

**BEFORE THE
OFFICE OF ADMINISTRATIVE HEARINGS
STATE OF CALIFORNIA**

In the Matter of:

CLAIMANT

and

INLAND REGIONAL CENTER, Service Agency

OAH No. 2022080303

DECISION

Jami A. Teagle-Burgos, Administrative Law Judge, Office of Administrative Hearings (OAH), State of California, heard this matter by videoconference on November 9, 2022.

Senait Teweldebrhan, Fair Hearings Representative, Fair Hearings and Legal Affairs, represented Inland Regional Center (IRC).

Claimant's mother represented claimant, who was not present.

Oral and documentary evidence was received. The record was closed, and the matter submitted for decision on November 9, 2022.

ISSUE

Is claimant eligible for regional center services under the Lanterman Developmental Disabilities Services Act (Lanterman Act) as a result of an intellectual disability; autism spectrum disorder (autism); or a disability closely related to an intellectual disability or that requires treatment similar to that required for individuals with an intellectual disability (the "fifth category") that constitutes a substantial disability?

SUMMARY

Claimant failed to establish that he is eligible for regional center services as a result of an intellectual disability or autism, or under the fifth category. Claimant's appeal of IRC's determination that he is not eligible for services is denied.

FACTUAL FINDINGS

Jurisdictional Matters

1. On July 26, 2022, IRC sent claimant a Notice of Proposed Action stating that no intake services could be provided because a review of the records indicated that claimant did not have a "substantial disability" as a result of intellectual disability, autism, cerebral palsy, epilepsy, or a disabling condition under the fifth category, and claimant was not eligible for IRC services.

2. On August 4, 2022, IRC received a fair hearing request filed by claimant's mother. An informal hearing was held on August 15, 2022, after which IRC notified

claimant's mother that it was standing by its decision that claimant was not eligible for regional center services. This hearing followed.

Background

3. Claimant is currently 33 years old and lives with his mother. Claimant met Title 5¹ criteria during his educational years and received special education services from his school district for emotional disturbance and specific learning disability.

Applicable Diagnostic Criteria

AUTISM SPECTRUM DISORDER

4. The *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* (DSM-5) contains the diagnostic criteria used for autism as follows: persistent deficits in social communication and social interaction across multiple contexts; restricted, repetitive patterns of behavior, interests, or activities; symptoms that are present in the early developmental period; symptoms that cause clinically significant impairment in social, occupational, or other important areas of functioning; and disturbances that are not better explained by intellectual disability or global developmental delay.

INTELLECTUAL DISABILITY

5. The DSM-5 also provides three diagnostic criteria that must be met to support a diagnosis of intellectual disability: deficits in intellectual functions (such as reasoning, problem solving, abstract learning and thinking, judgment, and learning from experience) "confirmed by both clinical assessment and individualized

¹ California Code of Regulations, Title 5, section 3030.

standardized intelligence testing”; deficits in adaptive functioning “that result in failure to meet developmental and sociocultural standards for personal independence and social responsibility”; and the onset of these deficits during the developmental period. Intellectual functioning is typically measured using intelligence tests. Individuals with intellectual disability generally have an intelligence quotient (IQ) scores in the 65 to 75 range.

ELIGIBILITY UNDER THE FIFTH CATEGORY

6. Under the fifth category, the Lanterman Act provides assistance to individuals with disabling conditions closely related to an intellectual disability or that requires similar treatment as an individual with an intellectual disability but does not include other handicapping conditions that are “solely physical in nature.” (Welfare and Institutions Code section 4512, subd. (a).) A disability involving the fifth category must also have originated before an individual attained 18 years of age, must continue or be expected to continue indefinitely, and must constitute a substantial disability.

The Association of Regional Center Agencies Guidelines (ARCA Guidelines) provide criteria to assist regional centers in determining whether a person qualifies for services under the fifth category. The ARCA Guidelines provide that the person must function in a manner similar to a person with an intellectual disability or who requires treatment similar to a person with an intellectual disability.

FUNCTIONING SIMILAR TO A PERSON WITH AN INTELLECTUAL DISABILITY

7. A person functions in a manner similar to a person with an intellectual disability if the person has significant sub-average general intellectual functioning that is accompanied by significant functional limitations in adaptive functioning. Intellectual functioning is determined by standardized tests. A person has significant sub-average

intellectual functioning if the person has an IQ of 70 or below. Factors a regional center should consider include: the ability of an individual to solve problems with insight, to adapt to new situations, and to think abstractly and profit from experience. (ARCA Guidelines, citing Cal. Code Regs., tit. 22, § 54002.) If a person's IQ is above 70, it becomes increasingly essential that the person demonstrate significant and substantial adaptive deficits and that the substantial deficits are related to the cognitive limitations, as opposed to a medical problem. It is also important that, whatever deficits in intelligence are exhibited, the deficits show stability over time.

Significant deficits in adaptive functioning are established based on the clinical judgements supplemented by formal adaptive behavioral assessments administered by qualified personnel. Adaptive skill deficits are deficits related to intellectual limitations that are expressed by an inability to perform essential tasks within adaptive domains or by an inability to perform those tasks with adequate judgement. Adaptive skill deficits are not performance deficits due to factors such as physical limitations, psychiatric conditions, socio-cultural deprivation, poor motivation, substance abuse, or limited experience.

TREATMENT SIMILAR TO A PERSON WITH AN INTELLECTUAL DISABILITY

8. In determining whether a person requires treatment similar to a person with an intellectual disability, a regional center should consider the nature of training and intervention that is most appropriate for the individual who has global cognitive deficits. This includes consideration of the following: individuals demonstrating performance based deficits often need treatment to increase motivation rather than training to develop skills; individuals with skill deficits secondary to socio-cultural deprivation but not secondary to intellectual limitations need short-term, remedial training, which is not similar to that required by persons with an intellectual disability;

persons requiring habilitation may be eligible, but persons primarily requiring rehabilitation are not typically eligible as the term rehabilitation implies recovery; individuals who require long-term training with steps broken down into small, discrete units taught through repetition may be eligible; the type of educational supports needed to assist children with learning (generally, children with an intellectual disability need more supports, with modifications across many skill areas).

SUBSTANTIAL DISABILITY

9. The ARCA Guidelines refer to California Code of Regulations, title 17, sections 54000 and 54001 regarding whether a person has a substantial disability. This means the person must have a significant functional limitation in three or more major life areas, as appropriate for the person's age, in the areas of: communication (must have significant deficits in both expressive and receptive language), learning, self-care, mobility, self-direction, capacity for independent living, and economic self-sufficiency.

Evidence Presented at Hearing

10. The following is a summary of the testimony of Sandra Brooks, Ph.D. She is a licensed clinical psychologist and has served as staff psychologist at IRC for the past 12 years. She has been on the IRC staff since 2007, and previously worked as a psychological assistant. Her duties as staff psychologist include reviewing records and conducting psychological assessments to assist IRC's multidisciplinary eligibility team to determine if potential clients are eligible for services.

11. Dr. Brooks explained that in order to be eligible for regional center services under the Lanterman Act, claimant must have a developmental disability of autism, epilepsy, cerebral palsy, intellectual disability, or a disabling condition found to be closely related to intellectual disability or to require treatment similar to that for

individuals with an intellectual disability (fifth category), originating before claimant attains 18 years of age and that continues, or is expected to continue, indefinitely and constitutes a substantial disability for claimant. In order to determine whether a diagnosis of a developmental disability is substantially disabling so as to qualify for regional center services, there must be significant functional limitations in at least three of the seven life activities listed in California Code of Regulations, section 54001, which are: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency. Conditions precluded from qualifying conditions are conditions that are solely psychological, solely physical, psychiatric, or specific learning disabilities.

12. Dr. Brooks explained that autism is a developmental disorder with consistent social deficits, restricted patterns of behavior and interest in activities, which begins during the developmental period. Autism must cause significant limitations in functioning for IRC eligibility. Intellectual disability entails deficits in mental abilities and impairments in adaptive functioning, with an onset during the developmental period, and it is based on clinical and standardized assessments that show deficits in overall functioning with IQ scores of 70 or below.

13. An individualized education program (IEP) by Fontana Unified School District (FUSD), dated May 14, 2003, was completed when claimant was in eighth grade. He was eligible for special education due to "emotional disturbance." He had difficulty learning, maintaining satisfactory relationships with teachers and other students, and a general pervasive mood of unhappiness or depression. Dr. Brooks remarked that emotional disturbance is not a qualifying condition for regional center services.

14. An IEP by FUSD, dated April 8, 2004, was completed when claimant was in ninth grade. He was eligible for special education services due to "specific learning disability." Dr. Brooks explained that specific learning disability is when there is a disorder in one or more of the basic psychological processes, but it does not encompass overall deficits as is the case with intellectual disability; and specific learning disability does not qualify a person for regional center services.

15. A psychoeducational report by FUSD, dated May 27, 2004, was completed when claimant was in ninth grade. For special education purposes, claimant had been classified as being emotionally disturbed in 1984 and 1996; as having specific learning disability in 1999; as being emotionally disturbed in 2001; and as no longer being emotionally disturbed but as having specific learning disability in 2004.

16. An IEP by FUSD, dated November 30, 2007, was completed when claimant was in twelfth grade. He qualified for special education services based on being emotionally disturbed. He had been prescribed medication for Tourette's syndrome. Dr. Brooks found nothing in this IEP that would determine claimant was eligible for regional center services.

17. A psychological assessment of claimant was conducted by Edward Pflaumer, Ph.D., a licensed clinical psychologist on July 5, 2013. Claimant was referred for the assessment by IRC for the purpose of determining IRC eligibility. Claimant was 24 years old at the time of this evaluation. Dr. Pflaumer reviewed the court records and police reports in claimant's record, and he referenced that claimant's most recent IEP and previous IEPs listed he was eligible for special education services due to emotional disturbance. Claimant was diagnosed with Tourette's syndrome and obsessive-compulsive disorder at age 15, and he was diagnosed with paranoid schizophrenia at age 20. Claimant reported having tics in which he scratched his scalp and obsessive

thoughts about things. Dr. Brooks testified that conditions of obsessive-compulsive disorder and paranoid schizophrenia do not qualify a person for regional center services. Claimant was friendly and cooperative with good eye contact. Dr. Pflaumer performed clinical tests of Weschler Adult Intelligence Scale – IV (WAIS-IV) and Wide Range Achievement Test – 3 (WRAT3). On the WAIS-IV, claimant achieved a verbal comprehension score of 80, perceptual reading score of 75, working memory score of 77, processing speed of 79, and a full scale IQ of 73. On the WRAT3, claimant achieved a standard score of 77 in reading (grade level 5), 86 in spelling (grade level 7), and 84 in arithmetic (grade level 6). Dr. Pflaumer assessed claimant fell within the borderline range of intelligence, but “not to the level of mental retardation,” and his academic levels of fifth to seventh grade was “a bit higher than what is usually seen among individuals who are mentally retarded.” Dr. Pflaumer found claimant had “significant cognitive limitations” such that he was “nearly in the range of mental retardation,” and his symptoms relating to schizophrenia and obsessive-compulsive disorder did not appear to “be a problem” but his impulsiveness and poor social skills associated with Tourette’s would interfere with his “adjustment.” Based on these findings, Dr. Pflaumer diagnosed claimant with schizophrenia, paranoid type; obsessive-compulsive disorder; Tourette’s syndrome; and borderline intellectual functioning. Dr. Pflaumer concluded claimant did not have a developmental disability and he was not eligible for regional center services; and he had a mental illness that includes psychotic symptoms that were under control with medication.

18. An IRC determination, dated July 5, 2013, concluded that claimant was not eligible for regional center services.

19. A neuropsychological assessment of claimant was conducted by Colleen H. Daniel, Psy.D., a licensed clinical neuropsychologist and rehabilitation psychologist

at Coastal Neuropsychology Specialists on August 8, 2018. Claimant was 29 years old and he was referred for an evaluation due to concerns about concentration, memory, and attention. Dr. Daniel had none of claimant's medical or school records to review at the time of the evaluation. His reported history included walking close to the age of two; using single words at the age of four; difficulties with fine and gross motor skills; attending speech therapy as a child; a history of echolalia with current mimicking and imitation behaviors like coughing when others cough; and walking on his tiptoes since childhood and continuing. He completed high school and attended Chaffee College until he was dismissed after being arrested for trespass on campus. The criminal charges were reduced to a misdemeanor, and his record had since been expunged. Dr. Daniel administered 14 clinical tests including the following tests: Wide Range Achievement Test – 4 (WRAT4); Reynolds Intellectual Achievement Scales, 2nd Edition (RIAS-2); and Gilliam Asperger Disorder Scale (GADS). On the RIAS-2, claimant obtained a composite index score of 50 placing him at the 1st percentile rank and in the impaired range, but due to inherent statistical error his true composite score likely was between 47 and 55. Dr. Brooks remarked these scores were significantly lower than when Dr. Pflaumer tested claimant in 2013. On the WRAT-4, claimant performed at the 21st percentile (low average range) in reading, 75th percentile (average) in spelling, and 4th percentile (borderline impaired) in math. Dr. Daniel reported claimant's results on GADS testing "do suggest the presence of multiple symptoms of autism spectrum disorder." Dr. Brooks remarked GADS testing is relevant to autism in that it is considered a screening for autism rather than an actual standardized test because a social/communication questionnaire is completed primarily by the parent as opposed to observations being made by the evaluator. Overall, Dr. Brooks noted that claimant's GADS testing suggested a presence of autism symptoms and other test scores were consistent with intellectual disability and autism, but these results are

compromised because they were “significantly lower than his previous scores” when he was tested by Dr. Pflaumer.

20. An IRC determination, dated January 21, 2019, concluded that claimant was not eligible for regional center services. The determination noted that claimant’s school records indicated he received special education services due to emotional disturbance, and he had no history of intellectual disability or autism. Claimant did well in college until he got into trouble. He had a history of Tourette’s syndrome and schizophrenia, which are mental health conditions. Dr. Brooks remarked that claimant was assessed by Dr. Daniel in 2018 and diagnosed with intellectual disability, but this is not consistent with his academic scores that were in the low-average range throughout school; and claimant was never identified in school as having intellectual disability or autism, as he was always categorized for special education services as being emotionally disturbed or having specific learning disorder.

21. Claimant submitted a letter from Emmanuel Baidoo Jr., M.D., dated September 30, 2022, which indicated claimant was treated on the same date. Dr. Baidoo wrote, “Patient demonstrates behaviors that are consistent with autism. Please have patient evaluated for autism.” Dr. Brooks remarked that this letter does not diagnose claimant with autism and does indicate that any testing was performed by Dr. Baidoo.

22. Claimant submitted a letter from Allison Reza, M.F.T., dated October 18, 2022, which indicated she is a psychotherapist who is treating claimant for obsessive and compulsive behaviors. She recently learned that claimant may have autism that was undiagnosed as a child, and she does not specialize in autism, but claimant “appears to meet the criteria for a diagnosis of [autism].” She asked that claimant be

provided with "an appropriate evaluation for services." Dr. Brooks remarked this letter does not reference that any testing was conducted by Ms. Reza.

23. Upon review of the entire record, including the records discussed above, the following was opined by Dr. Brooks: Claimant does not meet regional center eligibility under autism or intellectual disability, or any other diagnosis. Regarding intellectual disability, this condition has to be established by IQ testing that demonstrates scores below 70 with concurrent deficits in adaptive functioning. When claimant was in school, he was never found to have deficits in adaptive functioning and his test scores as determined by Dr. Pflaumer were within the borderline range for IQ and he had some achievement scores in the low-average range. The lower scores achieved when tested by Dr. Daniel are not consistent and Dr. Daniel did not review claimant's school or medical records. Regarding autism, claimant had a history of making inappropriate sexual statements to other students and masturbating in class, but these are not the types of emotional difficulties consistent with autism. Claimant was reported as being friendly. He does present with repetitive behaviors like ticks that have been attributed to Tourette's syndrome and have been ameliorated with medications. These same behaviors existed when he was growing up and were considered to be a part of his Tourette's syndrome and not autism. When claimant was assessed by Dr. Pflaumer, he was able to describe the symptoms of various conditions, such as psychotic disorder, which is uncharacteristic of people with autism.

24. Dr. Brooks also explained in cases of dual diagnosis, it is often a matter of whether the mental health conditions or developmental disorders came first. What is known is that developmental disorders, such as autism or intellectual disability, typically present early in the developmental period with autism symptoms presenting as early as two to three years old. It is more difficult when someone seeks regional

center services in adulthood and presents with low cognitive scores without knowledge of their intellectual functioning early on because it is difficult to tell if those low scores are due to intellectual disability or autism or something else contributing to the lower scores like schizophrenia. Here, claimant's records prior to 18 years of age are not consistent with a diagnosis of autism or intellectual disability.

25. On cross-examination, Dr. Brooks acknowledged she has never met claimant in person, and it was possible to have a dual diagnosis of autism and a mental health condition. It is also possible for someone with a milder form of autism to have "enough awareness to realize there is something different about them and they are being teased, and [this] can contribute to feelings of depression." However, Dr. Brooks also explained that having autism and being "high functioning" was relative because in order to be diagnosed with autism, a person would need to have symptoms that significantly impact their functioning on a day to day basis, and often times people have autism-like symptoms but do not meet the criteria of autism.

26. The following is a summary of the testimony of claimant's mother. Claimant was the fourth of her six children. He had delays such as walking at the age of two and not speaking until he was four years old. When claimant started school, he had notable behaviors in school and "oddities" so much that other children made fun of him. He became "isolated and depressed." She wondered if it was possible that someone who was not diagnosed with ASD and "overlooked," was reacting by "coping and fighting back" because of the misdiagnosis of emotional disturbance of a learning disability. She explained that claimant, who is now 33 years old, acts like a child and runs from his room to make a facial expression and then runs back to his room. He acts like this everywhere including at church and it is "not a normal behavior for a grown man." He cannot tie his shoe laces, and he does not adjust the water in the

shower accordingly. Due to claimant's "oddities," he has landed in jail and her heart breaks for him because "he would never hurt a fly." He does not know how to deal with issues and because of his "oddities" sometimes "people set him up for a fall" and this affects his self-esteem. In the family setting, she sees claimant's child-like behavior and it creates a hardship for him.

27. Claimant's mother testified that claimant began receiving Supplemental Security Income (SSI) in 2009, when he was in his 20's, for Tourette's syndrome and obsessive-compulsive disorder. She noted ASD runs in her family. She has a grandchild with ASD and believes claimant also meets the criteria for ASD. It has been frustrating over the years. Claimant has tried to work through the Department of Rehabilitation, but he "can't do anything fast" and was let go from his jobs. It is tasking for him to follow directions. He does not know how to express himself to people. She stated, "He needs help . . . because of the teasing before and he got in trouble before . . . I don't know how else to say it. He cannot live independently. He won't cook. He is alone. People make fun of him. Before he turned 18." She remarked that his emotional disturbance at school was really a result of ASD, and she asked for IRC to please "look at [claimant] again because [she] knows he has ASD." She does not believe that claimant is schizophrenic "at all" and it was a misdiagnosis. He has "weird behaviors" like tiptoe walking, running through the house, pulling his hair, running his knuckles, coughing when others cough, and eye movements. His siblings all know of his behaviors, and he "does not know how to behave otherwise."

LEGAL CONCLUSIONS

Burden of Proof

1. In a proceeding to determine eligibility, the burden of proof is on the claimant to establish he or she meets the eligibility criteria. The standard of proof is a preponderance of the evidence. (Evid. Code, §§ 115; 500.)

Applicable Statutes

2. The Lanterman Act is set forth at Welfare and Institutions Code section 4500 et seq.

3. Welfare and Institutions Code section 4501 states:

The State of California accepts a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. Affecting hundreds of thousands of children and adults directly, and having an important impact on the lives of their families, neighbors and whole communities, developmental disabilities present social, medical, economic, and legal problems of extreme importance . . .

[¶] . . . [¶]

An array of services and supports should be established which is sufficiently complete to meet the needs and choices of each person with developmental disabilities, regardless of age or degree of disability, and at each stage

of life and to support their integration into the mainstream life of the community. To the maximum extent feasible, services and supports should be available throughout the state to prevent the dislocation of persons with developmental disabilities from their home communities.

4. Welfare and Institutions Code section 4512, subdivision (a), defines "developmental disability" as follows:

"Developmental disability" means a disability which originates before an individual attains age 18, continues, or can be expected to continue indefinitely, and constitutes a substantial disability for that individual. As defined by the Director of Developmental Services, in consultation with the Superintendent of Public Instruction, this term shall include mental retardation, cerebral palsy, epilepsy, and autism. This term shall also include disabling conditions found to be closely related to mental retardation or to require treatment similar to that required for mentally retarded individuals, but shall not include other handicapping conditions that are solely physical in nature.

5. Welfare and Institutions Code section 4512 (l)(1) defines "substantial disability" as:

. . . the existence of significant functional limitations in three or more of the following areas of major life activity, as

determined by a regional center, and as appropriate to the age of the person:

(A) Self-care.

(B) Receptive and expressive language.

(C) Learning.

(D) Mobility.

(E) Self-direction.

(F) Capacity for independent living.

(G) Economic self-sufficiency.

6. California Code of Regulations, title 17, section 54000 provides:

(a) 'Developmental Disability' means a disability that is attributable to mental retardation, cerebral palsy, epilepsy, autism, or disabling conditions found to be closely related to mental retardation or to require treatment similar to that required for individuals with mental retardation.

(b) The Developmental Disability shall:

(1) Originate before age eighteen;

(2) Be likely to continue indefinitely;

(3) Constitute a substantial disability for the individual as defined in the article.

(c) Developmental Disability shall not include handicapping conditions that are:

(1) Solely psychiatric disorders where there is impaired intellectual or social functioning which originated as a result of the psychiatric disorder or treatment given for such a disorder. Such psychiatric disorders include psycho-social deprivation and/or psychosis, severe neurosis or personality disorders even where social and intellectual functioning have become seriously impaired as an integral manifestation of the disorder.

(2) Solely learning disabilities. A learning disability is a condition which manifests as a significant discrepancy between estimated cognitive potential and actual level of educational performance and which is not a result of generalized mental retardation, educational or psycho-social deprivation, psychiatric disorder, or sensory loss.

(3) Solely physical in nature. These conditions include congenital anomalies or conditions acquired through disease, accident, or faulty development which are not associated with a neurological impairment that results in a need for treatment similar to that required for mental retardation.

7. California Code of Regulations, title 17, section 54001, subdivision (a), also defines "substantial disability" and requires "the existence of significant functional

limitations, as determined by the regional center, in three or more of the . . . areas of major life activity” listed above.

Appellate Authority

8. The purpose of the Lanterman Act is to provide a “pattern of facilities and services . . . sufficiently complete to meet the needs of each person with developmental disabilities, regardless of age or degree of handicap, and at each stage of life.” (Welf.& Inst. Code, § 4501; *Association of Retarded Citizens v. Department of Developmental Services* (1985) 38 Cal.3d 384, 388.)

9. The Lanterman Act enumerates legal rights of persons with developmental disabilities. A network of 21 regional centers is responsible for determining eligibility, assessing needs and coordinating and delivering direct services to individuals with developmental disabilities and their families within a defined geographical area. Designed on a service coordination model, the purpose of the regional centers is to “assist persons with developmental disabilities and their families in securing those services and supports which maximize opportunities and choices for living, working, learning, and recreating in the community.” The Department of Developmental Services allocates funds to the centers for operations and the purchasing of services, including funding to purchase community-based services and supports. (*Capitol People First v. Department of Developmental Services* (2007) 155 Cal.App.4th 676, 682-683.)

Evaluation

10. The information contained in claimant’s records, which were reviewed by IRC and Dr. Brooks, do not show by a preponderance of the evidence that claimant suffered from a qualifying developmental disability, originating before claimant

attained 18 years of age and that continued, or was expected to continue, indefinitely and constitutes a substantial disability for claimant. The opinion of Dr. Brooks that claimant did not meet the diagnostic criteria for any condition that renders him eligible for regional center services, as noted above in paragraphs 12 through 25, was uncontested by any qualified expert. The evidence showed claimant never received special education services under the category of autism or intellectual disability, rather, he received special education under the categories of emotional disturbance and specific learning disability, neither of which are a qualifying condition for regional center services. Claimant also suffers from a variety of ailments and mental health conditions, including schizophrenia, paranoid type, obsessive compulsive disorder, and Tourette's syndrome, which affect claimant's functioning, but none of which are a qualifying condition. Claimant's intellectual functioning also is not at or below the levels, during the developmental years, that would be expected in a person with intellectual disability. Additionally, claimant did not show that any of the conditions from which he suffers are closely related to a person with intellectual disability or require treatment similar to a person with intellectual disability. Even if he did, the evidence did not support a finding that claimant is substantially disabled in three or more areas of a major life activity, as required to be found eligible for regional center services. Accordingly, claimant is not eligible for regional center services.

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ORDER

Claimant's appeal from IRC's determination that he is not eligible for regional center services is denied.

DATE: November 21, 2022

JAMI A. TEAGLE-BURGOS

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.