BEFORE THE
OFFICE OF ADMINISTRATIVE HEARINGS
STATE OF CALIFORNIA

In the Matter of:

CLAIMANT

and

CENTRAL VALLEY REGIONAL CENTER, Service Agency

DDS No. CS0033034

OAH No. 2026041348

DECISION

On July 2, 2026, Marcie Larson, Administrative Law Judge, Office of Administrative Hearings, State of California, acting as a hearing officer, conducted a fair hearing in Fresno, California.

Perla Ibal Mora, Fair Hearings and Appeals Coordinator represented Central Valley Regional Center (CVRC).

Claimant was represented by his mother. Claimant was not present at the hearing.

Evidence was received, the record closed, and the matter submitted on July 2, 2026.

ISSUE

Does claimant qualify for services from CVRC under the Lanterman Developmental Disabilities Services Act (Lanterman Act), Welfare and Institutions Code section 4500 et seq., because he is an individual with cerebral palsy, epilepsy, autism, or intellectual disability, or because he has a disabling condition that is closely related to intellectual disability or requires treatment similar to that required for individuals with an intellectual disability (fifth category)?

FACTUAL FINDINGS

1. Claimant was born in August 2007. He is 18 years old. Claimant lives with his mother in Fresno, California. In 2009, when claimant was two years old, he was found eligible for Early Start services by CVRC due to a greater than 50 percent delay in expressive language development. Claimant has been diagnosed with Bipolar Disorder, Attention-Deficit/Hyperactivity Disorder (ADHD), and Anxiety Disorder. Claimant received special education services for intellectual disability, emotional disturbance and "Other Health Impairment (OHI)." In 2014, Joseph Alimasuya, M.D., diagnosed claimant with Autism Spectrum Disorder (ASD).

2. In approximately July 2025, claimant's mother sought services for claimant from CVRC under the Lanterman Act, for intellectual disability. On December 15, 2025, CVRC denied claimant's request, asserting that claimant is not eligible to receive regional center services because there was insufficient evidence that claimant has a qualifying developmental disability.

3. On April 6, 2026, claimant's mother had an informal meeting with CVRC representatives. Claimant, his mother, claimant's aunt, Ms. Ibal Mora and CVRC staff psychologist Dr. Craig Landers were present at the meeting. During the meeting, Dr. Landers explained that based on a psychological assessment performed on November 8, 2025, by CVRC contracted Supervising Clinical Psychologist Judy Chang, Ph.D., claimant did not qualify for Lanterman Services based on intellectual disability. Dr. Landers recommended that claimant have a "Tier Two" assessment to determine if he qualified for Lanterman Act services based on ASD. CVRC agreed to pay for the assessment. Claimant's mother declined the offer and requested to move forward with an appeal and hearing concerning CVRC's eligibility denial.

4. On April 8, 2026, claimants mother provided CVRC the 2014 assessment performed by Dr. Alimasuya, which resulted in an ASD diagnosis. CVRC also requested and received from Dr. Alimasuya's office claimant's complete medical record.

5. On April 20, 2026, Ms. Ibal Mora sent claimant's mother a letter documenting the informal meeting and confirming receipt of the additional records. Ms. Ibal Mora explained to claimant's mother that CVRC continued to recommend claimant have a "Tier Two" assessment to determine if he qualified for Lanterman Act services based on ASD. Ms. Ibal Mora explained that the assessment could be completed prior to the hearing. Claimant's mother again declined CVRC's offer.

6. A fair hearing was held on claimant's appeal. During the fair hearing, claimant's mother argued that claimant is eligible for CVRC services under the Lanterman Act because he is an individual with intellectual disability and ASD.

History of Prior Treatment, Assessments and Evaluations

7. Claimant was born at 34 weeks gestation during an emergency cesarean delivery due to decreased fetal heart rate. He weighed four pounds, two ounces. Claimant spent 10 days in a neonatal intensive care unit before he was able to go home.

8. In December 2009, at the recommendation of claimant's pediatrician, claimant was assessed by CVRC for Early Start services due to speech and language delays. Claimant was found eligible for Early Start services due to having a greater than 50 percent delay in expressive language and was diagnosed with an expressive language delay.

INITIAL INDIVIDUALIZED EDUCATION PROGRAM ASSESSMENT

9. Claimant's Early Start services were scheduled to end on his third birthday. As a result, in June 2010, CVRC referred claimant to Fresno Unified School District (FUSD), his school district, for an Individualized Education Program (IEP) assessment to address claimant's ongoing speech and language needs. An assessment report dated June 7, 2010, was prepared by Nori Meadows, Speech and Language Pathologist with the FUSD.

10. As part of the IEP assessment, Ms. Meadows interviewed claimant's father. Claimant's father reported that claimant played well with other children, although at times he would hit and throw things. However, claimant's father reported there were "no concerns regarding global developmental delays" so the evaluation was focused on claimant's speech and language abilities, rather than intellectual abilities.

11. Ms. Meadows documented her observations of claimant and administered a series of assessments. She noted that claimant "displayed very appropriate eye contact and a happy demeanor throughout the assessment." Based on the assessment, Ms. Meadows concluded that claimant demonstrated "significant oral motor planning difficulties (Childhood Apraxia of Speech) that result in multiple articulation and phonological errors as well as very limited speech intelligibility." Ms. Meadows determined that claimant required "Designated Instructional Services (DIS) in the area of speech."

12. An IEP was developed dated June 10, 2010, which provided a plan to provide claimant speech and language services to address the areas of concern.

EVENTS AFTER INITIAL IEP

13. On October 12, 2011, claimant received his annual IEP. At the time, claimant was four years old and attending preschool. He was preparing to transition to kindergarten. The IEP noted that claimant's "receptive and expressive language skills are within normal limits." Claimant continued to have "speech errors that affect his ability to be understood." The IEP recommended that claimant continue to receive speech and language services to address the areas of concern.

14. Claimant's mother reported during the IEP meeting that claimant had a "great deal of trouble managing behaviors." As a result, he was "asked to leave a preschool due to behaviors escalating to unacceptable levels." Claimant's mother explained that he continued to have "trouble expressing his needs and wants in a way that is productive and acceptable."

15. In 2012, Claimant attended kindergarten in the Clovis Unified School District (CUSD). Claimant continued to have behavior issues in kindergarten. He was

suspended multiple times for disruptive behavior, including hitting his teacher and other students. Claimant was retained in kindergarten. Claimant was diagnosed with several conditions including ADHD, Bipolar Disorder, Oppositional Defiant Disorder, and Intermittent Explosive Disorder. He was placed on psychotropic medication to manage these conditions.

16. On April 8, 2013, claimant was evaluated by a CUSD school psychologist. Claimant was five years old. Claimant was administered several tests and assessments, including the Wechsler Preschool and Primary Scale of Intelligence, Third Edition (WPPSI-lll), which measures cognitive functioning. Claimant's Full Scale Intelligence Quotient (FSIQ) was 83, which is listed as "low average." The evaluator found that claimant's abilities in visual perceptual reasoning and organization as well as in verbal comprehension and reasoning were also in the low average range, with a General Language Composite score of 91, Verbal IQ score of 86, Perceptual IQ score of 86 and Processing Speed score of 85.

Claimant was also evaluated for ASD using the "Asperger Syndrome Diagnostic Scale (ASDS)." The findings were that it was "unlikely" claimant had ASD. As a result of the evaluation, claimant was made eligible for special education services under the OHI for his ADHD and Speech or Language Impairment (SLI) categories.

17. Claimant attended his second year of kindergarten during the 2013-2014 school year in a special day class. Claimant had a Behavior Support Plan/Behavior Intervention Plan to address "off-task, disruptive, and aggressive behaviors."

JANUARY 2014 ASSESSMENT BY JOSEPH ALIMASUYA, M.D.

18. On January 27, 2014, Dr. Alimasuya, board certified in child, adolescent and adult psychiatry, evaluated claimant based on a referral from claimant's behavioral

specialist. Claimant was six years old at the time of the referral. Dr. Alimasuya prepared an evaluation report documenting his assessment. Dr. Alimasuya's assessment included interviews of claimant and his mother. Dr. Alimasuya did not list any records he reviewed as part of the assessment.

19. Claimant's mother explained to Dr. Alimasuya that claimant was suspended from school multiple times for hitting. Claimant had been treated with medication by a psychiatrist for the past 18 months to address his conditions and behaviors. Claimant's mother reported claimant had speech delays, that he would not do anything independently, that he would not sit to eat and that he was not fully toilet trained.

20. Dr. Alimasuya completed an examination of claimant. Dr. Alimasuya noted that claimant appeared to be an "irritable young man" who was "distracted" and "fully communicative." He also required "constant" redirection to keep him from interrupting the examination. Claimant also appeared anxious. Dr. Alimasuya noted that claimant's "insight to his problems was poor" and his eye contact through the examination was poor.

21. Dr. Alimasuya also performed an Abnormal Involuntary Movement Scale (AIMS) examination which evaluated claimant's facial and body movements. No abnormal movements were noted.

22. Dr. Alimasuya diagnosed claimant with ASD, Bipolar II Disorder, ADHD and Intermittent Explosive Disorder. Dr. Alimasuya references the Diagnostic and Statistical Manual for Mental Disorders (DSM). Dr. Alimasuya recommended an increase to some of claimant's medications.

OCTOBER 2014 MULTIDISCIPLINARY PSYCHOEDUCATION EVALUATION

23. In August 2014, claimant transferred back to the FUSD. Claimant was seven years old and in a first-grade special day class for students with emotional disturbances. In October 2014, FUSD completed a Multidisciplinary Psychoeducation Evaluation of claimant and issued a report (evaluation report). The purpose was to conduct a three-year reevaluation of claimant "to help determine continued special education eligibility and appropriateness of services."

The evaluation included the administration of tests and assessments to evaluate claimant's intellectual and cognitive function, academic achievement, adaptive behavior skills and social/emotional functioning. Claimant's father, teachers and assistants completed questionnaires about claimant and were also interviewed as part of the evaluation.

24. Claimant's father reported that claimant is "loving, giving, and easy going." Claimant's father explained that it was difficult to raise claimant "due to his behavior problems, anger management issues, ADHD, and Bipolar behaviors." Claimant's teachers and assistants reported that claimant struggled with communication and aggressiveness.

25. Claimant was administered the Kaufman Assessment Battery For Children-Second Edition (KABC-II) which measures intellectual achievement and ability. There are 18 subtests included in the KABC-II which measure long and short-term memory, problem solving and reasoning. Claimant's scores ranged from below average to "lower extreme." Claimant's composite score measuring general cognitive ability was 63 which is "extremely low." Claimant's non-verbal index which measured non-verbal reasoning was 64 which is "extremely low."

26. Claimant was also administered the Woodcock-Johnson III Tests of Achievement Normative Update (WJIll ACH NU), which assesses reading, mathematics, written language, oral language and academic knowledge. Claimant's subtest scores ranged from low to very low.

27. Based on the evaluation, it was found that claimant had delays in cognitive functioning and academic achievement abilities. The evaluator found there was "minimal progress noted in all academic domains since April 2013," when claimant had lasted been assessed. Claimant's adaptive behavior abilities were assessed also found to be in the low range with moderate deficits at school and home.

28. Claimant qualified for special education services for intellectual disability because he had "significantly below average general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period, which adversely affect [his] educational performance." Claimant also met the special education criteria for emotional disturbance and OHI due to ADHD, Bipolar II Disorder, Oppositional Defiant Disorder and Intermittent Explosive Disorder.

NOVEMBER 2016 PSYCHOEDUCATIONAL ASSESSMENT

29. In November 2016, Randal G. Ball, Ed.D., Doctor of Education Counseling and Educational Psychology, completed a Psychoeducational Assessment and Functional Behavioral Assessment on claimant and issued a report. The evaluation was at the request of FUSD as part of a settlement agreement between claimant's mother and FUSD for an independent education evaluation. Claimant was nine years old and in fourth grade at the time of the evaluation.

30. The assessment included interviews of claimant's mother and teachers, an examination of claimant, review of claimant's education records and the administration of several tests including the Woodcock-Johnson tests of Cognitive Abilities, Oral Language and Achievement. Several behavior assessments were also performed.

31. Claimant's mother reported to Dr. Ball that she was requesting the evaluation because she was concerned about claimant's academic achievement. She believed claimant may have dyslexia due to his inability to read and write. Claimant's mother explained claimant's past speech issues and inability to focus. Claimant's mother also reported that claimant's father was physically and emotionally abusive to claimant. She reported that claimant's father spanked claimant "multiple times a day and ended up choking him and leaving a mark on his neck." Claimant's mother reported claimant's father to law enforcement and social services. Claimant's mother and father divorced. Since claimant's father left their home claimant had received therapy and "shown great improvement in his behavior."

32. Claimant's mother also reported that in June 2015, claimant was placed in "inpatient hospitalization" under a "5150" hold for two weeks due to serious behavioral problems. After he returned home, claimant continued to exhibit serious behavioral problems and again was placed in inpatient hospitalization for a longer period while his medications were stabilized.

33. Dr. Ball conducted an interview of claimant and mental status examination. He also conducted classroom observations of claimant. Dr. Ball described claimant as "alert and cooperative" throughout the examination and interview. At times, claimant was distracted. Claimant exhibited "no stereotypy, tics, tremors, grimacing, handwringing or excessive or unusual gross motor behavior, however, he

did show some motor restlessness and played with task objects found on the table." Claimant's "speech was spontaneous, fairly clear and coherent." However, Dr. Ball noted that "expressive vocabulary was somewhat restricted for his age." Claimant's "receptive vocabulary" was more expressive, but "more restricted" than expected for his age.

Dr. Ball also noted that claimant "showed adequate eye contact at times with [Dr. Ball] and demonstrated joint attention during tasks." Dr. Ball observed "social interactions during interview, testing and play activities during breaks in class and at recess outside." He observed that claimant "spontaneously offered information, asked for information from [Dr. Ball] as it pertained to topics of interest to him." Claimant "did not elaborate a great deal on his responses to questions." Claimant was able to "engage in reciprocal conversation when it was a topic of interest to him."

34. During claimant's interview he reported to Dr. Ball that he had a "best friend and two brothers in his neighborhood who are also his friends." Claimant "denied having any enemies or being bullied, picked on or overly teased by anyone." Claimant reported that he played with "a lot of different students at school and believed he has enough friends." He "denied ever feeling lonely or left out of things going on at school and also denied having any problems in getting along with other children, however, he did acknowledge that sometimes he gets into arguments with kids."

35. Dr. Ball opined that based on his evaluation, claimant did not exhibit any "stereotypy or repetitive, nonfunctional patterns of behavior or restricted areas of interests indicated of a child on the autism spectrum." Dr. Ball stated:

> Consideration was given to the possibility of [claimant] falling on the autism spectrum and ruled-out. That is, [claimant] shows some persistent deficits in social communication and social interaction relative to same age/ neurotypical peers, however, these deficits are not considered significant when compared to his estimated intellectual abilities. Such deficits in social communication are also indicative of or often observed in children with ADHD and intellectual disabilities. In addition, [claimant] does not show significant restricted or repetitive patterns of behavior, interests or activities typically observed in children with autism.

36. Dr. Ball opined that claimant had "deficits in intellectual functioning as documented by the current standardized testing." He explained that the "current results estimate intellectual functioning to fall in the well below average or very low range." Dr. Ball found that claimant's "intellectual functioning is remarkably similar to his previous performance on the KABC-II administered by the school psychologist in 2014."

37. Dr. Ball opined that claimant met the special education eligibility criteria for intellectual disability and emotional disturbance. Dr. Ball recommended that claimant continue to receive special education and related services under the primary eligibility category for emotional disturbance and the secondary category for intellectual disability. Dr. Ball explained that claimant's "maladaptive behavior at school has been most problematic and considered the number one reason for lack of

academic progress." Therefore, emotional disturbance is considered "primary" and intellectual disability is considered "secondary."

RELEVANT IEPS BETWEEN 2016 AND 2025

38. From September 2015 until 2021, claimant attended Creative Alternative, a private school for children with behavioral issues. Claimant received yearly IEP's through FUSD. In 2021, he returned to a public middle school in FUSD. While in middle school claimant received supports through a "mild-to-moderate" special day class.

39. In 2022, claimant started high school in the FUSD. Claimant participated in special day classes for his core curriculum. He also received "Educationally Related Mental Health Services" and attended one period in a general education course with his case manager.

40. During the 2024-2025 school year claimant attended 11th grade. His IEP for that year noted that he qualified for special education services based solely on intellectual disability.

41. In September 2025, claimant transferred to a new high school in the Yosemite Unified School District (YUSD) to attend 12th grade. Claimant was 18 years old. Claimant's 2025 IEP documented the following information claimant shared during his September 19, 2025 IEP meeting:

> [Claimant] likes to do almost everything and that there is not much that he doesn't like to do except that one of his fears is jumping with a parachute. His dream job is to become a paraprofessional and help kids. What he looks forward to in the mornings is going to school and seeing all

of his friends. [Claimant] loves all the seasons and three words that describe him are very chill, hard working, and always willing to help.

42. Claimant was placed in general education courses and given Resource Specialist Program (RSP) support as needed. It was noted that claimant was on track to graduate with his cohort and receive his diploma. His communication, social and emotional behavior and adaptive skills were all listed as "age and grade appropriate" with "no concerns." Claimant's course grades were listed in the IEP which included A- in English and a B in American government. He had no grades lower than a C+. Claimant's English and Language Arts were assessed using the Smarter Balanced Assessment Consortium. His "reading/listening" and "writing/research" were noted as "standard nearly met." Claimant did not meet the standards in math.

JULY 2025 CVRC INTAKE ASSESSMENT

43. On July 30, 2025, Aaron Meyer, an Associate Social Worker and Clinician Contract Intake and Assessment Services for CVRC, completed an Intake Assessment of claimant. Mr. Meyer met with claimant and his mother at Cornerstone Family Counseling office in Madera, California. Thereafter, Mr. Meyer prepared a report. Mr. Meyer did not testify at the hearing in this matter. Mr. Meyer noted that claimant's mother requested claimant be evaluated by CVRC for eligibility based on intellectual disability. Claimant was 17 years old at the time of the Intake Assessment.

44. Mr. Meyer noted that during the intake interview, claimant engaged with appropriate, direct eye contact. Claimant smiled and fidgeted with his hands and tapped his feet throughout. Claimant's speech was "regular with broad affect, and he

answered most questions on his own with occasional input or clarification from his mother." Mr. Meyer noted that claimant had "some noticeably bashful characteristics."

45. Claimant's mother reported that claimant timely met his early developmental milestones. However, at two years old she became concerned about his speech and development delays. Claimant received speech services from the ages of three to six years old. Claimant's mother reported that claimant was diagnosed with ADHD and Bipolar Disorder, which he was prescribed medication to treat. Claimant's mother also reported that claimant first entered special education during his second year of kindergarten. He attended Creative Alternatives School until middle school. In high school claimant attended a combination of general and special education classes. Claimant's mother reported that claimant would complete his last year of high school in the YUSD.

46. Concerning claimant's independent living, claimant's mother reported that claimant "completes most self-care tasks on his own, with some reminders." She reported that claimant is unable to tie his shoelaces and "frequently turns his clothing inside out and upside down when dressing." Claimant "completes a significant number of chores around the house including caring for animals, taking out the garbage, emptying the litter box, cleaning the house, and washing the dishes." Claimant's mother created a "chore chart in order to help him remember" because he has issues with forgetfulness.

47. Claimant reportedly makes friends easily, though he struggled in the past. Claimant understands and expresses his emotions as a result of therapy. Claimant's mother reported a history of clumsiness, sensory behaviors such as "avoiding loud noises, tags, large groups, open air environments, and metal forks." She

also reported repetitive behaviors of running instead of walking, tapping his feet, spinning in circles, and throwing himself on the floor.

48. Concerning his cognitive functioning, claimant "found school to be challenging, but he stated that he excels when he has a good connection with his teachers." Claimant's mother reported that at times, claimant "lives in his own world." He can focus on "preferred activities for multiple hours." However, he is unable to focus on non-preferred activities for more than five minutes. Claimant engages in reciprocal conversations, but at times asks too many questions. As result the conversation can seem unnatural.

49. Mr. Meyer noted that based on the intake interview, claimant would benefit from an "evaluation to rule out developmental disability." The matter was then referred to CVRC's Multidisciplinary Team to determine eligibility.

NOVEMBER 2025 CVRC PSYCHOLOGICAL EVALUATION

50. On November 18, 2025, based on a request from CVRC, Dr. Chang conducted a psychological evaluation of claimant and prepared a report. Dr. Chang did not testify at hearing. Dr. Chang is a Supervising Clinical Psychologist at Seeds of Hope Psychological Center. Dr. Chang's report notes that claimant was referred to her for an assessment of cognitive and adaptive functioning to assist with determining eligibility for services.

51. As part of her evaluation, Dr. Chang interviewed claimant, his mother and reviewed available records, including the CVRC Intake Assessment, IEPs, counseling intake information, records from claimant's treating psychiatrist Nirmal Brar, M.D. which included a Confidential Capacity Assessment and Declaration, a 2023 FUSD Multidisciplinary Psychoeducational Report, FUSD Speech/Language Assessment

Report and hospital records. Dr. Chang also conducted a mental status examination of claimant and administered the Wechsler Adult Intelligence Scale, 4th Edition (WAIS-IV). Claimant's mother completed the Adaptive Behavior Assessment System, 3rd Edition, Parent/Caregiver Form (ABAS-3).

52. Dr. Chang obtained a family, developmental, educational, social, medical and mental history for claimant. Dr. Chang noted that claimant was first evaluated for early intervention services at 27.5 months of age by CVRC and was found eligible for Early Start services due to a greater than 50 percent delay in expressive language development. However, no global delays were reported. She noted that claimant's entry into special education occurred under the eligibility category of SLI not intellectual disability.

53. Claimant's mother reported beginning when claimant was two years old, "he had episodes of excessive energy, running everywhere, and throwing objects." In 2013, claimant began treatment with Dr. Brar for behavior issues and prescribed medication. In 2015, when claimant was seven years old, he had his "first major psychiatric episode and was hospitalized on two occasions, both of which were WIC [Welfare and Institutions Code section] 5150 holds."

54. Records obtained from Dr. Brar indicated that claimant's diagnoses included intellectual disability, ADHD, Bipolar I Disorder and anxiety. Dr. Brar noted that claimant had limitations across activities of daily living and required "active assistance for the majority of essential tasks, including personal safety, meal preparation, medication management, household maintenance, and recognizing or avoiding common hazards." He also needed assistance with handling money and transportation.

55. Claimant's mother expressed concerns regarding claimant's "ongoing behavioral difficulties, including refusal to follow directions, arguing, inattention and distractibility, poor impulse control, and difficulty following through with tasks." Claimant's mother also reported concerns about claimant's independent living skills, stating that he relies on family to manage his finances, and requires transportation assistance.

56. Dr. Chang reviewed claimant's education records and noted that claimant "exhibited a long history of behavioral challenges beginning in elementary school." As a result, he was placed in a special day class. Dr. Chang noted that claimant's "educational records indicate a history of significantly impaired performance on cognitive assessments, including the Wechsler Nonverbal Scale of Ability (WNV)" and KABC-II, with "scores in the Extremely Low and Lower Extreme ranges, respectively." "Academic achievement results from the Kaufman Test of Educational Achievement, Third Edition (KTEA-3), demonstrated a reading composite in the Below Average range, with markedly lower performance in mathematics and written language."

57. Dr. Chang completed an interview and mental status examination of claimant. Claimant was friendly and responsive throughout the interview. Claimant shared that he was working toward earning his high school diploma and hoped to "attend community college after graduation, with the goal of becoming a paraeducator." Dr. Chang described claimant as alert and "oriented to person and situation." His speech was "reasonably articulate and spontaneous." His "thought processes were coherent, and goal-oriented." Dr. Chang opined that "overall concentration, attention, and memory appeared to be intact." Claimant also "demonstrated good insight and judgment, providing an example of recognizing danger and responding appropriately."

58. Claimant was administered 10 subtests of the WAIS-IV. The FSIQ "composite score is derived from 10 subtest scores and is considered the most representative estimate of global intellectual functioning." Dr. Chang explained that the "primary subtest scores contribute to the primary index scores," which represent intellectual functioning in five cognitive areas: Verbal Comprehension Index, Perceptual Reasoning Index, Working Memory Index, and the Processing Speed Index. The assessment also produces a FSIQ "composite score that represents general intellectual ability." FSIQ composite scores range from 40 to 160. FSIQ composite scores ranging from 90 to 109 are "typically considered average."

On the WAIS-IV, claimant's "demonstrated a pattern of cognitive functioning that was variable across areas, with relative strengths and weaknesses." Dr. Chang explained that "overall intellectual functioning was found to fall within the Extremely Low range." However, in the "Verbal Comprehension domain, which assesses verbal reasoning, comprehension, and expression, [claimant] demonstrated skills in the Low Average range with a composite score of 81." Claimant's "General Ability Index, which reflects reasoning abilities without the influence of working memory and processing speed, was in the Borderline range" with a score of 71. Dr. Chang explained that claimant's "reasoning and knowledge-based abilities may be somewhat stronger than what is reflected in his overall IQ, though still significantly limited compared to same-aged peers."

59. Claimant's mother completed the ABAS-3, which is a measure of adaptive behaviors. The ABAS-3 covers three broad adaptive domains: Conceptual, Social, and Practical. Claimant's adaptive abilities fall into the "Extremely Low range," reflecting "pervasive adaptive skill deficits across settings". Dr. Chang noted that the results of the ABAS-3 should be "interpreted with caution" as claimant's mother served as the

rater. Dr. Chang explained that parent responses provide "valuable insight into [claimant's] adaptive behaviors, it is important to consider the potential for rater bias, which may influence the parent's perception of [claimant's] abilities." As such, the "results may reflect the parent's subjective perspective and should be interpreted within the broader context of additional observations and assessments."

60. Dr. Chang opined that claimant's cognitive testing with the WAIS-IV yielded a FSIQ score in the "Extremely Low range, which is typically consistent with the cognitive profile of individuals with an intellectual developmental disorder." However, she noted that "further examination of the subtest level performance revealed a variable cognitive profile, with individual scores ranging from the Very Low to Low Average range." She explained that this "degree of variability, along with relative strengths in some verbal subtests, is not characteristic of the global and pervasive deficits commonly observed in individuals" with intellectual disability.

Dr. Chang also noted that claimant's education records and testing also provide an "uneven academic profile with relative reading strengths." Dr. Chang noted that claimant's 2023 FUSD multidisciplinary school evaluation "yielded adaptive skill quotients in the Atypical (Standard Score = 81) and Average (Standard Score = 88) ranges." Dr. Chang opined that these "prior teacher-reported scores reflect stronger adaptive functioning in the classroom, suggesting [claimant] may demonstrate more competent daily living and social skills in structured environments." She opined that this "discrepancy between caregiver and prior teacher ratings is not consistent with the global and pervasive adaptive deficits required for a diagnosis" of intellectual disability.

61. Dr. Chang explained that claimant was made eligible for Early Start services due to expressive language development. She further explained that there is

no evidence of "global delays across all functional domains were reported, and his initial entry into special education occurred under the eligibility category of Speech or Language Impairment, not Intellectual Disability." Dr. Chang opined that the "absence of documented global developmental delays during early childhood and preschool years is not consistent with diagnostic criteria" for intellectual disability.

62. Dr. Chang explained that claimant has a "notable psychiatric history" including diagnoses of ADHD and Bipolar Disorder and hospitalization. Claimant has been prescribed psychotropic medications to manage mood instability and attentional symptoms. Dr. Chang opined that claimant's psychiatric and emotional challenges "likely contribute to functional impairment and may have impacted his performance on cognitive tasks, complicating interpretation of low test scores."

63. Dr. Chang concluded that claimant's "variability in cognitive profile, evidence of functional adaptive skills in school settings, lack of pervasive developmental delays, and significant psychiatric history…does not support a diagnosis of intellectual disability." Rather, "the pattern of findings is more consistent with psychiatric and emotional disorders than with a primary developmental intellectual disability."

MAY 2026 ASSESSMENT BY JOSEPH ALIMASUYA, M.D.

64. On May 8, 2026, Dr. Alimasuya evaluated claimant based on claimant's mother's request. Dr. Alimasuya noted that claimant's mother explained that the reason for the evaluation was because the "psychologist" felt that claimant did not have ASD, despite Dr. Alimasuya's 2014 evaluation.

65. Claimant was 18 years old at the time of evaluation. Dr. Alimasuya prepared an evaluation report documenting his assessment. Dr. Alimasuya's

assessment included interviews of claimant and his mother. Dr. Alimasuya did not list any records he reviewed as part of the assessment. Dr. Alimasuya did not administer any tests, assessments or questionnaires.

66. Dr. Alimasuya wrote in his report that claimant "continues to exhibit signs of autistic process. Symptoms continue the same in frequency and intensity, and no improvement is noted. Symptoms chronically interfere with daily function." Dr. Alimasuya noted that claimant has social impairment. He noted that claimant "often appears to be emotionally aloof." He "avoids direct eye contact." Claimant's "sense of boundaries is poor, often intruding into the personal space of other people." Dr. Alimasuya noted that claimant has "difficulty making friends and sustaining those relationships." Claimant also "exhibits failure to spontaneously share with others. He has difficulty understanding and using gestures to regulate social interactions." Dr. Alimasuya did not provide any examples of the conduct noted.

67. Under the title "Impaired Communication" Dr. Alimasuya wrote, without providing any examples, that:

> [Claimant] still exhibits an impairment of communication that affects both verbal and nonverbal skills. His language has been delayed or has not developed. [Claimant's] comprehension is impaired with difficulty interpreting literal and/or implied meanings. He still exhibits peculiar voice rhythms, intonations, or inflection. [Claimant] still doesn't initiate or sustain conversations. Echolalia of speech is displayed. [Claimant] intonation is flat. Stereotyped or repetitive speech is displayed.

68. Under the heading of "Impaired Behavior" Dr. Alimasuya noted that claimant engaged in "ritualistic" behaviors for dressing and eating. Claimant is "hypersensitive to sounds, especially loud noises." He also wrote that claimant "displays socially or emotionally inappropriate behavior." Claimant also has restricted interests. Dr. Alimasuya did not provide any examples of the conduct he noted.

69. Dr. Alimasuya's evaluation included much of the same information listed in his 2014 evaluation report. Dr. Alimasuya diagnosed claimant with the same conditions listed in the 2014 evaluation report, including ASD. Dr. Alimasuya references the DSM but did not provide any details of the DSM criteria for ASD.

Additional Testimony at Hearing

DR. CRAIG LANDERS

70. Dr. Landers is a Staff Psychologist at CVRC. Dr. Landers holds a Doctor of Philosophy (PhD) in clinical psychology. For five years he worked for Kaiser Permanente specializing in ASD treatment and evaluations. He worked as a contract psychologist for CVRC performing psychological evaluations before working for CVRC as a staff psychologist.

71. Dr. Landers was part of CVRC's multidisciplinary team that reviewed the information concerning claimant's request for CVRC eligibility. Claimant requested eligibility under intellectual disability. However, based on the records reviewed, including Dr. Chang's evaluation, the multidisciplinary team determined that claimant is not eligible under the Lanterman Act for regional center services due to intellectual disability. Rather, claimant's impaired functioning is more consistent with psychiatric and emotional disorders than with intellectual disability.

Dr. Landers explained the standard used by school districts for students to qualify for special education services for intellectual disability is lower than what is required to qualify for Lanterman Act eligibility. Claimant's education records and testing indicate that claimant has relevant strengths in areas of verbal comprehension which is not consistent with a medical diagnosis of intellectual disability. Furthermore, deficits in executive functioning can be caused by conditions such as ADHD.

72. Dr. Landers explained that CVRC offered to evaluate claimant to determine if he meets the eligibility criteria for ASD. Dr. Landers explained that CVRC reviewed the evaluations completed by Dr. Alimasuya and determined that a more comprehensive evaluation needed to be completed. Dr. Alimasuya's evaluations were based solely on interviews of claimant and his mother. No records were reviewed. Additionally, Dr. Alimasuya did not administer standardized testing used to assess ASD such as the Autism Diagnostic Observation Schedule or Childhood Autism Rating Scale.

Additionally, a diagnosis of ASD is made utilizing the Diagnostic and Statistical Manual for Mental Disorders, Fifth Edition-TR (DSM-5) criteria for ASD, which requires the practitioner to provide examples of claimant's conduct for each criteria claimant met, to support the findings. Dr. Alimasuya also failed to do this.

73. Dr. Landers explained that because there was insufficient information presented by claimant that he meets the eligibly criteria for ASD, CVRC offered to pay for a more comprehensive evaluation, which claimant's mother declined. As a result, based on all the information CVRC reviewed, the determination was made that claimant is not eligible for CVRC services based on intellectual disability or ASD.

CLAIMANT'S MOTHER

74. Claimant's mother testified at hearing. She believes that claimant meets the Lanterman Act eligibility criteria for intellectual disability and ASD. Claimant's mother explained that claimant has received special education services since his entry into school, including qualifying under intellectual disability. His cognitive testing demonstrates extremely low cognitive functioning. She explained that claimant has substantial disabilities in all areas of his life, including self-care and independent living. She explained that claimant cannot live independently and cannot care for his own needs. As a result, she is seeking conservatorship of claimant.

75. Additionally, claimant was diagnosed with ASD by Dr. Alimasuya. Claimant's mother believes the evaluations prepared by Dr. Alimasuya are sufficient for CVRC to find that claimant is eligible for CVRC services for ASD. Dr. Alimasuya listed claimant's deficits social interactions, communication and behaviors. She believes this information is consistent with a diagnosis of ASD.

Analysis

76. When all the evidence is considered, claimant's mother did not establish that claimant is eligible for services from CVRC. Dr. Chang's opinion that claimant is not an individual with intellectual disability is most persuasive. Her evaluation is comprehensive and well-reasoned. She credibly explained in her report that claimant's impaired functioning is more consistent with psychiatric and emotional disorders than with intellectual disability.

77. Dr. Chang's opinion that claimant does not meet the criteria for intellectual disability is supported by many years of evaluations and treatment records which demonstrate that claimant did not have global development delays as a young

child. His initial eligibility for special education services was due to his speech delays. Claimant's cognitive functioning was evaluated in 2013, when he was five years old. The results of the testing were a finding that claimant's FSIQ was 83, which is in the low average range and not consistent with intellectual disability.

78. The evidence establishes that the decline in claimant's cognitive functioning and academic progress coincided with the onset and increased severity of claimant's psychiatric conditions and subsequent treatment. Claimant's cognitive functioning was assessed in 2014, when he was seven years old. By that time, claimant had been diagnosed with ADHD, Bipolar Disorder, and Intermittent Explosive Disorder. Claimant was prescribed medication to address these conditions. His psychiatric conditions progressed to the severity that he needed to be hospitalized twice in 2015. These hospitalizations occurred in the same year that claimant had allegedly been abused by his father.

79. In 2016, Dr. Ball found that the results of claimant's cognitive functioning assessments were similar to the findings in the 2014 evaluation. Dr. Ball noted that claimant's "maladaptive behavior at school has been most problematic and considered the number one reason for lack of academic progress." As a result, emotional disturbance was considered the "primary" qualifying condition and intellectual disability was considered "secondary."

80. The evidence demonstrates by 11th grade claimant's only qualifying condition for special education services was intellectual disability. This suggests that claimant's emotional disturbance issues were no longer affecting his access to education in a significant way. By claimant's final year of high school, he had transitioned into general education courses, with RSP support as needed. His 2025 IEP demonstrates that he was excelling in his courses and nearly met the standards for

reading, listening, writing and research. This is consistent with Dr. Chang's findings that claimant demonstrates strength in the areas of verbal comprehension on cognitive testing. Such a finding is inconsistent with intellectual disability.

81. Additionally, claimant's 2025 IEP notes that claimant's communication, social and emotional behavior and adaptive skills were "age and grade appropriate" with "no concerns." This information further support Dr. Chang's finding that claimant's adaptive functioning in the school demonstrates more competent daily living and social skills in structured environments. This is also not consistent with the global and pervasive adaptive deficits required for a diagnosis of intellectual disability.

82. Claimant's mother also failed to establish claimant is eligible for CVRC services due to ASD. Claimant was evaluated several times by FUSD for ASD. Each time ASD was ruled out. Claimant's mother contends that CVRC should rely on the evaluations and opinions of Dr. Alimasuya to find claimant eligible under ASD. However, Dr. Alimasuya's evaluations are deficient in many respects and cannot be relied on to support an ASD diagnosis.

83. Dr. Alimasuya's evaluations failed to include a review of claimant's extensive educational and medical records. Dr. Alimasuya observations and conclusions regarding claimant's symptoms is inconsistent with years of documented observations and statements by claimant, his parents and teachers. For example, Dr. Alimasuya stated that claimant had difficulty making friends and sustaining those relationships. However, claimant's education records and statements documented in those records demonstrate that claimant was friendly, outgoing and made friends with ease.

Dr. Alimasuya also found that claimant "exhibits peculiar voice rhythms, intonations, or inflection," and that he had "stereotyped or repetitive speech." These findings are inconsistent with years of evaluations and documentation indicating no issues with claimant's voice modulation and no documented issues with stereotypical or repetitive speech. Dr. Alimasuya also found that claimant engaged in "ritualistic" behaviors for dressing and eating, without providing any examples. He also wrote that claimant "displays socially or emotionally inappropriate behavior" without noting what behaviors supported this finding.

Most notably, Dr. Alimasuya did not utilize any standardized assessments to reach the ASD diagnosis. Additionally, Dr. Alimasuya concluded claimant met the diagnostic criteria for ASD set forth in the DSM, without listing the DSM-5 ASD criteria or providing examples for each of the criteria to support his conclusion. As a result, Dr. Alimasuya's findings and opinions are wholly unreliable.

84. Under the Lanterman Act, individuals with one or more of the five specified types of disabling conditions identified in the Lanterman Act are eligible for services from regional centers. The legislature chose not to grant services to individuals who may have other types of disabling conditions, including mental health disorders, if they cannot show that they fall within one of the five categories delineated in the act. Because claimant's mother did not show that claimant is an individual with cerebral palsy, epilepsy, autism, or intellectual disability, or falls within the fifth category, she did not establish that claimant is eligible for services under the Lanterman Act. Therefore, claimant's appeal must be denied.

LEGAL CONCLUSIONS

1. The Lanterman Act governs this case. (Welf. & Inst. Code, § 4500 et seq.) Under the Lanterman Act, the State of California accepts responsibility for persons with developmental disabilities. The Lanterman Act "seeks to integrate developmentally disabled Californians into mainstream life and to ensure they are accorded equal access to programs receiving state funds." (*Tri-Counties Association for Developmentally Disabled, Inc. v. Ventura County Public Guardian* (2021) 63 Cal.App.5th 1129, 1137; see also Welf. & Inst. Code, §§ 4501, 4502.)

2. An administrative "fair hearing" to determine the rights and obligations of the parties, if any, is available under the Lanterman Act. (Welf. & Inst. Code, §§ 4700–4716.) The burden of proof is on the party seeking government benefits or services. (*Lindsay v. San Diego County Retirement Bd.* (1964) 231 Cal.App.2d 156, 161.) Claimant has the burden of proving he has a qualifying developmental disability. The standard of proof required is a preponderance of the evidence. (Evid. Code, § 115.) A preponderance of the evidence means proving something is more likely to be true than not true. (*People ex rel. Brown v. Tri-Union Seafoods, LLC* (2009) 171 Cal.App.4th 1549, 1567.)

3. Applicants are eligible for services under the Lanterman Act if they suffer from at least one substantial developmental disability based on intellectual disability, cerebral palsy, epilepsy, autism, or "the fifth category." (Welf. & Inst. Code, § 4512, subd. (a).) A qualifying condition must start before the age of 18, continue indefinitely, and constitute a "substantial disability." (Welf. & Inst. Code, § 4512; Cal. Code Regs., tit. 17, § 54000, subd. (b).)

4. No evidence was presented that claimant was diagnosed with cerebral palsy, epilepsy, or the fifth condition. The only qualifying developmental disabilities at issue are intellectual disability and ASD. As set forth in the Factual Findings as a whole, claimant's mother did not establish that claimant qualifies for services under the Lanterman Act because he is an individual intellectual disability or ASD. Consequently, she did not establish that claimant qualifies for services from CVRC under the Lanterman Act. Claimant's appeal must therefore be denied.

ORDER

Claimant's appeal is DENIED. Central Valley Regional Center's denial of services to claimant under the Lanterman Act is SUSTAINED.

DATE: July 13, 2026

MARCIE LARSON
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.