

BEFORE THE
OFFICE OF ADMINISTRATIVE HEARINGS
STATE OF CALIFORNIA

In the Matter of:

CLAIMANT,

And

INLAND REGIONAL CENTER,

Service Agency.

OAH No. 2017051102

DECISION

Susan J. Boyle, Administrative Law Judge, Office of Administrative Hearings, State of California, heard this matter on July 11, 2017, in San Bernardino, California.

Stephanie Zermeño, Consumer Services Representative, Fair Hearings and Legal Affairs, represented Inland Regional Center (IRC).

Claimant's mother appeared telephonically and represented claimant. Claimant's mother had the assistance of Gilbert Vialobos, a certified interpreter.

The matter was submitted on July 11, 2017.

ISSUE

1. Is claimant eligible for regional center services based on a diagnosis of autism spectrum disorder?
2. Is claimant eligible for regional center services based on a diagnosis of intellectual disability?
3. Is claimant eligible for regional center services based on a diagnosis of epilepsy, cerebral palsy or on the basis that he has a disabling condition closely related

to an intellectual disability or that requires treatment similar to that required for individuals with an intellectual disability (fifth category)?

FACTUAL FINDINGS

JURISDICTIONAL MATTERS

1. Claimant is an eight-year-old child who lives with his mother and other siblings. He has a medical history of asthma and sickle cell anemia.
2. Through his mother, claimant sought regional center services based upon a claim that he had a disabling condition that resulted in eligibility for regional center services.
3. By letter dated May 13, 2017, IRC advised claimant that it reviewed his records and determined that “no ‘intake’ services” would be provided because he did not have a substantial disability as “a result of Intellectual Disability, Autism, Cerebral Palsy, Epilepsy” or under the fifth category as defined by the Lanterman Act. For this reason, IRC found claimant was not eligible to receive regional center services.
4. On May 17, 2017¹, claimant’s mother signed a Fair Hearing Request appealing IRC’s decision. In his hearing request, claimant disagreed with IRC’s decision to deny him eligibility without conducting an assessment. The Fair Hearing Request did not specify the disability claimant asserted qualified him for regional center services.
5. On May 25, 2017, claimant’s mother telephonically attended an informal meeting with a team of IRC professionals to discuss claimant’s request for a fair hearing.

¹ The Fair Hearing Request document contains the handwritten date of “7-17-17,” which date had not occurred at the time the document was signed. The document is stamped as received on May 22, 2017. It is deemed the Fair Hearing Request was made on May 17, 2017.

In a letter dated May 30, 2017, Ms. Zermeño summarized the meeting and stated the issue discussed was whether claimant was eligible for regional center services “under criteria for Autism Spectrum Disorder.” Based on an analysis of claimant’s records, IRC reaffirmed its decisions to not independently assess claimant and not provide intake services to claimant.

6. This hearing followed.

EVALUATION BY SOUTH CENTRAL LOS ANGELES REGIONAL CENTER IN 2013

2013 Psychological Assessment

7. On October 1, 2013, when claimant was four years old, Jennie M. Mathess, Psy.D.,² performed a psychological assessment of him. Dr. Mathess noted the evaluation was limited to an assessment of whether claimant had an intellectual disability and/or a pervasive developmental disorder. The purpose of the assessment was to “determine [claimant’s] current level of functioning in order to assist in the application process for Regional Center services.” Dr. Mathess interviewed claimant’s mother and administered the Gilliam Autism Rating Scale, 2nd Edition (GARS-2); Vineland Adaptive Behavior Scales, 2nd Edition, Parent/Caregiver Rating Form (VABS-II); and the Wechsler Preschool and Primary Scale of Intelligence – 4th Edition (WPPSI-IV).

8. Dr. Mathess noted that claimant was receiving special education services under the criteria of “developmentally delayed.” Claimant’s mother stated he was also receiving speech and language therapy services at school. Claimant’s mother expressed a concern that claimant was aggressive at home and school, and he was hyperactive and impulsive. Claimant’s mother noted that when he was in a good mood, claimant

² Dr. Mathess did not testify at the hearing, but her report was received in evidence.

responded when others initiate contact with him, but he had a history of aggressive behavior towards his peers.

9. Dr. Mathess reviewed an initial psychiatrist's evaluation performed at Kedren Community Mental Health Center on October 24, 2012. That evaluator diagnosed claimant with Intermittent Explosive Disorder, Attention Deficit/Hyperactivity Disorder (ADHD), Mixed Receptive-Expressive Language Disorder, and "rule out of Mood Disorder Not Otherwise Specified." An IEP from Los Angeles Unified School District dated March 8, 2013, indicated claimant was receiving special education services under the criteria for "Developmentally Delayed."

10. Dr. Mathess found claimant to spontaneously engage in conversations with her. She stated he was "a very social boy who interacted comfortably with both his mother and the examiner" Claimant showed Dr. Mathess objects in the room he found interesting and asked her to tell him a story. He remained focused and interested in the story Dr. Mathess told him. Dr. Mathess did not observe echolalia or other stereotyped and repetitive behaviors.

11. In the WPPSI-IV, claimant's scores were in the below average, low average and average ranges. Dr. Mathess opined that the best estimate of claimant's overall cognitive functioning was low average.

12. In the GARS-2, which was administered to claimant's mother, some stereotypical behaviors associated with autism were reported. Dr. Mathess opined that the behaviors identified by claimant's mother "indicate that a diagnosis of Autistic Disorder is possible but not very likely." In the VABS-II, claimant scored in the low range in "Communication/Language Functioning and Independence/Self-Care." He scored in the moderately low range in the Social Functioning portion of the VABS-II.

13. Dr. Mathess concluded, based on her review of claimant's records and her testing, that neither a diagnosis of intellectual disability nor Autistic Disorder were

warranted. She diagnosed him with “Mixed Receptive Expressive Language Disorder, Phonological Disorder and Attention Deficit Hyperactivity Disorder (By History).” She recommended that claimant “may benefit from mental health services”

South Central Los Angeles Regional Center Determination

14. On November 26, 2013, the South Central Los Angeles Regional Center Interdisciplinary Team met to discuss whether claimant was eligible for regional center supports and services. The team reviewed Dr. Matthes’s psychological evaluation and determined claimant was not eligible for services based on diagnoses of “Mixed Receptive Expressive Language Disorder, Phonological Disorder and Attention Deficit Hyperactivity Disorder (By History).” The interdisciplinary team determined that, with these diagnoses, claimant was not eligible for regional center services and that claimant’s conditions were not substantially handicapping. The team recommended that claimant have “[o]ngoing and intensive speech and language therapy; mental health services;” and that there be a “[r]e-evaluation of cognitive functioning in 2-3 years.”

EDUCATIONAL RECORDS

15. Claimant began receiving pre-school special education services from his school district in March 2012 when he was three and one-half years old, and he continues to receive those services.

2014 Psychoeducational Evaluation

16. On November 21, 2014, the Rialto Unified School District’s school psychologist Olivia Hernandez³ performed a Psychoeducational Triennial Assessment of claimant. The purpose of the assessment was to “determine present levels of

³ Dr. Hernandez did not testify at the hearing.

educational, social and behavioral performance and continued need for special education.”

In the assessment, Dr. Hernandez checked a box indicating that claimant was “accepted” by his peers rather than checking boxes with choices that included “Isolated.” Dr. Hernandez found claimant to be “On task,” “Attentive,” “Friendly,” “Cooperative,” and “Follows directions” during testing. In evaluating the results from a test of nonverbal intelligence, Dr. Hernandez concluded the scores were not indicative of a developmental disability or a similar condition requiring similar treatment (Fifth Category). She stated his scores placed him in the “low average to average range of non-verbal intellectual ability when compared with other students his age.”

Claimant’s special education teacher administered the Woodcock-Johnson III Tests of Achievement. Claimant received a composite score of 87 in that testing. Dr. Hernandez reported claimant’s scores placed him in the average to low average range in reading, math and writing.

Dr. Hernandez administered the Developmental Test of Visual-Motor Integration – Sixth Edition (VMI). She found claimant’s scores on that test “suggest[ed] average visual motor integration skills and motor coordination. A low average score was noted in visual perception.”

Claimant received an overall score of 75 on the Test of Auditory Processing Skills, Third Edition. This score placed him in the borderline range.

In social emotional functioning, Dr. Hernandez stated that claimant was polite and cooperative. He was reported to have a positive attitude and put forth good effort in the classroom. She stated claimant liked school and, he is “well-accepted by his peers.” She stated he “engaged in give-and-take conversation and responded appropriately to verbal questioning and directions.” Claimant independently cared for his personal needs and told Dr. Hernandez he performs chores at home.

Dr. Hernandez determined claimant had "difficulty understanding or using spoken language to such an extent that it adversely affects his or her educational performance and cannot be corrected without special education and related services."

September 21, 2016, IEP Meeting

17. Claimant was expected to have an annual review of his Individualized Education Program (IEP) in December 2016. However, the IEP team held an earlier meeting on September 21, 2016, when claimant was almost eight years-old and in the second grade "to address recently observed behaviors in [claimant] which include[d] anger, outbursts, class avoidance, and non-compliant behaviors." Claimant's mother participated in the meeting by telephone. The IEP Addendum from that date showed that claimant was receiving special education services based on a classification of speech and language impairment. Claimant's special education teacher reported that claimant could be very sweet and that the non-compliant behaviors were recent and unusual for him. She stated claimant started displaying angry outbursts in the classroom, refusing to enter the classroom in the morning and refusing to get on the bus after school. The IEP team offered to refer claimant for an "Educationally Related Mental Health Service assessment to determine the need for mental health services," but claimant's mother declined the referral. She stated claimant had recently begun seeing a psychiatrist who diagnosed claimant with depression and prescribed Prozac. Claimant's mother wanted claimant to have time to acclimate to his new psychiatrist and the new medication before deciding if she wanted claimant referred for the offered mental health assessment. Claimant's mother also represented that she was waiting to get an appointment with IRC and expected IRC to perform an assessment of claimant.

February 14, 2017, IEP Meeting

18. On February 14, 2017, the Desert/Mountain Special Education Local Plan Area (SELPA) held a transfer placement and annual review meeting concerning claimant. In documents relating to the meeting, claimant's disability was listed as speech and language impairment. In a document entitled "Summary of Student's Strengths/Concerns," strengths attributed to claimant were listed in all categories including: reading; written expression; communication; fine/gross motor skills; social/emotional ("pleasant and talkative and tries hard to please"); behavior; (claimant is "well liked and has made some new friends in the class"); and community participation ("participates in most school and classroom activities."). Concerns about claimant were listed only in the categories of: written expression (letter size); communication ("Language delay in the area of semantics and articulation deficit"); social ("Angry outburst and mood swings"); and behavior ("Angry outbursts and mood swings . . ." ". . . eloped from the class or classroom twice. He shuts down and starts to cry requesting to be left alone."). There were no concerns listed for daily living skills, and it was noted claimant can dress independently and take care of self-help needs. The documents noted claimant's "disability affects his ability to access the general education curriculum at the same rate as his peers." Notes from the meeting state that claimant's mother told the team that claimant had been diagnosed with Bipolar Disorder and that she was seeking a diagnosis of autism from the regional center.

April 25, 2017, IEP Meeting

19. An IEP meeting was held on April 25, 2017. Documents relating to the meeting noted that claimant ran away when he was frustrated, overly stimulated or agitated. It provided, however, that claimant responded well to reward tokens, free time and verbal praise. A Behavioral Intervention Plan was developed at this meeting to address claimant's angry outbursts and running away.

Psychoeducational Assessment, Report Dated May 26, 2017

20. A psychoeducational assessment was performed by Victory Elementary School District School Psychologist, Nicole Edwards, Ed.S, NCSP.⁴ Claimant's mother reported to Ms. Edwards that claimant did not have good relationships with others, was "a really lonely kid," did not interact much with others and played alone, and she stated claimant was "calm and sweet" with her.

21. On May 15, 2017, Ms. Edwards observed claimant for 40 minutes in his classroom. During a 20-minute sample of time, claimant was on task for 96 percent of the time. He asked questions without prompting and communicated with peers and adults. At one point, Ms. Edwards observed claimant laughing and joking with other students at his table. He was not distracted by morning announcements that were made while he was doing his work. During the 40 minutes Ms. Edwards observed him, claimant was not fidgety or hyperactive and was able to follow directions. He was highly engaged in his class environment. Ms. Edwards also observed claimant during recess. She noted he played appropriately for the most part, but she also saw some signs of agitation with his classmates, such as balling up his fists and rolling his eyes. Ms. Edwards was aware that claimant had run from the class on occasion and that the number of times he did so had increased despite the implementation of a behavior plan.

22. In an interview with Ms. Edwards, claimant communicated easily and told her he gets upset if someone touches or pushes him or uses a mean word. He described the deep breathing technique he was taught to help him calm down. He described emotions well and told Ms. Edwards about times he felt various emotions. He told Ms. Edwards about his friends at school, who appeared to be those students he interacted

⁴ Portions of the report were not legible. Ms. Edwards did not testify at the hearing.

with while Ms. Edwards observed him. Claimant told Ms. Edwards he leaves the classroom when the school work is “too much” and he does not want to do it anymore.

23. Claimant’s mother and his teacher completed the Adaptive Behavior Rating Scale, 3rd Edition (ABAS – 3). According to claimant’s mother, claimant scored in the extremely low range of functioning. According to his teacher, claimant scored in the low range of functioning. In each category of the ABAS-3, claimant’s mother scored claimant lower than did his teacher. With the exception of “Community Use,” in which she scored claimant as “low,” claimant’s mother scored his abilities as “extremely low” in all categories. In contrast, claimant’s teacher scored him as “average” in three categories; “below average” in seven categories; and “low” in three categories.

24. Ms. Edwards administered the Gillian Autism Rating Scale, 3rd Edition (GARS – 3) to claimant’s mother and teacher. Claimant’s mother’s ratings resulted in a score indicating a “very likely probability” that claimant had autism spectrum disorder. His teacher’s ratings indicated a “probable presence” of the disorder, with a severity ranking indicating he required only “minimal support.”

25. Claimant’s mother and teacher completed the Scales for Assessing Emotional Disturbances, 2nd Edition, (SAED-2). Although the ratings were not identical, overall both evaluations indicated claimant had an emotional disturbance. Several other assessment tools were administered to claimant by Ms. Edwards.

26. In her summary, Ms. Edwards noted that claimant was seeing a psychiatrist for medication management for Tourette syndrome, ADHD and Depression. Ms. Edwards concluded that, while claimant was “far below average” academically, when he was in class and in a good mood, “his functional performance is great.” Ms. Edwards opined that claimant met the criteria for Emotional Disturbance, and Other Health Impairment (ADHD and Tourette syndrome). She determined that claimant “did not present with behaviors consistent with autism,” nor did he meet the criteria for

intellectual disability or Specific Learning Disability. She opined that claimant's "learning problems do appear to be primarily as a result of health impairments and an emotional disturbance."

May 30, 2017, Triennial IEP Meeting

27. A triennial IEP meeting was held on May 30, 2017. The IEP team determined that claimant qualified for special education services for speech and language impairment and also as a student with emotional disturbance and other health impairment. The IEP, signed by claimant's mother, stated claimant "has diagnosis of Tourette syndrome, ADHD and Major Depressive Disorder" and that he was taking Prozac, Adderall and Folic Acid. The IEP stated claimant had previously been diagnosed with Mixed Receptive -Expressive Language Disorder and Intermittent Explosive Disorder. Claimant's mother declined a referral for counseling; however, claimant was being seen by a mental health professional.

TESTIMONY OF MICHELLE M. LINDHOLM, PH.D., BCBA-D

28. Michelle M. Lindholm, Ph.D. is a licensed clinical psychologist. She was employed by IRC as a psychologist assistant in 2003; she became a clinical psychologist with IRC in 2011. Her duties in both positions included reviewing records and documentation, performing comprehensive intellectual assessments, and along with other IRC professional team members, evaluating individuals' eligibility for regional center services.

29. Dr. Lindholm reviewed claimant's educational records, documents related to South Central Los Angeles Regional Center's evaluation and assessment of claimant, and the eligibility criteria in the Lanterman Act. Based on the information contained in the records, and applying the eligibility criteria, Dr. Lindholm concluded claimant did not qualify for regional center services.

Dr. Lindholm stated claimant's record, as summarized above, did not show claimant was substantially disabled by a qualifying medical condition for which IRC services could be provided. Specifically, she did not find claimant fit the criteria for autism, intellectual disability, or fifth category eligibility which requires an individual to demonstrate a disabling condition closely related to an intellectual disability or one that requires treatment similar to that required for individuals with an intellectual disability. Dr. Lindholm further testified that the criteria to establish eligibility for special education services on the basis of autism, is much less stringent than the criteria to establish eligibility for IRC services. Therefore, Dr. Lindholm would not expect that claimant could establish eligibility for IRC services based on autism when he could not establish eligibility for special education services on that basis. No evidence of cerebral palsy or epilepsy was presented. In reaching her conclusion that claimant was not eligible for IRC services, Dr. Lindholm, relied on the psychoeducational assessments performed by Dr. Hernandez and Ms. Edwards, and the psychological assessment performed by Dr. Mathess.

Dr. Lindholm stated IRC was not required to perform an in-person assessment when an applicant's records provided evidence that the applicant was not eligible for regional center services. In the present case, claimant's records provided sufficient evidence supporting IRC's determination that claimant does not meet the criteria required by the Lanterman Act and that he is not entitled to regional center services.

EVIDENCE PRESENTED ON CLAIMANT'S BEHALF

30. Claimant's mother testified via telephone. She stressed that claimant's behavior is different at home than at school and urged IRC to conduct its own assessment to "see for themselves." Claimant's mother is frustrated and desperate to find help for her son.

31. Claimant's mother has another child who has been diagnosed with autism. She believes claimant's behaviors are more pronounced than her other child, and therefore claimant should be diagnosed with autism. She emphasized that she receives calls constantly from claimant's school advising her that claimant has run away from his class. Claimant's mother believes this conduct suggests claimant has a condition that would entitle him to IRC services. She stated her intention to obtain an educational advocate to help her change claimant's diagnosis in his school district's IEPs.

LEGAL CONCLUSIONS

THE BURDEN AND STANDARD OF PROOF

1. In a proceeding to determine whether an individual is eligible for regional center services, the burden of proof is on the claimant to establish that he or she has a qualifying developmental disability. The standard of proof required is preponderance of the evidence. (Evid. Code, § 115.)

2. A preponderance of the evidence means that the evidence on one side outweighs or is more than the evidence on the other side, not necessarily in number of witnesses or quantity, but in its persuasive effect on those to whom it is addressed. (*People ex rel. Brown v. Tri-Union Seafoods, LLC* (2009) 171 Cal.App.4th 1549, 1567.)

THE LANTERMAN ACT

3. The State of California accepts responsibility for persons with developmental disabilities under the Lanterman Act. (Welf. & Inst. Code, § 4500, et seq.) The purpose of the Act is to rectify the problem of inadequate treatment and services for developmentally disabled individuals 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.)

4. An applicant is eligible for services under the Lanterman Act if he or she is suffering from a substantial developmental disability attributable to intellectual disability, cerebral palsy, epilepsy, autism, or what is referred to as the fifth category – a disabling condition closely related to intellectual disability or requiring treatment similar to that required for individuals with an intellectual disability. (Welf. & Inst. Code, § 4512, subd. (a).) A qualifying condition must also start before the age 18 and be expected to continue indefinitely. (Welf. & Inst. Code, § 4512.)

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5. Welfare & Institutions Code section 4512, subdivision (l)(1), provides:

“Substantial disability” means 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:

- (A) Self-care.
- (B) Receptive and expressive language.
- (C) Learning.
- (D) Mobility.
- (E) Self-direction.
- (F) Capacity for independent living.
- (G) Economic self-sufficiency.

6. A regional center is required to perform initial intake and assessment services for “any person believed to have a developmental disability.” (Welf. & Inst. Code, § 4642.) “Assessment may include collection and review of available historical

diagnostic data, provision or procurement of necessary tests and evaluations, and summarization of developmental levels and service needs” (Welf. & Inst. Code, § 4643, subd. (a).) To determine if an individual has a qualifying developmental disability, “the regional center may consider evaluations and tests . . . that have been performed by, and are available from, other sources.” (Welf. & Inst. Code, § 4643, subd. (b).)

7. California Code of Regulations, title 17, section 54000, defines “developmental disability” and the nature of the disability that must be present before an individual is found eligible for regional center services. It states:

(a) Developmental Disability means a disability that is attributable to mental retardation⁵, cerebral palsy, epilepsy, autism, or disabling conditions found to be closely related to mental retardation or to require treatment similar to that required for individuals with mental retardation.

(b) The Developmental Disability shall:

(1) Originate before age eighteen;

(2) Be likely to continue indefinitely;

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

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

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

⁵ The regulations have not been amended to replace “mental retardation” with “intellectual disability.”

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

8. When an individual is found to have a developmental disability as defined under the Lanterman Act, the State of California, through a regional center, accepts responsibility for providing services and supports to that person to support his or his integration into the mainstream life of the community. (Welf. & Inst. Code, § 4501.)

9. California Code of Regulations, title 5, section 3030, provides the eligibility criteria for special education services required under the California Education Code. The criteria for special education eligibility are not the same as the eligibility criteria for regional center services found in the Lanterman Act.

EVALUATION

10. To be eligible for regional center services, claimant must prove that he has a substantial disability that is attributable to a developmental disability recognized under the Lanterman Act that originated before the age of 18. In his Fair Hearing Request, claimant did not specify under which disabling condition he claimed entitled him to receive regional center services; however, in the informal conference the focus was on autism spectrum disorder. Given the failure to specify, all categories of disabilities in the Lanterman Act were considered. Claimant bears the burden of proving that a preponderance of the evidence supports his claims. Claimant did not meet his burden.

11. Claimant's contention that he is eligible to receive services and supports from IRC may be established through evidence that claimant has one of the specific disabling conditions listed in the Lanterman Act, or he has one that is closely related to

an intellectual disability or that requires treatment similar to that required by an individual who has an intellectual disability. (Welf. & Inst. Code, § 4512, subd. (a); *Samantha C. v. Department of Developmental Services* (2010) 185 Cal.App.4th 1462.) Establishing eligibility cannot be based upon handicapping conditions that are solely learning disabilities or psychiatric disorders. (Cal. Code Regs., tit. 17 § 54000, subd. (c)(1), (2).)

12. Claimant has not met his burden to prove he has autism spectrum disorder, an intellectual disability, or is entitled to services under the fifth category. Claimant has not proven a disabling condition that originated before the age of 18 that was not solely the result of a learning disability or psychiatric disorder. Claimant does not receive special education services for intellectual disability and none of the professionals who evaluated him suggested he has a disabling condition based upon intellectual disability. Nor has claimant been found to satisfy the criteria for a diagnosis of autism. These are the two conditions claimant focused on as establishing eligibility for IRC services. Claimant's records are consistent with a finding that any academic delays are caused by an emotional disturbance disorder and/or other health impairments not covered by the Lanterman Act.

13. The fact that claimant is qualified for special education at school does not establish whether he has a substantial disability within the meaning of the Lanterman Act. Eligibility for special education is more inclusive than eligibility for regional center services and is addressed in California Code of Regulations, title 5, section 3030. Eligibility for regional center services is addressed in California Code of Regulations, Title 17.

14. IRC's eligibility team reviewed the available documentation and determined that claimant was not eligible for services. These determinations have been described as difficult and complex. (*See, Mason v. Office of Administrative Hearings* (2001) 89

Cal.App.4th 1119, 1129.) The language of the Lanterman Act and the implementing regulations "clearly defer to the expertise of the [Department of Developmental Services] and the [regional center] professionals and their determination as to whether an individual is developmentally disabled." (*Id.*, at p. 1129.) The evidence claimant presented does not support overturning IRC's determination that claimant is ineligible for IRC supports and services.

15. Based on this record, claimant does not have a substantial disability on the basis of autism spectrum disorder, intellectual disability, cerebral palsy, epilepsy or under the fifth category, and he is not eligible to receive regional center services.

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ORDER

Claimant's appeal from Inland Regional Center's determination that claimant was not eligible for services because he did not have a substantial developmental disability as defined in the Lanterman Act is denied.

DATED: July 20, 2017

SUSAN J. BOYLE

Administrative Law Judge

Office of Administrative Hearings

NOTICE

This is the final administrative decision. Both parties are bound by this decision. Either party may appeal this decision to a court of competent jurisdiction within ninety (90) days.