

**BEFORE THE  
OFFICE OF ADMINISTRATIVE HEARINGS  
STATE OF CALIFORNIA**

**In the Matter of:**

**CLAIMANT**

**v.**

**INLAND REGIONAL CENTER,**

**Service Agency**

**OAH No. 2023020214**

**DECISION**

Robert Walker, Administrative Law Judge, Office of Administrative Hearings, State of California, heard this matter on June 7, 2023. The proceedings were conducted by video conference.

Hilberto Echeverria, Jr., Fair Hearing Representative, Fair Hearings and Legal Affairs, Inland Regional Center, appeared on behalf of Inland Regional Center (IRC).

Claimant's mother appeared on behalf of claimant, a conserved adult.

The record was closed, and the matter was submitted for decision on June 7, 2023.

## **SUMMARY**

Claimant applied for regional center services. A regional center eligibility determination team reviewed claimant's records and determined they did not support a belief that claimant has a developmental disability that entitles him to regional center services. The team concluded that, consequently, claimant was not entitled to initial intake and assessment services. For example, he was not entitled to have the regional center administer diagnostic tests for autism. The team concluded that claimant was not entitled to regional center services, and the regional center sent claimant a notice denying his request for services.

Claimant's mother obtained a letter from a nurse practitioner, who wrote that, for four months, she had been treating claimant for "Autistic Disorder." The letter however, did not say that claimant had been diagnosed as having autism.

The regional center eligibility determination team evaluated claimant's application again and came to the same conclusions they reached after the first review. The regional center, again, denied claimant's request for services.

Claimant appealed. This proceeding followed. The evidence established claimant is not eligible for regional center services.

## **FACTUAL FINDINGS**

### **IRC'S Denial of Claimant's Request for Services**

1. The Lanterman Developmental Disabilities Services Act (the Lanterman Act) is found at Welfare and Institutions Code section 4500 *et seq.* Pursuant to the

Lanterman Act, the State of California provides numerous services to persons who have a developmental disability. The state provides those services through the regional center system, and the services are referred to both as Lanterman Act services and regional center services.

2. Claimant is a 27-year-old male. Claimant's mother applied to IRC for claimant to be found eligible to receive regional center services. IRC found that claimant was not eligible, and claimant appealed, i.e., his mother filed a fair hearing request. This proceeding followed.

3. Welfare and Institutions Code section 4512, subdivision (a)(1), defines developmental disability, in part, as including intellectual disability,<sup>1</sup> cerebral palsy, epilepsy, and autism. Developmental disability also includes disabling conditions found to be closely related to intellectual disability or to require treatment similar to that required for individuals with intellectual disability.

4. When a person applies for regional center services, his or her records may be such that he or she is eligible to have the regional center provide intake and assessment services. Welfare and Institutions Code section 4642, subdivision (a)(1),

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<sup>1</sup> The American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision* (DSM-5 TR) no longer uses the term "intellectual disability" but instead refers to the condition as "intellectual developmental disorder." Neither the Lanterman Act nor the California Code of Regulations has been updated to reflect this change. For purposes of this decision, intellectual disability means intellectual developmental disorder.

provides that “any person believed to have a developmental disability . . . shall be eligible for intake and assessment services in the regional centers . . . .”

5. If a person is entitled to intake and assessment services, a regional center may collect and review historical diagnostic data prepared by qualified persons outside of the regional center. The regional center may also procure necessary tests, evaluations, and summaries. (Welf, & Inst. Code, § 4643, subd. (a).) Regional centers have persons on staff who are qualified to administer many relevant tests and evaluations.

6. In determining whether an individual meets the definition of developmental disability, the regional center may consider evaluations and tests, including, but not limited to, intelligence tests, adaptive functioning tests, neurological and neuropsychological tests, diagnostic tests administered by a physician, and psychiatric tests. (Welf, & Inst. Code, § 4643, subd. (b).)

7. An applicant’s records may be such that the regional center, without providing intake and assessment services, can determine that the applicant is not entitled to regional center services. As noted above, Welfare and Institutions Code section 4642, subdivision (a)(1), provides that “any person believed to have a developmental disability . . . shall be eligible for intake and assessment services in the regional centers . . . .” The implication of that provision is that, if a person’s records do not support a belief that he or she has a developmental disability, he or she is not eligible for initial intake and assessment services in the regional centers. Thus, for example, if an applicant’s records do not support a belief that he or she may be autistic, the applicant has no right to have the regional center provide diagnostic tests for autism.

8. When claimant was 25 years old, his mother applied for regional center services for claimant. An IRC eligibility team reviewed claimant's records and concluded that, within the terms of Welfare and Institutions Code section 4642, subdivision (a)(1), claimant's records showed that there is no reason to believe that he has a development disability. Therefore, he was not eligible for intake and assessment services in the regional center. In an eligibility determination dated May 11, 2022, the team said:

Documents reviewed are not indicative of DD (developmental disability). Consumer was served under SLD (specific learning disorder) until special education services were discontinued. Appropriate peer relationships noted in 2010 IEP (individual education plan). Current diagnoses include schizophrenia, schizoaffective disorder, depression, and marijuana abuse.

9. The team further said that their review of records indicated that neither a psychological nor medical evaluation was necessary in order to determine claimant's eligibility status.

10. Based on the document review, the team concluded that claimant was not eligible for intake and assessment services, and that he was not eligible for regional center services under any of the five eligibility categories.

11. After receiving the May 11, 2022, eligibility determination, claimant's mother obtained and submitted a letter dated November 1, 2022, from Elma Slough, Nurse Practitioner. Claimant's mother asked that the regional center reconsider the eligibility determination. She filed a second application for regional center services for

claimant. In the hearing, claimant's mother referred to Ms. Slough as Dr. Slough and testified that Ms. Slough has an academic degree at the doctorate level. Ms. Slough, however, did not indicate that in her letter. She identified herself as a nurse practitioner. In the letter, she said she had been providing care to claimant since July 5, 2022, i.e., for four months. She said claimant "is being treated for . . . Intellectual Functioning Disability F79, Asperger's Disorder F84.5, Autistic Disorder F84.0, Paranoid Schizophrenia F20.0, and Moderate Depression F33.1."

12. There is no record that claimant has been diagnosed as having Asperger's disorder or autism. And Ms. Slough did not say that he had been diagnosed with those conditions. She did not say that appropriate assessments had been performed to support a conclusion that he needed treatment for those conditions. She did not say that diagnostic testing had been done. She simply said, "He is being treated for" those conditions.

13. The regional center repeated the evaluation of claimant's request for services. An IRC eligibility team, again, reviewed claimant's records, including, Ms. Slough's letter, and again, concluded that claimant's records show there is no reason to believe that he has a development disability. In an eligibility determination dated January 11, 2023, the team said:

[Previously] applicant [was] determined ineligible after record review . . . . Submitted new records for review. Records not indicative of DD with no evidence of Lanterman condition before age 18. New records indicate SSA (Social Security Administration) [eligibility] due to Schizophrenia.

14. The team further said that their review of records indicated that a psychological evaluation was not necessary in order to determine claimant's eligibility.

15. Again, based on the document review, the team concluded that claimant was not eligible for intake and assessment services in the regional center, and that he was not eligible for regional center services under any of the five eligibility categories.

16. The regional center sent claimant a notice of proposed action dated January 17, 2023. The regional center said that, after reviewing the records that claimant submitted, the regional center determined that it could not provide intake services because the records indicate that claimant does not have a "substantial disability" as a result of any of the five eligibility categories.

17. Claimant's mother appealed. She filed a fair hearing request dated January 28, 2023. That fair hearing request is the subject of the present proceeding. In the fair hearing request, claimant's mother said:

My son has autism and Asperger's. I was previously denied because I was asked to provide a letter from a medical professional. I provided that to IRC, and I was still denied. I would like my son to be approved, so he can receive services.

## **Diagnostic Criteria for Autism**

18. The *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision* (DSM-5 TR) identifies criteria for the diagnosis of autism spectrum disorder. The diagnostic criteria include persistent deficits in social communication and social interaction across multiple contexts; restricted repetitive and stereotyped

patterns of behavior, interests, or activities; symptoms that are present in the early developmental period; symptoms that cause clinically significant impairment in social, occupational, or other important areas of function; and disturbances that are not better explained by intellectual disability or global developmental delay.

19. An individual must have a DSM<sup>2</sup> diagnosis of autism or autism spectrum disorder to qualify for regional center services based on autism.

### **Claimant's Records**

20. In May of 2008, claimant was 12 years old and in the sixth grade. His parents became concerned about his academic progress, attention, and concentration. Colleen Pierre-Louis, Ed. S., Psychologist, with the Ontario-Montclair School District, completed a Psycho-Educational Assessment. She reviewed records, conducted interviews, and administered standardized tests. She wrote a report dated May 2, 2008, wherein she concluded:

According to California Title V Special Education eligibility criteria, the results of this assessment do not support eligibility for services under the Specific Learning Disability category. The assessment findings reveal average to low average intellectual and cognitive functioning, and academic skills within normal expectancy.

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<sup>2</sup> In most cases it would not matter whether the diagnosis was based on the criteria in the DSM 4, DSM 5, or DSM 5 TR.



21. In October 2008, claimant was hospitalized at Loma Linda Behavioral Medicine Center, on a 5150,<sup>3</sup> involuntary hold. He was given a diagnosis of depression. After two weeks in the hospital, he was released to his father.

22. On October 29, 2008, claimant was admitted to Care Connect Partners in Redlands, California, on a 5150 involuntary hold. He was discharged on November 3, 2008. He was diagnosed with major depressive disorder, severe, with psychotic features. A history of claimant's illness provides: He has been engaging in self-injurious behaviors at home –cutting on his wrists. He told his father he was going to die. Claimant presents with suicidal ideation. He is sad, depressed, and hopeless. He has visual hallucinations, seeing himself dying. He has paranoia. The record shows claimant's condition on discharge as "improving."

23. On November 3, 2008, when claimant was released from Care Connect Partners, he began psychological counselling at Rancho Family Psychology.

24. In October and December 2008, claimant was 12 years old and in the seventh grade. He attended Ruth Harris Middle School. Lindsey Kizer, School Psychologist with the Colton Joint Unified School District, conducted an assessment and wrote a psychoeducational report. The purpose of the evaluation was to determine whether claimant qualified for special education services as a student with

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<sup>3</sup> Welfare and Institutions Code section 5150 provides: when, as a result of a mental health disorder, a person is a danger to others, himself, or herself, a peace officer and certain specified professionals, may on probable cause, take the person onto custody for a period of up to 72 hours for assessment, evaluation, and crisis intervention.

exceptional needs. Mr. Kizer administered standardized tests, observed claimant, conducted interviews, and reviewed records. Mr. Kizer wrote:

[Claimant's] deficits in information retrieval and planning are impacting his achievement in oral and written language as well as math calculation. He is slow to complete tasks due to poor task initiation and self-monitoring skills. . . . His struggle with depression makes it difficult for him to go to school each day and engage in the learning process. He is reluctant to approach staff for clarification when he needs it.

25. As a justification for special education services, Mr. Kizer found that claimant had a specific learning disability. Mr. Kizer wrote:

[Claimant] has demonstrated a severe discrepancy between intellectual ability and achievement in Oral expression, Listening comprehension, Written expression, and Mathematical calculation. This discrepancy is due to a disorder in Auditory processing, specifically in information retrieval. The discrepancy cannot be corrected through other regular or categorical services offered within the regular instructional program.

26. The intelligence quotient (IQ) tests Mr. Kizer administered showed no intellectual disability. On tests for verbal ability, cognitive assessment, cognitive processing, and achievement, none of claimant's scores were under 70. All scores ranged from average to low average.

27. Mr. Kizer found that “[Claimant] appears to meet [special education] eligibility requirements as a student with a learning disability.”

28. In 2010 claimant was receiving special education services. A February 10, 2010, annual review of claimant’s individualized education plan showed that he was enrolled in Ruth Harris Middle School but had a home-hospital teacher. The teacher, Mr. Padilla, said that, when they worked together, claimant worked at grade level, but when claimant works individually, he does not do well.

29. On September 24, 2021, claimant was admitted to a Kaiser Hospital facility. The admission was by a police officer on a 5150 involuntary hold. Claimant had been found running naked through the streets. The police tased him. An intake note said he was admitted with a psychotic disorder, unspecified. On September 26, 2021, claimant was discharged to a psychiatric acute care hospital.

30. On September 26, 2021, claimant was admitted to Del Amo Hospital in Torrance, California, on a 5150 involuntary hold. He was discharged on October 14, 2021. Records show the following: He was admitted for disturbances, mood state, self-harm, and threatening behavior. Claimant’s behavior has been bizarre. He has been aggressive. He has been disrobing at home. He threatened to kill his father and to harm himself. During claimant’s hospitalization, he was guarded and evasive. He was unrealistic about his symptoms and the behaviors that led to his hospitalization. He refused medication and was paranoid. Claimant was hyper-religious and believes he is Jesus.

31. On January 11, 2022, claimant was admitted to BHC Alhambra Hospital in Rosemead, California, on a 5150 involuntary hold. His diagnoses on admission were paranoid schizophrenia and marijuana abuse. He was discharged on January 21, 2022.

Records show the following: before claimant's admission, he had been threatening to harm himself. He thinks of jumping from high places and hears voices. In the hospital, he exposed himself to staff. He has racing thoughts. He is irritable and paranoid with unstable affect. He has impaired insight. On discharge, claimant denied suicidal or homicidal ideation. Claimant's progress showed that he no longer was a danger to himself.

32. As noted above, after the regional center denied claimant's first application, his mother obtained a letter dated November 1, 2022, from Elma Slough, a nurse practitioner. In the letter Ms. Slough mentioned "Autistic Disorder." She said claimant was her patient and that she treated him for five conditions, one of which was "Autistic Disorder."

### **Testimony of Sandra Brooks, Ph.D.**

33. Sandra Brooks, Ph.D., is a licensed clinical psychologist. She obtained her Ph.D. in clinical psychology in 2006 from Loma Linda University. She also has a bachelor of arts in English and Psychology and a Master of Science in Experimental Psychology. Dr. Brooks has been a staff psychologist at IRC since 2010, where she specializes in assessment and diagnosis for the purpose of determining eligibility for regional center services. Prior to that, she served as a psychological assistant at IRC from 2007 to 2009. Prior to that, she served in multiple positions across the country. She has made many professional presentations in the field of psychology, and she has attended many trainings and workshops in her field. Dr. Brooks is an expert in the assessment of individuals for regional center services.

34. Dr. Brooks was a member of the eligibility determination team that reviewed claimant's records and made the decision regarding each of his applications.

35. Dr. Brooks testified about the criteria for determining whether one is eligible to receive regional center services under the Lanterman Act. She also testified about claimant's records. Dr. Brooks testified that claimant's records show that he does not have a developmental disability and is not eligible for regional center services under the Lanterman Act.

36. Welfare and Institutions Code section 4512, subdivision (a), sets forth the eligibility criteria for Lanterman Act services. To be eligible, one must have a developmental disability that originates before one attains 18 years of age; continues, or can be expected to continue, indefinitely; and constitutes a substantial disability for the individual. The term developmental disability includes intellectual disability, cerebral palsy, epilepsy, and autism. The term also includes disabling conditions closely related to intellectual disability or that require treatment similar to that required for individuals with intellectual disability. Dr. Brooks testified that claimant's records show that he does not have any of these developmental disabilities.

37. Dr. Brooks testified that claimant's records show that, while he had a learning disability, he does not have an intellectual developmental disorder. Generally, in order to be diagnosed with an intellectual developmental disorder, one must obtain an overall IQ below 70 on a standardized intelligence test. The standards for qualifying for special education services are different from the standards for qualifying for regional center services.

38. The IQ tests Mr. Kizer administered 2008, when claimant was 12 years old and in the seventh grade, showed no intellectual developmental disorder. In tests for verbal ability, cognitive assessment, cognitive processing, and achievement, none of the scores were under 70. All of claimant's scores were average to low average.

39. Dr. Brooks testified that none of claimant's school records support a finding that he has a developmental disability. Dr. Brooks noted that, when claimant was receiving special education services in 2010, and Mr. Padilla was his home-hospital teacher, claimant was receiving those services based on a specific learning disability. A learning disability is a discrepancy between capability and achievement. Dr. Brooks said learning disabilities are not developmental disabilities that qualify one for regional center services. None of claimant's school records support a finding that he has an intellectual developmental disorder. To the contrary, they show that he does not have an intellectual developmental disorder or autism.

40. Concerning claimant's October 29, 2008, admission to Care Connect Partners, Dr. Brooks noted that claimant's discharge diagnosis was "major depressive disorder, severe, with psychotic features."

41. On September 24, 2021, claimant was admitted to a Kaiser facility on a 5150 involuntary hold after the police found him running naked through the streets. Dr. Brooks noted that the records showed that claimant was diagnosed with a psychotic disorder, unspecified.

42. On January 11, 2022, claimant was admitted to BHC Alhambra Hospital on a 5150 involuntary hold. Claimant had thought of jumping from high places. Dr. Brooks noted that the records showed that claimant was diagnosed with schizoaffective disorder and marijuana abuse.

43. Dr. Brooks testified that none of these hospital records would support a finding of a developmental disability. To the contrary, they show that claimant's condition is psychiatric, and psychiatric conditions are not developmental disabilities that entitle one to regional center services.

44. Regarding Ms. Slough's letter, Dr. Brooks testified as follows: One can have mental health issues and autism. But there is no evidence that claimant has autism – or at least no evidence that he had autism before the age of 18. Ms. Slough does not say that claimant has been diagnosed with autism. She says only that she is treating him for autism. It is odd that she says she is treating him for both Asperger's disorder and autism because under the DSM 4, those diagnoses were mutually exclusive. And under the DSM 5, there is no separate diagnosis of Asperger's disorder. What formerly was categorized as Asperger's disorder in the DSM is now categorized as a condition on the autism spectrum. Also, the fact that Ms. Slough assigns coding numbers to the conditions she lists, reinforces a conclusion that these are not diagnoses. There is nothing in the records that suggests that anyone has applied the DSM 4 or DSM 5 TR criteria and diagnosed claimant with autism or autism spectrum disorder.

45. Dr. Brooks concluded that claimant is not eligible for Lanterman Act services.

### **Specific Findings**

46. Claimant's records do not support a belief that he has a developmental disability. Therefore, he was not eligible for intake and assessment services.

47. Claimant does not have intellectual disability, cerebral palsy, epilepsy, or autism.

48. Claimant does not have a disabling condition closely related to intellectual disability.

49. Claimant does not have a disabling condition that requires treatment similar to that required for individuals with intellectual disability.

## **LEGAL CONCLUSIONS**

### **Burden and Standard of Proof**

1. "Except as otherwise provided by law, a party has the burden of proof as to each fact the existence or nonexistence of which is essential to the claim for relief or defense that he is asserting." (Evid. Code, § 500.) "'Burden of proof' means the obligation of a party to establish by evidence a requisite degree of belief concerning a fact in the mind of the trier of fact or the court." (Evid. Code, § 115.) Claimant has the burden of proving that he is eligible for regional center services under the Lanterman Act.

2. The standard of proof is proof by a preponderance of the evidence. (Evid. Code, § 115.)

### **The Law Regarding Eligibility**

3. Welfare and Institutions Code section 4512, subdivision (a), defines developmental disability as follows:

"Developmental disability" means a disability that originates before an individual attains 18 years of age; continues, or can be expected to continue, indefinitely; and constitutes a substantial disability for that individual. As defined by the Director of Developmental Services, in consultation with the Superintendent of Public Instruction, this term shall include



intellectual disability, cerebral palsy, epilepsy, and autism. This term shall also include disabling conditions found to be closely related to intellectual disability or to require treatment similar to that required for individuals with an intellectual disability, but shall not include other handicapping conditions that are solely physical in nature.

4. Welfare and Institutions Code section 4512, subdivision (b), concerns the determination of which services and supports are necessary for each consumer, and provides as follows:

“Services and supports for persons with developmental disabilities” means specialized services and supports or special adaptations of generic services and supports directed toward the alleviation of a developmental disability or toward the social, personal, physical, or economic habilitation or rehabilitation of an individual with a developmental disability, or toward the achievement and maintenance of independent, productive, and normal lives. The determination of which services and supports are necessary for each consumer shall be made through the individual program plan process. The determination shall be made on the basis of the needs and preferences of the consumer or, when appropriate, the consumer's family, and shall include consideration of a range of service options proposed by individual program plan participants, the effectiveness of each option in meeting the goals stated in

the individual program plan, and the cost-effectiveness of each option.

5. Welfare and Institutions Code section 4512, subdivision (b), lists examples of services and supports a consumer might need.

6. Welfare and Institutions Code section 4512, subdivision (l)(1), defines substantial disability as that term is used in Welfare and Institutions Code section 4512, subdivision (a) as follows:

“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.

7. Welfare and Institutions Code section 4512, subdivision (l)(2) restricts a reassessment of a determination of substantial disability: “A reassessment of

substantial disability for purposes of continuing eligibility shall utilize the same criteria under which the individual was originally made eligible.”

8. Welfare and Institutions Code section 4642, subdivision (a)(1), provides for eligibility for initial intake and assessment services.

*Any person believed to have a developmental disability, and any person believed to have a high risk of parenting a developmentally disabled infant shall be eligible for initial intake and assessment services in the regional centers. In addition, any infant having a high risk of becoming developmentally disabled may be eligible for initial intake and assessment services in the regional centers. For purposes of this section, “high-risk infant” means a child less than 36 months of age whose genetic, medical, or environmental history is predictive of a substantially greater risk for developmental disability than that for the general population. (Italics added.)*

9. Welfare and Institutions Code section 4643, subdivision (a), provides that assessment may include collection and review of historical diagnostic data, provision or procurement of necessary tests and evaluations, and summarization of developmental levels and service needs.

10. Welfare and Institutions Code section 4643, subdivision (a), provides that a regional center may consider evaluations and tests from other sources.

In determining if an individual meets the definition of developmental disability contained in subdivision (a) of

Section 4512, the regional center may consider evaluations and tests, including, but not limited to, intelligence tests, adaptive functioning tests, neurological and neuropsychological tests, diagnostic tests performed by a physician, psychiatric tests, and other tests or evaluations that have been performed by, and are available from, other sources.

11. California Code of Regulations, title 5, section 3030, provides the eligibility criteria for special education services required under the 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. For example, a school providing services to a student as a result of the child having autistic-like features is insufficient to establish eligibility for regional center services under the Lanterman Act, which uses the DSM. Regional centers are governed by California Code of Regulations, title 17. Title 17 eligibility requirements for services are much more stringent than those of title 5, which concerns special education.

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

(a) "Developmental Disability" means a disability that is attributable to mental retardation,<sup>4</sup> cerebral palsy, epilepsy, autism, or disabling conditions found to be closely related

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<sup>4</sup> The regulation still uses the term "mental retardation"; the DSM-5 TR uses the term "intellectual developmental disorder."

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.

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

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

Without administering any tests, a regional center may be able to determine whether an applicant is eligible for services. A regional center may be able to do that based on historical data and based on evaluations and tests that have been administered by, and are available from, other sources. Thus, a regional center may be able to act on an application for services without providing intake and assessment services.

## **Analysis**

13. Within the terms of Welfare and Institutions Code section 4642, subdivision (a)(1), the evidence claimant presented does not sustain a belief that claimant has a developmental disability. Thus, the regional center correctly declined to provide eligibility and intake assessment for claimant.

14. The school district records show that claimant had a specific learning disability, but learning disabilities are not disabilities that satisfy the criteria for eligibility for regional center services. A specific learning disability entitles one to special education services, but the criteria for regional center services are more limiting and stricter than the criteria to qualify for special education services. It is common for students to qualify for special education services but not for regional center services.

15. Ms. Slough's letter does mention "Autistic Disorder." But she does not say that claimant has been diagnosed with autism. She says only that, for four months, she treated him for "Autistic Disorder." And the fact that she refers to coding numbers used for billing rather than to DSM criteria further suggests that her references to Asperger's disorder and "Autistic Disorder" are not references to diagnoses. Nothing in the records suggests that anyone has applied DSM criteria and diagnosed claimant with autism.

16. The medical records do not suggest that claimant has an intellectual disability or autism. The records show that claimant has long-standing, and serious psychiatric issues. Solely psychiatric disabilities do not entitle one to regional center services as set forth in California Code of Regulations, title 17, section 54000.

17. Based on the records presented, it is determined that claimant does not have a developmental disability that entitles him to regional center services.

## **ORDER**

Claimant's appeal from Inland Regional Center's determination that he is not eligible for regional center services is denied.

DATE: June 20, 2023

ROBERT WALKER  
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 Welfare and Institutions Code section 4713, subdivision (b), 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.