

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

In the Matter of:

CLAIMANT,

vs.

NORTH LOS ANGELES COUNTY REGIONAL CENTER,

Service Agency.

DDS No. CS0006335

OAH No. 2023050856

DECISION

Administrative Law Judge (ALJ) Chantal M. Sampogna, Office of Administrative Hearings, State of California, heard this matter on April 15, 2024, in Lancaster, California.

Mother appeared on behalf of Claimant, who was not present. (Titles are used to protect the privacy of Claimant and their family.) (Claimant uses the pronouns they/their.)

Dana Lawrence, Fair Hearings and Administrative Procedures Manager for North Los Angeles County Regional Center (Service Agency) appeared on behalf of Service Agency.

Testimony and documents were received in evidence. At the conclusion of the fair hearing on April 15, 2024, the ALJ determined additional documentary evidence was necessary to render a final decision in this matter. Good cause was found for a continuance of the matter solely for the receipt of additional evidence. No further testimonial evidence or legal argument was deemed necessary.

The record was held open until April 19, 2024, for Claimant to submit additional educational and In Home Supportive Services (IHSS) documents. The record remained open until April 22, 2024, for Service Agency to submit written objections to Claimant's documents, and until April 23, 2024, for Service Agency to submit its updated eligibility determination. Claimant timely submitted her educational documents and did not submit IHSS documents. Without objection, Claimant's educational documents were marked and admitted as Exhibit A. Service Agency timely submitted its April 23, 2024 redetermination of eligibility, marked and entered without objection as Exhibit 28.

The record closed and the matter was submitted for decision on April 23, 2024.

ISSUE

Whether Claimant has a developmental disability as defined by the Lanterman Developmental Disabilities Services Act (Lanterman Act) (Welf. & Inst. Code, § 4500 et seq.). (Statutory references are to the Welfare and Institutions Code unless otherwise designated.)

EVIDENCE RELIED UPON

Documents: Service Agency's Exhibits 1 through 14, 16, 18 through 25, 27, and 28; Claimant's Exhibit A.

Testimony: Heike Ballmaier, Psy.D.; Mother.

SUMMARY

Claimant is 17 years old and lives with their family. Claimant has received Individual Education Program (IEP) services for over 10 years addressing primarily speech and language delays. Claimant requests a finding they are eligible for regional center services under the Lanterman Act based on their concern with intellectual functioning, Autism Spectrum Disorder (ASD) symptoms, and challenges with adaptive functioning, including self-care. Claimant failed to prove they have a qualifying condition under the Lanterman Act. Accordingly, Claimant is not eligible for services under the Lanterman Act, and Claimant's appeal is denied.

FACTUAL FINDINGS

Jurisdiction

1. Claimant is 17 years old and resides with Mother, Father, their twin brother, and their younger brother. Claimant's older sister is an adult and resides on her own. Claimant's twin brother and younger brother each have been diagnosed with ASD.

2. On October 24, 2022, Claimant submitted an intake application for regional center services. In the application, Mother reported she believes Claimant has Intellectual Disability (ID) because Claimant is not able to communicate clearly, is autistic, has vision and hearing illusions, and is not able to provide self-care. Mother reported she believes Claimant has ASD because Claimant has learning and speech delays despite ongoing speech therapy, is reserved, will not communicate with others unless prompted, has awkward social communication, is unable to dress or handle money, and cannot safely be left alone.

3. On December 13, 2022, Service Coordinator (SC) Bill Sie conducted a psychosocial assessment of Claimant. On April 11, 2023, Brigitte Travis-Griffin, Psy.D., conducted a psychological assessment of Claimant on behalf of Service Agency.

4. On April 24, 2023, Service Agency issued a Notice of Action informing Claimant they were not eligible for Lanterman Act services.

5. On May 23, 2023, Claimant submitted a timely Request for a Fair Hearing.

6. Jurisdictional requirements have been met.

Service Agency's Eligibility Team's Review of Records

7. Service Agency's Eligibility Team (Eligibility Team) assessed Claimant's eligibility for regional center services on four occasions: April 21, 2023; December 4, 2023; February 21, 2024, and April 19, 2024. On each occasion, the Eligibility Team reviewed the medical, educational, and mental health records presented by Claimant, as well as its own assessments. However, at the conclusion of each eligibility determination, the Eligibility Team found Claimant not eligible for regional center services.

MEDICAL RECORDS

8. On January 24, 2023, Carlo DeAntonio, M.D., F.A.A.P., a member of the Eligibility Team, conducted a review of Claimant's medical records. Claimant's medical records did not suggest the presence of Cerebral Palsy or Epilepsy.

9. Included with Claimant's medical records were Claimant's well child records from Wesley Health Centers documenting Claimant's well child visits on October 12, 2022, July 27, 2022, and April 29, 2021. On October 12, 2022, Claimant's treating physician Judit Mandi, M.D., reported Claimant's medical concerns. Claimant has irregular sleep, hallucinations, which began in approximately 2020, and major depressive disorder. At the time of her October 2022 visit, Claimant was in 10th grade and enjoyed school, with aspirations of being an animator. Claimant's additional well child visit records provide consistent information regarding Claimant's health.

10. Of note, the medical assessment plans included in Claimant's October 2022 and April 2021 well child records state "Autism spectrum disorder (F84.0)." (Exh. 23, pp. A213, A226.) However, neither Claimant's medical records, nor other records submitted at the fair hearing, otherwise mention or support the statement contained in these medical records that Claimant has, or has been assessed for and diagnosed with, ASD.

MENTAL HEALTH RECORDS

11. The Eligibility Team reviewed Claimant's June 21, 2021 Child/Adolescent Full Assessment conducted by Cynthia Camacho, BA, MFT trainee, with the Los Angeles Department of Mental Health. Claimant was 14 years old at the time of the assessment. Claimant was a self-referral due to trauma related to Father's diagnosis with cancer, harassment Claimant experienced in seventh grade by classmates, and

symptoms and behaviors that impaired Claimant's school and interpersonal functioning. Claimant's symptoms included the following: isolating in their room for over eight hours; not completing tasks; disruptive sleep; fear of leaving home since COVID-19; and self-critical thoughts. At the conclusion of the assessment, Ms. Camacho determined Claimant met the criteria for Unspecified Trauma and Stressor Related Disorder.

12. The Eligibility Team also reviewed a letter from The Children's Center of Antelope Valley (Children's Center), dated August 9, 2022, written by Douglas J. Corrigan, EdD, LMFT. Dr. Corrigan noted Claimant has received mental health services from Children's Center beginning June 21, 2022. Claimant attended 13 family sessions and 21 individual sessions to address their trauma history and functional difficulties. At the time of the letter, Claimant continued to receive treatment from Children's Center.

EDUCATIONAL RECORDS

13. Claimant submitted 12 annual IEPs and one IEP Amendment documenting Claimant's receipt of IEP services from February 15, 2013, through January 26, 2024. The IEPs provide consistent information about Claimant's educational needs and services. In addition to Claimant's IEPs, the school records reviewed by the Eligibility Team included a February 27, 2022 Antelope Valley Union High School District (District) Psycho-Educational Evaluation of Claimant, which was conducted to assess Claimant's progress over the previous three years and to determine if Claimant remained eligible for special education. The record also included a February 1, 2023 Speech and Language Review of Records (Speech and Language Review) conducted by the District to determine if Claimant's speech and language impairment had been remediated.

14. Claimant's educational records show Claimant continues to meet the criteria for special education services. Claimant has a "Specific Learning Disability (SLD) due to cognitive deficits in expression/crystalized knowledge, which adversely impact [their] educational performance in the areas of reading, broad reading, reading comprehension, reading fluency, broad mathematics, math calculation, and math problem solving skills." (Exh. 4, pp. A69-A70.) Claimant requires additional specialized support beyond the basic classroom to successfully access the curriculum, specifically placement in a self-contained classroom setting during part of the school day. (Exh. A, p. B25.)

15. Claimant's most recent IEP was conducted on January 26, 2024 (January 2024 IEP). Under that IEP, Claimant receives 60 minutes per month of speech and language services in the area of Pragmatics, and 935 minutes weekly of specialized academic instruction via three ESS (Exceptional Student Services) classes and one RSP (resource specialist program) class. (Exh. A, p. B25.) Claimant's 2023 IEP provided for Claimant to receive 795 minutes weekly of specialized academic instruction via two ESS classes. (Exh. 10, p. A112.)

16. At the time of Claimant's January 2024 IEP, there was insufficient data to report on her progress due to excessive absences. However, the January 2024 IEP provides the following information regarding Claimant's social emotional and behavioral, vocational, and adaptive functioning:

Social Emotional/Behavioral

[Claimant] demonstrated both strengths and weaknesses within the different cognitive processing areas that were assessed. [They] showed consistently average scores in the

area of fluid reasoning/problem solving, long-term storage and retrieval, processing speed and visual processing.

Deficits were noted in crystalized intelligence, short term auditory memory. [They] tended to have the most difficulty on tasks that required the expression of language. Teachers report that [they are] quiet and [don't] ask a lot of questions. [They do] well in class. Teachers reported that [they are] usually quiet and [do] not ask questions.

Vocational

[Claimant] knows [they] will need a high school diploma and continued education after high school and is planning to attend college/a trade or vocational school. Transition activities are included within [their] Individual Transition Plan to assist with continued exploration in the areas of post-secondary education, employment and independent living.

Adaptive/Daily Living Skills

[Claimant] is able to adapt [their] behavior according to changes in situations and understands right from wrong. [They are] independent for all activities of daily living and personal care. Not an area of concern at this time.

(Exh. A, p. B6.)

17. While Claimant's educational records reliably report on Claimant's educational needs, Claimant's educational records also contain sporadic and unsupported references to Claimant having ASD and ID, and inconsistent summaries of Claimant's developmental milestones. Those portions, thus, are considered unreliable. For example, the District's February 2023 Speech and Language Review states Mother reported Claimant was diagnosed with ID in 2018 by Felma Fuentes, M.D., at Antelope Valley Community Clinic in Lancaster. (Exh. 9, p. A86.) However, Claimant's records contain no other indication Claimant has been assessed for, or diagnosed with, ID. The Speech and Language Review also includes inconsistent reports regarding when Claimant walked, stating she first walked at 24 months but then also stating she walked alone at 12 months. (*Id.* at p. A86.) In addition, in the District's Psycho-Educational evaluation, the District nurse who reviewed Claimant's medical records and information provided by Mother noted Claimant has ASD. (Exh. 4, p. A56.) These unreliable statements are attributed to Mother's unsupported claims of previous diagnoses of Claimant and inconsistent accounts of Claimant's developmental milestones.

SERVICE AGENCY ASSESSMENTS

Psychosocial Assessment

18. On December 13, 2022, SC Sie conducted a psychosocial assessment of Claimant, interviewing Claimant and Mother. Mother reported Claimant did not walk until they were 24 months old and did not speak until they were four years old. Mother added Claimant preferred to be left alone as an infant and had limited eye contact. Mother reported Claimant is friendly and well-behaved, but also lacks social skills, does not have friends at school, and struggles with social cues. Claimant constantly flicks their fingers and rolls their eyes; they also walk around the house

when they are anxious. Mother additionally reported Claimant has extreme mood swings and struggles with depression, aggression, and emotional outbursts. Claimant struggles to express their feelings and continues to resort to violence or maladaptive behaviors when they are frustrated. Finally, Mother reported Claimant can perform most self-care tasks on their own but requires repeated reminders.

Psychological Assessment

19. On April 1, 2023, Dr. Travis-Griffin conducted a psychological assessment of Claimant to determine if Claimant has ASD or ID. At the time of Dr. Travis-Griffin's assessment, Claimant was 16 years and three months old. Dr. Travis-Griffin administered the Weschler Intelligence Scale for Children® – Fifth Edition (WISC-V), Autistic Spectrum Disorder Observation® (ADOS-2), Module 3, the Autism Diagnostic Interview – Revised® (ADI-R), via Mother, and the Adaptive Behavior Assessment System, Third Edition (ABAS-3), via Mother. After reviewing Claimant's assessment scores and her interviews with Claimant and Mother, Dr. Travis-Griffin concluded Claimant does not meet the criteria for ID or ASD.

20. The results of the WISC-V indicate Claimant does not meet the criteria for ID. Claimant's Full Scale Intellectual Quotient (FSIQ) was calculated and reflected general intellectual functioning in the Low Average range of intelligence, with a FISQ score of 83. Claimant's adaptive functioning as measured on the ABAS-3 indicated Claimant has moderately deficient adaptive functioning relative to teenagers in the same age range. The ABAS-3 also indicated Claimant has mildly deficient adaptive behaviors and moderately deficient communication skills.

21. Claimant's results on the ADOS-2, Module 3, and ADI-R, demonstrate Claimant does not meet the criteria for ASD. Throughout the evaluation, Claimant

maintained a suitable affect and approached all subtasks and activities with the appropriate level of seriousness. Claimant's speech fluency was fair. Claimant was not heard engaging in odd, repetitive, or idiosyncratic language, and did not present with repetitive, restrictive, or stereotypic mannerisms that would be consistent with ASD.

22. On the ADOS-2, Module 3, Claimant had a Social Affect score of 4 and a Restricted and Repetitive Behaviors score of 0, which were below the Autism cut-off mark of 7 to 9. Claimant demonstrated responses and behaviors in the range of generally normal functioning in the areas of social functioning and non-verbal communication. In addition, regarding Claimant's communication skills, Claimant's eye contact was within the mildly restricted-to-normal range.

23. The ADI-R with Mother highlighted Claimant is occasionally indiscriminately friendly with unfamiliar individuals and has delays with knowing her role in relationships or friendships. However, Dr. Travis-Griffin found Claimant's other relationships were "on-line." (Exh. 13, p. A156.)

TESTIMONY OF HEIKE BALLMAIER, PSY.D.

24. Dr. Ballmaier testified at hearing on behalf of Service Agency. Dr. Ballmaier has been a licensed psychologist since 1992 and has worked for Service Agency since 2011, most recently as Service Agency's Senior Clinical Psychological Specialist. Dr. Ballmaier's duties for Service Agency include providing expert testimony, participating on the Eligibility Team, conducting psychological evaluations, and working closely with psychologists who vendor with Service Agency.

25. Dr. Ballmaier explained the Lanterman Act eligibility requirements: Claimant must have a qualifying condition (cerebral palsy, epilepsy, ID, ASD, or what is commonly referred to as 5th category, i.e., a condition found to be closely related to

ID or to require treatment similar to that required for individuals with ID); Claimant must be substantially disabled in at least three areas of daily life functioning as a result of a qualifying condition; and the qualifying condition must have developed within the developmental period before Claimant was 18 years of age.

26. Dr. Ballmaier reviewed Dr. Travis-Griffin's assessment, found it valid, and agreed with Dr. Travis-Griffin's conclusions. Dr. Ballmaier concluded that while Claimant has mildly and moderately deficient adaptive functioning scores, Claimant does not have a qualifying condition. Specifically, Claimant does not demonstrate symptoms of ASD and her cognitive functioning is too high to qualify as intellectually disabled. Dr. Ballmaier also considered the "Association of Regional Center Agencies Proposed Guidelines for Determining 5th Category Eligibility." (Exh. 21.) However, based on Claimant's FISQ of 83 and Claimant's adaptive functioning, Claimant does not demonstrate a disabling condition found to be closely related to ID or to require treatment similar to that required for individuals with ID.

Claimant's Evidence

27. Mother testified at hearing. Mother believes Claimant is eligible for services under the Lanterman Act under the category of ASD, ID, or 5th category. Mother noted under Claimant's January 2024 IEP Claimant began receiving additional services within a special education class which Mother believes indicates a regression in Claimant's intellectual functioning and independence. Mother explained Claimant is not independent, as she does not, for example, tend to her hygiene, cannot be left home alone, and cannot count money. Mother stated Claimant receives IHSS support to assist them with their hygiene and independence, but Mother did not submit documents corroborating this claim, though she presented at the fair hearing that such documents were available to her. Mother testified Claimant did not begin

speaking until she was seven years old; however, this account is inconsistent with Mother's previous assertions during assessments and medical appointments that Claimant first spoke when they were four years old.

28. Overall, Mother demonstrated she sincerely wants the best for Claimant and is their staunchest advocate. However, Mother's testimony and statements during evaluations were at times inconsistent and unsupported. Most notably, Mother claimed to multiple service providers and at the fair hearing that respondent had been diagnosed with ASD and ID but did not provide evidence supporting these claims. Accordingly, Mother's testimony is found to be unreliable and is given minimal weight.

LEGAL CONCLUSIONS

Jurisdiction

1. The Lanterman Act governs this case. An administrative "fair hearing" to determine the rights and obligations of the parties is available under the Lanterman Act. (§§ 4700-4716.) (Factual Findings 1-6.)

Burden and Standard of Proof

2. The party asserting a condition that would make the individual eligible for a benefit or service has the burden of proof to establish they have the condition. (*Lindsay v. San Diego County Retirement Bd.* (1964) 231 Cal.App.2d 156, 160-161.) In this case, Claimant bears the burden of proving by a preponderance of the evidence Claimant has a developmental disability as defined by the Lanterman Act and is eligible for regional center services. (Evid. Code, § 115.)

Lanterman Act Eligibility Requirements

3. A developmental disability is a disability that originates before an individual turns 18 years old. This disability must be expected to continue indefinitely and must constitute a substantial disability for the individual. Developmental disabilities are limited to cerebral palsy, epilepsy, ASD, ID, or 5th category. Developmental disabilities do not include other handicapping conditions that are solely physical in nature, or which are solely psychiatric disorders or learning disabilities. (§ 4512, subd. (a); Cal. Code Regs., tit. 17, § 54000.)

DSM-5 DEFINITIONS OF AUTISM SPECTRUM DISORDER AND INTELLECTUAL DISABILITY; DEFINITION OF 5TH CATEGORY

Autism Spectrum Disorder

4. The Diagnostic and Statistical Manual – 5th Edition (DSM-5) defines ASD as having the following four essential features. First, an individual must have persistent impairment in reciprocal social communication and social interaction (Criterion A), as manifested either currently or historically by all of the following: (1) deficits in social-emotional reciprocity, (2) deficits in nonverbal communication behaviors used for social interaction, and (3) deficits in developing, maintaining, and understanding relationships. Second, the individual must have restricted, repetitive patterns of behavior, interests, or activities (Criterion B), as manifested by at least two of the following: (1) stereotyped or repetitive motor movement, use of objects or speech, (2) insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior, (3) highly restricted, fixated interests that are abnormal in intensity or focus, and (4) hyper- or hypo-reactivity to sensory input or unusual interest in sensory aspects of the environment. Third, these symptoms must be present

in early childhood (Criterion C). Fourth, these symptoms must limit or impair everyday functioning. (Criterion D). (Exh. 18, p. A175.)

5. The evaluations, assessments, and other evidence presented at hearing did not establish Claimant has ASD. Claimant's scores on the ADOS-2 fell below the cut-off mark to meet the criteria of ASD. In addition, there was no evidence showing Claimant has deficits in social-emotional reciprocity or restricted, repetitive patterns of behavior, interests, or activities. (Factual Findings 7-28.)

Intellectual Disability

6. The DSM-5 provides that the following three diagnostic criteria must be met to be diagnosed with ID. (Exh. 19, p. A188):

First, an individual must have deficits in intellectual functions, such as reasoning, problem solving, planning, abstract thinking, judgment, academic learning, and learning from experience, confirmed by both clinical assessment and individualized, standardized intelligence testing (Criterion A). Individuals with ID have Full-Scale Intelligence Quotient (IQ) scores between 65 to 75, including a five-point margin for measurement error. The DSM-5 cautions that IQ tests must be interpreted in conjunction with considerations of adaptive function. The DSM-5 explains that a person with an IQ score above 70 may have such severe challenges in adaptive behavior, such as problems with social judgment or social understanding, that the individual's actual functioning is comparable to that of individuals with a lower IQ score.

Second, the DSM-5 definition of ID requires individuals with ID to have deficits in adaptive functioning that fail to meet developmental and socio-cultural standards for personal independence and social responsibility, and which, without ongoing

support, limit functioning in one or more activities of daily life, such as communication, social participation, and independent living, across multiple environments, such as home, school, work, and community (Criterion B). This criterion is met when at least one domain of adaptive functioning – conceptual, social, or practical – is sufficiently impaired such that the individual requires ongoing support to perform adequately in one or more life settings at school, at work, at home, or in the community. The levels of severity of ID are defined based on adaptive functioning, and not IQ scores, because adaptive functioning determines the level of supports required.

Third, individuals with ID must experience the onset of these symptoms during the developmental period (before reaching 18 years of age) (Criterion C).

7. The DSM-5 includes descriptions of the three severity levels of ID, mild, moderate, and severe. Mild ID presents as follows (Exh. 19, p. A189):

Conceptual Domain: In adults, abstract thinking, executive function (i.e., planning, strategizing, priority setting, and cognitive flexibility), and short-term memory, as well as functional use of academic skills (e.g., reading, money management), are impaired. There is a somewhat concrete approach to problems and solutions compared with age-mates.

Social Domain: Compared with typically developing age-mates, the individual is immature in social interactions. For example, there may be difficulty in accurately perceiving peers' social cues. Communication, conversation, and language are more concrete or immature than expected for age. There may be difficulties regulating emotion and behavior in an age-appropriate fashion; these difficulties are noticed by peers in social situations. There is limited understanding of risk in social

situations; social judgment is immature for age, and the person is at risk of being manipulated by others (gullibility).

Practical Domain: The individual may function age-appropriately in personal care. Individuals need some support with complex daily living tasks in comparison to peers. In adulthood, supports typically involve grocery shopping, transportation, home and child-care organization, nutritious food preparation, and banking and money management. Recreational skills resemble those of age-mates, although judgment related to well-being and organization around recreation requires support. In adulthood, competitive employment is often seen in jobs that do not emphasize conceptual skills. Individuals generally need support to make health care decisions and legal decisions and to learn to perform a skilled vocation competently. Support is typically needed to raise a family.

8. The evaluations, assessments, and other evidence presented at hearing did not establish Claimant has ID. Initially, Claimant's FISQ score is 83, above the five-point margin for error allowed by the DSM-V to meet the criterion for ID. Further, Claimant did not demonstrate deficits in adaptive functioning as required by the DSM-5. Although Mother claimed Claimant had deficits in adaptive functioning, these claims were not supported by the evidence. Rather, Claimant's most recent IEP noted Claimant is "independent for all activities of daily living and personal care" and that adaptive and living skills were not "an area of concern at this time." (Exh. A, p. B6.) The additional evidence was consistent with Claimant's most recent IEP and failed to establish Claimant has deficits in adaptive functioning. (Factual Findings 7-28.)

Fifth Category

9. Under the 5th category of eligibility, the Lanterman Act provides assistance to individuals with “disabling conditions found to be closely related to [ID] or to require treatment similar to that required for [individuals with ID],” but does “not include other handicapping conditions that are solely physical in nature.” (§ 4512, subd. (a); see *Mason v. Office of Administrative Hearings* (2001) 89 Cal.App.4th 1119, 1129 (*Mason*)). The 5th category is not defined in the DSM-5.

10. On March 16, 2002, in response to the *Mason* case, the Association of Regional Center Agencies (ARCA) approved the Guidelines for Determining 5th Category Eligibility for the California Regional Centers (Guidelines). These Guidelines list the following factors to be considered when determining eligibility under the 5th category: whether the individual functions in a manner similar to that of a person with ID; whether the individual requires treatment similar to that required by an individual who has ID; whether the individual is substantially handicapped; and whether the disability originated before the individual was 18 years old and is it likely to continue indefinitely. In *Samantha C. v. State Department of Developmental Services* (2010) 185 Cal.App.4th 1462 (*Samantha C.*), the court cited with approval to the ARCA Guidelines and recommended their application to those individuals whose “general intellectual functioning is in the low borderline range of intelligence (I.Q. scores ranging from 70-74)” for 5th category eligibility. (*Id.* at p. 1477.)

11. The evidence does not establish Claimant is eligible for services under the 5th category. Initially, Claimant’s FSIQ does not fall within the range provided by the court in *Samantha C.* as their FSIQ scored above 74. (Factual Finding 20.) In addition, the evidence did not establish Claimant functions in a manner similar to that of a person with ID. (Factual Findings 7-28.)

Analysis

12. Claimant did not establish they are eligible for services under the Lanterman Act. Claimant does not have a qualifying condition; Claimant does not have cerebral palsy, epilepsy, ASD, or ID, and is not eligible under the 5th category. Claimant's appeal is denied.

ORDER

Claimant is not eligible for regional center services under the Lanterman Act. Claimant's appeal is denied.

DATE:

CHANTAL M. SAMPOGNA
Administrative Law Judge
Office of Administrative Hearings

NOTICE

This is the final administrative decision. Each party is bound by this decision. Either party may request a reconsideration under Welfare and Institutions Code section 4713, subdivision (b), within 15 days of receiving the decision, or appeal the decision to a court of competent jurisdiction within 180 days of receiving the final decision.