BEFORE THE
OFFICE OF ADMINISTRATIVE HEARINGS
STATE OF CALIFORNIA

In the Matter of the Fair Hearing of:

CLAIMANT,

vs.

FRANK D. LANTERMAN Regional Center,

Service Agency.

OAH No. 2023050698

DDS No. CS0005792

DECISION

Glynda B. Gomez, Administrative Law Judge (ALJ), Office of Administrative Hearings (OAH), State of California, heard this matter on July 20, 2023 by videoconference.

Alexis Cuevas, Hearing Representative, represented Frank D. Lanterman Regional Center (FDLRC).

Claimant's Mother (Mother) represented Claimant at hearing. Proper names are not used to protect the privacy of Claimant and her family.

Testimony and documentary evidence was received. The record was closed and the matter was submitted for decision on July 20, 2023.

ISSUE

Is Claimant eligible for Regional Center services?

FACTUAL FINDINGS

1. Claimant is a 16-year, 10-month-old female who was referred to FDLRC for evaluation by a hospital. Claimant, an adopted child, was born prematurely and addicted/exposed to Methamphetamine. She has a history of seizures, behavioral issues, speech issues, academic difficulties and mental health challenges. Mother, an aging single parent, who is a former elementary school teacher, is considering having Claimant placed in an institution because the physical and emotional demands of her care have become too much for Mother.

2. Claimant receives special education services and supports from her local school district where she was determined eligible under the category of Emotional Disturbance (ED). Claimant attends a mild-to-moderate special day class with a one-to-one behavioral aide. She is mainstreamed in a general education Health class which she enjoys. Clamant receives counseling, speech therapy, occupational therapy, and behavior intervention pursuant to her Individualized Education Program (IEP). Claimant's most recent IEP was not in evidence. Thus, her current levels of academic performance, goals, and the details of her Free Appropriate Public Education (FAPE) were not established by the evidence. Her 2015 IEP is in evidence and was considered

by FDLRC. Claimant has been hospitalized more than 30 times due to her attempts to do self-harm, harm others and suicidal ideations.

3. On March 29, 20223, the FDLRC multi-disciplinary team including Michele Johnson, Intake Manager, Wendy Leskiw, M.D., Medical Consultant, Mandana Moradi, Psychologist, and Maria Tapia-Montes, Intake Specialist met, reviewed Claimant's case, and then signed a "Statement of Eligibility" which indicated that Claimant is not eligible for FDLRC services because she "does not present with a Developmental Disability." The statement provides that Claimant has diagnoses of "Speech Sound Disorder" and "Bipolar 1 Disorder, current or most recent episode unspecified (by report.)" (Ex. 1.) On April 6, 2023, FDLRC sent Claimant and her Mother, a Notice of Action (NOA) stating its proposed action to find Claimant not eligible for regional center services "because she does not have a developmental disability." (Ex. 2.) According to the NOA, the proposed action was based upon a review of Claimant's 2015 IEP, a psychological assessment and a psychosocial evaluation discussed below. The NOA also provides that "any adaptive skills deficits [Claimant] may be experiencing can be attributed to her mental health condition and not a developmental disability." (Ex. 2.) An informal meeting held on May 18, 2023, and memorialized in a letter dated July 10, 2023, did not result in an agreement between Claimant and FDLRC.

4. A psychosocial assessment was conducted on February 23, 2023 by FDLRC Assessment Coordinator Kelsey Risley who did not testify at the administrative hearing. The assessment was based solely on information from Mother. According to the assessment report, Claimant was adopted at five years of age and little is known about her biological parents. Claimant was born premature and addicted to Methamphetamine. There was no information about Claimant's early developmental

milestones except that she had experienced seizures. Claimant is an only child and lives in a single parent household. Claimant is in the tenth grade at her local public school and has been a special education student since the age of seven. Claimant is physically aggressive with her mother and others, has engaged in self-harm and has suicidal ideations. She has difficulty communicating and needs assistance with many self-care tasks including reminders to bathe and change clothes. She has also engaged in inappropriate sexual banter with adults over the internet. Claimant takes Guanfacine (for ADHD), Fluoxetine (for depression and OCD) and Trileptal (for seizures.)

5. Claimant has episodes of staring and attention issues. In December 2022, Claimant had a physical examination and subsequently a CT scan, brain MRI and EEG. Although Claimant had seizures when she was approximately 5 to 6 years old, she has not had any known recent seizures, takes medication to prevent seizures and recent medical testing did not reveal a seizure disorder. However, the physicians were not able to rule out a seizure disorder based on their testing. Additionally, the testing did reveal frontal lobe irregularities, the significance of which was not elaborated on in the medical records or the evidence presented at hearing. (Exs. 6, 9.)

6. FDLRC Psychologist Consultant Ruzanna Agamayan (Agamayan) conducted the psychological assessment of Claimant and issued an undated report. Agamayan holds a Bachelor's degree in Russian Literature from the State Pedologic Institute of Armenia, a Master of Arts degree in Clinical Psychology from California State University, Los Angeles, a Master of Science degree in Pharmacology from New Jersey University and Doctorate in Clinical Psychology from the California Professional School of Psychology. Her professional experience includes two years as a teacher with the developmentally disabled, two years as a social worker working with seniors, and six years as a service coordinator with FDLRC. She currently works as a part-time

psychologist with the California Department of Corrections and as a contracted psychologist with FDLRC.

7. Agamayan met with Claimant twice when she performed a psychological assessment of Claimant on November 15, 2022 and December 20, 2022. Agamayan provided thoughtful and informative testimony at the administrative hearing. Agamayan used the Diagnostic and Statistics Manual-5th edition (DSM-5) to determine whether or not Claimant met diagnostic criteria for Autism or Intellectual Disability.

8. Agamayan used the Wechsler Adult Intelligence-Fourth edition (WAIS-4), the Autism Diagnostic Observations Schedule-2 (ADOS-2), Vineland Adaptive Behavioral Scales-3 (VABS -3), a diagnostic interview and a review of records to conduct her evaluation which is memorialized in her undated report.

9. Agamayan administered the ADOS-2 to determine if Claimant met the criteria for diagnosis of Autism. Claimant received a score of 1 in Communication, 3 in Reciprocal Social Interactions and 1 in Restricted Behaviors for a total score of 5, well below the Autism cutoff score of 9 and the autism spectrum cutoff score of 7. Although Claimant met some of the criteria for Autism (i.e.. Deficits in developing, maintaining and understanding relationships, insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal and non-verbal behaviors, hyper or hyporeactive to sensory input), she did not meet the overall criteria for diagnosis of Autism.

10. Claimant received a Full-Scale Intelligence Quotient (FSIQ) score of 77 within the borderline range on the WAIS-4, a measure of adult cognitive ability. The FSIQ is comprised of subtests which provide composite index scores in several areas:

verbal comprehension (VCI), perceptual reasoning (PRI), working memory (WMI) and processing speed (PSI). Claimant received the following composite scores: VCI: 89; PRI: 81; WMI: 80 and PSI: 71.

11. Agamayan opined that Claimant's scores on most subtests are in the low-average range suggesting that the FSIQ score may not be indicative of her true cognitive ability. According to Agamayan, the FSIQ is artificially low due to her low scores on the PSI which measures attention and visual discrimination. Agamayan opined that "her cognitive potential should be described cautiously, as leaning toward the low average range." (Ex. 5.) Agamayan opined that even though Claimant's FSIQ fell in the borderline range, she really should be considered to have low average intelligence. She reasoned that "[Claimant's] processing speed, which includes her visual attention and visual-motor integration, is her relative weakness. Processing speed tasks are timed and, performance of these tasks can be impacted by emotional issues such as anxiety and depression.

12. Agamayan diagnosed Claimant with Low Average Cognitive Functioning (despite her borderline scores), subaverage adaptive functioning, Bipolar I Disorder (by report), and speech sound disorder. She recommended a referral to the Department of Mental health for therapy and psychiatric resources, behavior management/counseling and individual therapy. When asked what type of learning strategies should be used for Claimant, Agamayan suggested that repetition and breaking down tasks into simple and manageable parts are important strategies for Claimant. She also acknowledged that those are strategies that are most often used for persons with Intellectual Disability as well.

13. The VABS-3, a rating scale completed by Mother, and reviewed with Agamayan, was used to measure Claimant's adaptive skill levels. Claimant's overall

Adaptive Behavior Composite score was 56, demonstrating mild to moderate variable deficits and placing her in the low range. The composite score is made up of four subdomains: communication, daily living skills and socialization. Claimant performed in the low range in all subdomains, but showed relative strength in daily living skills and weaknesses in communication and socialization with some socialization skills at the infant level. Claimant received a score of 46, moderate deficit range, in the communication subdomain. Claimant's receptive language score was rated in the two years, 10-month range, her expressive language in the four years, two months range, and her written expression in the seven years, four-month range. Claimant's daily living skills subdomain score was 68, within the mild deficit range. Daily living skills measured several areas including personal living skills, domestic skills and community skills. Her personal living skills were rated in the seven years, four-month range, her domestic skills in the six years, one month range and her community skills in the nine years, four-month range. Claimant received a score of 49 demonstrating moderate deficit, in the socialization subdomain. In Interpersonal relationships, she scored in the three years old range, in play and leisure in the four years old range and at the infant level in coping skills. (Ex. 5.)

14. Agamayan acknowledged that Claimant's adaptive functioning, when compared to her cognitive skills, "is significantly compromised." She surmised that Claimant's mental health challenges impact her communication, interpersonal and coping skills. Nevertheless, she acknowledged that all of Claimant's adaptive skills were below her age level and significantly impaired. Agamayan opined that "[w]hen compared with cognitive skills, [Claimant's] adaptive functioning is significantly compromised." (Ex. 6, p.5.) She also stated that Claimant demonstrates "very low receptive and pragmatic communication." (Ex. 6, p.6) and "[h]er personal skills,

function at home and in the community are her relative strengths, but these skills are still below grade level." (Ex. 6, p.7.)

15. According to Agamayan's report, with regard to communication, the VABS-3 revealed Claimant responds to questions that use what, who, when, where, and why, sometimes follows two-step directions, does not consistently follow "if, then" instructions, has difficulty focusing and does not understand sarcasm. Clamant can ask questions and tell basic parts of a familiar story or tell about her day. She reads a lot, but has trouble comprehending what she reads. She does not write essays or summaries and does not edit her written work.

16. With regard to daily living skills, the VABS-3 revealed Claimant can dress herself and attend to her toileting needs. She needs reminders and assistance with buttons, rinsing her hair, changing her clothes and taking her medication. However, she must be reminded repeatedly to wear clean clothes and to bathe. She does not wash dishes, clean floors or the bathroom and has difficulty with her own laundry. She is able to make simple meals with supervision and knows to lock the doors to her home. (Ex. 5.)

17. With regard to socialization, the VABS-3 revealed that Claimant does not recognize emotion in others. She smiles in response to praise or a compliment and shows interest in peers. She has difficulty maintaining relationships, starting conversations and transitioning from topics of her interest to the interests of others. She also speaks in a loud voice. She does not understand that someone who appears friendly might actually intend harm. She also has trouble controlling her anger and has frequent outbursts. She is not able to communicate her feelings.

18. According to Agamayan, Claimant demonstrated social-emotional immaturity. She opined that "[h]er challenges in the domain of peer interactions appear to be primarily associated with her negative mood and irritability. It is likely that her traumatic childhood experiences had a profound impact on her emotional development causing pervasive sense of discontent and low frustration tolerance." (Ex.6.)

19. Mother provided clear, insightful and persuasive testimony about Claimant's deficits and strengths. Mother is a credentialed teacher and has worked extensively with Claimant on her academics every day to optimize her learning. Mother uses repetition, chunking (breaking concepts into manageable pieces) and gives frequent breaks when working with Claimant. Mother is unable to handle Claimant's violent outbursts and is at times, overpowered by Claimant. When Claimant was first adopted, she was non-verbal and highly aggressive. She has been in therapy since she was adopted to deal with her aggressive behavior towards others and has been hospitalized repeatedly because of her dangerous behaviors. Mother is concerned that Claimant will need to be placed in an institution because of her aggressive and uncontrolled behavior and inability to function independently at an age appropriate level. Claimant is not able to express her thoughts and emotions verbally, needs constant reminders to keep herself clean, change clothes and engage in self-care. She requires one to one assistance at school and at home.

20. Mother did not minimize Claimant's mental health issues. She was extremely concerned about Claimant's propensity for violent outbursts. According to Mother, Claimant has been hospitalized more than 30 times, including a recent April 2023 hospitalization. Claimant becomes a danger to herself and others at times and has had suicidal ideations. However, Mother believes that Claimant's difficulties are

not merely the result of her mental health challenges. As an experienced teacher who works with her child every day, Mother sees what she believes to be developmental issues compounded by mental health challenges.

LEGAL CONCLUSIONS

1. An administrative hearing to determine the rights and obligations of the parties, if any, is available under the Lanterman Act to appeal a contrary service agency decision. (Welf. & Inst. Code, §§ 4700-4716.) Parent requested a hearing, on Claimant's behalf, to contest Service Agency's proposed denial of Claimant's eligibility for services under the Lanterman Act and therefore jurisdiction for this appeal was established.

2. Generally, when an applicant seeks to establish eligibility for government benefits or services, the burden of proof is on her to prove by a preponderance of the evidence that she meets the criteria for eligibility. (*Lindsay v. San Diego Retirement Bd.* (1964) 231 Cal.App.2d 156, 161; Evid. Code, §§ 115, 500.) "Preponderance of the evidence means evidence that has more convincing force than that opposed to it. [Citations] . . . [T]he sole focus of the legal definition of 'preponderance' in the phrase 'preponderance of the evidence' is the quality of the evidence. The quantity of the evidence presented by each side is irrelevant." (*Glage v. Hawes Firearms Co.* (1990) 226 Cal.App.3d 314, 324-325.)

3. In order to be eligible for regional center services, a claimant must have a qualifying developmental disability. Welfare and Institutions Code section 4512, subdivision (a), defines "developmental disability" as:

> [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. . .. [T]his 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. The eligibility category of cerebral palsy is not at issue in this fair hearing. Only the eligibility categories of epilepsy, autism, intellectual disability, and the disabling condition closely related to intellectual disability or to require treatment similar to that required for individuals with an intellectual disability, also known as the fifth category, will be addressed.

5. To prove the existence of a qualifying developmental disability within the meaning of Welfare and Institutions Code section 4512, a claimant must show that she has a "substantial disability." Pursuant to Welfare and Institutions Code section 4512, subdivision (a)(1):

> "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. Additionally, California Code of Regulations, title 17, section 54001 further refines the definition of "substantial disability." It states, in pertinent part:

(a) "Substantial disability" means:

(1) A condition which results in major impairment of cognitive and/or social functioning, representing sufficient impairment to require interdisciplinary planning and coordination of special or generic services to assist the individual in achieving maximum potential; and

(2) The existence of significant limitations, as determined by the regional center, in three or more of the following areas of major life activity, as appropriate for the person's age:

(A) Receptive and expressive language.

(B) Learning.

(C) Self-care.

(D) Mobility.

(E) Self-direction.

(F) Capacity for independent living.

(G) Economic self-sufficiency.

7. California Code of Regulations, title 17, section 54001, subdivision (b), provides, in pertinent part, that the "assessment of substantial disability shall be made by a group of Regional Center professionals of differing disciplines," and the "group shall include as a minimum a program coordinator, a physician, and a psychologist."

8. In addition to proving that she suffers from a "substantial disability," a claimant must show that her disability fits into one of the five categories of eligibility set forth in Welfare and Institutions Code section 4512.

9. The Lanterman Act and its implementing regulations contain no definition of the qualifying developmental disability of "autism." Consequently, when determining eligibility for services on the basis of autism, that qualifying disability has been defined as congruent to the DSM-5 definition of "Autism Spectrum Disorder."

10. The DSM-5, section 299.00 discusses the diagnostic criteria which must be met to provide a specific diagnosis of ASD, as follows:

A. Persistent deficits in social communication and social interaction across multiple contexts, as manifested by the following, currently or by history (examples are illustrative, not exhaustive; see text):

1. Deficits in social-emotional reciprocity, ranging, for example from abnormal social approach and

failure of normal back-and-forth conversation; to reduced sharing of interests, emotions, or affect; to failure to initiate or respond to social interactions.

2. Deficits in nonverbal communicative behaviors used for social interaction, ranging, for example, from poorly integrated verbal and nonverbal communication; to abnormalities in eye contact and body language or deficits in understanding and use of gestures; to a total lack of facial expressions and nonverbal communication.

3. Deficits in developing, maintaining, and understanding relationships, ranging, for example from difficulties adjusting behavior to suit various social contexts; to difficulties in sharing imaginative play or in making friends; to absence of interest in peers. [¶] . . . [¶]

B. Restricted, repetitive patterns of behavior, interests, or activities, as manifested by at least two of the following, currently or by history (examples are illustrative, not exhaustive; see text):

1. Stereotyped or repetitive motor movements, use of objects, or speech (e.g., simple motor stereotypies, lining up toys or flipping objects, echolalia, idiosyncratic phrases).

2. Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal

behavior (e.g., extreme distress at small changes, difficulties with transitions, rigid thinking patterns, greeting rituals, need to take same route or eat same food every day).

3. Highly restricted, fixated interests that are abnormal in intensity or focus (e.g., strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interests).

4. Hyper- or hyporeactivity to sensory input or unusual interests in sensory aspects of the environment (e.g., apparent indifference to pain/temperature, adverse response to specific sounds or textures, excessive smelling or touching objects, visual fascination with lights or movement). [¶] . . . [¶]

C. Symptoms must be present in the early developmental period (but may not become fully manifest until social demands exceed limited capacities, or may be masked by learned strategies in later life).

D. Symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning.

E. These disturbances are not better explained by intellectual disability (intellectual development disorder) or global developmental delay. Intellectual disability and autism spectrum disorder frequently co-occur; to make

> comorbid diagnoses of autism spectrum disorder and intellectual disability, social communication should be below that expected for general developmental level.

(DSM-5, at pp. 50-51.)

11. Although she displays some characteristics typically associated with Autism, Claimant does not meet the criteria under the DSM-5 for a diagnosis of Autism Spectrum Disorder.

12. The Lanterman Act and its implementing regulations contain no definition of the qualifying developmental disability of "Intellectual Disability." Consequently, when determining eligibility for services and supports on the basis of intellectual disability, that qualifying disability had previously been defined by the DSM-5 diagnostic definition of intellectual disability.

13. The DSM-5 describes intellectual disability as follows:

> Intellectual disability . . . is a disorder with onset during the developmental period that includes both intellectual and adaptive functioning deficits in conceptual, social and practical domains. The following three criteria must be met:
>
> A. Deficits in intellectual functions, such as reasoning, problem solving, planning, abstract thinking, judgment, academic learning, and learning from experience, confirmed by both clinical assessment and individualized, standardized intelligence testing.

B. Deficits in adaptive functioning that result in failure to meet developmental and socio-cultural standards for personal independence and social responsibility. Without ongoing support, the adaptive deficits limit functioning in one or more activities of daily life, such as communication, social participation, and independent living, across multiple environments, such as home, school, work, and community.

C. Onset of intellectual and adaptive deficits during the developmental period.

(DSM-5, p. 33.)

14. The DSM-5 notes the need for assessment of both cognitive capacity and adaptive functioning and that the severity of intellectual disability is determined by adaptive functioning rather than IQ score. (*Id*. at 37.)

15. Pursuant to Welfare and Institutions Code section 4512, subdivision (a), the "fifth category" of Lanterman Act eligibility aids individuals with "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 does "not include other handicapping conditions that are solely physical in nature."

16. The fifth category is not defined in the DSM-5. In *Mason v. Office of Administrative Hearings* (2001) 89 CalApp.4th 1119, 1129, the California Court of Appeal held that the fifth category was not unconstitutionally vague and set down a general standard: "The fifth category condition must be very similar to [intellectual disability], with many of the same, or close to the same, factors required in classifying a person as [intellectually disabled]. Furthermore, the various additional factors

required in designating an individual developmentally disabled and substantially handicapped must apply as well."

17. Individuals may qualify for regional center services under the fifth category on either of two independent bases, with one basis requiring only that an individual require treatment similar to that required for individuals with intellectual disability. Thus, an individual can qualify for regional center services under the fifth category if he or she satisfies either prong: (1) a condition closely related to intellectual disability or (2) a condition requiring treatment similar to that required for an intellectually disabled individual. (*Samantha C. v. State Department of Developmental Services* (2010) 185 Cal.App.4th 1462.)

18. Determining whether a claimant's condition "requires treatment similar to that required" for persons with intellectual disability is not a simple exercise of enumerating the services provided and finding that a claimant would benefit from them. Many people, including those who do not suffer from intellectual disability, or any developmental disability, could benefit from the types of services offered by regional centers (e.g., counseling, vocational training, living skills training, or supervision). The criterion therefore is not whether someone would benefit from the provision of services, but whether that person's condition requires treatment similar to that required for persons with intellectual disability, which has a narrower meaning under the Lanterman Act than services. (*Ronald F. v. Dept. of Developmental Services* (*Ronald F.*) (2017) 8 Cal.App.5th 94, 98.)

Discussion

19. Claimant failed to establish by a preponderance of the evidence that she has epilepsy or has a diagnosis of autism or autism spectrum disorder.

20. Claimant failed to establish she qualifies under the category of intellectual disability. Claimant has borderline cognitive skills and adaptive skills that were assessed as "significantly compromised" with variable deficits all of which were rated in the low range. Claimant's cognitive skills make her cognitive level too high for her to be considered intellectually disabled. However, Claimant's adaptive deficits are significantly below her cognitive level. Nevertheless, Claimant does not meet the criteria under the DSM-5 for a diagnosis of intellectual disability, because her cognitive performance. although it could be considered borderline is technically higher than what could be achieved by someone with intellectual disability and her low adaptive skills deficits alone, do not meet the criteria for intellectual disability.

21. However, Claimant's borderline cognitive abilities, coupled with her low adaptive skills, which the assessor described as "significantly compromised," when viewed against the backdrop of prematurity, in utero exposure to Methamphetamine, juvenile seizures and frontal lobe abnormalities, provide the constellation of factors that demonstrate that Claimant suffers from a condition similar to intellectual disability, and requires the type of repetition and simplification that treatment for someone with intellectual disability entails. Claimant's mother, a credentialed school teacher, and Claimant's school, have provided these types of strategies and supports to Claimant with some success.

22. While Claimant has been diagnosed with a number of mental health issues, there is no evidence that her deficits are solely related to such conditions or that she suffers from a physical handicap that is the sole cause of her deficits. Claimant's history of seizures (despite the absence of recent seizures), her frontal lobe irregularities (possibly related to prenatal exposure to Methamphetamine), low cognitive scores, slow processing and significant adaptive skill deficits manifest in

characteristics similar to those of a person suffering from intellectual disability. In addition, Claimant has received and requires the same type of treatment and supports as a person with intellectual disability.

23. Although there was no dispute as to the substantially disabling nature of Claimant's disabilities, the preponderance of the evidence did establish that Claimant's disability is substantially handicapping to her in six of the seven categories delineated in the Lanterman Act. Specifically, receptive and expressive language, learning, self-care, self-care, self-direction, capacity for independent living and economic self-sufficiency as is evidenced by her scores on the WAIS-4 and the VABS-3 and as corroborated by the credited testimony of her Mother. Claimant's mental health issues are an additional and exacerbating factor, but the preponderance of the evidence did not establish that they were the sole cause of her disability.

Disposition

24. The preponderance of the evidence supports a finding that Claimant is eligible to receive regional center services under the fifth category of eligibility, as a person suffering from a condition similar to intellectual disability and also as a person requiring treatment similar to intellectual disability. Claimant is substantially handicapped by her disability.

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ORDER

Claimant's appeal is granted. She is eligible for regional center services.

DATE:

GLYNDA B. GOMEZ
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.