

BEFORE THE
OFFICE OF ADMINISTRATIVE HEARINGS
STATE OF CALIFORNIA

In the Matter of:

CLAIMANT,

and

SAN DIEGO REGIONAL CENTER,

Service Agency.

OAH No. 2017031456

DECISION

Administrative Law Judge Vallera J. Johnson, State of California, Office of Administrative Hearings, heard this matter in San Diego, California on May 16, 2017.

Claimant's mother represented claimant.

Ronald R. House, Esq., represented the San Diego Regional Center.

The matter was submitted on May 16, 2017.

ISSUE

Is claimant eligible to receive services from the San Diego Regional Center based on the qualifying condition of Autism Spectrum Disorder?

FACTUAL FINDINGS

JURISDICTION

1. Claimant is an 11-year-old boy who lives in the family home with his mother, grandmother and two of his three siblings.
2. Claimant applied for services from San Diego Regional Center (service agency).

To determine whether an individual is eligible to receive regional center services, the service agency's Developmental Disability Screening Team (DDST) evaluates the submitted documentation. The DDST is composed of a psychologist, physician and a social worker.

In this case, Emelia Pine, a social worker counselor (SWC), performed a social assessment of claimant. The DDST requested an evaluation by a regional center psychologist. Beatriz E.C. Netter, Ph.D., completed the psychological evaluation. The DDST determined that claimant did not meet the eligibility criteria to receive regional center services.

Thereafter, the service agency sent claimant a Notice of Proposed Action, informing him that he did not meet the regional center eligibility criteria as he "does not have autism" and "is not substantially disabled by an intellectual disability, cerebral palsy, epilepsy, autism, a condition similar to an intellectual disability or requiring treatment similar to that required for individuals with intellectual disability."

Claimant filed a timely Fair Hearing Request.

3. Prior to the hearing, the service agency conducted an informal meeting. In addition to claimant's mother and the service agency representative, present was Harry Eisner, Ph.D. (Dr. Eisner), a service agency psychologist.

During the meeting, the service agency discussed the issue of whether claimant qualifies to receive regional center services "based on having a developmental disability that is substantially disabling" as defined in the Lanterman Developmental Disability Services Act (Lanterman Act) and the California Code of Regulations, title 17, section 54000, and summarized the bases for their decision. In addition, claimant's mother shared information about claimant's developmental history, his educational history and his challenges in daily life. Dr. Eisner agreed to contact claimant's special education teacher at his elementary school to discuss his case.

By letter, the service agency notified claimant:

Based upon the information provided during the informal meeting, a review of [Claimant]'s SDRC case record, a review of the additional documentation you provided during the informal meeting, Dr. Eisner's interview with Ms. Mutuc [*sic*], Educational Specialist, and review of the Lanterman Developmental Disabilities Services Act and the California Code of Regulations, Title 17, my decision is as follows: I have determined that [Claimant] is not eligible for Regional Center Services.

4. On May 16, 2017, this hearing ensued.

SERVICE AGENCY'S EVALUATION OF CLAIMANT

5. Dr. Eisner is the service agency's psychologist who evaluated claimant's packet and participated on the DDST to determine whether he was eligible to receive services based on Autism Spectrum Disorder.¹

Dr. Eisner holds a doctorate in psychology and is licensed as a psychologist in the State of California. He has been a service agency staff psychologist for more than 28 years and has conducted more than 20,000 assessments to determine whether an individual was eligible to receive regional center services.

6. In determining eligibility, the service agency relies on the eligibility criteria for regional center services under the Lanterman Act and regulations and the diagnostic criteria set forth in the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* (DSM-5).

7. The diagnostic criteria for Autism Spectrum Disorder are:

¹ The terms "Autism Spectrum Disorder" and "Autism" are used interchangeably.

- 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 interests in peers.

Specify Current Severity

**Severity is based on social communication
impairments and restricted, repetitive
patterns of behavior**

- B. Restrictive, 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 stereotypes, 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 routine 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 interest in sensory aspects of the environment (e.g., apparent indifference to pain/temperature, adverse response to specific sounds or textures, excessive smelling or touching of objects, visual fascination with lights or movement).

Specify Current Severity

**Severity is based on social communication
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- 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 early life).
 - D. Symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning
8. In summary, to be diagnosed with Autism Spectrum Disorder, an individual must have:
- Deficits in reciprocal social communication, and
 - Either or both: (1) patterns of stereotyped and/or repetitive behavior or interests, and/or (2) sensory processing anomalies.

The evaluator is looking for the behaviors that begin at an early age and persist throughout the child's life and creating a substantial impairment for the child.

9. In rendering the decision about eligibility, in addition to the DSM-5 diagnostic criteria for Autism Spectrum Disorder and the laws and regulations regarding eligibility, the service agency relied on review of the service agency's record, including the exhibits in this case, his discussions with claimant's mother and his discussions with claimant's elementary school [special education] case manager.

10. Dr. Eisner summarized the service agency decision making procedure.

Claimant's mother approached the service agency with an Individualized Education Program (IEP) with a designation of Autism.

The service agency opened the case. An experienced SWC conducted a face-to-face meeting (intake evaluation) with claimant and his mother and concluded that claimant did not have Autism. She submitted her report to DDST.

The service agency team reviewed educational records provided by claimant's mother. According to these records, in April 2013, the school first evaluated claimant. He did not qualify to receive special education services. In April 2014, the school evaluated claimant and determined that he had a specific learning disability and therefore qualified to receive special education services. In 2016, the school concluded claimant was eligible to receive special education services under the category of Autism. Dr. Eisner was critical of the 2016 IEP assessment report; in his opinion, there is minimal information in the report to support a diagnosis of Autism and the evaluation is inadequate for a diagnosis; if he had Autism, he did not appear to be highly impaired from the Autism.

The service agency obtained a psychological evaluation from an experienced service agency contracted psychologist. The psychologist met with claimant and his

mother, performed a thorough evaluation and concluded that claimant did not have Autism.

The DDST reviewed the foregoing data and decided claimant did not have Autism. Claimant appealed.

Thereafter, the service agency conducted the informal meeting in which Dr. Eisner participated. During the meeting, claimant's mother gave a history that was suggestive of an Autism designation. She described claimant as: (1) being socially isolated since he was little and that continued to the date of the meeting, (2) having delayed language, and (3) having sensory sensitivities. Dr. Eisner did not question the credibility of the description of claimant. In his opinion, claimant's mother described features of Autism. However, the description of claimant's condition was "so pronounced" that it would have been unusual for this child not to be identified early in his life by other professionals.

When a determination of eligibility is made, one cannot rely on one data source but must consider all available information. Even though claimant's mother's history provided a strong picture of a child with Autism, it was inconsistent with other information in the service agency record. As such, when considering all data together, there is minimal additional support for a diagnosis of Autism and a strong argument against eligibility.

Dr. Eisner considered claimant's mother's description of claimant when he evaluated information from other sources. He described the specific information upon which he relied in making his recommendation. In his opinion, there is no dispute that "claimant has something going on," but it is not Autism. In fact, the information is to the contrary.

SERVICE AGENCY INTAKE ASSESSMENT

11. The intake was done by an experienced social worker who issued a report. Dr. Eisner relied on specific language about communication in the CSW's report, to wit:

Claimant's affect was euthymic, and he made consistent eye contact. Claimant is verbal, and his articulation is good. He was fully engaged, participated in the meeting, responded to SWC's questions and interjected and corrected information his mother provided if he felt it was inaccurate. He stayed on topic during the meeting and took turns in the conversation. He was not always able to pick up on non-verbal cues and does not like it when the rules of something are changed.

Her description of claimant was not one of a child with obvious signs of Autism; if he has Autism, the CSW's descriptions were not what he would expect.

EDUCATIONAL ASSESSMENT

12. Dr. Eisner discussed the review of the school records. Given claimant's mother's description, he would expect school staff to identify autism early on. They did not.

13. Claimant was first evaluated in 2013 but did not qualify for services; the school personnel did not consider Autism.

14. When Dr. Eisner reviewed the 2014 special education report, he cited a portion of the report. Under teacher feedback, it reported, in part: "[Claimant] gets along well with others, and seems to have good self-esteem. He has good oral expression and listening comprehension skills. He does however struggle with keeping himself organized." Under behavior observation during testing, it reported that he "appeared to be in good health, came willingly to the session and was cooperative throughout,

worked hard on every item presented and required frequent breaks and motivators to do his best.”

Dr. Eisner explained that what was missing from this report was that claimant had behaviors related to Autism, such as rigid behaviors, only wanted to do things a certain way, and resisted interaction with examiner. If he was as impaired as his mother described, it should have been evident in the school documents. In 2014, the special education team concluded that claimant qualified to receive special education services based on Specific Learning Disability, not Autism.

15. Two years later, after getting educational support under Specific Learning Disability, the school determined that claimant qualified for special education services under the category of Autism. In Dr. Eisner’s opinion, there is some information that indicates that he has Autism. Dr. Eisner cited the teacher’s observations in the assessment report, to wit: “[Claimant] has difficulty attending to class instruction, interacting with peers, following class standards and working independently.” However, this information did not leap out as a substantial disability or consistent with an Autism designation.

He noted that the school psychologist administered the Gilliam Autism Rating Scale – Third Edition (GARS-3), a norm-referenced measure for assessing individuals ages three to 22 years of age who exhibit severe behaviors which may be indicative of Autism Spectrum Disorder. Each subscale is comprised of items describing behaviors that are symptomatic of Autism Spectrum Disorder, including restrictive/repetitive behaviors, social interaction, social communication, emotional responses, cognitive style, and maladaptive speech. Claimant’s mother and teacher completed the forms. Based on the ratings of his mother and teacher, the school psychologist concluded that claimant is “demonstrating a very likely probability of autism.”

In Dr. Eisner's opinion, the GARS-3 is a useful tool, but one cannot diagnose Autism based on a single tool. It is necessary to look at all the data. There are a variety of other diagnoses that can impact the results of the test, including learning problems, attention problems and behavior problems. In addition, he looked at the score and conclusion that it was a "very likely probability of autism" in both instances (based on teacher's and parent's responses). Dr. Eisner asked, if the foregoing fact is true, then why was it not detected sooner? Autism is a disorder that makes itself known in the first few years of life; by the time the child is five years of age, it should be evident; if a child is substantially affected by Autism, it should be apparent and not require a lot of work to find. The scores on the GARS-3 are not consistent with the other information in the school records, i.e., no IEP when first evaluated, and then an IEP based on a Specific Learning Disability and not until three years later is Autism identified. Dr. Eisner questioned the accuracy of the test results. Nevertheless, based on the assessment report, the school changed the qualifying condition to Autism.

16. Dr. Eisner explained the deficiencies in the IEP assessment report for purposes of diagnosis of Autism.

The school does not diagnose Autism. It is not a diagnostic category; it is an administrative category. By contrast, to qualify for special education services, the child may satisfy some, but not all, of the diagnostic criteria, such as difficulties with social interaction or obsessive compulsive behavior. The decision regarding the basis for qualification for special education services is within the school's discretion and is made in consultation with the family. Frequently, students qualify for special education services under the administrative category of Autism but are not eligible for regional center services. To be eligible for regional center services, an individual must satisfy all diagnostic criteria for Autism set forth in the DSM-5.

To diagnose Autism, a thorough history, good observations and information that support each of the behavioral features of Autism are required. The 2016 IEP assessment report does not include an adequate history; it does not provide a good description of what claimant was like when he was "little"; it does not include a good description of his behavior in school; it does not include observations in school; there is not an adequate description of his behaviors in the classroom covering all areas of deficits associated with Autism; there is no explanation for not providing an IEP initially.

In Dr. Eisner's opinion, the 2016 assessment report provides minimal support for a diagnosis of Autism. However, he stressed again that the school's responsibility is not to diagnose; the school needs to know if there is enough information to support the administrative category of Autism to address claimant's educational needs.

SERVICE AGENCY PSYCHOLOGICAL ASSESSMENT

17. Dr. Eisner considered the evaluation completed by Dr. Netter. He addressed the findings relevant to Autism. He pointed out the markers that he expected to find in a child with Autism, particularly a child for whom there is descriptive information that suggests he had prominent signs of Autism. In claimant's case, these markers were absent.

Dr. Eisner cited certain behavior observations noted by Dr. Netter.

Claimant responded appropriately to Dr. Netter's greeting, with good eye contact and entered the evaluation room with no resistance. . . . Dr. Netter noted that he maintained appropriate eye contact throughout the evaluation; his mother noted this was unusual for him. Claimant used appropriate gestures to facilitate communication. He showed flat affect.

In Dr. Eisner's opinion, Dr. Netter's behavioral observations of claimant were consistent with those of the service agency intake social worker as well as some of claimant's early school records. Claimant demonstrated that he had social communication skills in that he was looking at Dr. Netter, responding to questions, responding appropriately, and using appropriate gestures. These skills are absent in children who have Autism but not absent in this case.

Again, Dr. Eisner cited from Dr. Netter's report. Dr. Netter noted that claimant's speech was clear and coherent, and he used language for multiple purposes, such as asking and answering questions, making comments and engaging in conversation; he had the ability to narrate a story based on pictures showing the ability to pick up on the central coherence of the story and understand what characters would be feeling and thinking; he had the ability to use nonliteral language. According to Dr. Eisner, these are all markers for Autism; understanding what another person is feeling and thinking is not something typically expected from a child with Autism; the ability to use nonliteral language is not typical in that children with Autism are very literal. Dr. Netter described an ordinary interaction for a child claimant's age. Based on these behavioral observations, Dr. Netter did not see Autism.

18. Dr. Netter described the diagnostic tests and the results of the tests that she administered. She administered the Wechsler Intelligence Scale for Children, 5th edition (WISC-V), the Vineland Adaptive Behavior Scales, Second Edition, and the Autism Diagnostic Observation Schedule – 2 (ADOS-2) – module 3. Relevant to this case are the WISC-V and ADOS-2.

Based on the results he obtained on the WISC-V, claimant is functioning within the average range of intelligence with a Full IQ score of 95, consistent with the IQ score obtained during his school evaluation.

Regarding the ADOS-2, Dr. Netter stated the following:

The ADOS-2 is a set of semi-structured play-based activities that allow for the observation of behaviors characteristic of autism. It provides a score that may be classified as "autism spectrum" or "autism." The score on the ADOS is not enough for a diagnosis and must be taken within the context of all observations and historical information. Module 3, for children and adolescents with fluent speech, was utilized.

The score he obtained is in the non-spectrum range.

[Claimant] provided a comprehensible account of a non-routine event such as a vacation that was not part of any preoccupation or intense interest and engaged in reciprocal conversation with this examiner both by responding to her leads and by providing additional information to build on what was said; he used typical communicative and emphatic gestures and appropriate eye contact to regulate social interactions. The quality of his social overtures and social responses were appropriate to the context and rapport was comfortable. Furthermore he did not use any stereotyped or idiosyncratic words or phrases; he did not demonstrate any unusual sensory interest, complex mannerisms, excessive interest in unusual topics or objects, repetitive behaviors, compulsions or rituals. He did show a limited range of facial expressions and very flat affect. (however [sic], this is not enough to meet classification of autism spectrum.) He also showed signs of anxiety, particularly in the beginning of this session.

19. Under the section captioned "Diagnostic Impression and Discussion," Dr. Netter stated, in part:

It is this examiner's impression based on all the available information, that while [claimant] demonstrates significant social isolation as described by his mother and does not have any interest in establishing friendships, he does not appear to meet criteria for Autism Spectrum Disorder as defined by the DSM-5 in that he does not demonstrate the persistent deficits in social communication and social interaction across multiple contexts that are core characteristics of the disorder. In this evaluation, [claimant] established appropriate eye contact, utilized appropriate gestures to facilitate communication and engaged in reciprocal conversation. Previous school evaluations also describe appropriate pragmatic communication. He demonstrated imaginative play and responded appropriately and with flexibility to the different demands of the evaluation. In addition, he did not engage in any repetitive behaviors or any unusual or atypical social behaviors. . . .

20. Dr. Eisner explained that Dr. Netter listened to the information provided by claimant's mother and believed that Dr. Netter was impressed by it, but she came to the same conclusion he did; based on all available data when she met the child, she could not conclude that he had Autism. Something is going on, as he put it, but not Autism.

DEGREE OF IMPAIRMENT

21. To determine the degree of impairment, Dr. Eisner reviewed the school records. In the 2014 IEP, there are no goals associated with Autism. The IEP goals are related to learning. In May 2014, 95 percent of the time claimant was in class; five percent of the time he was out of class. In October 2014, 92 percent of the time, he was in class. In October 2015, 88 percent of the time he was in class. Between 2014 and 2015, claimant had several IEPs, and he was receiving services based on Special Learning Disability.

In February 2016, the qualifying condition for special education services was changed to Autism. However, claimant remains in class 86 percent of the school day.

In February 2017, claimant remained in class 86 percent of the school day. However, in the report, under Social/Emotional/Behavior Skills in Progress in the Curriculum and Toward Previous Goals, it is marked "NOT AN AREA RELATED TO SUSPECTED DISABILITY." According to Dr. Eisner, this is a very unexpected piece of information for a child with Autism. In the IEP, the special education team is addressing organizational issues, attention issues, not social/emotional issues or any other issues related to Autism.

Whatever claimant's difficulty, from the school's point of view, it is perceived as mild. Considering claimant's mother's presentation of impairment, Dr. Eisner expected that the school would have found Autism sooner than they did.

22. Following the informal meeting, Dr. Eisner was unable to speak to claimant's general education teacher but he spoke to Sharon Rose J. Mutuk and the special education aide. Ms. Mutuk is claimant's case manager and educational specialist. In her letter to the service agency, she stated that claimant qualifies for special education services based on Autism. Neither woman described characteristics of Autism,

such as unusual behaviors, sensory issues or that he sounded odd when they talked to him. Neither of the professionals confirmed that claimant had symptoms of Autism.

23. Considering claimant's mother's compelling information about claimant, when he looked at the data altogether, Dr. Eisner concluded that claimant has "things going on," but he does not qualify for a diagnosis of Autism; he is not eligible for regional center services.

CLAIMANT'S POSITION

24. Claimant's mother described him, consistent with what she had previously stated to Dr. Eisner and Dr. Netter. She is concerned about her son because of his lack of academic achievement. She is worried that he will "get lost in the shuffle when he goes to middle school" and that his lack of academic achievement will impact his ability to be successful in life. She does not believe that the school has provided the supports he needs. She feels bad because, during a period that claimant did not receive special education services, she was dealing with her older son who was dying from cancer. Claimant's mother is hopeful that he will be eligible for regional center services so that he can receive additional supports.

During the hearing, Tiffany Holland, a woman who has known claimant since he was three years old, testified. In addition, there are letters from two other individuals that support her testimony regarding the description of claimant. They described claimant as his mother did. Ms. Holland has a son who has Autism, and she encouraged claimant's mother to seek assistance for claimant.

SERVICE AGENCY'S CONSIDERATION OF CLAIMANT'S EVIDENCE

25. The foregoing information did not change Dr. Eisner's opinion; the descriptive information provided by claimant's mother and others who know him is important, but it is not diagnostic by itself; there needs to be additional confirmation

that is not available from another source; the descriptive information may be indicative of other problems, such as ADHD, learning problems, attention problems or social anxiety disorder because the rest of the data is not supportive of a diagnosis of Autism.

LEGAL CONCLUSIONS

STATUTES AND REGULATIONS

1. Welfare and Institutions Code section 4512 states, in part:

(a) "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.

[¶] . . . [¶]

(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: (1) Self-care. (2) Receptive and expressive language. (3) Learning. (4) Mobility. (5) Self-direction. (6) Capacity for independent living. (7) Economic self-sufficiency

2. California Code of Regulations, title 17, section 54000, states:
- (a) "Developmental Disability" means a disability that is attributable to mental retardation, 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.
 - (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.

3. California Code of Regulations, title 17, section 54001, 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 functional limitations, as determined by the regional center, in three or more of the following areas of major life activity, as appropriate to the person's age:

(A) Receptive and expressive language;

(B) Learning;

(C) Self-care;

(D) Mobility;

(E) Self-direction;

(F) Capacity for independent living;

(G) Economic self-sufficiency.

(b) The assessment of substantial disability shall be made by a group of Regional Center professionals of differing disciplines and shall include consideration of similar qualification appraisals performed by other interdisciplinary bodies of the Department serving the potential client. The group shall include as a minimum a program coordinator, a physician, and a psychologist. . . .

BURDEN OF PROOF

4. As claimant seeks eligibility, he bears the burden of proof by a preponderance of the evidence. (Evid. Code, §§ 500, 115.)

EVALUATION

5. Claimant is an 11-year-old male who lives at home with his mother, grandmother and two of his three siblings. He applied to receive regional center services based on Autism Spectrum Disorder.

Claimant's mother described him as: (1) being socially isolated since he was little that continued to the date of the service agency's informal meeting, (2) having delayed language, and (3) having sensory sensitivities characteristic of Autism Spectrum Disorder. Based on the intake assessment, the regional center's psychological assessment, the school records and testimony of Dr. Eisner, claimant does not satisfy the criteria for Autism Spectrum Disorder. It was not established that claimant has Autism Spectrum Disorder or any other condition that qualifies him to receive regional center services.

6 Claimant is not eligible to receive regional center services.

ORDER

Claimant's appeal is denied. Claimant is not eligible to receive regional center services from the San Diego Regional Center.

DATED: May 30, 2017

VALLERA J. JOHNSON

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 90 days.