

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

In the Matter of:

CLAIMANT

and

SAN ANDREAS REGIONAL CENTER, Service Agency.

DDS No. CS0021810

OAH No. 2024110112

DECISION

Administrative Law Judge Stephanie Haffner, State of California, Office of Administrative Hearings, heard this matter on January 17, 2025, and February 13, 2025, by videoconference.

Executive Director's designee James Elliott represented San Andreas Regional Center.

Claimant, a minor, was represented by his mother. Claimant did not attend the hearing.

The record closed and the matter was submitted for decision on February 13, 2025.

ISSUE

Is claimant eligible for regional center services on the ground that he is substantially disabled by autism?

FACTUAL FINDINGS

Procedural Background

1. Claimant is 14 years old. In 2022, claimant and his family moved to Northern California from a state in the southeast United States (his prior home state).

2. On March 29, 2024, claimant applied to San Andreas Regional Center (SARC) for an eligibility assessment based on a qualifying disability of autism spectrum disorder.

3. A SARC intake service coordinator and a licensed psychologist employed by the regional center (SARC psychologist) met with claimant and his mother on July 17, 2024, conducted an Intake Social Assessment, and documented their conclusions in a report dated September 6, 2024. They interviewed claimant and his mother, as further detailed below, and received supporting documents, including school reports and behavioral health records.

4. On an unknown date, the SARC psychologist completed an Eligibility Determination Report after reviewing school and medical records, observing and evaluating claimant, and interviewing him and his mother. The SARC psychologist determined that claimant's impairments did not satisfy eligibility criteria for regional center services, as further detailed below.

5. On October 24, 2024, an eligibility team consisting of the SARC psychologist, a SARC service coordinator, and the SARC district manager concluded that claimant did not have a developmental disability attributed to any eligible condition including autism, and that he was not substantially disabled in three or more qualifying areas of major life activity. The team therefore concluded that claimant did not satisfy eligibility criteria for regional center services.

6. On October 28, 2024, SARC issued a Notice of Action stating that it found claimant ineligible for services. On October 29, 2024, claimant timely requested a fair hearing challenging SARC's denial. This proceeding followed.

Criteria for Autism Spectrum Disorder Diagnosis

7. The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR) was published by the American Psychiatric Association in March 2022. It currently serves as the principal authority for psychological and psychiatric diagnoses in the United States.

8. The diagnostic criteria for autism spectrum disorder (ASD) set forth in the DSM-5-TR are:

A. Persistent deficits in social communication and social interaction across multiple contexts, as manifested by the following, currently or by history:

1. Deficits in social-emotional reciprocity, ranging, for example, from abnormal social approach and failure of normal back-and-forth conversation; to

reduced sharing of interests, emotions, or affect; to failure to initiate or respond to social interactions.

2. Deficits in nonverbal communicative behaviors used for social interaction, ranging, for example, from poorly integrated verbal and nonverbal communication; to abnormalities in eye contact and body language or deficits in understanding and use of gestures; to a total lack of facial expressions and nonverbal communication.

3. Deficits in developing, maintaining, and understanding relationships, ranging, for example, from difficulties adjusting behavior to suit various social contexts; to difficulties in sharing imaginative play or in making friends; to absence of interest in peers.

B. Restricted, repetitive patterns of behavior, interests, or activities, as manifested by at least two of the following, currently or by history:

1. Stereotyped or repetitive motor movements, use of objects, or speech (e.g., simple motor stereotypies, lining up toys or flipping objects, echolalia, idiosyncratic phrases).

2. Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or

nonverbal behavior (e.g., extreme distress at small changes, difficulties with transitions, rigid thinking patterns, greeting rituals, need to take same route or eat same food every day).

3. Highly restricted, fixated interests that are abnormal in intensity or focus (e.g., strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interests).

4. Hyper- or hyporeactivity to sensory input or unusual interest in sensory aspects of the environment (e.g., apparent indifference to pain/temperature, adverse response to specific sound or textures, excessive smelling or touching of objects, visual fascination with lights or movement).

C. Symptoms must be present in early developmental period (but may not become fully manifest until social demands exceed limited capacities, or may be masked by learned strategies in later life).

D. Symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning.

E. These disturbances are not better explained by intellectual disability (intellectual development disorder) or

global development delay. Intellectual disability and autism spectrum disorder frequently co-occur; to make comorbid diagnoses of autism spectrum disorder and intellectual disability, social communication should be below that expected for general developmental level.

(DSM-5-TR, at p. 56-57.)

Medical Evaluations and Autism Diagnosis

9. In July 2015, when claimant was four years old, a registered nurse practitioner in claimant's prior home state evaluated him for symptoms related to attention-deficit hyperactivity disorder (ADHD). The nurse practitioner diagnosed him with ADHD (combined type) and ADHD (predominantly hyperactive impulse type).

10. On December 2, 2015, when claimant was five years old, a medical doctor in the same behavioral health practice as the nurse practitioner completed a subsequent medical encounter report. After reviewing claimant's past psychiatric history, social history, and symptoms, the doctor diagnosed claimant with ASD, in addition to the primary diagnosis of ADHD. The doctor explained:

A thorough review of [symptoms] and [history] done today with [claimant's] mother suggests that the child meets criteria for additional [diagnosis] of ASD rather than an Adjustment Disorder. There is no [history] of speech delay in early childhood. He however has extreme difficulty adapting to changes and transitions. He has chronic, persistent high separation anxiety. He is most comfortable when his mother is around him but being away from her

has always induced significant, noticeable anxiety. He asks repeated questions about schedule and plans to [his] mother . . .

When he was younger he used to line things up in his room. Even now he changes everything in his room frequently enough and is very disturbed if someone moves things around without his knowledge. He prefers a set routine and is usually very upset when things do not exactly go as he expected them to.

He has virtually no social skills. . . . He does not understand facial cues, social cues, body language. . . . He chews on everything, even inedible things. He has tics – repetitive, involuntary blinking. . . .

The doctor noted that a diagnosis of ASD has “been officially entered in [claimant’s] chart in addition to ADHD.” The secondary diagnosis of ASD is repeated in medical encounter notes for the behavioral health practice dated May 2016, November 2016, and February 2017.

11. A December 2023 evaluation of claimant was completed by two clinical psychologists employed with Kaiser Permanente Autism Spectrum Disorder Center (Kaiser psychologists). The Kaiser psychologists’ evaluation included review of past treatment notes as well as school records from claimant’s prior home state; clinical interviews with claimant and parent; and multiple standardized assessments. Standardized assessments included the ABAS-3, Social Communication Questionnaire (SCQ)-Lifetime Form, Autism Diagnostic Observation Schedule, second edition (ADOS-

2), and Behavior Assessment System for Children, third edition (BASC-3). Among other things, the Kaiser psychologists considered school records reporting that claimant rushes through his school work and becomes distracted. Kaiser psychologists also considered that social skills improvement was reported to be targeted for claimant's Individualized Education Program (IEP).

They opined that claimant's social as well as behavioral challenges "appear to be related to impairments in his development of reciprocal social interactions." These "deficits in conjunction with the presence of preoccupying interests, sensory-driven behaviors, and rigidity in his behavior are consistent with autism spectrum disorder." They opined that while claimant shows some social interest and skill on occasion, "he does not know how to initiate, reciprocate, sustain, or deepen social interactions at a level expected for his age and verbal skills." At the same time, claimant has strengths that indicate he falls "in the high-functioning end of the autism spectrum."

The Kaiser psychologists opined that claimant meets the criteria for a principal diagnosis of ASD, level one, requiring support (but not substantial or very substantial support) with social communication and with restricted, repetitive behaviors. The psychologists opined that claimant additionally meets the diagnostic criteria for associated diagnoses of ADHD (combined presentation), unspecified depression, other specified anxiety disorder, and unspecified feeding or eating disorder. They concluded that some symptoms suggesting ADHD are better explained by ASD, "which reflects a broader set of developmental and neuropsychological issues that include the core deficits seen in children with ADHD." Specifically, they noted that "some of [claimant's] inattention . . . can be the result of him missing social skills and/or of focusing on his interests at the expense of the broader social context."

12. A January 2025 letter of diagnosis from claimant's marriage and family therapist states that claimant has a primary diagnosis of autism spectrum disorder and that he also has an ADHD diagnosis. The therapist states that claimant's conditions significantly impact his ability to make appropriate decisions and interfere with his ability to control his impulses. The therapist opines that, due to autism, claimant also struggles with emotional management and social skills.

13. The SARC psychologist opined in the Eligibility Determination Report that, although claimant was diagnosed with ASD by practitioners at the Kaiser Permanent Autism Spectrum Disorder clinic, the diagnosis is "not consistent with his school records and may not consider his social shyness and/or history of trauma." Moreover, the SARC psychologist "was not able to substantiate" that claimant was previously diagnosed with ASD at age five. In addition to reviewing records and interviewing claimant and his mother, the SARC psychologist administered one test: the Adaptive Behavior Assessment System, Third Edition (ABAS-3), which yielded average composite scores.

School Records

14. Claimant's mother provided to the regional center a printout from his prior school, titled Notice and Eligibility Decision regarding Special Education Services, which excerpts from various assessments of claimant from December 2015 through January 26, 2022. Claimant's mother additionally provided to the regional center, an IEP from claimant's prior home state, dated May 2022; and multidisciplinary psychoeducational reports from his public school district in California, dated March 2023 and May 2023.

15. For the hearing, claimant's mother additionally provided an Independent Educational Evaluation (IEE), Social and Emotional Assessment (IEE assessment) completed by licensed educational psychologist dated August 5, 2024. The purpose of the IEE was to examine claimant's social and emotional functioning to help his IEP team determine the impact of these on his educational functioning. In the IEE, the educational psychologist concludes that claimant's clinical profile remains consistent with prior diagnoses of ADHD, anxiety, depression, and ASD. The educational psychologist opines that claimant meets the criteria for special education services based on other health impairment (primary) as well as based on autism (secondary).

16. Claimant's mother also provided a 504 plan for claimant dated August 18, 2024, based on qualifying disabilities of ADHD, post-traumatic stress disorder (PTSD), depression, autism, and anxiety.

17. Claimant's mother testified that she did not agree with the evaluations prepared by the California public school district and therefore requested the IEE. In September 2024, she withdrew claimant from the public school district and placed him in private school. However, claimant also did not do well in the private school, and in December 2024 claimant's mother withdrew him from the private school.

Claimant's Functioning

SELF-CARE

18. The SARC psychologist concluded that claimant has no substantial impairment in self-care. According to the SARC psychologist, claimant needs reminders to brush [teeth] and to bathe but otherwise does these on his own. He toilets independently. Claimant has a pill box that he fills when his mother reminds him. He has assigned chores to vacuum the stairs, wash the dishes, and take out the

trash; he does an “okay job” with these but sometimes needs reminders. Claimant is working on cutting with a knife, but his mother reported he can cut onions. Items he cooks with supervision include quesadillas, fish, pasta, and browned beef.

19. The Kaiser psychologists concluded that while claimant has many skills, he does not or else inconsistently shows them independently when needed. Basic skills claimant reportedly does not perform include refraining from wearing the same or similar clothing most days. His mother reported to psychologists that claimant has sensory sensitivities including reacting negatively to being touched, excessive eating of carbohydrates and snacks, not tolerating foods of certain temperature and texture, and fidgeting with items in his hands, among others.

20. According to the school district’s May 2023 multidisciplinary psychoeducational report, no interviews or evaluations showed concerns for claimant’s health or personal care.

21. The August 2024 504 plan has no provisions for personal care supports.

22. Claimant’s mother stated in testimony that claimant needs regional center services to help with his activities of daily living. He can physically feed himself, but he eats excessively. He can toilet independently but needs prompts to wash his hands. He can physically put on and remove clothing but needs prompts to put on appropriate clothing for the weather. For example, unless prompted, claimant may wear shorts in cold weather, a previous subject of applied behavioral analysis therapy. Claimant knows how to physically brush his teeth but his mother checks. He can use a fork or spoon but can be picky about having food touching and about food textures.

23. Claimant’s mother testified that while claimant was in private school from September to December 2024, on “overnights” he would not brush his teeth but would

instead wipe his mouth with a rag. He also would put on other children's clothing which not only did not belong to him but was also much too small. The private school informed claimant's mother that claimant would need an aide to continue.

SELF-DIRECTION

24. The SARC psychologist concluded claimant has no substantial impairment in self-direction, noting that he goes out into the community independently. He seeks out friends although his mother has concerns that they take advantage of him and get him into trouble. Claimant takes the bus and uses Uber for Teens independently. He plays on the soccer team at school. He needs reminders to do his homework and help with big assignments.

25. The Kaiser psychologists concluded that among the basic skills claimant does not show or only shows inconsistently is the ability to refrain from unsafe behaviors outside the home.

26. The school district's March 2023 multidisciplinary psychoeducational report notes that claimant previously had a behavior intervention plan dated January 2020. In 2020, the behaviors being addressed were isolating or withdrawing, shutting down, rushing through work, and completing work. According to the report, claimant was offered a behavioral evaluation at his California school "[d]ue to teacher concerns with [his] behavior as they relate to socializing in class, distractibility, and disruptive behavior." The evaluation was paused in December 2022 because of an undescribed "incident requiring a manifestation determination IEP meeting." Following the incident, claimant began community-based mental health therapy focused on impulsivity and socializing.

27. The May 2023 multidisciplinary psychoeducational report states that claimant's IEP team agreed that he required a one-on-one behavioral aide "to access the curriculum and reduce conflict to ensure safety and comfort at school." The report reviewed whether claimant needed additional adult support at school. Teachers noted that claimant "has the most challenges with impulse control," manifesting as rushing through work and needing to review work to ensure accuracy. Teachers reported that claimant needed adult support for less than five percent of his time in class overall. He responded well to feedback and incorporated teacher input for his assignments. He could ask for help, needed some support to understand work, and did not need additional check-ins more than similar-age peers.

The May 2023 multidisciplinary psychoeducational report concluded that although claimant needs limited adult prompts and socializes well, claimant has internalized challenges in his relationships, feelings of anxiety/depression, and managing emotions. Because these challenges are internalized, "symptoms may go observed." Therefore, "Given the concerning incident and the impact it has had on [him] in terms of feeling connected and safe at school, it is recommended" that he continue to receive one-on-one behavioral aide support "to foster school connection, safety, and reinforce[]" skills that will support his learning.

28. Claimant's mother testified that when she explained to claimant that he would have to leave the private school in December 2024, he screamed. He expressed that he did not want to return to public school for fear of being bullied again. Claimant eloped from home and was found three days later in an unheated public bathroom close to home with just a blanket and mace.

29. Claimant's mother then arranged for him to stay in a residential school to help with his activities of daily living. Although the stay was to last for 30 days, this

school discharged him after just over two weeks because of his behavior. He was making faces at guests, kicked a car, and hit a vase causing it to break. The week before the hearing, he took the family car and drove it on the highway trying to go back to his former home thousands of miles away.

RECEPTIVE AND EXPRESSIVE LANGUAGE

30. SARC psychologist opined that claimant has no substantial communication impairment, noting "No concerns were mentioned or noted in this area." The SARC psychologist additionally observed that claimant has a best friend from the third grade from his prior home state, with whom he keeps in touch.

31. The Kaiser psychologists concluded that claimant speaks in full and complete sentences, but "can present as having significant deficits in multiple aspects of his social or pragmatic communication." They noted that claimant used little reciprocal conversation, rarely made eye contact, and had a flat facial expression.

32. The May 2022 IEP added a social skills goal for claimant based on test scores and teacher comments, which aimed for claimant to speak with peers rather than spend time on an electronic device.

33. The May 2023 psychoeducational evaluation report reviewed claimant's progress on his IEP goals. He met the goal to write four-paragraph argumentative essays scoring 80 percent, given a prompt and a checklist. He demonstrated reading comprehension for grade-level informational text.

34. The educational psychologist who completed the IEE concluded that claimant experiences elevated levels of anxiety, especially around peer interactions. His difficulty understanding and navigating social interactions has led to him getting into

trouble because he does not make connections between his behaviors and the consequences. The educational psychologist also recommended a speech and language assessment “to learn more about [his] current pragmatic language skills and ability to communicate effectively with peers.”

35. The August 2024 504 plan provides for preferential seating regularly, small group instruction as needed, and extended time for assessments as needed.

36. In testimony, claimant’s mother asserted that his social skills are closer to those of a child five to six years younger than his age. He has been persuaded to trade \$100 shoes for flip flops that have been represented to him by other children as \$200 shoes. Claimant’s mother has had to go to other children’s homes to get his belongings back. Claimant struggles with social boundaries, although he has progressed in his ability to explain to people that they are in his private space.

LEARNING

37. The SARC psychologist opined that claimant has no substantial learning impairment, noting that he writes at grade level and has reading and math skills “within normal limits.”

38. School records from claimant’s prior home state note, in the Notice and Eligibility Decision regarding Special Education Services, that in March 2021 claimant scored broadly average and showed average, age-appropriate reading, writing, and math skills. Then, in September 2021 and January 2022 math achievement tests, his scores fell to the “urgent intervention” range. He struggled with geometry/measurement and with data analysis/statistics/probability, though his scores improved after receiving special education services in the general education classroom. Similarly,

claimant scored in the “urgent intervention” range in September 2021 and January 2022 reading tests, although he also rushed through the assessment in eight minutes.

39. In the May 2022 IEP, claimant’s English language arts teacher noted that claimant stayed on task 85 percent of the time and completed his work consistently although he sometimes rushed. When claimant would take his time, he would succeed. Claimant’s math teacher stated that he met his previous IEP math goal.

Claimant’s band teacher opined that claimant would succeed without special education services; he completed assignments at a similar level to other students and overall did well in band class. Claimant’s one-on-one aide also opined that claimant would succeed in school without special education services; he oriented to classroom activities when he entered the room, stayed on task, and often raised his hand to participate in discussions. Claimant “rarely” needed help from his one-on-one aide.

The May 2022 IEP included a goal for claimant to slow down the rate at which he completed his work by having an adult in the general education classroom check the work for accuracy before turning it in.

40. The March 2023 and May 2023 multidisciplinary psychoeducational reports state that claimant was earning passing grades. In the fall semester of 2022 claimant earned an A minus in Pre-Algebra, B in Science, and Cs in English Language Arts, Social Studies, and Tech Academy. By May 2023, claimant continued to earn Bs and Cs in academic courses: Bs in English Language Arts and Tech Academy, Cs in Science, Pre-Algebra, and Social Studies.

41. In testimony, claimant’s mother expressed that his learning skills are significantly impaired due to autism. He learns information but has difficulty applying it because he takes things literally. For example, if given a general instruction such as,

"Go clean your room," he does not know what to do. Instead, he needs specific step-by-step instruction such as, "Pick up your socks." He can understand multi-step instructions but "not too many steps." If an instruction has too many steps, claimant will say so. Claimant does not know how to count money but is good with computers. In public school, claimant initially was placed in algebra but was moved back to pre-algebra as a more appropriate level. Claimant attends mainstream courses for science, social studies, and physical education.

MOBILITY

42. There is no claim or evidence that claimant has a mobility impairment. The SARC psychologist opined that claimant has no substantial impairment in mobility as he ambulates independently without assistance.

Ultimate Findings Regarding Lanterman Act Eligibility

43. Claimant meets the diagnostic criteria for ASD, or autism, as set forth in Factual Findings 9 to 12 and Factual Finding 15. A preponderance of the evidence, including the Kaiser Permanente evaluation in 2023 and the behavioral health evaluation in 2015, establishes that claimant has an ASD diagnosis. The Kaiser Permanente evaluation, supported by the results of multiple tests and the opinion of two clinical psychologists, is particularly persuasive in establishing a principal diagnosis of level one ASD and associated diagnoses of ADHD combined presentation, unspecified depression, other specified anxiety disorder, and unspecified feeding or eating disorder.

The SARC psychologist's opinion that claimant does not have autism relies in part on being unable to substantiate that claimant previously was diagnosed with ASD at age five. Yet, claimant was diagnosed with ASD at age five after a detailed

assessment by a behavioral health medical doctor. The SARC psychologist also questioned that the Kaiser psychologists' evaluation "may not consider" claimant's social shyness and that the diagnosis is not consistent with claimant's school performance. However, the Kaiser psychologists did consider claimant's social and attentional difficulties at school and opined that they are explained by autism.

44. Claimant has significant functional limitations in self-direction relative to his peers, as set forth in Factual Findings 24 to 29. His emotional reactivity has led to unsafe actions including leaving home and sleeping in a public bathroom for three days and attempting to drive to his former home in the southeast United States, thousands of miles away. The "incident" he suffered at school, which is likely the bullying incident that claimant's mother described, justified a one-on-one aide at school for his safety, showing significant limitations in self-direction. Claimant was unable to behave safely enough to remain enrolled in alternative school placements. Although claimant can take the bus and use Uber for Teens independently, his unsafe actions establish significant functional limitations in self-direction.

45. Claimant attends to his self-care with generally age-appropriate reminders to do chores and attend to his personal hygiene. When on overnights at school, claimant has failed to attend to his hygiene or worn clothing that is not his. At home, claimant needs to be reminded to wear different clothing or follow up on chores. These are minor functional limitations in the area of self-care, and he has no self-care needs at school. Claimant has not established significant functional imitations affecting his self-care. (Factual Findings 18 to 23.)

46. Claimant has strong language skills as demonstrated in his reading comprehension and writing abilities. However, claimant needs support with social communication, reflected in his level one autism diagnosis, and misinterpretations of

social overtures described by his mother. Because claimant does not need “substantial” or “very substantial” support with social communication, he has not established significant functional limitations in his receptive or expressive language skills. (Factual Findings 30 to 36.)

47. Claimant struggles with attention and distractibility which impede his learning and result in him rushing through assignments. Yet, claimant earns generally passing grades and needs adult support at school only five percent of the time. He did not show significant functional limitations in his ability to learn. (Factual Findings 37 to 41.)

48. No evidence suggests any disability in claimant’s mobility. (Factual Finding 42.)

LEGAL CONCLUSIONS

49. The State of California accepts responsibility for persons with developmental disabilities under the Lanterman Act (Welf. & Inst. Code § 4500 et seq.). The purpose of the Act is to rectify the problem of inadequate treatment and services for the developmentally disabled, and to enable developmentally disabled individuals to lead independent and productive lives in the least restrictive setting possible. (Welf. & Inst. Code §§ 4501, 4502; *Association for Retarded Citizens v. Department of Developmental Services* (1985) 38 Cal.3d 384.) The Act is a remedial statute; as such, it must be interpreted broadly. (*California State Restaurant Association v. Whitlow* (1976) 58 Cal.App.3d 340, 347.)

50. To establish eligibility for SARC’s services under the Lanterman Act, claimant has the burden of proving by a preponderance of the evidence that he:

(1) suffers from a developmental disability and (2) is substantially disabled by that developmental disability. (Welf. & Inst. Code, §§ 4501, 4512, subd. (a).)

51. A developmental disability is a disability that originates before an individual attains age 18, is likely to continue indefinitely, and constitutes a substantial disability for that individual. (Cal. Code Regs., tit. 17, § 54000, subd. (b).) The term “developmental disability” includes intellectual disability, autism, epilepsy, cerebral palsy, and what is commonly referred to as the “fifth category.” (Welf. & Inst. Code, § 5412, subd. (a).) The fifth category refers to “disabling conditions found to be closely related to intellectual disability or to require treatment similar to that required for individuals with an intellectual disability.” (*Id.*)

52. A qualifying disability must be “substantial,” meaning that it causes “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.” (Welf. & Inst. Code, § 4512, subds. (a), (l)(1); see also Cal. Code Regs., tit. 17, § 54001, subd. (a)(2).)

53. Claimant has met his burden to establish that he meets the diagnostic criteria for autism, an eligible condition, as set forth in Factual Finding 43. However, Claimant did not prove by a preponderance of evidence that he is substantially disabled by his eligible condition. He showed significant functional limitations in only one area of major life activity: self-direction. (Factual Finding 44.) Claimant did not show that he has significant functional limitations in self-care, receptive and expressive language, learning, or mobility. (Factual Findings 45-48.) At age 14, claimant is not expected to be capable of independent living or sustaining himself economically.

Because claimant has not established that he has significant functional limitations in three or more areas of major life activity as compared with his peers, he did not prove that he is substantially disabled at this time.

54. Although claimant has significant difficulties, he has not shown that he is substantially disabled within the meaning of the Lanterman Act. Accordingly, claimant did not meet his burden to establish that he is eligible for regional center services at this time.

ORDER

Claimant's appeal is denied.

DATE:

STEPHANIE E. HAFFNER
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. (Welf. & Inst. Code § 4712.5, subd. (a)(1).)