and anxiety through a 504 plan, including extra time for assignments and tests.

9. Claimant graduated with a high school diploma in 2024.

EVALUATIONS AND LETTERS FROM PRACTITIONERS

10. In December 2013, claimant was evaluated by Sarah Cheyette, M.D., after being referred by her primary care physician for concerns of ADHD. Dr. Cheyette

diagnosed claimant with ADHD and claimant was prescribed Adderall for this condition. Claimant was eight years old at the time.

11. On April 17, 2015, claimant, then age nine, returned to Dr. Cheyette due to her mother's concerns about "possible Aspergers." Dr. Cheyette interviewed claimant and her mother and concluded that claimant "would not fit DSM criteria for autism spectrum."

12. Because of claimant's mother's continuing concerns about claimant's behavior and the possibility of ASD, claimant was referred to Mary Jane Pionk, M.D., for a developmental-behavioral consultation in February 2016, at age 10. Dr. Pionk performed several diagnostic measures and documented the results as follows:

a. Claimant scored 25 on the Screening for Child Anxiety-Related Disorder, indicating concerns for anxiety disorder.

b. On the Checklist for Autism Spectrum Disorder (CASD), claimant scored a 4. A score of 15 or above indicates concerns for ASD. Her result did not indicate significant concerns for ASD.

c. The Social Communication Questionnaire (SCQ) was completed by claimant's mother. A score of 15 or above indicates concerns for ASD. The score was 4, indicating no significant concerns for ASD.

d. The Childhood Autism Rating Scale, Second Edition, (CARS-2-HF) was administered. Claimant scored 25, indicating "minimal to no symptoms" of ASD.

9. Dr. Pionk summarized her impressions:

> The patient is a 10-year-old female who has a history of attention deficit hyperactivity disorder, subtype inattention. In addition, the evaluation today noted mild social skills deficits with speech delay and possible processing deficits. She has associated social anxiety. There are mild sensory processing concerns. She has underlying sleep onset difficulties. There are significant concerns for learning disability in the school setting in areas including math. She does not have underlying oppositional defiant behaviors, conduct disorder or significant depression. Her constellation of findings does not support all the criteria necessary for autism spectrum disorder diagnosis. Although she has deficits in social emotional reciprocity at times and developing relationships, she does not demonstrate significant stereotyped or repetitive motor mannerisms, in Flexibility [*sic*], or highly restricted interests.

13. Psychologist Lindsey White, Ph.D., evaluated claimant in February 2025, when claimant was 19 years old. Dr. White interviewed claimant and her mother, administered several diagnostic screening tools, and authored a report. Dr. White does not discuss in her report any of claimant's school or medical records, so it is unclear whether these were provided to her for review as part of her evaluation. Dr. White documented the results of her testing, including the following:

a. IQ testing revealed a full scale IQ score of 95 (average range), with working memory score in the extremely low range. Working memory tests attention,

concentration, mental control, and short-term auditory memory. Claimant's verbal reasoning abilities were more developed than her non-verbal reasoning abilities.

b. The Autism Diagnostic Observation Schedule – Second Edition (ADOS-2) was administered to assess behaviors associated with ASD. Claimant's score was above eight, indicating that claimant "does evidence symptoms associated with" ASD.

c. The Social Responsiveness Scale - Second Edition was completed by claimant and her mother. Scores from both were in the "severe" range with Dr. White writing that such scores "are strongly associated with clinical diagnosis" of ASD.

d. Claimant's mother completed the SCQ- Lifetime, "with clarifications provided by" Dr. White. The score was 15, above the cutoff score of 11, indicating "possible" ASD.

e. Claimant completed the Camouflaging Autistic Traits Questionnaire. Claimant's total score on the three domains measured was 127, greater than the average score for both neurotypical women and autistic women, suggesting "an increased level of camouflaging autistic traits."

14. Dr. White concluded that claimant "seemingly meets diagnostic criteria" for ASD, without accompanying intellectual or language impairment. Dr. White wrote that claimant "Needs support across domains." Dr. White did not formally assess claimant for ADHD or depression but retained these diagnoses.

15. Tracy Maclay, M.D., claimant's primary care physician since birth, wrote a letter in April 2026, stating that claimant "has a longstanding history of developmental and executive functioning challenges" and that, over time, "her presentation has become more consistent with" ASD. Dr. Maclay noted that claimant needs consistent

support, particularly in the areas of education, social functioning, and independent living skills. She believes claimant "would benefit from ongoing, coordinated supports to maintain stability and effectively manage daily responsibilities."

16. Claimant has been in weekly therapy since February 2026 with Agnes Leong, APCC. In a letter dated June 9, 2026, Leong wrote that she has assessed the following significant impairments to claimant's functioning due to her ASD: weak interpersonal effectiveness; difficulty with executive functioning, especially related to tasks outside of routine; sensory processing impairments which require accommodations in various environments; and general inconsistencies around independent living skills that require multiple varying steps and do not follow a set structure. Leong reported that claimant has made progress around setting routines and initiating and completing tasks, but continues to require assistance in independently scheduling appointments, managing household responsibilities, organizing academic work, and maintaining consistent daily living routines. Leong supports claimant's request for regional center services.

OTHER EVIDENCE OF CLAIMANT'S FUNCTIONAL LIMITATIONS

17. Claimant's mother described claimant's challenges with executive functioning and provided examples of claimant's daily challenges initiating tasks, meeting deadlines, completing tasks independently, managing multiple demands simultaneously, managing appointments, and maintaining daily responsibilities. She acknowledges that claimant also has ADHD and that it can be difficult to distinguish between what behaviors are related to which condition.

18. Claimant's mother explained the support that she provides to claimant to help her reach her potential and attain independence. She recognizes that claimant's

needs are different than the needs of her son, who is severely impaired by ASD and is non-verbal, but believes that claimant's challenges are significant and require regional center support.

19. Claimant requires reminders and redirection because she is easily distracted and struggles to find focus and motivation. Claimant's mother gives her encouragement when her brain "shuts down."

20. Claimant's mother sits with claimant to help her write emails, translating claimant's issues into a coherent email message. She helps arrange meetings for claimant with claimant's teachers, doctors, and counselors.

21. Since graduating high school in 2024, claimant has been attending community college. Claimant has been found eligible for accommodations by her college's accessibility support center. These include frequent breaks, reduced courseload, digital notetaking assistance, extra time for quizzes and exams, and distraction-reduced testing environments. Claimant attended online college classes at first, but recently completed her first in-person class. Claimant's mother went with her to class the first few days, then drove behind claimant when claimant drove to the college for a few days to make sure claimant arrived to class, and then claimant was able to independently drive herself to campus and attend the class.

22. Claimant's mother provides support to claimant to help her succeed in college. Claimant's mother texts her reminders about when assignments are due and has helped claimant write email messages to instructors to ask for additional time to complete her work. Claimant's mother logs on to check claimant's progress in her courses because claimant does not always check her school resources, and she helps

claimant prioritize tasks. Claimant can take too long on a task because she is detail-oriented.

23. Claimant's mother also texts claimant to schedule her appointments or remind her to complete household chores. Sometimes claimant delays responding to her mother's texts to avoid doing tasks.

24. Claimant remembers to go to her weekly therapy appointment and to work on a regular schedule, but if there are changes in her regular schedule it is harder for her to adapt and remember and she may require a reminder. Claimant does best with a structured routine and has difficulty working around unexpected changes to routines.

25. Claimant is articulate and can speak and write in complete, complex sentences, but claimant has social anxiety and difficulty with social communication. She becomes overwhelmed in group settings and cannot communicate in them. Claimant can express her wants and needs, but sometimes does not know what she needs. She has difficulty expressing emotions. She can be slow responding to others in a conversation because of her difficulty navigating social situation. Claimant also sometimes dominates a conversation.

26. Claimant performs self-care tasks independently, but occasionally needs reminders. She sometimes forgets to eat when focusing on a task and sometimes needs to be reminded to shower.

27. Claimant can pay bills but needs reminders that bills are due.

28. Claimant can make a purchase in a familiar establishment, but will not go into an unfamiliar place by herself to make a purchase.

29. Claimant drives and can use Google maps. She has a cell phone that she uses independently.

30. Claimant has a fear of spiders and has developed a bedtime routine that takes about 30 minutes in order to search for spiders. If she finds a spider, she is unable to sleep even after the spider has been removed from her room.

31. Emily Biagini-Lee is a trainer and barn manager at the horse center where claimant has taken lessons since age six. Biagini-Lee is also a registered nurse. Claimant now works every Saturday at the horse center. Biagini-Lee wrote a letter dated January 13, 2026, in support of claimant's request for regional center services. Biagini-Lee wrote that claimant's disability impacts her communication, self-advocacy, executive functioning, emotional regulations, and ability to cope with changes to routine.

32. Claimant also works as a personal assistant for her younger brother. Claimant's mother reported that claimant is able to understand his needs when others cannot, speculating that this is because claimant also has ASD and has similar sensory sensitivities. Claimant can tell when her brother is upset by light or sounds that other people do not notice.

33. Claimant's mother believes that the delay in claimant obtaining an ASD diagnosis was due to claimant's high level of masking. She related that claimant would not present in a clinical setting the same way she presented at home. Claimant's mother believes that claimant did not want to be a burden and did not want an ASD diagnosis. Claimant's mother also reported her confusion in correctly answering questions on the diagnostic assessment questionnaires. She wishes claimant had been

diagnosed earlier with ASD, and believes she would have benefitted from therapy and services for children with ASD.

SARC Eligibility Determination

34. In her eligibility review report, SARC's Dr. Ellis concluded that claimant did not demonstrate substantial impairment in any area of adaptive functioning as required by the Lanterman Act, and recorded her reasons as follows:

a. Communication: Claimant communicates verbally and uses complete and complex sentences. Claimant was well-spoken and introspective during the intake social assessment interview. Claimant can follow multi-step directions with minimal support.

b. Learning: Claimant graduated with a high school diploma in 2024 and is enrolled in college. She has challenges managing assignments and deadlines, but there are no concerns about her intellectual functioning.

b. Self-Care: Claimant performs self-care tasks with reminders. She takes her daily medication independently but forgets to tell her mother when she needs a refill.

c. Self-Direction: Claimant has a close relationship with her cousin. Claimant was reported to have specific interests and refuses to participate in non-favored activities, but no examples of fixed interests were provided. Claimant has a lot of anxiety that impacts her ability to adjust to social situations. It was reported that one to two times per month, claimant becomes frustrated to the extent that she cries, bites herself, throws objects, and isolates.

d. Motor Skills: Claimant does not require assistance walking.

e. Capacity for Independent Living: Claimant is able to use the microwave and toaster and can read instructions on food packages. Her mother reported that she has poor hunger cues. Claimant cleans the rabbit cage but has few other chores due to her germ phobia and aversion to getting her hands wet. She can complete chores with minimal support. She uses a cell phone independently. She manages a bank account with assistance from her parents. She pays for her car payment and horseback riding lessons but needs reminders to perform the transactions on time.

f. Capacity for Economic Self-Sufficiency: Claimant has worked at the horse center for one seven-hour shift per week since 2022 and is now also working as a caregiver to her younger brother for 12 to 16 hours per week.

35. At hearing, SARC's representative acknowledged claimant's struggles, but continued to maintain that claimant is not eligible for services under the Lanterman Act. He noted that claimant's longstanding executive functioning difficulties appear to relate to her documented ADHD diagnosis; that adult ASD diagnoses are less reliable than diagnoses during childhood; that Dr. White's notation that claimant "Needs support across domains" reflects a Level 1 ASD diagnosis which would normally not qualify an individual for regional center services; and that to be substantially impaired under the Lanterman Act, one must have needs that are significant even with interventions.

LEGAL CONCLUSIONS

1. The State of California accepts responsibility for persons with developmental disabilities under the Lanterman Act. The purpose of the Lanterman Act is to rectify the problem of inadequate treatment and services for the developmentally

disabled, and to enable developmentally disabled individuals to lead independent and productive lives in the least restrictive setting possible. (Welf. & Inst. Code, §§ 4501, 4502; *Association for Retarded Citizens v. Department of Developmental Services* (1985) 38 Cal.3d 384.) The Lanterman Act is a remedial statute; as such it must be interpreted broadly. (*California State Restaurant Association v. Whitlow* (1976) 58 Cal.App.3d 340, 347.)

2. A developmental disability is a "disability which originates before an individual attains age 18, continues, or can be expected to continue, indefinitely, and constitutes a substantial disability for that individual." The term "developmental disability" includes intellectual disability, autism, epilepsy, cerebral palsy, and what is referred to as the "fifth category." (Welf. & Inst. Code, § 4512, subd. (a).) The fifth category refers to "disabling conditions found to be closely related to intellectual disability or to require treatment similar to that required for individuals with an intellectual disability." (*Ibid.*) Disabling conditions that consist solely of psychiatric disorders, learning disabilities, or physical conditions do not qualify as developmental disabilities under the Lanterman Act. (Cal. Code Regs., tit. 17, § 54000, subd. (c).)

3. Pursuant to Welfare and Institutions Code section 4512, subdivision (*l*), the term "substantial disability" is defined as "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: (1) Self-care. (2) Receptive and expressive language. (3) Learning. (4) Mobility. (5) Self-direction. (6) Capacity for independent living. (7) Economic self-sufficiency."

4. Regional center services are limited to individuals who meet the eligibility requirements established by law. It is claimant's burden to prove that she has a developmental disability, as that term is defined in the Lanterman Act.

5. Claimant was diagnosed with ASD in 2025 at age 19. The diagnosis has been endorsed by her primary care physician. SARC reasonably questions the validity of this diagnosis, because of her age at the time of diagnosis and because she was assessed for ASD as a child and found not to meet the diagnostic criteria at that time. Nonetheless, in the absence of an expert explaining in a written report or through testimony why Dr. White's ASD diagnosis is invalid, a preponderance of the evidence established that claimant has ASD, an eligible condition.

6. The evidence failed to establish, however, that claimant has significant functional limitations in three or more areas of major life activity.

a. Claimant's IQ testing shows average intelligence, albeit with low scores in working memory. Claimant completed high school on time in a general education classroom with only minor accommodations. She is attending college, albeit also with some accommodations and with support from her mother. The evidence failed to show significant functional limitations in learning. Her challenges in the educational setting relate to her executive functioning deficits and not to deficits in her ability to learn.

b. There was no evidence of any limitations in mobility.

c. Claimant can perform all self-care tasks independently, although she sometimes needs reminders to perform them. The evidence failed to show significant functional limitations in self-care. Her need for reminders is due to her executive functioning challenges, and not due to significant functional limitations in self-care.

d. Claimant is articulate and speaks in complete sentences. She is also able to communicate in writing effectively. She has communication challenges in social

settings, but the evidence failed to establish significant functional limitations in receptive and expressive language.

e. The concerns related by claimant's mother regarding claimant's executive functioning, social communication, and lack of focus reflect deficits in self-direction. The evidence established that claimant has significant functional limitations in self-direction. Although it is was not established conclusively whether these limitations are due to ADHD or ASD or a combination of both, a preponderance of the evidence established that her significant functional limitations are due, at least in part, to her ASD. Claimant has met her burden of showing significant functional limitations in self-direction due to her eligible condition.

f. Claimant drives, uses a cell phone independently, performs financial transactions, and can prepare a snack. The evidence failed to establish significant functional limitations in claimant's capacity for independent living.

g. Claimant works both at the horse center and as an assistant to her disabled brother. The evidence failed to establish significant functional limitations in her capacity for economic self-sufficiency.

7. Claimant has not met her burden of establishing that she is substantially disabled by a developmental disability within the meaning of the Lanterman Act, notwithstanding her ASD diagnosis. Claimant is not eligible for regional center services. Accordingly, her appeal is denied.

ORDER

Claimant's appeal is denied.

DATE:

KAREN REICHMANN

Administrative Law Judge

Office of Administrative Hearings

NOTICE

This is the final administrative decision. Each party is bound by this decision. Either party may request a reconsideration pursuant to subdivision (b) of Welfare and Institutions Code section 4713 within 15 days of receiving the decision, or appeal the decision to a court of competent jurisdiction within 180 days of receiving the final decision.