

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

**In the Matter of:**

**CLAIMANT**

**and**

**INLAND REGIONAL CENTER, Service Agency**

**OAH No. 2023051035**

**DDS No. CS0006337**

**DECISION**

Jami A. Teagle-Burgos, Administrative Law Judge, Office of Administrative Hearings (OAH), State of California, heard this matter by videoconference on August 29, 2023.

Hilberto Echeverria Jr., Fair Hearings Representative, Fair Hearings and Legal Affairs, represented Inland Regional Center (IRC).

Claimant represented himself.

Oral and documentary evidence was received. The record was closed, and the matter submitted for decision on August 29, 2023.

## **ISSUE**

Is claimant eligible for regional center services under the Lanterman Developmental Disabilities Services Act (Lanterman Act) as a result of intellectual developmental disorder (IDD); autism spectrum disorder (autism); or a disability closely related to IDD or that requires treatment similar to that required for individuals with IDD (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 IDD 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 April 10, 2023, IRC sent claimant a Notice of 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 IDD, autism, cerebral palsy, epilepsy, or a disabling condition under the fifth category, and claimant was not eligible for IRC services.

2. On May 24, 2023, IRC received a fair hearing request filed by claimant. An informal meeting was held on June 5, 2023, after which IRC notified claimant that it

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

## **Background**

3. Claimant is 47 years old. Claimant testified that he received special education services during his educational years from his school district, however he did not provide any evidence to support his contention.

## **Applicable Diagnostic Criteria**

### **AUTISM SPECTRUM DISORDER**

4. The *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revised* (DSM-5-TR) 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 IDD or global developmental delay.

### **INTELLECTUAL DEVELOPMENTAL DISORDER<sup>1</sup>**

5. The DSM-5-TR provides three diagnostic criteria that must be met to support a diagnosis of IDD: deficits in intellectual functions, such as reasoning,

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<sup>1</sup> Although the Lanterman Act has been amended to eliminate the term "mental retardation" and replace it with "IDD," the California Code of Regulations has not been amended to reflect the currently used terms. Further, the *Diagnostic and Statistical*

problem solving, abstract learning and thinking, judgment, and learning from experience, “confirmed by both clinical assessment and individualized 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 IDD 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 IDD or that requires similar treatment as an individual with IDD, 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.

7. 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 IDD or who requires treatment similar to a person with IDD.

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*Manual for Mental Disorders, Fifth Edition, Text Revised* (DSM-5-TR) no longer uses the term “intellectual disorder” and instead refers to the condition as “intellectual developmental disorder” (IDD).

## **FUNCTIONING SIMILAR TO A PERSON WITH IDD**

8. A person functions in a manner similar to a person with IDD 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.

9. Significant deficits in adaptive functioning are established based on 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 IDD**

10. In determining whether a person requires treatment similar to a person with IDD, 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 IDD; persons requiring rehabilitation 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 IDD need more supports, with modifications across many skill areas).

### **SUBSTANTIAL DISABILITY**

11. California Code of Regulations, title 17, sections 54000 and 54001, sets forth the criteria for substantial disability. Under that regulation, in order to have a substantial disability for eligibility purposes, a 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.

12. The Association of Regional Center Agencies (ARCA) published clinical recommendations to be of assistance in making eligibility decisions when considering if a person is substantially disabled within the meaning of applicable law.

13. Regarding self-care, a person should have significant functional limitations in the ability to acquire or perform basic self-care skills such as personal

hygiene, grooming, and feeding (chewing and swallowing, eating, drinking, use of utensils).

14. Regarding receptive and expressive language, a person must have significant limitations in both the comprehension and expression of verbal and/or nonverbal communication resulting in functional impairments. There also must be impairment in both receptive and expressive communication, not just one area. Some factors to consider are whether the person has: significant difficulty understanding a simple conversation; needing information to be rephrased to a simpler level in order to enhance understanding; significant difficulty following directions (not due to general noncompliance); significant difficulty understanding and interpreting nonverbal communication (i.e. gestures, facial expressions); significant difficulty communicating information; significant difficulty participating in basic conversations (following rules for conversation and storytelling, tangential speech, fixation on specific topics); atypical speech patterns (jargon, idiosyncratic language, echolalia, significant impairment of the ability to communicate).

15. Regarding learning, a person must be substantially impaired in the ability to acquire and apply knowledge or skills to new situations even with special intervention. Things to consider include: a person's general intellectual ability; academic achievement levels, retention (short and/or long-term memory); and reasoning (the ability to grasp concepts, to perceive cause and effect relationships, ability to generalize information and skills from one situation to another).

16. Regarding mobility, a person must have significant limitations with independent ambulation. Things to consider include: the need for crutches, a walker or wheelchair; gait abnormalities; coordination problems (unable to walk long distances

due to fatigue from the significant effort involved in ambulating, difficulty negotiating stairs or uneven ground).

17. Regarding self-direction, a person must have significant impairment in the ability to make and apply personal and social judgements and decisions. Things to consider include: emotional development (routinely has significant difficulty coping with fears, anxieties, or frustrations, severe maladaptive behaviors, such as self-injurious behavior); interpersonal relations (has significant difficulties establishing and maintaining relationships with family or peers, social immaturity, marked difficulty protecting self from exploitation); and personal independence (significant difficulty maintaining daily schedules, responding appropriately in an emergency, taking medications as directed).

18. Regarding capacity for independent living, a person must be unable to perform age-appropriate independent living skills without the assistance of another person. Things to consider include: significant difficulty performing age-appropriate household tasks; significant difficulty managing domestic activities (grocery shopping, laundry, home repair, etc.); significant need to be supervised; significant difficulty with money management (using bank accounts, making purchases, and budgeting); and significant difficulty taking the basic steps necessary to obtain appropriate health care (obtaining medication refills, obtaining medical attention when needed).

19. Regarding economic self-sufficiency, a person must lack the capacity to participate in vocational training or obtain and maintain employment without significant support.



## **Evidence Presented at Hearing**

20. The following is a summary of the testimony of Ruth Stacy, Psy.D.: She is a licensed clinical psychologist and has served as staff psychologist at IRC since 2015. Dr. Stacy has been on the IRC staff in various capacities since 1990, and previously worked as a consumer services coordinator, senior consumer services coordinator, and senior intake counselor. 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.

21. Dr. Stacy 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, IDD, or a disabling condition found to be closely related to IDD or to require treatment similar to that for individuals with IDD (the 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.

22. Dr. Stacy 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. IDD 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.

23. A discharge summary from Patton State Hospital, dated April 2, 2002, indicated that claimant was 25 years old and his diagnoses under the *Diagnostic and Statistical Manual of Mental Disorders 4th Edition* (DSM-IV) were schizoaffective disorder and polysubstance dependence. Dr. Stacy testified there was no DSM-IV diagnoses entered under Axis II, which is where a diagnosis of IDD would have been listed, and claimant's diagnoses did not qualify him to be eligible for regional center services.

24. An adult mental health assessment by Riverside County Department of Mental Health (RCDMH), dated April 11, 2016, reported that claimant was diagnosed with paranoid schizophrenia. There again was no entry for Axis II under DSM-IV. Dr. Stacy remarked that claimant's diagnoses were "solely mental health in nature and not eligible for regional center."

25. A neuropsychological screening report by Emin Gharibian, Psy.D., dated May 22, 2020, indicated claimant was 44 years old and several tests were administered. Under the Wechsler Adult Intelligence Scales 4th Edition test (WAIS-IV), claimant's verbal comprehension index was 63 - extremely low to moderately impaired range; his perceptual reasoning index was 81 - moderately impaired or low average range; and his working memory index was 69 - extremely low range. Dr. Stacy testified that claimant's non-verbal skills were significantly stronger than his verbal skills, and it was "better to look at these individual scores rather than the full scale IQ score because his scores were scattered." Under the Adaptive Behavior Assessment System 3rd Edition

test (ABAS-3), claimant's global adaptive composite score was 81 – mildly impaired; his conceptual composite score was 78 – mildly impaired; his social composite score was 66 – moderately impaired; and his practical composite score was 87 – average. He also scored in the average range for home living, self-care and self-direction. Dr. Stacy testified that claimant's adaptive scores preclude a diagnosis of IDD because he does not have low adaptive skills, and typically these scores are 70 or below. Dr. Stacy stated that claimant's scores were around 81 aside from, his social composite score. Dr. Gharibian diagnosed claimant with IDD and schizophrenia. However, Dr. Stacy disagrees with Dr. Gharibian. Dr. Stacy opined that claimant does not meet the criteria for IDD because of his high adaptive scores for which the DSM-IV precludes a diagnosis of IDD.

26. A treatment extension/change request form by Riverside University Health System - Behavioral Health (RUHS-BH), dated June 27, 2020, indicated that New Hope Christian Counseling Foundation was providing services to claimant. He was diagnosed with schizophrenia, but he had no diagnosis on Axis II where IDD would have been listed.

27. A treatment extension/change request form by RUHS-BH, dated December 21, 2020, reported that claimant had been referred for services to treat paranoia, auditory/visual hallucinations, and sexual abuse. His diagnoses were listed as schizophrenia and anxiety.

28. A neuropsychological screening report by Scott Su, Ph.D., dated February 21, 2022, assessed that claimant was diagnosed with posttraumatic stress disorder (PTSD), major depressive disorder with anxious features, and borderline intellectual functioning. Dr. Stacy noted that Dr. Su's assessment demonstrated claimant's non-verbal skills were significantly stronger than his verbal skills, and claimant's adaptive

functioning was below average in the range of scores from 80 to 88 in the indices of general adaptive composite, conceptual, social and practical. Dr. Stacy remarked that these scores were not indicative of claimant having significant deficits in adaptive functioning, which is required for eligibility of regional center services.

29. An evaluation of claimant was conducted by Jacob Jones, Ph.D., of Gunn Psychological Services, on March 21, 2023, and April 12, 2023. Dr. Jones diagnosed claimant with PTSD, major depressive disorder with anxious features, and borderline intellectual functioning. Claimant's WAIS-IV full scale IQ score was 74, which is in the borderline range. Dr. Jones also found that claimant's ABAS-3 test results were in the low average, average and high average range in all areas of adaptive functioning. Dr. Stacy testified these clinical test results demonstrated that claimant has no significant functional limitations. Dr. Stacy remarked that a person can have higher adaptive scores and still have a diagnosis of borderline intellectual functioning, pursuant with the DSM-5-TR.

30. Dr. Stacy testified about the following miscellaneous documents that were submitted into the record: a business license with the City of Moreno Valley for First Impression from 1996 to 1998 that listed claimant as the owner; a business license with the City of Moreno Valley for Clanton Flags of the Nation Basketball Nation in 2007 that listed claimant as the owner; a business license with the City of Moreno Valley for Hernandez Clanton Viz Electric of Ca., Inc., from 2005 to 2007 that listed claimant as the owner; a business tax payment with the City of Riverside in 2007 for Hernandez Clanton Viz Electric of Ca., Inc.; Articles of Incorporation for Hernandez Clanton Viz Electric of Ca., Inc., filed with the Office of the Secretary of State in 2006; a business license with the City of Moreno Valley for Shelter Christian Joe Joseph Hernandez from 2006 until 2007 that listed claimant as the owner; a letter of tax

exemption for Shelter Christian Joe Joseph Hernandez Church Inc. from the United States Department of the Treasury in 2016; a receipt for classified advertising of a fictitious business name in The Press-Enterprise publication for Clanton Flags of the Nation Basketball in 2007; a receipt classified advertising of a fictitious business name in The Press-Enterprise publication for Hernandez Clanton Viz Electric of Ca., Inc. in 2005; a receipt classified advertising of a fictitious business name in The Press-Enterprise publication for Shelter Christian Joe Joseph Hernandez in 2005; a court record of claimant's history with a street gang named "Clanton"; and a report from Project Tattoo Removal for Youth that indicated claimant was enrolled in school and volunteering at a hospital.

31. Dr. Stacy testified that the types of activities related to the documents above are not typically associated with persons who are diagnosed with IDD. A letter from the Department of Motor Vehicles was also submitted into evidence, which indicated claimant attempted to reinstate his driver's license by submitting a neuropsychiatric assessment, but he was notified that he needed to first complete a course for his conviction for driving under the influence. Dr. Stacy remarked that the vast majority of regional center clients do not have a driver's license.

32. An IRC determination, dated July 31, 2023, concluded that claimant was not eligible for regional center services, as he had no history of developmental disability prior to age 18; he does not have significant functional limitations; and he was treated for mental health conditions such as schizophrenia. The IRC determination also addressed that claimant had taken medication for epilepsy, but there was no indication this condition caused significant functional limitations, and his records from Patton State Hospital did not list epilepsy a medical condition and he had no records prior to age 18 that listed epilepsy as a diagnosis.

33. Dr. Stacy testified there has to be evidence of the occurrence of IDD prior to the age of 18, although the diagnosis of IDD can be after the age of 18. Claimant's record demonstrates he had a history of schizophrenia and drug use prior to age 18, and a history of hallucinations beginning at the age of 8. Schizophrenia is not a condition that qualifies a person for regional center services.

34. Dr. Stacy assessed that based on the totality of the evidence in the record, it is clear that claimant does not meet the criteria for significant functional limitations, and therefore does not meet the criteria for IDD. Dr. Stacy also assessed there was no evidence in the record that claimant had ever been tested for autism spectrum disorder nor was there any indication in the record that claimant had IDD prior to age 18. As such, Dr. Stacy opined that claimant does not meet the eligibility criteria for the regional center.

35. The following is a summary of the testimony of claimant: His testimony was, at times, disjointed and rambling; however, he was able to convey what he was trying to say, he was respectful, and his testimony was contrite as he was trying to tell his story. He wants help from the regional center programs because his parents care for him, but they are sick and he does not know how much longer they will be with him. He was born a "preemie" and he thinks that is "when all the problems started." When he was in school, he was placed on medications because he "couldn't learn and had autism and stuff." He went to jail when he was 8 years old and got out of jail when he was 17 or 18 years old. The court also sent him to a juvenile military-style boot camp, but he got into a fight and "kicked a kid in the head with a steel-toe boot." Then the court sent him to a "reform school for boys" in East Los Angeles. When he was in jail, he was not given his medication, and instead was given Aspirin. He needed to be

sent to a mental facility, so he could get help and an education, but he stated, "They didn't offer me nothing."

36. Claimant stated that he started a gang in 1995 in Moreno Valley called Clanton. He was shot in the face in 1999 and that he "got more brain damage." He stated, "My nerves or something got damaged. Half of my face is paralyzed." This is when he changed his life around. He started removing his tattoos. In 1999, he changed the gang to a non-gang organization because he wanted to study, run his companies, pay taxes, and be able to help and give donations to organizations to help victims. He is a victim and survivor of rape. He wanted people to know that "Clanton" was something different and he was no longer in a gang. He wanted to clear his name, so the names of his businesses and a church include his name.

37. Claimant did give somewhat confusing testimony when he stated that he "did a tattoo for a minor," so he was sent to prison and "got out in 2003." It is not clear what dates he was in jail and/or prison, and if he was released when he was 17 or 18 years old, and if he returned to jail and/or prison, and then was released again in 2003, which is when he would have been about 27 years old. He testified that he has not had any problems with drugs or alcohol since 1999. However, he also testified that he has been on his medications since 2003, sees a psychiatrist every two months, and receives an injection of Invega<sup>2</sup> once a month.

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<sup>2</sup> Invega is a brand name for paliperidone, a generic medication, which is an antipsychotic medication that can be used to treat schizophrenia and schizoaffective disorder.

38. Claimant testified that he had been married, and he had problems with relationships. When he got out of jail, he was “like a vegetable.” He stated, “I had to learn everything. I learned my education through the internet . . . people just barely started helping me. I had a lot of problems with the doctors who didn’t help me.” He is a beneficiary of Supplemental Security Income (SSI), and he has Section 8 housing and he lives on his own. However, his parents live nearby. He receives In-Home Support Services (IHSS), and his mother is his IHSS caretaker and picks him up each day. She cooks food for him at her house. He learned about regional center services when his IHSS worker “read [his] paperwork and thought [he] was eligible” for IRC.

## **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. Stacy, does not establish by a preponderance of the evidence that claimant suffered from a qualifying developmental disability, originating before he attained 18 years of age and that continued, or was expected to continue, indefinitely and constitutes a substantial disability. The opinion of Dr. Stacy that claimant did not meet the diagnostic criteria for any condition that renders him eligible for regional center services, as noted above in paragraphs 10 through 24, was uncontested by any qualified expert.

11. Claimant has been treated for years for schizophrenia, schizoaffective disorder, PTSD, major depressive disorder, and borderline intellectual functioning, which affect his functioning, but none of these are a qualifying condition for regional center services. Claimant has no documented history of developmental disability prior to age 18. His intellectual functioning is not at or below the levels, during the developmental years, which would be expected in a person with IDD. Dr. Jones assessed that claimant's WAIS-IV full scale IQ score was 74, which is in the borderline range.

12. Moreover, claimant did not show that any of his conditions are closely related to a person with IDD or require treatment similar to a person with IDD. Even if he had proven this, the evidence does 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. The opinion of Dr. Stacy that claimant does not meet the criteria for IDD is supported by claimant's high adaptive scores, as determined in clinical testing conducted by Dr. Su and Dr. Jones. In addition, these high adaptive scores were consistent with claimant's activities, which are not commonly done by regional center clients, such as: claimant's history of gang activity; claimant's participation in a program to remove his tattoos associated with gang activity; claimant obtaining business licenses and tax exemption status for non-profit organizations and for-profit businesses; claimant filing articles of incorporation for a business; and claimant petitioning for reinstatement of his driver's license that was revoked due to a conviction for driving under the influence.

13. Based on all of the above, claimant is not eligible for regional center services.

## **ORDER**

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

DATE: September 6, 2023

JAMI A. TEAGLE-BURGOS  
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.