

BEFORE THE
OFFICE OF ADMINISTRATIVE HEARINGS
STATE OF CALIFORNIA

In the Matter of:

CLAIMANT,

vs.

SOUTH CENTRAL LOS ANGELES REGIONAL
CENTER,

Service Agency.

OAH No. 2018050125

DECISION

Irina Tentser, Administrative Law Judge (ALJ) with the Office of Administrative Hearings, heard this matter on June 14, 2018, in Los Angeles. Claimant was represented by his mother.¹ Claimant's father was also present throughout hearing.

South Central Los Angeles Regional Center (SCLARC or Regional Center) was represented by Karmell Walker, Fair Hearing Manager.

Oral and documentary evidence was received, and argument was heard. The record was closed, and the matter was submitted for decision on June 14, 2018.

ISSUE

Is Claimant eligible for services under the category of autism pursuant to the Lanterman Developmental Disabilities Services Act (Lanterman Act).

¹ Claimant, his mother, and father are identified by titles to protect their privacy.

EVIDENCE

Documentary: SCLARC's exhibits 1-5; Claimant's exhibits A-F.

Testimonial: Laurie M. Brown, Ph.D., and Claimant's father.

FACTUAL FINDINGS

PARTIES AND JURISDICTION

1. Claimant is a 10-year-old boy who lives at home with his mother, father, and four-year-old brother, who is a SCLARC consumer based on an autism diagnosis. Claimant seeks eligibility for regional center services on the basis of autism.

2. On April 12, 2018, SCLARC sent a letter to Claimant's mother informing her of its determination that Claimant is not eligible for regional center services under the Lanterman Act. The letter explained that, although Claimant was given a diagnosis of ASD (Autism Spectrum Disorder) by Regional Center, his condition is "not considered substantially handicapping." (Exh. 2.) The letter further informed mother that Claimant does not have intellectual disability; epilepsy; that his motor skills show no evidence of cerebral palsy; and that Claimant does not have a substantial disability found to be closely related to intellectual disability or to require treatment similar to that required for individuals with intellectual disability.

3. On April 26, 2018, Claimant's mother filed a fair hearing request on her son's behalf appealing the eligibility denial. (Exh. 1.) As a result, on May 2, 2018, Regional Center requested the Office of Administrative Hearings to set a Lanterman hearing and this hearing took place.

CLAIMANT'S BACKGROUND

4. Claimant was born a healthy baby who met developmental milestones in a timely manner. His medical history is unremarkable with the exception of a

hospitalization for a week in June 2010 after Claimant inexplicably passed out. The hospital could not determine the cause of Claimant's loss of consciousness after running a series of tests, and he was discharged without future recurrence of similar incidents and without any evidence that the incident impacted his health on an ongoing basis. Aside from seasonal allergies, for which Claimant takes medication, Claimant is in good health. He completed fourth grade in Spring 2018 and is enrolled in regular education classes at State Street Elementary School. He struggles in reading, but is good in math. Claimant's school referred his parents to SCLARC for evaluation and determination of eligibility based on parents' concerns with Claimant's behavior.

PSYCHO-SOCIAL ASSESSMENT BY SHIRLEY CARDENAS

5. (a) On December 7, 2017, SCLARC's service coordinator Shirley Cardenas conducted an initial intake meeting with Claimant, his mother, and father. Ms. Cardenas noted that Claimant established some eye contact when being greeted. (Exh. 4.) According to Ms. Cardenas, parents reported that Claimant is able to sleep well through the night. It was further noted that, at the time of the initial intake meeting, Claimant was seeing a psychologist at school for 30 minutes per week. (*Id.*)

(b) Fine/Gross motor skills: Ms. Cardenas noted that Claimant is able to move all of his extremities without limitation and is able to perform physical activities with no limitations. (Exh. 4.)

(c) Self-care: Ms. Cardenas described the following, based on parents' report: Claimant can prepare simple foods without cooking, but will make a quesadilla with his mother's supervision. He makes his bed and does household chores, but not neatly. Claimant does not wash dishes. He does not display any medical self-help skills and does not take medication. Claimant feeds himself using a fork and spoon, with some spillage. He goes to the toilet by himself and has complete bladder control and bowel control. Claimant tends to his own personal hygiene, bathing, showering, and

some dressing tasks, but with reminders from his mother. Claimant does not move about in familiar or unfamiliar settings. He can add coins of various denominations, but does not make purchases or order food in public eating places. (Exh. 4.)

(d) Social/Behavioral/Emotional: Ms. Cardenas described the following, based on parents' report: Claimant initiates interaction in familiar or previously successful situations or settings. Potential friends must initiate friendships, but he can maintain them only in stable or familiar settings. Claimant does not need encouragement to participate in social activities. Claimant's unacceptable social behaviors often disrupt social participation. These behaviors manifest when Claimant is upset. Episodes of displaying anger are undetected or rare and appropriate to the situation. Claimant rarely or never displays self-injurious behavior. He never smears feces, does not damage property nor does he run or wander away. There is no evidence of depressive-like behavior. Claimant becomes aggressive or hostile in most daily situations when thwarted, hindered or obstructed. There are no repetitive body movements. Claimant does not undress himself inappropriately, but he is hyperactive in all environments even with individual attention. Claimant typically displays temper tantrums daily and may require restraint as a preventative measure and he resists only in stressful situations. Changes in social relationships and physical environments do not appear to disrupt typical functioning. (Exh. 4.)

(e) Communication: Ms. Cardenas observed that Claimant has a broad vocabulary, understands the meaning of words and uses them in appropriate contexts. Claimant gestures with his hands and uses facial expressions for communication. Claimant demonstrated understanding of a series of gestures, either tactile or visual. He understood meaning of simple conversations and combination of verbal instructions. Claimant carried on basic conversation and his speech is readily understandable to a stranger. (Exh. 4.)

(f) Cognitive: Claimant recognized words that sound the same, such as hit and sit. He responded differently to objects, based on differences of color, size or shape. Claimant associated regular events with a specific hour. He knew how to multiply and divide; printed words and sentences legibly, but took his time. Claimant reads books and stories, but has difficulty comprehending. Claimant keeps attention focused on a single activity between 5 and 15 minutes. Claimant occasionally endangers himself and requires supervision on a daily basis. He displayed memory of instructions or demonstrations if they were repeated three or more times and he was prompted in recall. (Exh. 4.)

(g) Based on the intake interview, Ms. Cardenas recommended that a psychological evaluation be conducted of Claimant to assess the possible presence of autism/intellectual disability and that the evaluation and recommendations be presented to the interdisciplinary team. (Exh. 4.)

PSYCHOLOGICAL EVALUATION BY DR. CARRILLO

6. In March 2018, SCLARC's consulting psychologist Thomas L. Carrillo, Psy.D., completed a psychological evaluation of Claimant. Dr. Carrillo prepared a written report of his findings and conclusions. The purpose of the evaluation was to assess developmental disabilities, specifically Intellectual Disability and/or ASD. Dr. Carrillo interviewed Claimant's mother and father, reviewed records, observed Claimant, and administered the Autism Diagnostic Interview-Revised (ADI-R), Wechsler Intelligence Scale for Children – Fifth Edition (WISC-V), Wide Range Achievement Test – Revision Four; Vineland Adaptive Behavior Scales – Third Edition, and the Childhood Autism Rating Scale – Second Edition.

7. Dr. Carrillo also reviewed a letter written by Claimant's fourth grade schoolteacher. (Exh. B.) The teacher wrote that Claimant had been struggling academically and presented with "some unusual behaviors," describing Claimant as

easily angered, frustrated and hypersensitive. (*Id.*) She described Claimant as having difficulty getting along with classmates and having frequent tantrums within school setting and reported that Claimant was seeing the school psychologist "a few times a month." (*Id.*)

8. Dr. Carrillo administered the WISC-V to measure Claimant's cognitive functioning. The results indicated that Claimant's overall cognitive ability as measured by the full-scale Intelligence Quotient (IQ) was in the solidly normal range (Standard Score of 101). (Exh. 4.) To further assess Claimant's cognitive ability based on academic achievement, Dr. Carrillo administered the Wide Range Achievement Test – Revision Four. At the time of testing, Claimant was in the fourth grade. In the area of Word Reading, Claimant received a Standard Score of 88, with a grade equivalent of 3.1. In Sentence Comprehension, Claimant received a Standard Score of 87, with a grade equivalent of 2.8. In Spelling, Claimant received a Standard Score of 101, with a grade equivalent of 4.7 and in Mathematics Computation, Claimant received a Standard Score of 110, with a grade equivalent of 5.6. According to Dr. Carrillo, the results of the WISC-V and the Wide Range Achievement Test seemed to substantiate that Claimant's cognitive abilities are within the normal range. (Exh. 4.)

9. Based on parents' interview, Dr. Carrillo noted that Claimant began to talk at two years of age and, at the time of testing, demonstrated slight delays in receptive and expressive language. To obtain a standardized assessment of Claimant's communication abilities, Dr. Carrillo administered and assessed the results of the Communication portion of the Vineland Adaptive Behavior Scales – Third Edition. Dr. Carrillo reported that Claimant received a Standard Score of 85, which is within the low normal range. Claimant received a Receptive Language Age Equivalent score of four years; an Express Language Age Equivalent of eight years, ten months; and, a chronological age of ten years, one month. Based on the foregoing results, Dr. Carrillo

concluded that Claimant's receptive, expressive, and written language skills are within the low normal range.

10. Based on parents' report that Claimant began to walk at one year, two months of age and his observation that Claimant was ambulatory, Dr. Carrillo concluded that Claimant seemed to demonstrate gross and fine motor skills within the normal range.

11. To obtain information regarding Claimant's adaptive and social skills, Dr. Carrillo administered the Vineland Adaptive Behavior Scales – Third Edition. In the area of Daily Living Skills, Claimant received a Standard Score of 84, which Dr. Carrillo described as being within the low normal range. In the area of Socialization, Claimant received a Standard Score of 72, which Dr. Carrillo described as within the borderline range of delay. Dr. Carrillo described Claimant's profile on the Vineland as typical to individuals with ASD, who often have a profile in which Socialization Skills are the lowest area of adaptive functioning with slightly more elevated skills in Communication and Daily Living Skills. In comparing three areas of adaptive functioning, including Communication, Daily Living Skills, and Socialization Skills, Claimant had overall adaptive abilities within the borderline range of delay, with an Adaptive Behavior Composite Score of 78. (Exh. 4.)

12. In the Social Emotional and Behavioral area, Dr. Carrillo wrote that Claimant displayed autistic-like behaviors, describing that Claimant's affect was flat; his eye contact poor; he was hypersensitive to sound and had difficulty with transitions; and he displayed repetitive finger-licking behavior. Claimant's mother informed Dr. Carrillo that Claimant angers easily and is a fussy eater. (Exh. 4.) As a result of the foregoing behaviors, Dr. Carrillo screened Claimant for ASD. As part of the screening, the Childhood Autism Rating Scale – Second Edition (CARS) was administered. On the CARS, Claimant received a total score of 33.5, which is within the mild to moderate symptoms

range of ASD. (*Id.*)

13. Dr. Carrillo also administered the Autism Diagnostic Interview – Revised (ADI-R). (Exh. 4.) In the area of Qualitative Abnormalities in Reciprocal Social Interaction, Claimant received a total score of 13, which Dr. Carrillo described as being beyond the threshold for a diagnosis of ASD. In the area of Qualitative Abnormalities in Communication, Claimant received a total score of 10, which Dr. Carrillo described as beyond the threshold for a diagnosis of ASD. In the area of Restrictive, Repetitive and Stereotype Patterns of Behavior, Claimant received a total score of four, which is beyond the threshold for a diagnosis of ASD. (*Id.*)

14. (a) Based on his evaluation, Dr. Carrillo concluded that Claimant met the DSM-5 diagnostic criteria for ASD. (Exh. 4.)

(b) Dr. Carrillo found that Claimant demonstrated persistent deficits in social communication and social interaction across all deficit criteria in social-emotional reciprocity, nonverbal communicative behavior, and developing and maintaining relationships. As evidence, Dr. Carrillo described that Claimant’s behavior met the requirement of the foregoing deficits in that he was unable to engage in back-and-forth conversation, his conversation was one-directional, displayed limited eye contact and a diminished range of facial expressions to demonstrate his moods, had a flat affect, had difficulty developing and maintaining peer relationships (with the exception of Claimant’s best friend), and preferred solitary activities.

(c) Dr. Carrillo found that Claimant demonstrated restricted, repetitive patterns of behavior, interests, or activities. Claimant displayed repetitive motor mannerisms in the form of finger-flicking behavior. Additionally, Claimant had difficulty transitioning from one topic area to the next and from one activity to the next during testing sessions. Dr. Carrillo described Claimant as an active child who demonstrated hypersensitivity to texture and sound.

15. Based on his diagnosis of Claimant with ASD,² Dr. Carrillo recommended that Claimant be referred to the school district in an effort to obtain programming consistent with individuals with notable communication and adaptive delays. (Exh. 4.) Dr. Carrillo further recommended that Claimant receive a speech and language assessment through the school district to determine the extent to which speech and language therapy would assist him in developing his communication skills to his potential and be re-evaluated by the school district in one year to determine the extent of Claimant's progress following one year of special education intervention. In addition, Dr. Carrillo suggested that Claimant's primary caretakers be referred to SCLARC's Family Resource Center to obtain psychoeducational information to assist them in helping Claimant develop to his potential. (*Id.*)

MAY 7, 2018 INFORMAL MEETING

16. (a) After reviewing the results of Dr. Carrillo's assessment, the eligibility team determined Claimant was ineligible. On May 7, 2018, an informal meeting was held at SCLARC between Executive Director Designee and Fair Hearing Manager Karmell Walker and Claimant's mother to discuss Claimant's appeal of SCLARC's decision. Subsequently, Ms. Walker sent an informal decision meeting letter (informal decision letter) dated May 10, 2018, to Claimant's mother explaining SCLARC's determination of claimant's ineligibility. (Exh. 5.)

² Dr. Carrillo diagnosed Claimant with 299.0 Autism Spectrum Disorder with Social Communication at Severity 1, requiring support; and Restrictive, Repetitive Behaviors at Severity 1, requiring support; related low normal delays in communication skills; related borderline delays in adaptive skills; and cognitive abilities within the normal range. (Exh. 4.)

(b) In the informal decision letter, Ms. Walker summarized Claimant's behaviors, based on mother's report, that were discussed at the meeting, including, but not limited to: Claimant not liking to bathe and mother having to sometimes wash him or force him to wash himself; not wiping or cleaning himself well after using the restroom based on mother's observing stains on his underwear; mother having to pick out Claimant's clothes for him to wear daily; Claimant could tie his shoes but walks on the tip of his toes; Claimant being aware of safety within the home, but not outside the home; Claimant being able to count money, but not knowing the correct change to expect back; Claimant being able to fix himself a snack and make a quesadilla by himself when mother worked the stove; Claimant having an incident at school when he became upset at staff and began to scratch himself; mother taking Claimant's cellular phone away and Claimant being so upset that he lost control. During the meeting, mother also reported that the school district had not, to date, conducted an IEP (Individualized Education Program) of Claimant despite her repeated requests.

(c) The informal decision letter notified Claimant's mother that, after reviewing the information provided by her at the May 10, 2018 meeting, SCARLC determined to uphold its previous decision to deny eligibility, citing the psychological assessment and psycho-social assessment, and Welfare and Institutions Code section 4512, subdivision (a). (Exh. 5.)

SUBSTANTIAL DISABILITY

17. Claimant has a diagnosis of ASD. Given that diagnosis, the determinative issue for SCLARC's eligibility team was whether Claimant was "substantially disabled" in three or more areas of major life activity, demonstrated by the existence of significant functional limitations in three or more of the following areas of major life activity: (1) receptive and expressive language; (2) learning; (3) self-care; (4) mobility; (5) self-direction; (6) capacity for independent living; and (7) economic self-sufficiency.

18. Laurie Brown, Ph.D., is a SCLARC consulting psychologist. Dr. Brown testified at the hearing regarding the eligibility team's determination.

19. The eligibility team reviewed documents and records that were available to it at the time of its decision regarding Claimant, including Dr. Carrillo's Psychological Evaluation report (Exh. 3) and Ms. Cardenas' psycho-social assessment. (Exh. 4.) The team also considered Claimant's school and medical records.

20. (a) At hearing, Dr. Brown testified regarding Dr. Carrillo's Psychological Evaluation report, as Dr. Carrillo did not testify at the hearing. In reviewing Dr. Carrillo's evaluation, Dr. Brown described that, with the exception of the category of self-direction, in which Claimant demonstrated substantial deficits in socialization consistent with his mild ASD diagnosis, Claimant demonstrated no substantially disabling behaviors in the applicable remaining four categories, including learning, receptive and expressive language, self-care, and mobility. Because of Claimant's age, substantial disability in the area of capacity for independent living and economic self-sufficiency were not considered.

(b) As support for her convincing opinion, Dr. Brown cited to specific portions of Claimant's assessment results, as described by Dr. Carrillo. Specifically, Dr. Brown pointed to Claimant's IQ score of 100, which places him in the average range of cognitive functioning and does not support a finding of intellectual disability. Dr. Brown described Claimant's adaptive scores in the area of communication to be in the low normal range and opined that Claimant's receptive communication, receptive, and written skills, while a bit lower than those for in his age group, were adequate for his age and not substantially handicapping. In the area of daily living, which refers to skills in the personal domain of domestic and community, Dr. Brown described Claimant's assessment results as adequate for his age range and, therefore, not substantially handicapping.

(c) With regards to socialization, Dr. Brown noted that Claimant's assessment result was borderline, rather than the more severe possible "low" result, and that it was expected to see deficits in socialization in individuals, such as Claimant, who are diagnosed with ASD. Dr. Brown described that Claimant's personal Vineland subdomain assessment results indicated no substantial disability in the area of self-care. Similarly, Claimant's communication domain Vineland results indicated no substantial disability in the area of receptive and expressive language.

(d) Dr. Brown opined that Claimant demonstrated no severe limitation in learning, citing Claimant's average and above average scores on the WISC-IV and the Wide Range Achievement Test. Dr. Brown concluded that Claimant did not have substantially disabling mobility issues based on Dr. Carrillo not citing any mobility limitations for Claimant and not administering the portion of the Vineland that is normally administered in individuals where mobility is an issue.

(e) As noted, Dr. Brown testified that the areas of capacity for independent living and economic self-sufficiency were not appropriate to evaluate for substantial disability based on Claimant's age. However, after being asked to compare Claimant's capacity for independent living to an individual of comparable age who was not diagnosed with ASD, she noted that Claimant's results on the community subdomain of the Vineland did not indicate that Claimant had significant deficits within daily living and, therefore, there was no indication of substantial disability in the area of capacity for independent living.

(f) Overall, Dr. Brown opined that Claimant's ASD diagnosis was not substantially disabling. However, she recommended that Claimant's deficits in social skills could be addressed by Claimant seeking individual therapy and enrolling in a social skills group, describing that a therapist can work on role playing and social skills.

CLAIMANT'S CONTENTIONS

21. Aside from Claimant's father's testimony regarding a one week hospitalization that resulted in no diagnosis when Claimant was approximately two years old, no testimony was provided by any witness in support of Claimant's assertion that he is eligible for Regional Center services based on his ASD diagnosis.

22. Similarly, the documents Claimant submitted into evidence, including certificates indicating that he completed State Street Elementary Self Control program for the August 2015 through June 2016 and August 2016 through June 2017 school years do not support a finding of eligibility. (Exh. A) Notably, Claimant's school records are generally positive, with Claimant's third grade teacher describing Claimant as "a hard working student," who "has demonstrated improvement in relating to others and getting along better with peers." (Exh. C.)

DISCUSSION

23. In this case, Dr. Brown credibly testified, as corroborated by the results of Dr. Carrillo's psychological evaluation, Ms. Cardenas' psycho-social assessment, and Claimant's school records, that Claimant's ASD is not substantially disabling. No convincing evidence to the contrary was submitted by Claimant. Accordingly, while Regional Center recommends that Claimant receive support through his school district to address his mild ASD, Claimant did not establish through a preponderance of the evidence that he is eligible for SCLARC's services.

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.) Claimant's mother requested a hearing, on Claimant's behalf, to contest SCLARC's proposed denial of Claimant eligibility for

services under the Lanterman Act and therefore jurisdiction for this appeal was established. (Factual Findings 1-3.)

2. Generally, when an applicant seeks to establish eligibility for government benefits or services, the burden of proof is on him to prove by a preponderance of the evidence that he 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. To prove the existence of a qualifying developmental disability within the meaning of Welfare and Institutions Code section 4512, a claimant must show that he has a "substantial disability." Pursuant to Welfare and Institutions Code section 4512, subdivision (1)(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.

5. Additionally, 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.

6. 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."

7. In addition to proving that he suffers from a "substantial disability," a claimant must show that his disability fits into one of the five categories of eligibility set forth in Welfare and Institutions Code section 4512. The first four categories are specified as: intellectual disability, epilepsy, autism, and cerebral palsy. The fifth and last category of eligibility is listed as "Disabling conditions found to be closely related to intellectual disability or to require treatment similar to that required for individuals with intellectual disability." (Welf. & Inst. Code, § 4512.)

8. (a) In this case, the only eligibility criterion at issue relates to "substantial disability" and whether Claimant has significant functional limitations in three or more of the areas of major life activity specified in Welfare and Institutions Code section 4512, subdivision (f), and California Code of Regulations, title 17, section 54001, subdivision (a)(2). Claimant needs to establish significant functional limitations in three areas in order to meet the eligibility requirements under the Lanterman Act. Claimant has not met his burden.

(b) The preponderance of the evidence did not establish that Claimant has significant functional limitations in any area other than self-direction. Claimant did not establish significant functional limitations in any of the remaining applicable areas of learning, including receptive and expressive language, self-care, and mobility.

9. Although Claimant established he has the qualifying developmental disability of ASD, he failed to establish that his condition is substantially disabling. It was not established by a preponderance of the evidence that he is eligible for regional center services under the Lanterman Act. (Factual Findings 1-23; Legal Conclusions 1-8.)

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10. Any evidence or argument not specifically addressed in this decision were deemed not persuasive, not supported by the evidence, and/or unnecessary to the ultimate disposition of this appeal.

ORDER

Claimant's appeal is denied. Claimant is ineligible for regional center services pursuant to the Lanterman Developmental Disabilities Services Act.

DATED:

IRINA TENTSER

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.