BEFORE THE
OFFICE OF ADMINISTRATIVE HEARINGS
STATE OF CALIFORNIA

In the Matter of:

CLAIMANT,

and

SAN ANDREAS REGIONAL CENTER, Service Agency.

DDS No. CS0033414

OAH No. 2026050362

DECISION

Administrative Law Judge Michael C. Starkey, State of California, Office of Administrative Hearings, heard this matter on June 22, 2026, via videoconference.

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

James F. Elliott represented San Andreas Regional Center (SARC), the service agency.

The record was held open for closing briefs, which were received on June 24, 2026, and marked for identification as Exhibits 13 and X.

The matter was submitted for decision on June 24, 2026.

ISSUE

Is claimant eligible for regional center services on the grounds that he is substantially disabled by autism? Specifically, does his autism spectrum disorder (ASD) constitute a substantial disability?

FACTUAL FINDINGS

Jurisdiction

1. On December 10, 2025, SARC issued a notice of action denying eligibility to claimant.

2. Claimant timely appealed and this proceeding followed.

3. Claimant contends that he is eligible for regional center services on the grounds that he is substantially disabled by autism. SARC does not dispute claimant's diagnosis of ASD, but contends that his ASD does not constitute a substantial disability under the Lanterman Developmental Disabilities Services Act (the Act) (Welf. & Inst. Code, § 4500 et seq. [All statutory references are to the Welfare and Institutions Code unless stated otherwise].)

Background

4. Claimant was born in July 2016. He is almost 10 years old and recently completed fourth grade. He lives with his parents in Hollister, California. He is regularly described as sweet and amiable.

5. At approximately age two, claimant received speech therapy services for approximately six months.

2021 ASD Evaluation

6. On January 21, 2021, Shukuh Amin, Psy.D., a psychologist in the Permanente Medical Group (Kaiser) Autism Spectrum Disorder Center, evaluated claimant for autism. Dr. Amin reviewed previous records and interviewed claimant's parents, observed parent-child interactions, and administered portions of the Autism Diagnostic Observations Scale, 2nd Edition (ADOS-2), via videoconference. Dr. Amin also reviewed behavioral assessment questionnaires completed by claimant's parent and preschool teacher. Dr. Amin issued a report dated January 26, 2021.

7. Claimant's parents reported concerns regarding claimant's "meltdowns, fidgetiness, regression in toileting since the pandemic, inability to respond to disciplining approaches and mouthing of objects." Claimant's parents reported a regression in claimant's toilet training, with more bowel accidents after an incident in which Child Protective Services (CPS) became "involved . . . due to physical abuse."

8. Claimant's parents reported and Dr. Amin observed numerous symptoms of inattention and hyperactivity, consistent with an attention-deficit/hyperactivity disorder (ADHD) diagnosis. They also reported a family history of ADHD. Claimant's preschool teacher reported no concerns about claimant's attention, but significant concerns about symptoms of anxiety, hyperactivity, and impulsivity. She also reported that claimant engaged in some aggressive behaviors at school.

9. Dr. Amin observed that:

- Claimant spoke in full sentences, but occasionally repeated phrases and only demonstrated some reciprocal conversation and limited gestures.
- Claimant's eye contact was inconsistent, and he had a limited range of facial expressions, sometimes exaggerated. He demonstrated little understanding of others' emotions and inappropriate social responses.
- Claimant demonstrated little creativity in thought and play.
- Claimant demonstrated repetitive movements, with some rocking.

10. Dr. Amin opined that claimant met the diagnostic criteria for ASD Level 1 (the least severe of three levels), without accompanying intellectual impairment or early language impairment; ADHD (combined presentation); and encopresis (fecal incontinence) with constipation and overflow incontinence. Dr. Amin also recommended monitoring claimant for a potential diagnosis of anxiety. By October 2024, claimant was diagnosed with "anxiety disorder, other specified."

2024 Educational Evaluations

11. In January 2024, claimant's school district evaluated him, and the assessment included intelligence, cognitive, psychological, behavioral, and academic testing, behavioral observations, and student and parent interviews. The district determined that he was not eligible for special education services, and issued a report dated January 16, 2024. The district reported that claimant scored average or better on every measure. The district summarized its findings:

> There is a difference between social-emotional needs as reported by parents versus what is observed in the school setting. Parents report emotional meltdowns and separation anxiety while [his] teacher sees a well adjusted student who only recently has been complaining of stomach aches.

12. At the request of claimant's parents, Jennifer Katz, a speech-language pathologist, conducted an independent evaluation of claimant for eligibility for speech-language special education services from his school district, and issued an undated report. Claimant was then eight years old. Katz observed claimant in multiple settings and administered numerous speech and language tests. She reported that claimant's test scores were average or better on many measures, but overall his expressive language skills were below average, including his social communication skills. However, Katz opined that claimant's deficits were not severe enough to meet "school-based eligibility criteria for a Language Impairment."

13. On May 29, 2024, a "504 Plan" (developed pursuant to Section 504 of the Rehabilitation Act of 1973 for disability accommodations in school) was implemented, based on claimant's ADHD only, providing him with numerous accommodations, such as warnings before transitions, sitting near a teacher or helpful peer, and use of a planner and "fidget object."

2025 Educational Evaluation

14. Michael J. Slone, Psy.D., a licensed educational psychologist, conducted an independent educational evaluation of claimant in January 2025. He reported that:

- Claimant scored in the average or better range in tests of his cognitive abilities and academic achievement.

- Claimant scored within the "non-Spectrum" range on the ADOS-2 Module 3 test. Observations included appropriate eye contact, joint attention, reciprocity, sequencing, verbal details, flexibility, creativity, imagination, inference and humor. "[Claimant] has friends and appropriate interest in and insights into peer relationships."

- In an adaptive behavioral assessment completed by claimant's parents, he scored at the fifth percentile (low) in general adaptive composite, communication, and daily living skills.

- In the behavioral assessment self-report of personality, claimant scored in the normal range except of mild attention problems. He reported that his refusal to go to school was to get attention from his parents and he "would 1,000 times rather be with either of my parents [or be homeschooled] than go to school."

15. Dr. Slone opined that claimant was not eligible for special education services. He explained that claimant "is presenting with age appropriate or higher cognitive abilities and academic skills. I see no evidence of a specific learning disability, deficits in academic skills, or difficulties learning and performing in general education that require special education and related services." However, he further opined that claimant is a "neuro-diverse child," consistent with his ASD, ADHD, and anxiety disorder diagnoses and these "challenges all relate to why [claimant] refuses to attend school, which is the primary concern that his school and parents must address." Dr. Slone recommended a 504 Plan.

16. On September 15, 2025, claimant's 504 Plan was updated to include all his diagnoses—including ASD—as the basis for his accommodations in school.

SARC Intake Assessment

17. On August 13, 2025, Janet Maravilla, SARC Intake Service Coordinator, performed an intake social assessment of claimant via videoconference and issued a report. Claimant had recently turned nine years old.

18. Claimant's mother reported that primary concerns were his emotional dysregulation, aggression, and refusal to attend school. She reported that he is "good around others but become violent with immediate family members" and that he was hospitalized and placed on a three-day involuntary hold for violent behavior in late August/early September 2023. She reported two to three "temper tantrums" per day, including screaming, profanity, physical aggression towards his parents and grandfather, and throwing objects.

19. Maravilla reported that claimant jumped on a trampoline for the duration of their interaction and "talked incessantly about his different toys guns and insisted on showing me how they worked" and reverted to the topic of guns no matter what question she asked.

20. Claimant's mother reported:

- His ability to perform self-care tasks depends on his mood. He can dress independently, with reminders to change his underwear. He requires full support when bathing. He can brush his teeth independently, but requires reminders to do so. He has complete bladder/bowel control, but "tends to hyper focus on favored activities and frequently has fecal accidents 3-4 times weekly." He can eat using utensils, but prefers to use his hands.

- Claimant can use the microwave and stove top with prompting and supervision. He is not allowed to use knives due to safety concerns. He does not typically comply when asked to do household chores. He knows to call 911 in case of emergency, but has poor overall safety awareness.

- Claimant enjoys playing with friends, playing sports, playing with toys, jumping on his trampoline, and researching the value of cards, rocks, and coins.

- Claimant attends a public school and has a 504 plan.

- Claimant takes Abilify (5mg/day) (generic name aripiprazole, an antipsychotic medication typically prescribed to treat schizophrenia, bipolar I disorder, Tourette's disorder, and the irritability symptoms of autism).

Dr. Weber's Eligibility Assessment

21. Anh Weber, Ph.D., a SARC psychologist, assessed claimant for eligibility for services under the Act. She observed and interviewed claimant, and interviewed his parents on August 13, 2025, via videoconference. Dr. Weber also reviewed new behavioral reports from claimant's parents and previous records, including the 2021 ASD evaluation report. She issued a report dated December 8, 2025.

22. Dr. Weber summarized the 2024 and 2025 psychoeducational evaluations discussed in Factual Findings 11 through 16.

23. Dr. Weber reported that, according to a 2024-2025 journal written by claimant's mother:

- Claimant "becomes visibly distressed when ABA [applied behavior analysis] or karate class, or particularly school days approach," stating that he wants to spend time with his mother. "He shows signs of anxiety, sometimes reporting physical discomfort such as leg pain, stomach aches, and/or feeling like he might vomit." Claimant shared with his mother that he has "bad thoughts" about himself, like he wanted to hurt himself. When allowed to stay home, "these physical symptoms resolve quickly, and his mood returns to baseline."

- Claimant expresses remorse after acts of physical aggression.

24. Dr. Weber reported that claimant's mother completed an adaptive behavioral assessment questionnaire, but the results were invalid due to lack of data because she marked more than four items as "guesses" on a majority of the subtests.

25. Dr. Weber opined that, although claimant has been diagnosed with ASD, he is not eligible for regional center services under the Act, because he does not "demonstrate substantial disability in three or more of the seven major life areas." (See Legal Conclusion 4.) Dr. Weber opined that claimant does not evidence substantial disability in any of the seven areas.

26. Regarding self-care, Dr. Weber opined that claimant has no substantial disability because: he can use utensils to eat appropriately; he uses the restroom independently, and is able to close and lock the door behind him; he can dress and undress himself and put on shoes correctly; and he knows how to operate the shower controls (hot/cold water).

27. Regarding communication, Dr. Weber opined that claimant has no substantial disability because: his speech is clear, and he uses sentences of varying

lengths; he is able to understand questions presented to him and can respond appropriately; he is academically successful in general education classes; and he talks to his mother about his feelings.

28. Regarding mobility, Dr. Weber opined that claimant has no substantial disability because he is independently ambulatory and does not require assistive devices for mobility.

29. Regarding self-direction, Dr. Weber opined that claimant has no substantial disability because: "[h]e can engage in meaningful conversations, expresses emotions, and shows awareness of the impact of his actions."

30. Regarding capacity for independent living, Dr. Weber opined that:

> [Claimant] demonstrates age-appropriate independent living skills in the home environment, including completing self-care (toileting, dressing), managing personal hygiene, eating independently, getting his own snacks, and organizing personal belongings. He can follow daily routines and participate at school when he is present. He can play on his own without adult supervision. Functional difficulties are primarily related to transitions to school or structured activities, where anxiety may lead to meltdowns and refusal to attend. Once he arrives at school or an activity, he participates successfully and demonstrates appropriate social and task-related skills.

31. Regarding economic self-sufficiency, Dr. Weber reported that claimant was not assessed in this category because he is not yet 16 years of age.

32. Dr. Weber opined that claimant does not meet the criteria for eligibility under the Act. She explained:

> As outlined above, [claimant] is a 9-year-old child with age-appropriate cognitive abilities and academic skills. He experiences significant anxiety, particularly related to separation from his parents and attendance at school or other structured activities. His parents have appropriately expressed concern regarding his emotional well-being as well as their own. Upon careful review of his functioning across domains including communication, learning, self-care, mobility, self-direction, and capacity for independent living, it is evident that his functional challenges are situational and context dependent. When present in structured settings, such as school or other activities, [claimant] participates appropriately, follows directions, and interacts effectively with peers and adults. His difficulties primarily emerge during transitions or situations that require him to leave the home environment. These behaviors appear more consistent with situational anxiety and ADHD-related challenges rather than pervasive impairments across multiple life areas.

Recent Letters from Claimant's Healthcare Providers

33. In a letter dated March 26, 2026, Kyle Chandler Eddington, D.O., claimant's primary care physician, wrote:

> I am [claimant's] primary provider and have been for many years. Since October he has had a significant regression in both bowel and bladder continence. He has had severe constipation in the past likely due to factors that include his ASD diagnosis. He has started to require pull ups due to multiple daily accidents. I believe he would benefit from continued services due to these and other issues.

34. In a letter dated January 26, 2026, Shawn Shiyang Jin, M.D., claimant's treating psychiatrist since August 2025, responded to SARC's eligibility denial decision. Dr. Jin reported the opinions of Mohinur (Mahi) Uzoqova, Psy.D., a "psychological associate," as follows:

> [Claimant] presents with ongoing and severe functional impairments, for Autism Spectrum Disorder with moderate to severe support needs, including:
>
> Social Communication & Social Interaction: Moderate to severe impairment, including difficulty interpreting social cues, sustaining peer relationships, engaging in reciprocal communication, and navigating group settings without adult support.
>
> Restricted/Repetitive Behaviors, Sensory Processing, and Rigidity: Moderate to severe impairment, including inflexibility, distress with transitions, heightened sensory sensitivities, avoidance behaviors, and emotional dysregulation when routines are disrupted.

> Adaptive Functioning: Moderate to severe impairment, including difficulty with self-regulation, independence, daily living skills, and safety awareness.

Dr. Jin also reported Dr. Uzoqova's opinions that claimant's ADHD is:

> Severe, with clinically significant impairment in attention, impulse control, emotional regulation, and behavioral inhibition across home, school, and community settings. These symptoms contribute directly to unsafe behaviors, elopement risk, school refusal, and difficulty benefiting from traditional educational and therapeutic environments without intensive supports.

35. In a short letter dated May 8, 2026, Dr. Jin also opined that:

> An educational diagnosis of autism performed by a[n] educational psychologist has minimal weight in clinical settings. As such, the IEE [independent educational evaluation] and the educational should then supply a second opinion evaluation at an autism center where clinical psychologists can conduct a clinical evaluation.

Claimant's Additional Evidence

36. Claimant's mother testified at hearing and submitted recent health and benefits records. Her testimony appeared sincere and was generally credible.

37. Claimant's mother reports the following recent developments:

- In the summer of 2025, claimant's aggressive behaviors worsened. His aripiprazole medication was increased. According to claimant's physician and the research of claimant's mother, this drug is prescribed to treat claimant's ASD-related behaviors. Fluoxetine (brand name Prozac, an antidepressant used to treat depression and other mood disorders) was prescribed and it helped his anxiety, but it made him more aggressive and was discontinued. His parents are forced to call the police and "crisis intervention" due to claimant's "meltdowns" at home. Last summer, he again had to be taken to the emergency room and a psychiatrist recommended short-term crisis stabilization. During claimant's involuntary hold in 2023, he was administered guanfacine (often prescribed to treat high blood pressure or ADHD). Claimant's physician plans to prescribe him a different version of that medication in the near future.

- Safety measures in the home include: knives and sharp objects locked away; bars on sliding doors, locks on all windows, combination locks on exit doors, and child locks on vehicle rear doors, to prevent elopement; and locks on bedroom and home office doors and cameras in other areas to allow family members to separate from claimant during aggressive episodes. Claimant has no sense of safety when he is dysregulated. Claimant's mother also worries for his safety even when he is regulated, because when he is hyper-focused, he is unaware of his surroundings.

- It is difficult to get claimant to bathe. Unsupervised, he will sit in a bath, but not wash himself.

- In October 2025, claimant spent three weeks in a crisis stabilization home specifically for children with autism in Oakland. He is currently receiving services through the family's health insurance, including meeting with a counselor in their home and psychotherapy (although this service has been temporarily suspended).

- After this time in the crisis stabilization home, claimant's fecal incontinence worsened and he started wearing "pull up" diapers. He does not seem to notice when he soils himself. His parents are concerned about future social repercussions.

- Claimant often becomes very emotional, expressing that he hates his autism and has shame and regret for his aggressive episodes. He has recently expressed thoughts of self-harm at school. A crisis team had to be called to school three days in a row. Claimant expressed that he wanted to jump off a second-floor balcony, not to kill himself, but to hurt himself due to his feelings of shame and guilt.

- Claimant's refusal to attend school has worsened. He fixates on perceived slights from his teacher and peers. In the 2025-2026 school year, he attended school less than 74 percent of the time. He was tardy on 54 occasions. His effective attendance was worse than these numbers suggest, because he was given credit for five weeks of attendance through a home and hospital program that only required him to remotely meet with a teacher one hour per day. When he is at school, he regularly misses classes to speak with the school psychologist or a counselor.

- Claimant just finished fourth grade. His grades are good, but impacted by his absences. He can sit and pay attention in the classroom, but it requires much effort. Claimant's recent report cards state he "is a kind and respectful scholar who works well with his peers and teachers" and "[h]e collaborates well and gets along with his peers." Claimant's mother agrees that these statements are accurate, but reports that he is "masking" his autism at school and only relaxes when he gets home. School personnel visited the family home and now believe the parents' reports of aggressive episodes.

- The principal of claimant's school indicated that claimant will be deemed eligible for special education services next school year.

38. Claimant's mother reports that claimant is not aggressive to peers or staff at school, although he has attempted to elope more than once. His aggression has only been directed at his immediate family members—his parents and his grandfather who, until recently, lived with the family.

39. A mobile crisis team was dispatched to claimant's home on April 28, 2025, after a report that he was having an aggressive outburst. A record of this event states: "Per reports, client has a history of trauma as client experienced removal from the home at the age of 3 years old due to concerns of alleged physical abuse by his father and spent one night in foster care before returning home." The report also states that "Caregivers report client often has a difficult time transitioning to school due to history of bullying by peers." At hearing, claimant's mother testified that claimant was only removed from their home for one night. She reports that he has not been assessed for posttraumatic stress disorder (PTSD) and PTSD has not been discussed by his treatment professionals. Nor has anyone discussed insecure

attachment disorder with her. She reports that no health care professional has ever mentioned oppositional defiant disorder to her.

40. Claimant's mother reports that the great majority of claimant's aggressive episodes are related to having to attend school and there is no other obvious trigger. She reports that claimant's aggressive episodes only occur when his close family members are present, typically in the family home, but sometimes in the car or at his grandmother's house. Claimant's mother reports that he is able to play without incident at the homes of a few close friends, without his close family members present. She "imagines" that he occasionally goes out in the community with these friends, but is unaware of any "escalations" there, just fecal accidents.

Ultimate Findings

41. Claimant has an eligible condition, autism. SARC does not dispute his diagnosis of ASD.

42. Regarding significant functional limitations in areas of major life activity, as appropriate to claimant's age, there is no evidence or claim that claimant has such limitations in mobility.

43. Nor did claimant establish a significant functional limitation in economic self-sufficiency, because at less than 10 years of age, this is not an age-appropriate expectation.

44. Claimant did not establish a significant functional limitation in learning. Claimant performs well in school and also appears to have the age-appropriate capacity to learn in other settings, as evidenced by his ability to dress himself, prepare food, and play sports.

45. The evidence shows that claimant has some limitations in receptive and expressive language, as reported by Katz ("below average") and Maravilla (rigid topic of conversation) (Factual Findings 12 and 19), but the evidence does not establish that these limitations rise to the level of "substantial," as discussed by Katz and shown by claimant's abilities in school and abilities to communicate socially and discuss his feelings at a sophisticated level in reflective moments.

46. Claimant's mother argues that "his autism substantially limits him in the areas of self-care, self-direction, and capacity for independent living/safety." Safety is not expressly one of the factors (see Legal Conclusion 4), but is related to the capacity for independent living. The evidence suggests that claimant does have significant functional limitations in these three areas, as shown by his fecal incontinence, other hygiene challenges, school avoidance, extremely aggressive outbursts, and inability to care for his own safety at an age-appropriate level. However, the evidence does not show that claimant's autism is the cause of these limitations. Dr. Weber's opinion that these limitations "appear more consistent with situational anxiety and ADHD-related challenges rather than pervasive impairments across multiple life areas" is more persuasive than Dr. Uzoqova's opinions, which suggest the contrary. Dr. Uzoqova opined that claimant's autism caused moderate to severe impairment in three categories—"Social Communication & Social Interaction"; "Restricted/Repetitive Behaviors, Sensory Processing, and Rigidity"; and "Adaptive Functioning"—which do not correspond to the three areas of major life activity at issue. (Factual Finding 34; see Legal Conclusion 4.) Dr. Uzoqova admitted that claimant's ADHD is "severe" and his ADHD symptoms "contribute directly" to the behaviors that are most limiting to claimant, without discussion of the relative contributions of claimant's four clinical diagnoses to his limitations or the disparity in claimant's capacities in different settings. (*Ibid.*) Claimant was diagnosed with the least severe level of ASD. (Factual

Finding 10.) Moreover, claimant has not been assessed for other potential causes of his limitations, such as PTSD, attachment disorders, or oppositional defiant disorder.

LEGAL CONCLUSIONS

1. The State of California accepts responsibility for persons with developmental disabilities under the Lanterman Act. The purpose of the 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. (§§ 4501, 4502.) The 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. As claimant is seeking to establish eligibility for government benefits or services, he has the burden of proving by a preponderance of the evidence that he has met the criteria for eligibility. (*Lindsay v. San Diego Retirement Bd.* (1964) 231 Cal.App.2d 156, 161 [disability benefits]; *Greatorex v. Board of Admin*. (1979) 91 Cal.App.3d 54, 57 [retirement benefits]; Evid. Code, § 500.)

3. A developmental disability is 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." (§ 4512, subd. (a); see Cal. Code Regs., tit. 17, § 54000, subd. (b).) The term "developmental disability" includes intellectual disability (ID), cerebral palsy, epilepsy, and autism. (*Ibid.*) Under the fifth category, an individual is also eligible for services if he or she has a disabling condition that is closely related to ID or that requires similar treatment as an individual with an ID. (*Ibid.*)

4. A qualifying disability must be "substantial," meaning that it causes "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; [and] (G) Economic self-sufficiency." (§ 4512, subds. (a), (l)(1); Cal. Code Regs., tit. 17, § 54001, subd. (a)(2).)

5. The evidence shows that claimant has ASD, a developmental disability and eligible condition. (Factual Finding 41.) However, claimant did not show that the resulting disability is substantial, because he did not show significant functional limitations, as appropriate to his age, in three or more of the specified areas of major life activity, due to his ASD. (Factual Findings 42–46.) Accordingly, claimant has not proven eligibility for regional center services and his appeal must be denied.

ORDER

The appeal of claimant from the service agency's denial of regional center eligibility is denied. Claimant is not eligible for regional center services at this time.

DATE:

MICHAEL C. STARKEY
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.