BEFORE THE
OFFICE OF ADMINISTRATIVE HEARINGS
STATE OF CALIFORNIA

In the Matter of:

CLAIMANT

v.

GOLDEN GATE REGIONAL CENTER, Service Agency.

OAH No. 2020021189

DECISION

Administrative Law Judge Barbara O'Hearn, State of California, Office of Administrative Hearings, heard this matter by videoconference and telephone on January 24 and 27, 2022.

Claimant was represented by his father.

The Golden Gate Regional Center (GGRC) was represented by Lisa Rosene, L.C.S.W., director of regional center services, GGRC.

The matter was submitted for decision on January 27, 2022.

ISSUE

Is claimant eligible for regional center services under the Lanterman Developmental Disabilities Services Act, Welfare and Institutions Code section 4500 et seq. (Lanterman Act)?[1]

FACTUAL FINDINGS

1. Claimant was born on March 10, 1999. Claimant lives with his parents and two siblings. Claimant's younger brother receives regional center services due to his autism diagnosis in about 2019. Claimant's parents reported that they first became concerned about claimant's behaviors when claimant was in preschool.

2. Claimant contacted GGRC on June 27, 2019. GGRC completed an intake screening form indicating an undiagnosed concern of autism.[2] Claimant's mother described claimant as having sensory problems with shouting, surprising noise, and crowded places. She also reported claimant was able to tie shoelaces at that time, but struggled to learn. She stated claimant paced, and had short eye contact, and that

[1] Unless noted, statutory references are to the Welfare and Institutions Code.

[2] The Lanterman Act uses "autism" in its list of conditions that are considered developmental disabilities. (Welf. & Inst. Code, § 4512, subd. (a).) The term was used in evidence and at hearing interchangeably with "autism spectrum disorder" and also is used interchangeably in this Decision.

claimant had two school friends who are on the autism spectrum or have attention deficit hyperactivity disorder (ADHD), which was claimant's current diagnosis.

3. Claimant applied for regional center services on July 31, 2019. Claimant's application described his disability as present throughout claimant's school life, that he had "difficulty with social interaction" and his "behavior is not at the same level of his peers." The application also stated claimant "paces a lot of the time," focus is difficult, and he has "sensitivities to noise, etc."

4. After claimant was assessed for eligibility for regional center services, GGRC issued a notice of proposed action on January 22, 2020, determining that claimant was not eligible for services. Claimant appealed and requested a hearing. Because claimant's evaluation and individualized education program (IEP) in 2011 (when he was in sixth grade) suggested that claimant had "autistic like behaviors," claimant contends that he is eligible for regional center services due to autism or intellectual disability.

Claimant's Background

5. Leigh-Anna Booher, Ed.S., M.A., a school psychologist for the Marin (County) Special Education Local Plan Area (SELPA), performed a psychoeducational evaluation of claimant in 2011 and prepared a draft report. Booher noted previous assessments beginning in July 2006, when claimant was seven years old. A neuropsychological evaluation at that time was performed by Edgar O. Angelone, Ph.D., to look into the possibility of "attention problems, anxiety, and social problems." The results indicated that claimant had high-average intelligence and difficulty with more complex tasks involving auditory processing. About six months later, Dr. Angelone reported that claimant was not thought to be exhibiting features of

attention deficit hyperactivity disorder (ADHD) or pervasive developmental disorder (PDD).[3]

6. In May 2007, a school psychologist evaluated claimant due to behavioral and emotional concerns. This psychologist concluded that claimant's most prominent manifestations of problematic behaviors fit more closely with "autistic-like" behaviors. In October 2007, claimant was assessed to look into diagnostic criteria for PDD. This evaluator concluded that claimant's difficulties were more characteristic of ADHD than autistic like behaviors, and noted a susceptibility to anxiety. In March 2008, another evaluation was performed to evaluate the sources of claimant's problematic behaviors at school. This evaluator felt that many of claimant's problems were closely related to anxiety and guilt arising from psychologically traumatic experiences.

7. Claimant began home instruction in fourth grade and was interacting better with his siblings and a few new friends. In April 2008, Marin SELPA determined that claimant was eligible for special education services as a student with an emotional disturbance. Claimant continued home instruction until fifth grade, when he was placed with Star Academy, an intensive school program for students with learning differences.

8. Booher's 2011 evaluation used several assessment measures, including the autism spectrum rating scale and, parent and teacher forms. Booher recommended

[3] The diagnosis of PDD in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV-TR), does not exist in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), having been subsumed within Autism Spectrum Disorder (ASD).

the IEP team consider changing claimant's eligibility for special education services to autistic-like behaviors. Booher did not diagnose claimant with autism.[4] Booher instead recommended that claimant's parents "may wish to look into additional services offered to children qualified under 'autistic like'" through GGRC.

9. On May 11, 2011, claimant had his triennial IEP review. This IEP team additionally included Booher and claimant's therapist, Marsha Norris. M.A., M.F.T., who had been treating claimant weekly since January 2008 for ADHD and anxiety. Norris noted that claimant presented as less autistic when claimant was comfortable. The team reviewed Booher's evaluation and agreed that a dual eligibility of autistic-like behaviors and emotional disturbance was appropriate for claimant. Norris subsequently reported in May 2011 that if she was pushed to diagnose claimant, she would use the Social Anxiety Disorder diagnosis, from the upcoming 2013 DSM-5.[5]

10. In June and July 2011, Dr. Angelone performed a re-examination of claimant because the school district had raised questions about claimant presenting autistic-like behavior. Dr. Angelone concluded that claimant continued to exhibit the typical profile of ADHD. He recommended that claimant continue with individual therapy to "address his social anxiety and to develop coping mechanisms."

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[4] Under the DSM-5, individuals with a well-established DSM-IV diagnosis of autism should be given the diagnosis of ASD.

[5] The first criterion for this disorder in the DSM-5 at page 202 is "marked fear or anxiety about one or more social situations in which the individual is exposed to possible scrutiny by others."

11. In August 2012, claimant enrolled in California's Virtual Academy (CAVA), a general education, full inclusion, independent study program. On claimant's next IEP on December 14, 2012, claimant's primary disability was reported as "other health impairment" (OHI). The parents were concerned at that time about claimant's anxiety, as well as his self-esteem and depression.

12. Claimant remained eligible for special education services under OHI at subsequent IEPs in 2012, 2015, and 2016. In 2016, claimant's speech language pathologist reported that claimant was an effective communicator. Claimant's teacher reported that claimant actively engaged in class and stayed on task. In 2018, the IEP team proposed specialized online academic instruction for writing for claimant. Claimant graduated from high school in 2018, and began taking classes at a community college.

GGRC Evaluation

13. A GGRC interdisciplinary assessment team evaluated claimant to determine his eligibility for regional center services. The team is required to perform its own evaluation for the regional center, which is not permitted to rely on someone else's diagnosis. The initial team consisted of GGRC social worker Katie Schloesser, L.C.S.W., GGRC director of clinical services Ingrid Lin, M.D., and GGRC staff psychologist Telford Moore, Ph.D.

14. has a master's degree in social work. She has been employed by GGRC for 15 years. For the past eight years, she has been an assessment social worker. She has expertise in autism and is one of the clinical experts who can diagnose autism.

15. On August 1, 2019, met with claimant's parents and then with claimant at their home. The parents told that they became concerned about claimant's

development when he entered preschool because he was isolating and had difficulty with "social changes." The parents did not report any earlier concerns about claimant's development.

16. Claimant occasionally paused in his thought process while standing and slowly pacing, and gave appropriate hand gestures, when he answered 's questions. Claimant shared his interests, his current classes and recent activities. issued a report dated August 1, 2019, recommending that pertinent records be obtained, and further evaluation be conducted. She testified credibly at hearing.

DR. MOORE

17. Dr. Moore performed psychological assessments as part of the eligibility determination. Dr. Moore is board certified in behavioral and clinical neuropsychology. He was a school psychologist for 15 years. He has worked for GGRC for 24 years, performing assessments the past 19 years.

18. For claimant's evaluation, Dr. Moore reviewed Booher's 2011 evaluation described in Finding 8, the 2018 IEP included in Finding 12, the June 2019 GGRC intake screening form referred to in Finding 2, the application described in Finding 3, and the GGRC social assessment described in Finding 16. Dr. Moore met with claimant twice. He issued a report for an eligibility determination on January 17, 2020. He testified credibly and with compassion for claimant at hearing.

19. From his September and November 2019 meetings with claimant, Dr. Moore found that claimant had limited capacity to stay on task beyond one to two hours. Dr. Moore found claimant's obvious intelligence at odds with his restlessness and repositioning, by sometimes abruptly standing and pacing, and his occasional social inelegance, and sometimes "off" comments. At hearing, Dr. Moore noted that

movement disorders are not a diagnostic criterion for autism. Dr. Moore also found that claimant required more than the usual amount of time to process information and provide a response. At hearing, he noted that processing speed is not a criterion for autism.

20. Dr. Moore administered 10 tests to claimant, including the Adaptive Behavior Assessment System, third edition (ABAS-3). The ABAS is an assessment of adaptive skills needed to care for oneself effectively and independently, respond to others, and meet environmental demands. Based on questionnaire answers by claimant's mother, the general adaptive composite standard score of the ABAS-3 was in the low range, but not substantially handicapping. As only one (leisure) of nine scaled scores was extremely low, Dr. Moore found claimant's adaptive behavior was within normal limits. He would not expect any significant score difference in the future such as determined a year later by claimant's psychologist in Finding 45 unless there was subsequent brain damage or trauma.

21. Claimant's score for the Childhood Autism Rating Scale, second edition, standard version (CARS2-ST) equated to classifications from minimal to no symptoms and mild to moderate symptoms. The Wechsler Adult Intelligence Scale, fourth edition score showed claimant had average to high levels of intellectual capacity.

22. Other test scores showed average (normal) or high average results. Claimant's scores on some other tests such as the Picture Arrangement subtest, which requires a recognition of social conventions and behavioral expectations, and reveals awareness of social appropriateness, humor, embarrassment, and irony, were inconsistent with autism or intellectual disability. Claimant acknowledged to Dr. Moore that his parents are concerned about him and he may not be as successful as expected.

23. Dr. Moore testified at hearing that he spent about three hours with claimant during his two meetings at the GGRC office. Dr. Moore established rapport with claimant who had good eye contact and was interactive with him.

24. Dr. Moore reported and testified at hearing about the diagnostic criteria for ASD under DSM-5, which states at pages 50 and 51:

> 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, . . .
>
> 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; . . .
>
> 3. Deficits in developing, maintaining, and understanding relationships. . . .
>
> B. Restricted, repetitive patterns of behavior, interests, or activities, . . .
>
> 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 developmental disorder) or global developmental delay. Intellectual disability and autism spectrum disorder frequently co-occur; . . .

The DSM-5 at page 50 also states the current severity must be specified for deficits A and B, and provides three levels at page 52. The minimum "requiring support" is referred to as Level 1 and described as "difficulty initiating social interactions, and clear examples of atypical or unsuccessful responses to social overtures of others." Level 1 is additionally described as inflexibility of behavior causing significant interference with functioning in one or more contexts.

25. Dr. Moore explained that even if claimant met the criteria for level 1 or mild ASD, his behaviors are not substantially disabling to qualify for eligibility under the Lanterman Act. Dr. Moore concluded that claimant does not meet the eligibility criteria for ASD, or intellectual disability. He added that claimant does not have a condition similar to intellectual disability and does not have treatment needs similar to individuals with intellectual disability.

DR. LIN

26. Dr. Lin is the director of clinical services at GGRC. She provided a medical review for claimant's eligibility and issued a report on January 17, 2020. In addition to the documents reviewed by Dr. Moore, she reviewed medical clinic records dated in June 2019, and claimant's May 2018 speech and language assessment report for CAVA. Dr. Lin's report also referred to assessments by and Dr. Moore.

27. Dr. Lin's report stated that she observed claimant typically made eye contact during the team group meeting (also including his mother) on January 17, 2020. Dr. Lin's report also noted that claimant elaborated on his answers and demonstrated appreciation of humor. In her report, Dr. Lin's eligibility impression was that prior to age 18, claimant did not have a definitive diagnosis of any of the development disabilities or disabling conditions required for regional center services.

TEAM DETERMINATION

28. After meeting with claimant and his mother, the assessment team concluded that claimant was not eligible for regional center services. Dr. Lin sent a letter of ineligibility to claimant, dated January 22, 2020, with a notice of proposed action denying eligibility.

29. With his request for fair hearing, claimant requested an informal meeting with GGRC's director or designee. GGRC assigned a vendor psychologist, Mai T. Nguyen, Psy.D., to review claimant's eligibility as part of the informal meeting. The meeting with claimant's parents, Dr. Nguyen, and the GGRC intake and assessment manager was held on July 8, 2020. The purpose was to review the decision by the interdisciplinary team that claimant does not meet eligibility criteria for regional center services.

30. At the meeting, claimant's parents reported an upcoming assessment with claimant's licensed psychologist, Stephanie Crampton, Psy.D. The GGRC team agreed to wait for the completion of Dr. Crampton's report to continue the informal meeting. Claimant submitted Dr. Crampton's report to GGRC on December 10, 2020.

DR. NGUYEN

31. Dr. Nguyen performed a psychological assessment of claimant as part of the final team eligibility determination. Dr. Nguyen is a clinical psychologist who has worked with the GGRC staff for four years. She primarily works with individuals with emotional disabilities and conducts assessments and consultations to staff. She previously worked for nine years in private practice and in a community health center, where she worked with individuals with developmental or mental health disabilities. Dr. Nguyen's testimony at hearing was reasoned and credible.

32. For her assessment, Dr. Nguyen reviewed several documents, including additional records provided by claimant's parents at the informal meeting in July 2020. She reviewed the assessments by and Dr. Moore, as well Dr. Crampton. Dr. Nguyen requested to meet with claimant's father to obtain supplemental information. Dr. Nguyen met remotely on January 12, 2021, with claimant's father who with claimant's mother completed questionnaires.

33. On January 12, 2021, Dr. Nguyen also met remotely with claimant. After claimant's break to complete his morning routine, claimant warmed up to Dr. Nguyen and they had rapport. She noted that claimant's use of eye contact was at a reduced rate, and that while his affect was relatively limited, his facial expressions changed appropriately. He also motioned with his hands and integrated nonverbal gestures with his communication. Dr. Nguyen and claimant engaged in a reciprocal

conversation and shared humor and laughter. He responded to her questions appropriately and shared spontaneously about his life. He also was forthcoming about his thoughts and experiences. Claimant's insight and judgment appeared age appropriate.

34. Dr. Nguyen administered the following tests:[6] the BASC-3 with input from claimant's mother; the CARS-2HF; and the Minnesota Multiphasic Personality Inventory-2, restructured form, which is a standardized test of adult personality to evaluate possible psychiatric disturbances. According to the latter test, claimant's profile suggested a depression related disorder and specific phobias (anxiety). Dr. Nguyen reported that the CARS-2HF score for claimant's social emotional understanding showed him as mildly impaired and indicated that he could "make social inferences in a quiet and comfortable one-on-one environment, but has difficulty accessing the skill in daily life (likely due to either anxiety, inattention, hyperactivity, executive function deficits)."

35. While Dr. Nguyen noted concerns and challenges for claimant, she commented in her report that claimant does not demonstrate persistent deficits in areas similar to an individual with autism. She found his sensory sensitivities are likely better accounted by other disorders. She found that claimant does not meet the criteria for autism because his challenges do not cause clinically significant impairment in social, occupational, or other areas of current functioning. She also found that

[6] Claimant's father contended at hearing that Dr. Nguyen did not have consent to administer any tests despite the lack of objection following her December 16, 2020 email to claimant's mother to schedule two hours with claimant to include observation, conversation, a questionnaire, and a performance-based test.

claimant's functioning is not better explained by intellectual disability or global development delay, and that for a comorbid diagnosis of intellectual disability and autism spectrum disorder, social communication should be below that expected for general developmental level.

36. For her report dated January 30, 2021, Dr. Nguyen reviewed and summarized claimant's relevant history including that discussed in Findings 5 through 12, and the psychological questionnaire filled out by the parents for Dr. Nyugen. There was nothing in the GGRC application or other records indicating any behavioral concerns about claimant when he was an infant.

37. Dr. Nguyen testified that inattention may appear to be ASD instead of ADHD inasmuch as it parallels the impact of performance at school and resulting basis for special education services. Claimant's clinical symptoms as well as results from tests administered by her and Dr. Moore confirmed claimant's diagnoses of ADHD and anxiety. Dr. Nguyen found that claimant does not meet the criteria for ASD in the DSM-5, as stated in Finding 24. Dr. Nguyen concluded that claimant does not meet eligibility criteria for regional center services.

Claimant's Expert: Dr. Crampton

38. Dr. Crampton has been a licensed clinical psychologist for eight years. She is in private practice with a declared specialty of "high functioning autism." She performed the initial assessment for claimant's brother. Claimant's parents referred claimant to Dr. Crampton for a formal evaluation of claimant's social, communication, behavioral, and cognitive functioning to determine whether claimant meets the criteria for ASD.

39. For her assessment, Dr. Crampton consulted with claimant or his parents on four occasions in August and November 2020, spending three to four hours with claimant. She reviewed claimant's records, observed claimant, contacted claimant's long-time therapist, and administered four tests: the Social Responsiveness Scale, second edition (SRS-2) completed by claimant's mother; the Wechsler Adult Abbreviated Scale of Intelligence, second edition, modified for video; the ABAS-3 and the Autism Diagnostic Observation Schedule 2, module 4, modified for video. She issued a report dated November 18, 2020, and testified credibly at hearing.

40. Prior to hearing, Dr. Crampton read Dr. Nguyen's evaluation and part of Dr. Moore's evaluation. She did not test claimant's slow processing speed, but believed it could be attributable to ASD. At hearing, she testified that claimant would need assistance and support into adulthood, particularly to increase his independent living skills. She acknowledged that claimant had not previously been diagnosed with autism, despite claimant's continuing contact with medical and other professionals since birth. Dr. Crampton consulted with Norris, claimant's therapist, but noted that Norris is not a specialist in ASD.

41. Dr. Crampton's report on claimant's present functioning in social communication and social interaction skills noted that claimant has always struggled socially and preferred to play on his own. She reported that claimant did not initiate social baby games such as peek-a-boo, and did not bring his parents books or toys. She considered this behavior to indicate that claimant met the DSM-5 criteria for symptoms in his early developmental period.

42. Dr. Crampton also reported that claimant struggled with picking up on humor and sarcasm. She found claimant's eye contact poor as he has always struggled

looking towards people who are speaking to him. Her report noted that claimant's gestures to communicate are limited and can be exaggerated and rigid.

43. During her mental status and behavioral observations of claimant, Dr. Crampton reported that claimant answered questions and seemed to be participating to the best of his ability. His eye contact was poor and he looked down, averting his gaze when asked questions. His gestures to communicate with her were "robotic and often exaggerated."

44. For the ABAS-2 test, the rating by the answers from claimant's parents showed that claimant displayed "extremely low adaptive behaviors overall," particularly in practical, conceptual and social abilities. This was a significant difference than that determined by Dr. Moore in Finding 20. The answers from claimant resulted in a rating in the low range for his overall abilities and in the below average range for his social abilities. Dr. Crampton determined these ratings were well below claimant's chronological age.

45. Dr. Crampton's DSM-5 diagnostic impressions are ASD, Level 1, and ADHD. In the evaluation summary of her report, Dr. Crampton opined that claimant's "constellation and presentation of symptoms" exhibit an individual who has ASD. She noted that under the DSM-5 criteria, children and adults diagnosed with ASD have "deficiencies in social communication, social interaction, and display repetitive, restricted and stereotyped behaviors." Dr. Crampton concluded that claimant's ASD diagnosis qualifies him for GGRC services.

46. Dr. Crampton is a recognized expert in autism, but has less experience in that area than each of the GGRC assessment team members, particularly Dr. Moore and Dr. Nguyen. While Dr. Crampton also has a clear understanding of the DSM-5

definition of ASD, the analyses of claimant's behavior described by , Dr. Moore and Dr. Nguyen was based on their more favorable observations and experiences with claimant, such as their rapport with claimant described in Findings 16, 23, and 33, and corroborated by Dr. Lin's report in Finding 27. This is consistent with reports in 2016 by claimant's teacher and by his speech language pathologist, as noted in Finding 12. In contrast, Dr. Crampton's analysis relied on claimant's behaviors she observed in a much less positive light described in Finding 43. She also relied on behaviors reported by the parents that were not previously reported in claimant's application and other records indicating that there were no concerns prior to claimant attending school. The GGRC assessment team's determination that claimant did not meet the criteria for autism or ASD as a substantially disabling condition was cogent, thorough and consistent with the evidence. For these reasons, it is found that the GGRC team's assessment determination is more persuasive than that of Dr. Crampton.

Claimant's Additional Evidence

47. Claimant's mother testified with heartfelt candor. She described claimant's behaviors since birth, including some that continue. When he was very young, claimant had no reaction to peek-a-boo or to someone picking him up and carrying him around. When he was in a bouncy seat, he repetitively moved one leg in circles. When claimant was a toddler, his pediatrician told claimant's mother to keep an eye on him.

48. Throughout childhood and after, claimant has worn only soft clothing with no tags. Claimant's mother described claimant at a young age pounding his head on a wall and now hitting his head with his hand. She confirmed claimant's narrow range of interests, pacing, and difficulties with conversations and eye contact. Claimant needs reminders to get to anything time related.

49. Claimant's mother reported to GGRC that she was first concerned about claimant possibly having autism when he was in elementary school and described as having autistic like behaviors. She did not follow up with GGRC as suggested at that time. She learned more about GGRC when a friend's child was diagnosed with autism, but did not take claimant to GGRC until 2019, after claimant's brother became eligible for GGRC services, because claimant had been diagnosed only with A.

Ultimate Factual Finding

50. It is undisputed that claimant has limitations in his adaptive functioning and could benefit from GGRC services, but he has not shown that these limitations cause clinically significant impairment such as to constitute a substantially disabling developmental disability as defined by the Lanterman Act, as opposed to ADHD and anxiety, which are not eligible conditions.

LEGAL CONCLUSIONS

1. In this matter, claimant has the burden of proving by a preponderance of the evidence his eligibility for government-funded services. (*Lindsay v. San Diego Retirement Board* (1964) 231 Cal.App.2d 156, 161; Evidence Code, §§ 115, 500.)

2. Under the Lanterman Act, the State of California accepts responsibility for persons with developmental disabilities. (Welf. & Inst. Code, § 4500 et seq.) The Lanterman Act is a remedial statute; as such, it must be interpreted broadly. (*California State Restaurant Association v. Whitlow* (1976) 58 Cal.App.3d 340, 347.)

3. A developmental disability is a disability that originates before an individual reaches age 18; continues, or can be expected to continue, indefinitely; and

constitutes a substantial disability for that individual. (§ 4512, subd. (a); Cal. Code Regs., tit. 17, § 54000, subd. (b).) The term "developmental disability" includes intellectual disability, cerebral palsy, epilepsy, autism, and disabling conditions found to be closely related to intellectual disability or to require treatment similar to that required for individuals with an intellectual disability. (§ 4512, subd. (a); Cal. Code Regs., tit. 17, § 54000, subd. (a).)

4. "Substantial disability" means major impairment of cognitive and/or social functioning, and the existence of significant functional limitations, as appropriate to the person's age, in three or more of the following areas of major life activity: receptive and expressive language, learning, self-care, mobility, self-direction, capacity for independent living, and economic self-sufficiency. (§ 4512, subd. (l)(1); Cal. Code Regs., tit. 17, § 54001, subd. (a).)

5. It is undisputed that claimant suffers from adaptive limitations. Despite a broad interpretation of the Lanterman Act, claimant has not met his burden of establishing that he has a major impairment and significant functional limitations specifically defined in the Lanterman Act. (Finding 50.)

6. Claimant's parents are commended for their advocacy on behalf of their son. However, the evidence is insufficient to establish that claimant has ASD or another developmental disability that is substantially disabling to meet the criteria for eligibility under the Lanterman Act. Even if claimant meets the criteria for Level 1 ASD, it is not substantially disabling. Claimant's appeal must be denied.

ORDER

Claimant's appeal of the service agency's denial of regional center eligibility is denied. Claimant is not eligible for regional center services.

DATE:

BARBARA O'HEARN
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.