

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

In the Matter of the Fair Hearing Request of:

CLAIMANT,

vs.

NORTH LOS ANGELES COUNTY REGIONAL CENTER,

Service Agency.

OAH No. 2023090636

DDS No. CS0009392

DECISION

Cindy F. Forman, Administrative Law Judge, Office of Administrative Hearings (OAH), State of California, heard this matter by videoconference on November 20, 2023.

Cristina Aguirre, Due Process Officer, represented the North Los Angeles County Regional Center (NLACRC).

Arielle Blumen, a social worker employed by Rehabilitation Care Coordination and who is Claimant's authorized representative, represented Claimant. Claimant was present at the hearing. (Claimant is not identified by name to protect her privacy.)

NLACRC Co-Supervisor of Clinical and Intake Departments Sandi Fischer, Ph.D., and Ms. Blumen testified. Documents marked as Exhibits 1 through 18 were received in evidence. The record closed and the matter was submitted for decision at the close of the hearing.

ISSUE

Whether Claimant is eligible for regional center services under the Lanterman Developmental Disabilities Services Act (Lanterman Act) based on what is commonly referred to as the fifth category, i.e. she has a condition similar to or requiring treatment similar to that required by individuals with intellectual disability?

FACTUAL FINDINGS

1. On April 26, 2023, Claimant filed an application with NLACRC seeking regional services based on her belief she has a condition similar to or requires treatment similar to that required by individuals with intellectual disability (fifth category condition). (Exhibit 3.)

2. On July 26, 2023, NLACRC sent Claimant a Notice of Action, informing Claimant that she is ineligible for regional center services because she does not meet the criteria for a developmental disability as defined by California law and regulations. (Exhibit 1, p. A3.)

3. On September 5, 2023, NLACRC received Claimant's appeal of NLACRC's ineligibility determination. (Exhibit 1, pp. A7–A9.) Ms. Blumen filed the appeal on Claimant's behalf. Claimant's special needs trust hired Ms. Blumen as a private case

manager. She has worked with Claimant since February 2023, and she coordinates and maintains Claimant's benefits, including Social Security, Medi-Cal, and Cal-Fresh.

Background – Social Assessment

4. Claimant is 28 years old. She lives with her mother and several other family members in the home. Claimant is bilingual. Her evaluations were conducted in English unless otherwise stated.

5. NLACRC conducted a social assessment of Claimant after receipt of her intake application. Claimant did not participate in the assessment but permitted NLACRC to interview Ms. Blumen and her mother. The Social Assessment Report, dated May 2, 2023, provides Claimant's background information as described more fully below.

6. Claimant was delivered without complications. Her mother's pregnancy with her was uneventful. She reached her developmental milestones within normal age limits except for language development which was delayed (first words at 18 months old, phrases and sentences at four years old). When Claimant was fourteen months old, she suffered third-degree burns to 75 percent of her body resulting in the loss of her toes and transient kidney failure. Claimant was hospitalized for three months and underwent 19 surgeries during her school years to address her condition. Claimant has difficulty standing and walking for long durations because of the accident. Her condition is permanent and not expected to significantly improve.

7. Claimant has been diagnosed with schizophrenia, depression, and anxiety. She was hospitalized twice for psychiatric issues. She receives psychological and psychiatric treatment for her mental health conditions. Her psychiatrist has prescribed several psychotropic medications, which Claimant takes on her own.

8. Claimant graduated high school in 2013 with a 3.7 grade point average. She then attended College of the Canyons where she earned an Associate of Arts degree. Claimant also received a Certified Nurse Assistant (CNA) certificate. Claimant has had difficulty maintaining employment since graduating college. She worked for a limited time as a CNA but needed assistance navigating employment issues. She currently works at a law office with her mother where she performs clerical duties such as filing, sorting the mail, and answering telephones.

9. Claimant has a driver's license and can drive a car. She has a bank account and can use the ATM. She does not pay her bills from the account. She can place a call independently and talk on the phone to familiar people.

10. Claimant will initiate social interactions with others. She has three friends in the neighborhood. Claimant is affectionate and recognizes emotions and social cues. Claimant does not have aggressive behaviors or emotional outbursts. She has no repetitive behaviors and can handle changes to regular routines.

11. Claimant knows her name, her age, her birthdate, her address, and her telephone number. She can recognize colors and shapes, count higher than 100, and complete simple math tasks. She knows the days of the week, months of the year, and seasons. Although Claimant can read, her comprehension is poor. She can focus on a chore or task for 30 minutes; however, she has a difficult time following a routine.

12. Claimant cannot run, jump, or hop because of her burn accident. She takes care of her hygiene and dresses herself without assistance. Claimant performs household chores. She can cook her own meals and go marketing. She also can give and receive correct change. Claimant has an understanding of safety awareness but is easily manipulated. She knows to call 911 in an emergency. Ms. Blumen characterizes

Claimant as impulsive, with poor problem-solving skills and difficulty with decision-making.

13. Claimant's mother reports she first became concerned about Claimant's development when Claimant began school. According to Claimant's mother, Claimant was traumatized by the accident and fell behind in her academics, in large part, because her many surgeries caused her to miss a lot of school.

School Testing and Reports

14. Although school records and reports from Claimant's elementary school or junior high school years were unavailable, Claimant's Psycho-Educational Report, dated October 14, 2011, and prepared by Claimant's high school when Claimant was in the eleventh grade, provides extensive historical information about Claimant's education, related assessments, and special education services. (Exhibit 7.) According to the Report, in June 2003 when Claimant was in the fourth grade, she qualified for special education services as a student with a Specific Learning Disability (SLD) due to an auditory processing delay impacting all academic areas. (Exhibit 7, p. A38.) She received support through the Resource Specialist Program. When Claimant was in junior high school, she participated in a special day class program with a paced curriculum for core academic classes. In the eighth grade, Claimant started receiving Language and Speech assistance as well. In high school, Claimant continued to receive Language and Speech services and to participate in core academic classes in the special education program. Claimant received high grades in her classes. In 2011, Claimant took the California High School Exit Exam. She passed the English language section but failed the Math section. There are no reports Claimant exhibited problem behaviors during school.

15. The Psycho-Educational Report includes Claimant's previous assessment results. According to the Report, in September 2005, Claimant's level of cognitive ability or learning potential fell within the low average range as compared to same-aged peers. Her non-verbal scores were in the low average range, and her visual and auditory memory composites fell in the average range. Claimant demonstrated significant weakness with auditory processing, including thinking, reasoning, and memory. In September 2008, Claimant's Full Scale IQ (FSIQ) score was 83, consisting of a Verbal Comprehension score of 79, Perceptual Reasoning score of 86, Working Memory score of 83, and Processing Speed score of 103. Claimant's auditory memory score was in the low average range, and her auditory reasoning was in the low range. (Exhibit 7, p. A39.)

16. The Psycho-Educational Report includes the results of tests Claimant's school district administered to her in September and October 2011. On the Wechsler Abbreviated Scale of Intelligence (WASI), Claimant's FSIQ was in the low average to below average range. For the Verbal IQ composite, Claimant scored in the below average range and displayed a weakness in vocabulary knowledge, verbal reasoning, and verbal concept formation. For the Performance IQ composite, Claimant scored in the low average range and displayed adequate abstract visual perceptual skills. (Exhibit 7, p. A40.) On a test to evaluate Claimant's auditory processing skills, Claimant performed in the low average range on phonological awareness and memory, indicating difficulties with basic phonological skills important for understanding language and reading and with basic memory abilities. Claimant scored in the below average range on the cohesion scale, which measures more complex, higher-order linguistic skills necessary to understand not only exactly what was said but also the meaning of the passage. (*Ibid.*)

17. With respect to Claimant's academic achievement, Claimant's school district concluded Claimant had low oral language and oral expression skills, average reading skills, and low average math fluency and calculation skills. Her written expression skills were also low average. Her general academic fluency was average, and her ability to apply academic knowledge was low average. (Exhibit 7, p. A42.)

18. Based on the result of its evaluation, Claimant's school district determined Claimant continued to meet the eligibility criteria for special education services under the SLD category. According to the district, Claimant's academic scores in the area of oral expression were significantly discrepant from her overall cognitive abilities and Claimant had auditory processing deficits, particularly with auditory reasoning. (Exhibit 7, p. A44.)

19. Claimant's school district conducted a separate speech and language assessment in October 2011. (Exhibit 8.) The results of that assessment indicated low or below average scores. According to the school district, based on her test scores, Claimant required special education services for speech and language in the area of vocabulary.

20. Claimant's 2012 Individualized Education Program (IEP) report, dated October 29, 2012, indicates Claimant requires special education because of an SLD and Speech or Language Impairment. The IEP report describes Claimant's disabilities as follows:

[Claimant] has a specific learning disability in the area of oral expression due to a deficit in auditory processing. She has weaknesses in the areas of reading comprehension and math reasoning. She also has a speech and language

impairment impacting her vocabulary knowledge and expressive language. She requires special education services in order to make progress in the general education curriculum.

(Exhibit 10, p. A75.)

Psychological Evaluations

ASSESSMENT BY LISA M. SANDLER, PSY.D

21. On June 21, 2023, Lisa M. Sandler, Psy.D, performed an in-person psychological evaluation of Claimant and prepared a report dated July 17, 2023, of her findings. (Exhibit 11.) The purpose of the evaluation was to rule out concerns of Autism Spectrum Disorder (ASD) and intellectual disability. As part of the evaluation, Dr. Sandler administered the Wechsler Adult Intelligence Scale, Fourth Edition (WAIS-IV), the Autism Diagnostic Observation Schedule, Second Edition, Module 4 (ADOS 2), and the Social Responsiveness Scale, Second Edition (SRS-2). Dr. Sandler intended the Sensory Processing Measure, Second Edition (SPM-2), and the Adaptive Behavior Assessment System, Third Edition (ABAS-3) to be included in her evaluation of Claimant. However, Dr. Sandler reported Claimant had not completed the SPM-2 and Claimant's caregivers had not completed the ABAS-3 by the time Dr. Sandler prepared her report.

22. Dr. Sandler administered the WAIS-IV to evaluate Claimant's cognitive functioning. She found Claimant's FSIQ score of 79 was in the borderline range. Dr. Sandler found Claimant's Verbal Comprehension Index, a measure of Claimant's general verbal abilities, to be in the extremely low range. On the Perceptual Reasoning Index, a measure of an individual's ability to evaluate details and to understand visual-

spatial relationships to construct geometric designs from a model, Claimant scored in the average range. On the Working Memory Index, which measured Claimant's ability to store and manipulate information for a short period, Claimant scored in the borderline range. On Processing Speed, which measures the ability to focus attention and quickly scan, discriminate between, and sequentially order visual information, Claimant's score was in the average range. (Exhibit 11, pp. A100–A102.)

23. None of the tests administered by Dr. Sandler indicated Claimant met the criteria for ASD. On the ADOS-2, Claimant evidenced good eye contact, she had an age-appropriate perception of social difficulties, denied having difficulty getting along with others, and was able to identify the events and objects that elicit different emotions within her and describe those emotions. Claimant also was able to have a back and forth conversation, and her reactions were appropriate. Claimant's total score for the ADOS-2 was below the ASD range. (Exhibit 11, p. A103.)

24. Additionally, Claimant's score on the SRS-2 was in the normal range and did not support an ASD diagnosis. Claimant's ability to notice and understand social cues and her ability to respond to others were in the normal range. Her desire to engage in social interactions was in the moderate range. Her scores on the restricted and repetitive behaviors scale, a measure of atypical behaviors and interests, were in the normal range. (Exhibit 11, pp. A103–A104.)

25. Based on her observations and testing, Dr. Sandler found Claimant met the criteria for a Language Disorder, Schizophrenia, by history, Anxiety Disorder, by history, and Depressive Disorder, by history. Dr. Sandler did not find Claimant met the criteria for ASD or intellectual disability. She recommended Claimant obtain assistance from the Department of Rehabilitation to further her schooling or vocational training and to continue receiving mental health services. (Exhibit 11, p. A105.)

ASSESSMENT BY RYAN J. KANER, PSY.D

26. On September 9 and 30, 2023, Ryan J. Kaner, Psy.D., performed a neuropsychological examination of Claimant and reported his findings on October 10, 2023 (Exhibit 12). Ms. Blumen retained Dr. Kaner to shed light on Claimant's cognitive profile and functional status. In addition to reviewing available records and administering a battery of tests, Dr. Kaner interviewed Claimant and her mother.

27. Dr. Kaner administered the WAIS-IV, although Claimant had taken the examination several months earlier. Perhaps because of her recent testing history, Claimant's scores improved such that her FSIQ was scored at 87, in the low average range. However, Dr. Kaner pointed out that because Claimant's scores showed significant variability across and within domains, Claimant's FSIQ was less meaningful as an estimate of global ability and therefore should be viewed as the average of several distinct skill sets. According to Dr. Kaner, Claimant struggled with tasks of verbal reasoning to such an extent that her overall performance fell within the borderline/mildly impaired range. And within the verbal reasoning domain, Claimant's skills varied; both her knowledge of word meanings and her general knowledge were low average, whereas her abstract reasoning skills were mildly impaired. In contrast, Claimant displayed average ability on tasks of nonverbal reasoning. Her visual-constructional skills were average, and her abstract reasoning skills evaluating puzzles and patterns were high average. Yet, her part-to-whole integration skills were low average. (Exhibit 12, pp. A109–A110.)

28. Claimant had conflicting scores in Working Memory and Processing Speed as well. She showed moderate impairment in recalling verbal strings of information, computing mental math, and visual working memory. However, Claimant

showed she cognitively processes information at a high average overall speed. (Exhibit 12, pp. A109–A110.)

29. Dr. Kaner administered additional language functioning and visuospatial tests to Claimant. The language function tests showed Claimant presents with mildly impaired comprehension and phonological processing. On supplemental visuospatial tasks, Dr. Kaner found Claimant’s visual perception for judging lines/angles to be mildly impaired, while her visual-motor integration skills were low average. (Exhibit 12, p. A110.)

30. Claimant, her mother, and Ms. Blumen expressed to Dr. Kaner their different opinions regarding Claimant’s adaptive and daily living skills. Claimant’s mother reported borderline/low average functioning overall while Ms. Blumen reported mild impairment. Claimant’s self-report was average overall. Claimant, Mother, and Ms. Blumen, however, generally agreed Claimant’s conceptual and academic skills are the weakest while her skills around the house are the strongest. (Exhibit 12, pp. A112–A113.)

31. Based on the testing, his observations, and the reports by Claimant’s mother and Ms. Blumen, Dr. Kaner diagnosed Claimant with a Language Disorder and Other Specified Neurodevelopmental Disorder based on Claimant’s executive dysfunction, including poor working memory, cognitive flexibility, and inhibition. Dr. Kaner found Claimant’s “neuropsychological profile highlights a strong ability to reason and solve problems without words,” Claimant is “solid at incorporating feedback,” and Claimant’s “memory for things she sees is well intact.” (Exhibit 12, p. A114.) However, Dr. Kaner noted Claimant’s profile “reflects significant deficits with language” as demonstrated by Claimant’s “considerable difficulty processing verbal information and understanding what is being said/asked” and her “trouble expressing

herself with words” compounded by her problems with working memory. (*Ibid.*) Dr. Kaner did not find Claimant presented with an intellectual disability. Based on his diagnoses, Dr. Kaner recommended Claimant undergo speech/language and occupational therapy evaluations as well as a neurological consultation. He further recommended Claimant’s emotional status be continually monitored, that certain changes be made in the family home, and Claimant continue her employment and maintain a healthy lifestyle. (*Id.*, pp. A115–A116.)

Dr. Fischer’s Testimony on Behalf of NLACRC

32. Dr. Fischer testified on behalf of NLACRC. Dr. Fischer is a California-licensed psychologist. For the past six years, Dr. Fischer has served as the Co-Supervisor of the Clinical and Intake Departments at NLACRC. She also is a member of the NLACRC eligibility committee and was one of the committee members who assessed Claimant’s eligibility for regional center services. Additionally, she conducts developmental, psychological, and psycho-educational assessments for children, adolescents, and adults in private practice.

33. Dr. Fischer noted the NLACRC multi-disciplinary clinical team, consisting of two physicians and two psychologists, reviewed Claimant’s records, reports, and assessments. The team determined the materials did not support a finding Claimant presents with intellectual disability, ASD, epilepsy, cerebral palsy, or a fifth category condition, and thus was not substantially disabled within the meaning of the Lanterman Act. The team, therefore, deemed Claimant ineligible to receive regional center services. The team recommended Claimant follow up with mental health services and the Department of Rehabilitation.

34. Dr. Fischer cited the *Proposed Guidelines for Determining '5th Category' Eligibility for California Regional Centers (Guidelines)* prepared by the Association of Regional Center Agencies (Exhibit 16) to support NLACRC's finding Claimant was ineligible for regional center services. According to the Guidelines, an individual with a fifth category condition tends to have FSIQ scores ranging from 70 to 74 in the low borderline range. The *Guidelines* states as an individual's IQ rises above 70, his or her adaptive deficits must be substantial and clearly related to cognitive limitations to be considered as functioning with a fifth category condition. (Exhibit 16, p. A155.) The *Guidelines* further states that where there is a significant difference between an individual's different IQ domains, "it is more difficult to describe the individual's general intellectual functioning as being similar to that of a person with [intellectual disability]" and in such cases, the individuals may be considered to function more like persons with learning disabilities. (*Ibid.*) The *Guidelines* also discusses the kind of treatment that is similar to that required for individuals presenting with intellectual disability. That treatment often includes long-term training to learn and develop skills for daily living. (*Id.*, p. A156.)

35. According to Dr. Fisher, Claimant does not satisfy the *Guidelines'* criteria for fifth category eligibility. Claimant's most recent FSIQ score (79) was in the high borderline range. (She intentionally disregarded Claimant's high FSIQ score obtained during Dr. Kaner's testing because Claimant's previous testing occurred only months earlier.) Moreover, Claimant's different IQ domains show significant variation, which demonstrates Claimant does not have the global developmental delays typically experienced by individuals presenting with intellectual disability or a fifth category condition. For instance, the testing administered by Dr. Sandler, Dr. Kaner, as well as the school district consistently yielded results showing Claimant's verbal comprehension and working memory in the low ranges but her perceptual reasoning

and processing speed in the average ranges. Thus, Dr. Fischer opined, consistent with the *Guidelines*, Claimant's cognitive difficulties are most likely caused by a learning disability or speech and language issues, as the school district, Dr. Sandler, and Dr. Kaner also found. Dr. Fischer acknowledged Claimant presents with substantial adaptive deficits in some areas. However, Dr. Fischer credibly asserted those deficits are not clearly related to the type of cognitive limitations the *Guidelines* requires, particularly having considered Claimant's language and auditory difficulties and her mental health issues. (Exhibit 16, p. A155.)

36. Dr. Fischer also asserted Claimant does not require treatment similar to that required by an individual who has an intellectual disability. Claimant does not need long-term training to develop and learn daily living skills as the *Guidelines* indicates an individual with an intellectual disability may require. Dr. Fischer testified Claimant is already highly functioning in many aspects of her life. As examples, Dr. Fischer pointed to Claimant's ability to drive a vehicle, focus on a chore for 30 minutes, and use a bank account. Dr. Fischer further noted Claimant's graduation from high school with high grades, employment at a law firm, and success in obtaining an Associate of Arts degree along with a CNA certificate. Dr. Fischer discounted Claimant's low academic scores on school-wide testing as indicators of Claimant's cognitive development. She opined because the testing was done in a group setting where Claimant's individual needs for extra time and instruction may not have been addressed, it was not an accurate measure of Claimant's academic competency. Dr. Fischer also asserted both Dr. Kaner and Dr. Sandler's recommendations, which included pursuing mental health treatment and occupational therapy, were not treatments required by an individual presenting with an intellectual disability or a fifth category condition.

Ms. Blumen's Testimony on Claimant's Behalf

37. Ms. Blumen testified regarding Claimant's areas of substantial disability. Ms. Blumen asserted Claimant cannot live independently, cannot be economically self-sufficient, and lacks self-direction. She also noted Claimant has impaired language and difficulty learning. Although Claimant is currently working, Ms. Blumen pointed out the law firm employing Claimant is owned by a member of Claimant's family.

LEGAL CONCLUSIONS

1. An administrative hearing to determine the rights and obligations of the parties, if any, is available under the Lanterman Act to appeal a contrary service agency decision. (Welf. & Inst. Code (Code), §§ 4710–4714.) Claimant requested a hearing to appeal NLACRC's determination she was not eligible for regional center services and supports under the Lanterman Act. The jurisdictional requirements for this appeal are met.

2. Claimant has the burden of establishing her eligibility for Lanterman Act services and supports by a preponderance of the evidence. (See *Lindsay v. San Diego Retirement Bd.* (1964) 231 Cal.App.2d 156, 161; Evid. Code, §§ 115, 500.) "Preponderance of the evidence means evidence that has more convincing force than that opposed to it. [Citations] . . . [T]he sole focus of the legal definition of 'preponderance' in the phrase 'preponderance of the evidence' is the *quality* of the evidence. The *quantity* of the evidence presented by each side is irrelevant." (*Glage v. Hawes Firearms Co.* (1990) 226 Cal.App.3d 314, 324–325 (emphasis in original).)

Relevant Statutes and Regulations

3. To be eligible for Lanterman Act supports and services, Claimant must present with a qualifying developmental disability that is substantially disabling. Code section 4512, subdivision (a), defines "developmental disability" as:

[A] disability that originates before an individual attains 18 years of age; continues, or can be expected to continue, indefinitely; and constitutes a substantial disability for that individual. . . . [T]his term shall include intellectual disability, cerebral palsy, epilepsy, and autism. This term shall also include disabling conditions found to be closely related to intellectual disability or to require treatment similar to that required for individuals with an intellectual disability, but shall not include other handicapping conditions that are solely physical in nature.

4. California Code of Regulations, title 17 (CCR), section 54001, subdivision (a), defines "substantial disability" as follows:

(1) A condition which results in major impairment of cognitive and/or social functioning, representing sufficient impairment to require interdisciplinary planning and coordination of special or generic services to assist the individual in achieving maximum potential; and

(2) The existence of significant functional limitations, as determined by the regional center, in three or more of the

following areas of major life activity, as appropriate to the person's age:

(A) Receptive and expressive language;

(B) Learning;

(C) Self-care;

(D) Mobility;

(E) Self-direction;

(F) Capacity for independent living;

(G) Economic self-sufficiency

5. According to CCR section 54000, subdivision (c), a developmental disability does 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 psychosocial 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.

6. Code section 4643, subdivision (b), provides: "In determining if an individual meets the definition of developmental disability contained in subdivision (a) of Section 4512, the regional center may consider evaluations and tests, including but not limited to, intelligence tests, adaptive functioning tests, neurological and neuropsychological tests, diagnostic tests performed by a physician, psychiatric tests, and other tests or evaluations that have been performed by, and are available from, other sources."

Analysis

7. Claimant did not prove by a preponderance of the evidence she presents with a fifth category condition. As Dr. Fischer persuasively explained, the variable scores in Claimant's cognitive testing are not indicative of intellectual disability or a fifth category condition. Additionally, Claimant's adaptive skills, i.e., her ability to drive, her high school graduation, her certification as a CNA, her ability to care for herself and keep herself safe, her ability to perform household chores, and her ability to work,

are incongruent with someone with an intellectual disability or a fifth category condition. While Claimant has substantial deficits in certain areas, Claimant did not prove those deficits are the manifestation of a developmental disability. Claimant's school district, Dr. Sandler, and Dr. Kaner each attributed Claimant's cognitive difficulties to auditory processing and language difficulties.

8. In sum, the weight of the evidence does not support a determination Claimant presents with a disabling condition closely related to intellectual disability or a disabling condition requiring treatment similar to that required for individuals with an intellectual disability. Accordingly, Claimant is not entitled to regional center services and supports under the Lanterman Act based on a fifth category condition.

ORDER

1. Claimant's appeal is denied.
2. Claimant is ineligible for regional center services under the Lanterman Act based on a "fifth category" condition.

DATE:

CINDY F. FORMAN
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 pursuant to subdivision (b) of Welfare and Institutions Code section 4713 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.