

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. 2018080289

DECISION

This matter was heard by Julie Cabos-Owen, Administrative Law Judge (ALJ) with the Office of Administrative Hearings (OAH), on September 19, 2018, in Los Angeles, California. Claimant was present at the hearing and was represented by his parents and authorized representatives.¹ South Central Los Angeles Regional Center (Service Agency or SCLARC) was represented by its Fair Hearing Manager, Karmell Walker, J.D.

Oral and documentary evidence was received, and argument was heard. The record was closed, and the matter was submitted for decision on September 19, 2018.

¹ Claimant's and his parents' names are omitted throughout this Decision to protect their privacy.

ISSUE

Does Claimant have a developmental disability entitling him to receive regional center services?

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EVIDENCE

Documentary: Service Agency exhibits 1-6; Claimant exhibit A.

Testimonial: Laurie McKnight Brown, Ph.D.; Claimant's mother and father.

FACTUAL FINDINGS

1. Claimant is an 18-year-old male. He seeks eligibility for regional center services based on his diagnosis of Autism Spectrum Disorder.

2. On June 21, 2018, SCLARC sent a letter and to Claimant's mother informing her that SCLARC had determined Claimant is not eligible for regional center services. Claimant requested a fair hearing.

3A. Claimant's mother contacted SCLARC to request an evaluation for eligibility based on Autism Spectrum Disorder (ASD), a developmental disability with which Claimant had been previously diagnosed. On January 31, 2018, an intake meeting was conducted, and SCLARC employee Jacqueline Aranda documented the discussion and her observations in a psycho-social assessment.

3B. Claimant and his mother attended the intake meeting, and during that meeting, Claimant "appeared with a flat face affect, spoke in a monotone voice and was slow to respond. He displayed difficulty reciting home address and telephone number." (Exhibit 4.) Claimant "participated in a back and forth verbal

exchange answering basic question[s] pertaining to age, family, school and interests." (*Ibid.*) However, his mother "actively participated in the initial interview providing pertinent information regarding consumer's background and current functioning." (*Ibid.*)

4. Claimant is able to walk, run, and skip without difficulty. He participates in physical activity without restrictions. However, his mother reported that his running is awkward and that he flaps his arms when he runs.

5A. Claimant needs no assistance with toileting, hand washing, tooth brushing, personal hygiene (grooming, shaving) and showering, although with prompts. He dresses and undresses himself without assistance, places his shoes on the correct feet and ties his own shoelaces. He fastens zippers, buttons, and snaps independently. However, he needs prompts to decide on the most suitable outfit for the weather.

5B. Claimant is independent with feeding, and he uses utensils to eat without spillage. He can make himself a snack, but for safety reasons, he is not able to use the stove or knives. He can make his bed independently. He also completes household chores such as taking out the trash, feeding the dogs, cleaning his room, and doing dishes mostly without parental reminders.

5C. He does not drive a vehicle, cannot travel one or more miles away from home independently, and does not use a bank account responsibly. Claimant is sometimes home alone for an hour or two, but he generally requires supervision. Claimant understands that he should call 911 if an emergency arises while he is at home alone.

5D. Claimant volunteers at an animal shelter where he feeds and walks the animals, cleans cages, and talks with customers.

6. Claimant received special education services through his school district under the category of ASD from preschool until 12th grade. He was provided with a classroom support aide who attended classes with him daily.

7A. In 2016, Claimant's school district conducted a Psycho-Educational assessment. The reviewer noted that Claimant's cognitive functioning was generally in the low average range, except in the areas of "Planning" and "Attention," which were in the "Well Below Average" range. In summarizing Claimant's cognitive status, the reviewer noted, "Well Below Average scores were found in his ability to select, apply and evaluate solutions to visual problems (Planning) and selectively focus on particular stimuli while inhibiting responses to irrelevant competing stimuli (Attention)." (Exhibit 5, p. 10.) The reviewer noted that these deficits "may impact his ability to access the curriculum." (*Ibid.*)

7B. The reviewer noted that Claimant's junior year grades included A's in music, art, K9 Connections, Spanish, literature, and English, and a C in Geometry. The reviewer commented, "The grades overall indicate that [Claimant] is able to access the curriculum in this structured environment where the low adult to student ratio [2:6] allows for more individualized instructional support." (Exhibit 5, p. 11.)

7C. Although Claimant's grades were good, as noted by the reviewer, this apparently resulted from Claimant and his educational team's hard work and collaboration. Claimant's teacher informed the reviewer that Claimant had difficulty starting his work, remaining on task, completing tasks independently, and transitioning from one activity to another. He lost focus easily unless redirected and prompted by adults. Specifically, Claimant's teacher reported:

[Claimant] has difficulty starting and completing work
on his own and needs adult supervision and

prompting. When he is left to work alone, he is said to daydream often and to get lost in his thoughts where he is seen laughing out loud or smiling. [Claimant] is not able to complete any assignments without an adult keeping him on track, including the daily journal writing, which requires 5-6 prompts on average for [Claimant] to complete. [W]ith teacher assistance [Claimant is able to] turn in about 90% of the classroom assignments.

[Claimant has] difficulty with transitions and cannot successfully go from one task to another without adult assistance. ... [He] is able to write a paragraph with adult prompts and support. [¶] ... [¶]

During lunch and other unstructured times, [Claimant] is said to be by himself, often running randomly across the campus.

(Exhibit 5, p. 10, 12.)

7D. Claimant's receptive and expressive language did not appear significantly deficient.

7E. Regarding Claimant's social/emotional functioning, the reviewer noted, "[Claimant] has difficulty with restricted patterns of behavior (he flaps his hands/arms and runs and paces in a particular formation), difficulty with peer interaction (he is withdrawn from peers and does not engage in age-appropriate interaction), difficulties in social communication, presents with deficits in emotional response (he does not understand other's feelings and emotions),

presents with rigid cognitive style (he attaches very concrete meaning to words), and presents with maladaptive speech (where he speaks with flat tone/affect).” (Exhibit 5, p 17.) The reviewer noted, “[Claimant] demonstrates deficits in social awareness and self-management skills which appear to impact his relationships with peers and impacts his ability to access the general education curriculum.” (*Ibid.*)

8. Claimant’s school district recommended accommodations to assist Claimant in transitioning from high school to post-secondary education. These included: use of peer tutor/staff assistance in academic subjects; use of a scribe/word processor; note-taking assistance; providing cues/prompts/reminders for rules/procedures; supervision during unstructured time; presenting one task at a time; and repeating or rephrasing instructions/directions.

9A. Claimant is currently is attending Los Angeles City College (LACC), which he began attending three weeks prior to the fair hearing.

9B. Claimant’s parents noted several areas of concern that have arisen now that Claimant is no longer learning in the structured environment previously provided by his school district. Claimant has already missed three assignments, which he eventually submitted late. Claimant was unable to communicate with his college instructor to explain why he missed assignments, and his parents had to arrange a meeting with the instructor to clear up the issue. Additionally, Claimant continues to have attention difficulties. Claimant’s father pointed out that, even in Claimant’s prior 10-student special education class, Claimant had difficulty working on his own and required direct adult supervision and prompting. At LACC, there are approximately 30 students in his class, and he has great difficulty focusing.

9C. Additionally, Claimant has continued running randomly, but now he does not have continuous supervision on campus. On the much larger college campus, Claimant needs direction to get specific destinations on the campus and to get to the bus stop. Claimant's parents are concerned that his penchant for randomly running and his inability "to manage safety precautions" creates a danger of him getting lost on campus or running into vehicle traffic on the road.

10A. On April 13, 2018, on referral by SCLARC, licensed clinical psychologist Jennie M. Mathess, Psy.D., conducted a psychological evaluation of Claimant to determine his level of functioning and to assess for possible Intellectual Disability and/or ASD. Claimant was accompanied by his parents. As part of the evaluation, Dr. Mathess reviewed records submitted by Claimant from his school district. Dr. Mathess documented her evaluation findings in a report provided to SCLARC.

10B. To assess Claimant's cognitive functioning, Dr. Mathess administered the Wechsler Adult Intelligence Scale – Fourth Edition (WAIS-IV). On the Verbal Comprehension Index he scored in the low average range (standard score of 83), and on the Perceptual Reasoning Index he scored in the low average range (standard score of 82). He scored in the borderline range (standard score of 69) on the Working Memory Index, and he scored in the low range on the Processing

Speed Index (standard score of 76).² Claimant's Full Scale Intelligence Quotient (IQ) was in the borderline range (standard score of 74).

10C. To assess Claimant's adaptive functioning, Dr. Mathess administered the Vineland Adaptive Behavior Scales – Third Edition (Vineland-3), with Claimant's mother providing the responses. Her report of Claimant's adaptive skills to Dr. Mathess was similar to the report she gave during the SCLARC intake interview. According to Dr. Mathess, all of Claimant's adaptive skills were in the low to low average range (Adaptive Behavior Composite Score 80):
Communication – standard score 78; Daily Living Skills – standard score 88;
Socialization – standard score 85.

10D. To address autism concerns, Dr. Mathess administered the Autism Diagnostic Interview – Revised (ADI-R), completed by Claimant's mother. Her responses resulted in scores above the necessary cutoff scores in all areas including Reciprocal Social Interaction, Communication, and Restricted, Repetitive and Stereotyped Patterns of Behavior. This indicated that a diagnosis of ASD was likely.

10E. Dr. Mathess diagnosed Claimant with Borderline Intellectual Functioning and ASD, with accompanying borderline intellectual impairment.

10F. Dr. Mathess recommended:

² Although the body of Dr. Mathess' report states that Claimant "scored in the low range on the Working Memory Index and in the borderline range on the Processing Speed Index," the actual standard scores documented by Dr. Mathess at the end of her report (69 for Working Memory, 76 for Processing Speed) indicate that she inadvertently transposed her descriptions of Claimant's scores earlier in her report.

1. Upon completion of high school, [Claimant] may benefit from participation in a vocational training program that takes his needs and abilities into consideration and provides him with a supported work environment.
2. If [Claimant] decides to pursue college courses, it is strongly recommended that he connect with the student disability services department so he can be provided with any needed modifications and accommodations due to his lower level of cognitive functioning.
3. Participation in social skills group may be beneficial.
4. Continue to provide [Claimant] with opportunities to develop his strengths and interests.
5. It is recommended that [Claimant] be reevaluated in 2-3 years to continue monitoring his development.

(Exhibit 5, p. 5.)

11. In its June 21, 2018 denial letter, SCLARC reiterated Dr. Mathess's recommendations. Claimant's mother testified credibly that she has followed through on all the recommendations but that he still needs more support. Claimant's parents "plan to seek all the support [they] can get," because "he requires more and deserves more."

12A. At the fair hearing, SCLARC conceded that Claimant had been diagnosed with ASD. However, SCLARC asserted that Claimant did not qualify for regional center services because he did not have a "substantial disability," which is defined as significant functional limitations, as appropriate to the age of the person, in three or more of the following areas of major life activity: receptive and expressive language; self-care; learning; mobility; self-direction; capacity for independent living; and economic self-sufficiency. (See Legal Conclusion 4.)

12B. To establish Claimant's lack of a substantial disability, SCLARC offered the testimony of Laurie McKnight Brown, Ph.D., lead consultant psychologist with SCLARC. Dr. Brown sits on interdisciplinary teams at SCLARC, including the eligibility team for Early Start service (involving children below age three), and she assists with psychological assessments.

12C. By review of the records set forth above, Dr. Brown assessed Claimant's functioning in the seven relevant categories of major life activities.

12D. Dr. Brown opined that Claimant did not have any significant deficits in the area of receptive and expressive language. She noted Claimant's psychoeducational assessment which noted that Claimant's "speech," and "language/communication" were not areas of concern. (Exhibit 5, pp. 1, 12.) Dr. Brown's opinion on this category is supported by the evidence.

12E. Dr. Brown also opined that Claimant did not have any significant deficits in the area of self-care. Dr. Brown noted what was documented in Dr. Mathess's psychological evaluation and in the psycho-social assessment conducted at the intake interview, and she pointed out that Claimant's self-care skills are not typically demonstrated by someone with a substantial handicap in self-care. Dr. Brown's opinion on this category is supported by the evidence.

12F. Dr. Brown also opined that Claimant did not have any significant deficits in the area of mobility. Dr. Brown acknowledged that some concerns were raised about Claimant's gross motor skills due to his reported clumsiness and his awkward running gait. However, she also noted that Claimant was able to participate in physical education without restrictions, and he was able to move around the school campus with ease. Consequently, he did not appear to have significant deficits in his gross motor skills or his mobility. Dr. Brown's opinion on this category is supported by the evidence.

12G. Dr. Brown also opined that Claimant did not have any significant deficits in the area of learning. She noted that Claimant earned mostly A's in grades 7 through 11 and that Claimant's cognitive functioning was in the average range. Dr. Brown did not appear to take into account that Claimant had earned those grades in a "structured environment where the low adult to student ratio [2:6] allows for more individualized instructional support." (Factual Finding 7B.) Dr. Brown also did not appear to take into account that, despite Claimant's average cognition, his learning was impeded by his lack of attention and self-direction which was remedied by his teacher's constant redirection and prompting. (Factual Finding 7C.) Now, in Claimant's unstructured 30-student college class, with no personal aide or teacher redirection, Claimant is already experiencing difficulty completing assignments. It appears that Claimant is in potential danger of regressing and demonstrating a significant limitation in his learning at college. However, since Claimant has been attending college for less than a month, there is insufficient evidence at this time to establish that he currently has a significant functional limitation in the area of learning.

12H. Dr. Brown conceded that Claimant had a "limitation" in self-direction. The evidence at the fair hearing established Claimant's significant functional

limitation in the area of self-direction. (See Factual Findings 5A – prompts required for some self-care; 5C – unable to use bank account responsibly; 7A – deficits in planning and attention on cognitive testing; and 7C – difficulty with transitions, with completing work on his own without adult supervision and prompting, and running randomly.)

12I. Dr. Brown also opined that Claimant did not have any significant deficits in the area of independent living. She noted that Claimant is able to complete household chores mostly without parental reminders, opining that this “speaks to his capacity for the housekeeping subset for independent living.” She further noted that Claimant understands he should call 911 in an emergency, and she pointed out that he can stay at home for an hour or two by himself. Dr. Brown also noted that Claimant is able to make himself a snack and that he is currently attending college and apparently able to navigate the campus so far. According to Dr. Brown, all of the foregoing evidence Claimant’s capacity for independent living. However, Dr. Brown apparently did not take into account Claimant’s significant limitations for his age. Dr. Brown apparently does not believe that it is a significant functional limitation for an 18-year-old to be able to spend only an hour or two alone or to be unable to use a stove or knives. She also does not seem to take into account Claimant’s inability to drive a vehicle, to travel one or more miles away from home independently, or to use a bank account responsibly. Furthermore, Dr. Brown also does not seem to take into account Claimant’s disregard for safety and his propensity for running randomly. Contrary to Dr. Brown’s assertion, the totality of the evidence presented at hearing established that Claimant currently has a significant functional limitation, for a person his age, in the area of independent living.

12J. Dr. Brown also opined that Claimant does not have any significant deficits in the area of economic self-sufficiency. Dr. Brown noted that Claimant is "able to go to school," which will "help prepare him for work," and that he volunteers and has responsibilities at an animal shelter. While Claimant may be able to secure economic self-sufficiency in the future if he completes his schooling and/or obtains skills necessary for paid employment, the fact that he is "able to go to school" and volunteer at an animal shelter does not indicate his current economic self-sufficiency. To the contrary, Claimant's lack of attention and self-direction, his inability to drive a vehicle, to travel one or more miles away from home independently, to use a bank account responsibly, or to be alone for more than an hour or two, and his propensity for running randomly all hinder Claimant's current economic self-sufficiency. Contrary to Dr. Brown's assertion, the totality of the evidence presented at hearing established that Claimant currently has a significant functional limitation, for a person his age, in the area of economic self-sufficiency.

13A. As set forth above, there is some overlap in a number of Claimant's deficits and their effect on his functioning for a person his age in several areas of major life activity. Claimant's lack of attention and deficits in self-direction, in turn, greatly impact his abilities in area of independent living, and economic self-sufficiency.

13B. The preponderance of the evidence established that Claimant has significant functional limitations for a person his age in the areas of self-direction, capacity for independent living, and economic self-sufficiency.

LEGAL CONCLUSIONS

1. Claimant established that he suffers from a developmental disability (ASD) which would entitle him to regional center services under the Lanterman

Developmental Disability Services Act (Lanterman Act).³ (Factual Findings 1 through 13; Legal Conclusions 2 through 11.)

2. Throughout the applicable statutes and regulations (Welf. & Inst. Code, §§ 4700 - 4716, and Cal. Code Regs., tit. 17, §§ 50900 - 50964), the state level fair hearing is referred to as an appeal of the Service Agency's decision. A claimant seeking to establish eligibility for government benefits or services has the burden of proving by a preponderance of the evidence that he has met the criteria for eligibility. (*Lindsay v. San Diego Retirement Bd.* (1964) 231 Cal.App.2d 156, 161[disability benefits]; *Greator v. Board of Admin.* (1979) 91 Cal.App.3d 54, 57 [retirement benefits]; Evid. Code, § 500.) Where a claimant seeks to establish eligibility for regional center services, the burden is on the appealing claimant to demonstrate by a preponderance of evidence that the Service Agency's decision is incorrect and that the appealing claimant meets the eligibility criteria. Claimant has met his burden of proof in this case.

3. In order to be eligible for regional center services, a claimant must have a qualifying developmental disability. As applicable to this case, 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

³ Welfare and Institutions Code section 4500 et seq.

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.

4A. To prove the existence of a 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.

4B. 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.

5A. In addition to proving 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.)

5B. Whereas the first four categories of eligibility are very specific, the disabling conditions under this residual fifth category are intentionally broad to encompass unspecified conditions and disorders. However, this broad language is not intended to be a catchall, requiring unlimited access for all persons with some form of learning or behavioral disability. There are many persons with sub-average functioning and impaired adaptive behavior; under the Lanterman Act, the Service Agency does not have a duty to serve all of them.

5C. The Legislature requires that the fifth category qualifying condition be “closely related” to intellectual disability (Welf. & Inst. Code, § 4512) or “require treatment similar to that required” for individuals with intellectual disability (Welf. & Inst. Code, § 4512). The definitive characteristics of intellectual disability include a significant degree of cognitive and adaptive deficits. Thus, to be “closely related” to intellectual disability, there must be a manifestation of cognitive and/or adaptive deficits which render that individual’s disability like that of a person with intellectual disability. However, this does not require strict replication of all of the cognitive and adaptive criteria typically utilized when establishing eligibility due to intellectual disability. If this were so, the fifth category would be redundant. Eligibility under this category requires an analysis of the quality of a claimant’s cognitive and adaptive functioning and a

determination of whether the effect on his performance renders him like a person with intellectual disability. Furthermore, 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 could benefit from the types of services offered by regional centers (e.g., counseling, vocational training, living skills training, speech therapy, or occupational therapy). The criterion is not whether someone would benefit. Rather, it is whether someone's condition requires such treatment.

6. Furthermore, in order to establish eligibility, a claimant's substantial disability must not be solely caused by an excluded condition. The statutory and regulatory definitions of "developmental disability" (Welf. & Inst. Code, § 4512 and Cal. Code. Regs., tit. 17, § 54000) exclude conditions that are solely physical in nature. California Code of Regulations, title 17, section 54000, also excludes conditions that are solely psychiatric disorders or solely learning disabilities. Therefore, a person with a "dual diagnosis," that is, a developmental disability coupled either with a psychiatric disorder, a physical disorder, or a learning disability could still be eligible for services. However, someone whose conditions originate only from the excluded categories (psychiatric disorder, physical disorder, or learning disability, alone or in some combination) and who does not have a developmental disability would not be eligible.

7. 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."

8. 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. [1] ... [1]

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).

[11] ... [11]

- 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.)

9. As determined by Dr. Mathess and conceded by SCLARC, Claimant meets the criteria under the DSM-5 for a diagnosis of ASD.

10. The preponderance of the evidence also established that Claimant has significant functional limitations for a person his age in the areas of self-direction, capacity for independent living, and economic self-sufficiency. Consequently, Claimant has established that his ASD constitutes a substantial disability as defined by Welfare and Institutions Code section 4512, subdivision (1), and California Code of Regulations, title 17, section 54001.

11. The preponderance of the evidence established that Claimant is eligible to receive regional center services under the diagnosis of autism.

ORDER

The Service Agency's determination that Claimant is not eligible for regional center services is overruled, and Claimant's appeal of that determination

is granted. The Service Agency shall accept Claimant as a consumer forthwith.

DATED: September 28, 2018

JULIE CABOS-OWEN

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.