BEFORE THE
OFFICE OF ADMINISTRATIVE HEARINGS
STATE OF CALIFORNIA

In the Matter of:

CLAIMANT

and

SOUTH CENTRAL LOS ANGELES REGIONAL CENTER, Service Agency

DDS No. CS0021906

OAH No. 2024110676

DECISION

Kimberly J. Belvedere, Administrative Law Judge, Office of Administrative Hearings, State of California, heard this matter by videoconference on April 2, 2025.

Tami Summerville, Fair Hearings Manager, represented South Central Los Angeles Regional Center (SCLARC).

Jonathan Choi, Senior Paralegal, Los Angeles County Public Defender's office, represented claimant, who was not present.

Oral and documentary evidence was received. The record was closed, and the matter was submitted for decision on April 2, 2025.

ISSUE

Is claimant eligible for regional center services under the Lanterman Developmental Disabilities Services Act of 1969 (Lanterman Act) due to intellectual developmental disorder[1] (IDD), or a disabling condition closely related to, or that requires treatment similar to, a person with IDD (fifth category)?

FACTUAL FINDINGS

Background

1. Claimant is a 24-year-old man who is currently incarcerated due to pending criminal charges filed against him. No police reports or court records concerning claimant's incarceration were provided.

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[1] The Lanterman Act was amended long ago to eliminate the term "mental retardation" and replace it with "intellectual disability," as reflected in the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* (DSM-5). The more current DSM-5, text revision (DSM-5-TR) no longer uses the term "intellectual disability" and instead refers to the condition as IDD. Many of the regional center forms have not been updated to reflect this change, and during testimony, all of the terms were used interchangeably. Accordingly, for purposes of this decision, as well as all admissible documentary evidence, "mental retardation," "intellectual disability," and "IDD" mean the same thing.

2. Claimant has an extensive documented history of extreme psychosocial stressors such as witnessing aggression between his parents, suffering instability in the home, arrests and incarceration, deportation of his mother, holding a friend in his arms who had been killed, and the death of his father, among other things. Claimant attended approximately 11 different schools throughout his childhood and experienced behavioral problems. Cognitively, claimant's educational records show challenges attributable to a learning disability and emotional disturbance, among other things, but do not show consistent global deficits in multiple areas during the developmental period. Claimant also has an extensive and well-documented history of mental health diagnoses, such as opioid use disorder, stimulant use disorder, alcohol use disorder, major depression, complicated bereavement, post-traumatic stress disorder (PTSD), and attention deficit hyperactivity disorder (ADHD).

3. At some point prior to September 11, 2024, the Los Angeles County Public Defender's Office, on claimant's behalf, requested SCLARC evaluate the records provided to them concerning claimant to determine claimant's eligibility for services. A multidisciplinary team conducted an intake assessment as required by Welfare and Institutions Code section 4642. The records reviewed included a psychological assessment conducted by Catherine Scarf, Ph.D., on March 29, 2024; a psychological evaluation from Timothy Collister, Ph.D., dated January 31, 2017, and an addendum dated March 30, 2017; an Individualized Education Program (IEP) dated October 8, 2015; a memorandum by Keelyanne Hyland, dated February 16, 2024; a psycho-educational assessment dated September 15, 2015; and a psycho-social assessment

completed by Baudelio (Bobby) Vargas on August 21, 2021.[2] Following a review of the then-available documents, the team concluded claimant did not have a substantial disability as a result of any qualifying condition.

4. On September 11, 2024, SCLARC sent claimant a letter notifying him that he was not eligible for regional center services. The letter stated:

> [Y]ou are not substantially disabled as a result of having Intellectual Disability, Autism Spectrum Disorder, Seizures, or Cerebral Palsy. The interdisciplinary team also concluded you are not substantially disabled as a result of a condition closely related to Intellectual Disability nor do you require treatment similar to that required by individuals with intellectual disability.
>
> You have been diagnosed with Severe Opioid Use Disorder, Severe Stimulant Use Disorder (Amphetamine Type), Alcohol Use Disorder, Borderline Intellectual Functioning, and Major Depressive Disorder. . . .

5. SCLARC issued a notice of action denying claimant's request for services effective September 12, 2024, and claimant appealed. In the October 31, 2024, appeal, claimant's authorized representative wrote:

[2] The August 21, 2021, date cited in the letter appears to be an error, as the report indicated it was completed in 2024.

> [Claimant] has been evaluated by an expert who believes he has a qualifying condition that originated prior to the age of 18, constitutes a substantial disability, and is expected to continue indefinitely as defined and enumerated in WIC Section 4512. The SCLARC denial of eligibility was incorrect.

6. Various additional records were submitted, including a neuropsychological evaluation completed on December 26, 2024 (report dated March 3, 2025) by Therese M. Moriarty, Psy.D., and claimant's case was reviewed again. The multidisciplinary team again determined claimant did not have a substantial disability resulting from any qualifying condition.

7. On March 27, 2025, SCLARC sent claimant a letter notifying him that he was not eligible for regional center services. The letter stated (errors in original):

> [W]hile it appears on the March 2025 evaluation through the courts, [claimant] was rendered impressions of intellectual disability, mild; major depressive disorder; opioid use disorder; stimulant use disorder; and alcohol use disorder, he has been found ineligible for regional center services at this time as the intellectual disability is not deemed to be a substantially disabling condition.
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> In addition to Dr. Moriarty's psychological evaluation conducted in March 2025, also reviewed were assessments completed in March 2024 by Dr. Scarf, and an assessment completed by Dr. Collister in 2017. Interestingly, just one year prior to the current evaluation reviewed, [claimant] was

rendered a diagnosis of borderline intellectual functioning. Both his cognitive and adaptive scores were solidly in the borderline range. Additionally, in 2017, among a number of other diagnoses, [claimant] was also rendered a diagnosis of borderline intellectual functioning. While at present, he might in fact be functioning in a range of delay, an intellectual disability REQUIRES its origins in the developmental period, which is often overlooked. Two previous assessments suggest this is not the case.

It is evidence that [claimant] has had a number of other psychosocial issues and stressors that have led to common diagnosis of complicated bereavement, depression, and persistent depression, Post-Traumatic Stress Disorder (PTSD), Attention-Deficit/Hyperactivity Disorder (ADHD), and substance use disorders that include opioid, stimulant, and alcohol. In reviewing school records, it appears [claimant] had special education services previously under the designation of Emotional Disturbance (ED) or emotionally disturbed and more recently under Specific Learning Disability (SLD).

Based on history however, trajectory, and review of test scores, it appears [claimant] in fact continues to function in the borderline range, again impacted by a number of serious psychosocial issues not to mention the effect and impact of psycho-active substances introduced into the

> body and brain. While the March 2025 evaluation listed a number of DSM-5 impressions numbered one through five, no codes were provided for the impressions listed which is commensurate and customary for an actual diagnosis.

Diagnostic Criteria for IDD, Fifth Category, and Definition of Substantial Disability

8. No claim was made that claimant is eligible for services under the categories of autism, epilepsy/seizures, or cerebral palsy. Accordingly, this case proceeded focused solely on whether claimant is eligible for regional center services under IDD or the fifth category.

DIAGNOSTIC CRITERIA FOR IDD

9. The DSM-5-TR contains the diagnostic criteria used for IDD. The essential features of IDD are deficits in general mental abilities and impairment in everyday adaptive functioning, as compared to an individual's age, gender, and socio-culturally matched peers. Intellectual functioning is typically measured using intelligence tests. Individuals with IDD typically have IQ scores in the 65-75 range (unless an individual is African American, in which case IQ results are not considered). In order to have a DSM-5-TR diagnosis of IDD, three diagnostic criteria must be met. The DSM-5-TR states in pertinent part:

> [IDD] is a disorder with onset during the developmental period that includes both intellectual and adaptive functioning deficits in conceptual, social, and practical domains. The following three criteria must be met:

A. Deficits in intellectual functions, such as reasoning, problem solving, planning, abstract thinking, judgment, academic learning, and learning from experience, confirmed by both clinical assessment and individualized, standardized intelligence testing.

B. Deficits in adaptive functioning that result in failure to meet developmental and sociocultural standards for personal independence and social responsibility. Without ongoing support, the adaptive deficits limit functioning in one or more activities of daily life, such as communication, social participation, and independent living, across multiple environments, such as home, school, work, and community.

C. Onset of intellectual and adaptive deficits during the developmental period.

DIAGNOSTIC CRITERIA FOR FIFTH CATEGORY

10. The Lanterman Act states that regional center assistance may be provided to individuals with a disabling condition closely related to IDD or that requires similar treatment to an individual with IDD, but does not include other handicapping conditions that are "solely physical in nature." (Welf. & Inst. Code, § 4512, subd. (a).) A disability involving the fifth category must also have originated before an individual turns 18 years old, must continue or be expected to continue indefinitely, and must constitute a substantial disability.

In *Mason v. Office of Administrative Hearings* (2001) 89 Cal.App.4th 1119, the appellate court held that the fifth category condition must be very similar to IDD, with

many of the same, or close to the same, factors required in classifying a person as meeting the criteria for IDD. Another appellate decision has also found that eligibility may not be based solely on a person's adaptive functioning; it must include a cognitive component. (*Samantha C. v. State Department of Developmental Services* (2010) 185 Cal.App.4th 1486.) Further, while a person who suffers from mental health or other psychological conditions is not per se disqualified from regional center eligibility under the fifth category, the individual's condition must still be similar to IDD or the individual must still require treatment similar to a person with IDD. (*Id.* at p. 1494.) In making those determinations, regional centers refer, in part, to the Association of Regional Center Agencies (ARCA) guidelines, discussed below.

Functioning Similar to a Person with IDD

11. 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. 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 be related to the cognitive limitations, as opposed to a medical or some other problem. It is also important that, whatever deficits in intelligence are exhibited, the deficits show stability over time.

Significant deficits in adaptive functioning are established based on the clinical judgements supplemented by formal adaptive behavioral assessments administered by

qualified personnel. Adaptive skill deficits are deficits related to intellectual limitations that are expressed by an inability to perform essential tasks within adaptive domains or by an inability to perform those tasks with adequate judgement. Adaptive skill deficits are not performance deficits due to factors such as physical limitations, psychiatric conditions, socio-cultural deprivation, poor motivation, substance abuse, or limited experience.

Treatment Similar to a Person with IDD

12. 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; and 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

13. In addition to having a qualifying diagnosis (i.e., autism, intellectual disability, epilepsy, cerebral palsy, or the fifth category), a person must also be substantially disabled as a result of that diagnosis in three or more areas of a major life

activity, pursuant to California Code of Regulations, title 17, section 54000. These areas are: 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. The ARCA Guidelines also refer to California Code of Regulations, title 17, sections 54000 and 54001, regarding whether a person has a substantial disability.

Claimant's Records

14. The following records were received into evidence: Psycho-Social Assessment dated August 21, 2024; Psychological Evaluation dated January 31, 2017, completed by Timothy D. Collister, Ph.D.; Psychological Assessment dated March 29, 2024, completed by Catherine L. Scarf, Ph.D.; Neuropsychological Evaluation dated December 26, 2024, completed by Therese M. Moriarty, Psy.D.; and various educational records. These records are summarized below.

PSYCHO-SOCIAL ASSESSMENT CONDUCTED AUGUST 21, 2024 (MR. VARGAS)

15. On August 21, 2024, when claimant was 24 years old, SCLARC conducted a psycho-social assessment. The assessment was conducted at the Men's Central Jail in Los Angeles, where claimant was housed, and claimant's mother was also interviewed a few days later. The following is a summary of that report.

16. Claimant's mother reported claimant met his developmental milestones. Claimant did not appear to have, nor did he report, any issues with mobility. Regarding self-care, claimant reported he can dress himself, take care of personal hygiene, perform simple household chores, make simple purchases, prepare meals, and use public transportation. Regarding social/behavioral/emotional skills, claimant reported

he has a lot of friends and gets along well with others, but reported suffering from depression. He also reported he began abusing marijuana and crystal methamphetamine on a daily basis at the age of 12. Claimant reported being "gang involved." Claimant did not appear to have any limitations in the area of communication. He was able to express himself in a coherent manner, answer questions, was polite, and understood both English and Spanish. Cognitively, claimant was able to read and write, and was also able to complete simple mathematical problems. Claimant reported that he last attended high school when he was incarcerated at juvenile hall, and dropped out in the 12th grade. Claimant reported being in special education due to behavioral/anger issues. Claimant also reported he has been arrested on three occasions, and the charges consist of manufacturing/selling drugs, possession of metal knuckles, attempted murder, and robbery. Claimant reported that he has served time in prison.

17. Nothing in the psycho-social assessment indicates claimant has a qualifying diagnosis for regional center services or that he has significant functional limitations in three or more areas of a major life activity.

PSYCHOLOGICAL EVALUATION CONDUCTED JANUARY 31, 2017 (DR. COLLISTER)

18. On January 31, 2017, when claimant was 16 years old, Dr. Collister conducted a psychological evaluation at the request of the Los Angeles County Public Defender's Office and at the direction of the Hon. Christina L. Hill, Superior Court of California, County of Los Angeles. The following is a summary of pertinent parts of Dr. Collister's report.

At the time of the evaluation, claimant had been charged with attempted murder, felony assault with a deadly weapon, and robbery against several victims, as well as sentencing enhancements as a result of the activity being connected with alleged membership in a gang.

Claimant reported that his mother and father were together until he was approximately eight years old. He described his father as a heavy drinker. Claimant's father later stopped visiting claimant and his siblings, and claimant's mother was deported. Claimant began living with his older brother when he was about 12 years old. Claimant moved around the country and later returned to California with the intent of surprising his father. He found his father to be on life support, and claimant's father died shortly thereafter. Claimant started drinking after that time.

Claimant reported witnessing violence during his youth, such as a drive-by shooting where someone was shot right in front of him when he was about 11 years old. He also witnessed victims being beaten by gang members with a bat, and a man being shot when he was about nine years old.

Regarding academics, claimant reported doing well in school. Claimant said he had received special education due to anger management issues, but was in mostly mainstream classes. Claimant reported taking medication for ADHD as early as the third grade, until he was about 11 years old. Claimant reported being in therapy most of his life, and that he liked it "a lot." Claimant felt he "matured" and saw "everything different" because he realized there are "responsibilities in life" and that in order to live, "you have to be somebody."

Claimant reported that his "dream" in life was to be an artist. He also articulated his plan to possibly enlist in the U.S. Navy, serve four years to get training, and then perhaps do something in the medical or pharmacy field.

Overall, claimant's extensive and detailed communications with Dr. Collister did not evidence any problems with expressive or receptive communication. Claimant's conversation with Dr. Collister also demonstrated he had goals and plans he hoped to achieve. Claimant did not appear to have any cognitive deficits, at least in how he communicated with Dr. Collister.

19. Dr. Collister administered the Wechsler Adult Intelligence Scale, Fourth Edition (WAIS-4); the Wide Range Achievement Test – Revision 4 (WRAT); the Receptive One Word Picture Vocabulary Test; and the Beery Developmental Test of Visual Motor Integration.

Dr. Collister concluded that claimant's performance on the various tests showed his overall cognitive functioning is "weak," but that he had significantly stronger nonverbal intellectual functioning compared to verbal functioning. His nonverbal functioning was in the upper borderline range, and his verbal functioning fell into the intellectual disability range. Dr. Collister opined that claimant's variable profile was consistent with specific learning disability, and therefore consistent with the special education services claimant received over the years. Dr. Collister also reported that the variation observed between claimant's verbal and nonverbal intelligence was consistent with ADHD, which affects executive functioning. Dr. Collister rendered diagnoses of complicated bereavement, major depressive disorder, persistent depressive disorder, PTSD, ADHD – combined type, language processing disorder, and alcohol abuse (institutional remission). Dr. Collister found claimant overall to be in the borderline range of intellectual functioning.

20. Nothing in Dr. Collister's psychological evaluation indicates claimant has a qualifying diagnosis for regional center services or that he has significant functional limitations in three or more areas of a major life activity.

PSYCHOLOGICAL ASSESSMENT CONDUCTED MARCH 29, 2024 (DR. SCARF)

21. On March 29, 2024, when claimant was 23 years old, Dr. Scarf conducted a psychological assessment at the request of the Superior Court of California, County of Los Angeles, for the purpose of determining whether claimant should be referred to a regional center for services. Dr. Scarf reviewed a number of records, including claimant's criminal records, Dr. Collister's psychological evaluation, an IEP from 2015 (showing eligibility under the categories of other health impairment, emotional disturbance, and specific learning disability), among other reports. The following is a summary of pertinent parts of Dr. Scarf's report.

22. Dr. Scarf evaluated claimant while he was incarcerated at Pitchess Detention Center in Castaic. Nothing remarkable was observed regarding claimant's ability to communicate and claimant was cooperative during the testing process.

On the WAIS-4, which was the same test Dr. Collister administered in 2017, claimant's scores were scattered. On the verbal portion of the test, claimant's scores were in the borderline range. On the perceptual reasoning portion of the test, claimant scored at the high end of the low-average range. On the working memory index, claimant scored in the deficient range. On the processing speed index, claimant scored in the deficient range. Overall, claimant's full-scale IQ was 71, which is in the low end of the borderline range of intellectual functioning.

On the Wide Range Achievement Test, Fifth Edition (WRAT-5), claimant's reading skills were found to be in the low average range.

On the Adaptive Behavior Assessment System, Third Edition (ABAS-3), which is used to screen for adaptive challenges, claimant's scores were again scattered between the borderline and low average ranges, with living skills found to be in the average range and social skills found to be in the deficient range. Claimant's brother served as the informant for the test.

Overall, Dr. Scarf did not find claimant eligible for a diagnosis of IDD or any diagnosis that qualifies claimant for regional center services. Dr. Scarf rendered a diagnosis of opioid use disorder, stimulant use disorder, alcohol use disorder, and borderline intellectual functioning. Dr. Scarf recommended claimant be referred to a psychiatrist to assess the need for medication, and also that he be referred to a regional center to determine if he is eligible under the fifth category.

23. Nothing in Dr. Scarf's psychological assessment indicates claimant has a qualifying diagnosis for regional center services or that he has significant functional limitations in three or more areas of a major life activity.

NEUROPSYCHOLOGICAL EVALUATION CONDUCTED DECEMBER 26, 2024 (DR. MORIARTY)

24. On December 26, 2024, when claimant was 24 years old, Dr. Moriarty conducted a neuropsychological evaluation at the request of the Los Angeles County Public Defender's office. Dr. Moriarty holds a Doctor of Psychology degree from Pepperdine University, a Master of Arts degree in psychology from Boston College, and a Bachelor of Arts degree in psychology from the University of Southern California. Dr. Moriarty is a licensed clinical psychologist in California, a qualified medical examiner for the State of California, and a court-approved panel psychologist. Dr. Moriarty has been in private practice since 2011. Prior to that, she served in many

capacities conducting neuropsychological evaluations and psychological evaluations, and also conducted cognitive behavioral therapy for persons who were experiencing PTSD, anxiety disorder, mood disorders, and personality disorders. Dr. Moriarty has teaching experience in her field, and has also provided presentations and seminars for other professionals regarding mental illness. Dr. Moriarty has conducted research in the field of neuropsychology and psychology and has several publications in peer-reviewed journals. Dr. Moriarty is an expert in the fields of psychology and neuropsychology. The following is a summary of pertinent parts of Dr. Moriarty's evaluation.

Dr. Moriarty reviewed many documents concerning claimant's history, although she testified that she reviewed them after her evaluation so they would not influence her conclusions. Those reports included a psycho-educational assessment from 2015, Dr. Collister's evaluation, Dr. Scarf's assessment, records from claimant's criminal history, and a biopsychosocial assessment completed by Ms. Hyland.

Dr. Moriarty took a lengthy social history, wherein claimant revealed in great detail events from his childhood and young adult years. Claimant recounted how his father was an alcoholic, how his father died, how his mother worked two jobs to make ends meet before being deported, and how he experienced significant disruptions in his education due to many "legal" problems. Claimant disclosed "early and extensive" substance abuse including alcohol, Percocet, and Xanax, among others. According to the report, claimant stated he "felt stupid" and did not understand why he could not complete certain tasks, and demonstrated an underlying awareness of his cognitive deficits, although the report did not indicate what these deficits were.

Dr. Moriarty conducted the WAIS-4; the Test of Premorbid Functioning (TOPF); the Rey Auditory Verbal Learning test (RAVLT); the Wechsler Memory Scale – Fourth

Edition (WMS-4); The Rey-Osterrieth Complex Figure Test (ROCF); and the ABAS-3, among others. On the WAIS-4, claimant was found, overall, to be in the borderline range of cognitive functioning. Claimant's functioning on the three subtests of the WAIS-4 varied from borderline to low average, although the individual raw scores were not reported. Claimant's full-scale IQ was determined to be 69. Claimant's verbal scores on the RAVLT were found to be in the impaired range. On the ROCF, claimant was found to be in the borderline range for immediate and delayed recall.

Dr. Moriarty observed claimant demonstrated strong visuospatial and organizational skills, placing in the high-average range. Claimant demonstrated well-developed visual perception, attention to detail, and planning skills. Dr. Moriarty wrote that claimant did not exhibit significant impairments in visual construction or motor coordination and was capable of effectively organizing and reproducing complex visual stimuli.

On the WMS-4, claimant's immediate recall of logical prose passages was in the impaired range; claimant's recognition was found to be in the high average range.

Claimant's language functioning was determined to be mostly in the borderline range, although some impairment was observed in verbal fluency, particularly on tasks requiring word generation based on an initial letter. Under the category of language, it did not indicate how these conclusions were reached (i.e., based on a test or simply observation).

For testing related to claimant's attention and psychomotor speed, claimant's abilities varied between impaired to borderline, although the raw data was not reported for each sub-category.

For Frontal/Executive Functioning, Dr. Moriarty wrote that claimant's cognitive abilities were generally impaired, but included no tests or data to support that conclusion. The report referred only to "WAIS-4 subtests" and "variable" results that fluctuated from low average to borderline, but again, the individual subtests were not reported nor were the numbers/raw data reported. The report also stated that claimant scored in the impaired range on the "Stroop Test," but no raw data was reported for that test, either.

Dr. Moriarty wrote that claimant's scores on the ABAS-3 reflected "significant challenges" in functional academics, self-direction, and work-related skills. Dr. Moriarty wrote that claimant's functional academic scores placed him in the borderline range, which indicate he struggles with tasks related to reading, writing, and arithmetic, which are necessary for everyday functioning. Dr. Moriarty wrote that claimant's self-direction score also placed him in the borderline range, indicating he experiences difficulty in setting goals, making decisions, and independently managing tasks without external guidance. This, Dr. Moriarty opined, may affect claimant's ability to organize his time, follow through with responsibilities, and problem-solve effectively in daily life. The most concerning for Dr. Moriarty was claimant's score in the "work" domain, which placed him in the impaired range. This suggests, she opined, that claimant faces significant challenges in work-related skills, including completion, reliability, and independence in an occupational setting. Claimant therefore will be "severely limited" in his ability to obtain and maintain employment. Overall, Dr. Moriarty described claimant's adaptive skills as impaired.

Notably, for all the above-referenced test instruments, the raw data/scores were not provided for the individual subtests. Rather, the results were reported only in

narrative/conclusory format making it impossible for any other expert or evaluator to render an opinion on their propriety.

Dr. Moriarty concluded claimant met the DSM-5-TR diagnostic criteria for mild intellectual disability, major depressive disorder (mixed features), opiate use disorder, stimulant use disorder (amphetamines), and alcohol use disorder (severe). In her conclusions, she wrote:

> Academically, [claimant] struggled significantly from an early age. He was diagnosed with Attention Deficit/Hyperactivity Disorder (ADHD) and a learning disability during his formative years, which led to his placement in special education. School records confirm a diagnosis of a Specific Learning Disability, and he remained in special education programs until he dropped out in ninth[3] grade. His education was further disrupted by legal issues that began during his freshman year when he was enrolled in a continuation school. During this period, he became involved in a serious legal case leading to his placement in juvenile hall in 2015. He remained incarcerated for approximately seven years and was released in 2022, but within four months, he was arrested again, leading to further legal entanglements.

[3] Earlier in a different evaluation, it was reported that claimant stated he dropped out of school in the 12th grade; it is unknown which is correct.

[Claimant] also reported early and pervasive substance use. He began drinking alcohol at the age of 12, and engaged in polysubstance use, taking drugs such as Percocet and Xanax whenever they were available to him. His substance use history, coupled with his cognitive challenges, likely exacerbated his difficulties in judgement, impulse control, and decision-making, further contributing to his legal troubles. His most recent arrest includes a charge under Penal Code 211 (robbery), which he acknowledges but does not fully recall. He stated that he was under the influence of alcohol and Xanax at the time of the alleged offense and does not remember the details, though he is aware that he will likely face a significant sentence.

[¶] . . . [¶]

[Claimant] was acutely aware of his limitations, repeatedly stating that he felt "stupid" and struggling to understand why he was unable to complete certain tasks. His self-awareness regarding his cognitive difficulties further reinforces the longstanding nature of his challenges, which have been documented throughout his educational and legal history. His difficulties with executive functioning, attention, and memory align with prior neuropsychological findings, indicating that his struggles are not the result of situational factors but rather reflective of an ongoing developmental condition. His history of intellectual

disability, learning difficulties, and executive dysfunction must be considered when evaluating his behavior, decision-making, and legal culpability.

[¶] . . . [¶]

Given the consistency of his cognitive profile across multiple evaluations, along with his history of learning disability and IEP, it is clear that [claimant's] intellectual disability was present during his developmental years and continues to impact his cognitive and adaptive functioning. . . .

[Claimant] meets the criteria for Regional Center eligibility under the fifth category due to his lifelong cognitive and adaptive deficits, which are closely related to intellectual disability and require similar support and interventions. His condition originated before the age of 18, continues indefinitely, and constitutes a substantial disability that impacts multiple areas of functioning.

[¶] . . . [¶]

[I]ntellectual disability, as defined in the DSM-IV, involves both significantly subaverage intellectual functioning [IQ under 70] and substantial impairments in adaptive behavior. [Claimant] meets both criteria. Despite his cognitive limitations, his IQ scores, though low, are not the sole determinant of eligibility; his substantial adaptive

impairments further confirm his need for specialized support.

Finally, Dr. Moriarty identified several areas where she felt claimant had "marked deficits" in adaptive functioning. She indicated claimant struggles with learning as evidenced by his special education services, and ultimately dropping out of school in the ninth grade; claimant has "extreme difficulty" in self-direction by virtue of his inability to plan and regulate his emotions and understand consequences of his actions; claimant struggles with receptive and expressive language because he cannot understand complex directions and requires information to be simplified; and claimant has no capacity for independent living or economic self-sufficiency because he lacks the skills necessary for both, has never maintained stable employment, and it is unlikely that he could sustain employment without ongoing support. Dr. Moriarty then concluded her report by stating claimant requires "treatment" similar to a person with an intellectual disability because he has "difficulties" in three or more areas of a life activity, and needs long-term training and structured instruction, which is "characteristic" of what persons with IDD need.

25. Dr. Moriarty's testimony at hearing was in accord with the report she completed. When asked what "service" regional center provides that claimant would benefit from, Dr. Moriarty said he requires long-term training with repetitive instruction, rehabilitation to learn new skills, daily living skills, structured vocational training, and all the things regional centers provide. He needs a case manager and someone to ensure he is able to fulfill his activities of daily living. Dr. Moriarty did not make a distinction between treatment and services provided to a person with IDD, which is a critical distinction in finding someone eligible for the fifth category. Dr. Moriarty also continuously referred to the "consistency" in claimant's struggles during

the developmental period, however, even in her own evaluation, there was no evidence of consistent global deficits, and the individual subtests in the various tests she administered were not provided. Thus, it was unclear what "consistency" Dr. Moriarty was referencing in order to reach her conclusion. Finally, Dr. Moriarty opined that she did not believe claimant had any long-term effects from opioid or alcohol use, but acknowledged it could have caused a decline in his intellectual functioning.

EDUCATIONAL RECORDS

26. No educational records were provided prior to September 21, 2015, when claimant was already 15 years old. According to the psycho-educational assessment completed by claimant's then school psychologist, claimant was identified to have a specific learning disability in the third grade, and received special education services beginning in 2008. Specific learning disability is not a qualifying regional center diagnosis.

Claimant's designation for special education services varied over the years between specific learning disability, emotional disturbance, and other health impairment. The records provided do not indicate claimant was ever served in special education under the category of intellectual disability.

Claimant's educational years prior to the age of 18 were spent at many different schools in multiple states. The reporting of his academic achievement reflected significant discrepancies between his actual cognitive abilities (i.e., what he is capable of achieving) and his achievement, which is consistent with a specific learning disability (as opposed to IDD, which is characterized by consistent global deficits throughout the developmental years). The educational records provided indicate significant behavioral problems and variability in claimant's academic performance. Some of the

interventions (between 2008 and 2015) to help claimant with his academic achievement included development of social emotional goals to address self-control and behavior, reading, writing, and math goals; developing a behavior support plan, developing a plan to address conflict resolution strategies, and moving claimant to a special class due to claimant's use of profanity, fighting, throwing things, non-compliant behavior, and defiance. No IQ test was administered, however, the ultimate conclusion of the 2015 psycho-educational assessment following a battery of tests was that claimant's cognitive abilities fell within the average range.

The educational records provided do not contain any diagnosis of IDD or concerns regarding IDD, as the primary focus appeared to be developing interventions to assist claimant in overcoming his ADHD and behavioral problems, which were impacting his academic performance. The only IEP provided, dated October 8, 2015, similarly reflects concerns such as emotional disturbance, other health impairment, and specific learning disability, but does not indicate claimant was believed to suffer from an intellectual disability.

TESTIMONY AND BIOPSYCHOSOCIAL EVALUATION COMPLETED BY KEELYANNE HYLAND

27. Ms. Hyland is a licensed clinical social worker and conducted a biopsychosocial assessment of claimant on multiple days in 2023. The assessment consisted of interviews with claimant and an interview with claimant's mother. Ms. Hyland also reviewed records pertaining to claimant's criminal history, and school records. The following is based on Ms. Hyland's testimony and the report she completed.

28. During the interview, claimant was cooperative. Ms. Hyland interviewed claimant concerning his communication abilities, impulse control, finances, technology use, personal hygiene, life skills, social skills, and personal history, among other things. Ms. Hyland concluded:

> [Claimant] needed rapport building in order to open up about his life and trauma. During the course of our interviews, [claimant's] mood was stable; however, during court dates, [claimant] would become rigid, agitated, and anxious. [Claimant] stated these feelings worsen when out of custody as he struggles to adapt and functioning in normal life. [Claimant] exhibits poor judgment, rigid thinking, emotional dysregulation, impulsiveness, and difficulty with circumlocution. His difficulties in communication and impulsiveness were demonstrated during a court date when he refused to leave the cell to lock up and attend court. Both this author and attorney attempted to explain the consequences of not attending court and he did not process the potential consequences of his actions. [Claimant] needed careful communication by this author in order to calm down and proceed with attending his court date. He further exhibited challenges in communicating his emotions, thoughts, and feelings- all of which could indicate low intellectual functioning in his ability to express himself, advocate for his basic needs, and manage his behavior. His current coping mechanisms while

in custody include, speaking to his girlfriend, writing poetry, working out, and praying. . . .

29. Based on her interviews, Ms. Hyland concluded claimant has "difficulties" in the self-care, communication, language, learning, and self-direction. She feels that claimant needs "lifelong services" because of those adaptive difficulties. She noted that, because claimant has essentially been incarcerated since the age of 16, it was difficult to gain adaptive information. During her testimony, when asked what "treatment" claimant needs, she said he needs things like housing vouchers, a job, vocational training, a support team, and daily living support. She believes claimant qualifies for regional center services.

Testimony of SCLARC's Expert

30. Dr. Laurie McKnight Brown is the lead psychologist at SCLARC. Dr. McKnight Brown holds a Bachelor of Arts degree in psychology, a Master of Arts degree in clinical psychology, and has a Ph.D. in psychology with a clinical emphasis. Dr. McKnight Brown is a licensed psychologist in the State of California, and an expert in the diagnosis of individuals for conditions that qualify them for regional center services and rendering eligibility determinations based on reviewing records provided by individuals seeking an eligibility determination. The following is a summary of Dr. McKnight Brown's testimony.

31. Dr. McKnight Brown explained that, in order to be qualified for regional center services, a person must have a qualifying condition and be substantially disabled as a result of that condition. To be considered substantially disabled, a person must have significant functional deficits in three or more areas of a major life activity. The condition also cannot be purely psychiatric in nature or solely physical. It also

must have been present prior to the age of 18. Dr. McKnight Brown correctly stated the DSM-5-TR criteria for IDD and the fifth category. She also explained that, even if a person might have an eligible condition, it is not enough to qualify them for regional center services. They also must have a substantial disability.

32. When assessing whether a person is eligible for regional center services, the SCLARC eligibility team reviews everything provided, as they did in this case. Dr. McKnight Brown explained that the eligibility team does not dispute claimant has cognitive challenges, however, they do not believe it is the result of a qualifying condition. She explained that the earliest records SCLARC has was when claimant was 15 years old, and those school records show claimant's cognitive functioning was in the average range, there were no language deficits, his motor skills were fine, and overall, the profile fits a specific learning disability, which was one of the categories for which he received special education. A learning disability occurs when a person has the cognitive capacity to achieve, but for whatever reason, does not. She noted that claimant has a substantial history of substance abuse, multiple psychiatric diagnoses, profound loss, absences in school, and these factors likely affected his academic performance. Further, his academic/cognitive abilities in the various assessments/evaluations show variability as opposed to consistent deficits over time. That is not what would be expected with IDD.

33. Some of the challenges claimant exhibited appeared, by history recounted in reports, to have begun around the age of four years old. Some of the interviews with family members indicate claimant showed a lot of hyperactivity and impulsivity, which is consistent with ADHD. It is notable that untreated ADHD can impact a person's cognitive functioning, which is likely what happened with claimant.

But, even untreated, claimant did not show consistent cognitive deficits prior to the age of 18.

34. Even assuming claimant had a qualifying diagnosis (i.e., IDD or the fifth category), the eligibility team does not believe claimant meets the substantial disability criteria in three or more areas of a major life activity. The only area where the team felt claimant might be significantly limited is in the area of self-direction, but as with his cognitive challenges, they believe that is a result of his psychiatric diagnoses.

35. The educational reports provided and evaluations of Dr. Collister and Dr. Scarf support the team's conclusion that claimant is not eligible for regional center services for the reasons discussed above. Regarding Dr. Moriarty's report, Dr. McKnight Brown explained that the team met again after her report was provided, and it did not alter their conclusion. Dr. Moriarty's report indicated a full scale IQ score of 69, however, no raw scores were reported for anything throughout her evaluation to see what variability existed. So, a person cannot look at Dr. Moriarty's report and figure out how the IQ score of 69 came to be. Regardless, that does not change the fact that claimant's earliest records show average cognitive achievement, and his being served in special education under specific learning disability/emotional disturbance, neither of which are eligible conditions.

36. Claimant simply does not have the consistent global cognitive deficits over time, or the adaptive challenges that would render him eligible for regional center services.

LEGAL CONCLUSIONS

Applicable Law

1. The Legislature enacted a comprehensive statutory scheme known as the Lanterman Act (Welf. & Inst. Code, § 4500 et seq.) 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. The purpose of the statutory scheme is twofold: To prevent or minimize the institutionalization of developmentally disabled persons and their dislocation from family and community, and to enable them to approximate the pattern of everyday living of nondisabled persons of the same age and to lead more independent and productive lives in the community. (*Assn. for Retarded Citizens v. Dept. of Developmental Services* (1985) 38 Cal.3d 384, 388.)

2. Welfare and Institutions Code section 4501 outlines the state's responsibility for persons with developmental disabilities and the state's duty to establish services for those individuals.

3. The Department of Developmental Services (department) is the public agency in California responsible for carrying out the laws related to the care, custody and treatment of individuals with developmental disabilities under the Lanterman Act. (Welf. & Inst. Code, § 4416.)

4. The Lanterman Act is set forth at Welfare and Institutions Code section 4500 et seq. Welfare and Institutions Code section 4501 provides:

> 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.

5. Welfare and Institutions 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." A developmental disability includes "disabling conditions found to be closely related to intellectual disability or to require treatment similar to that required for individuals with an intellectual disability." (*Ibid.*) Handicapping conditions that are "solely physical in nature" do not qualify as developmental disabilities under the Lanterman Act. (*Ibid.*)

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

(a) "Developmental Disability" means a disability that is attributable to [intellectual disability],[4] cerebral palsy, epilepsy, autism, or disabling conditions found to be closely related to [intellectual disability] or to require treatment similar to that required for individuals with [intellectual disability].

(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

[4] Although the Lanterman Act has been amended to eliminate the term "mental retardation" and replace it with "intellectual disability," the California Code of Regulations has not so been amended. Accordingly, the term "mental retardation" was replaced with "intellectual disability" to reflect the proper designation of the disability at issue.

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 [intellectual disability], 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 [intellectual disability].

7. California Code of Regulations, title 17, section 54001, provides:

(a) "Substantial disability" means:

(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.

(b) The assessment of substantial disability shall be made by a group of Regional Center professionals of differing disciplines and shall include consideration of similar qualification appraisals performed by other interdisciplinary bodies of the Department serving the potential client. The group shall include as a minimum a program coordinator, a physician, and a psychologist.

(c) The Regional Center professional group shall consult the potential client, parents, guardians/conservators, educators, advocates, and other client representatives to the extent that they are willing and available to participate in its

deliberations and to the extent that the appropriate consent is obtained.

(d) Any reassessment of substantial disability for purposes of continuing eligibility shall utilize the same criteria under which the individual was originally made eligible.

8. In a proceeding to determine whether an individual is eligible for regional center services, the burden of proof is on the claimant to establish by a preponderance of the evidence that he or she meets the diagnostic criteria for an eligible condition and that he or she is substantially disabled within the meaning of California Code of Regulations, title 22, section 54001. (Evid. Code, §§ 115; 500.)

Discussion

9. Based on the documents provided and testimony at hearing, a preponderance of the evidence did not establish that claimant has significant functional limitations in three or more areas of a major life activity attributable to IDD that arose during the developmental period. For purposes of the fifth category, the appellate court has held that "the fifth category condition must be very similar to [IDD], with many of the same, or close to the same, factors required in classifying a person [with IDD]." (*Mason, supra,* 89 Cal.App.4th, at p. 1119) Further, the presence of adaptive deficits alone, absent cognitive impairment attributable to a developmental disorder, is also not sufficient to establish that a person has a condition closely related to IDD. (*Samantha C., supra,* 185 Cal.App.4th at p. 1486 [IDD "includes both a cognitive element and an adaptive functioning element"].)

10. Claimant's educational records do not demonstrate persistent global deficits across most areas in his life or a corresponding adaptive functioning deficit

attributable to a qualifying condition. In fact, they show the opposite. The earliest record provided was a psycho-educational assessment when claimant was already 15 years old. At that time, claimant's cognitive abilities were in the average range. Further, the 2015 assessment notes that claimant received special education as early as 2008, however, he received it as a result of emotional disturbance, specific learning disability, and other health impairment. Nothing shows claimant was ever rendered a DSM-5-TR diagnosis for IDD or that there was ever a concern regarding that condition. Similarly, the school records do not show claimant had significant functional limitations in his adaptive skills, which would have to be markedly low to qualify claimant for the fifth category. The records show claimant had significant behavioral problems and ADHD, neither of which is a qualifying condition for regional center services.

11. The multiple other psychological assessments and evaluations completed similarly do not show claimant has significant functional limitations in three or more areas of a major life activity attributable to IDD or the fifth category that arose during the developmental period. The psycho-social assessment completed in 2024 by Mr. Vargas when claimant was already 24 years old showed claimant met developmental milestones, had no issues with self-care, could make simple purchases, prepare meals, and use public transportation. Claimant was a good historian for his adaptive abilities, and reported his extensive history of drug use. Nothing in that document showed claimant struggled in language/communication, mobility, self-care, self-direction, capacity for independent living, or economic self-sufficiency.

12. Similarly, Dr. Collister's psychological evaluation, completed in 2017 when claimant was 16 years old, was unremarkable. Claimant provided extensive detail regarding his past, and the psycho-social stressors throughout his developmental years that affected his life. Claimant noted, correctly, that his special education services

were provided mostly because of behavioral problems, and this is not typical of a person with IDD or who would qualify under the fifth category. Claimant articulated dreams he had in life, such as becoming an artist or serving in the military. He demonstrated the insight and planning to achieve a job in the medical or pharmacy field and saw the military as a way to fund that objective. The cognitive testing performed also showed claimant's performance was consistent with specific learning disability as opposed to IDD, as his performance varied across verbal and nonverbal tests, and individual subsets. Most important, claimant was determined to have borderline intellectual functioning and diagnosed with complicated bereavement, major depressive disorder, persistent depressive disorder, PTSD, ADHD – combined type, language processing disorder, and alcohol abuse (institutional remission). None of these conditions qualify a person for regional center services, and nothing in Dr. Collister's report is consistent with a DSM-5-TR diagnosis of IDD, or the fifth category.

13. Dr. Scarf's psychological assessment was completed in 2024 when claimant was 23 years old, with similar conclusions to that of Dr. Collister. Dr. Scarf found claimant's scores on cognitive tests to be scattered, as opposed to global deficits, and cognitively, claimant's full-scale IQ was 71, which placed him in the borderline area of intellectual functioning. On other cognitive measures, such as the WRAT-5, claimant's abilities were found to be in the low-average range. Like his cognitive scores, claimant's adaptive scores on the ABAS-3 were also scattered, which again, does not show global deficits or challenges. Dr. Scarf rendered a diagnosis of opioid use disorder, stimulant use disorder, alcohol use disorder, and borderline intellectual functioning, none of which qualifies a person for regional center services under IDD or the fifth category.

14. Claimant's case rested primarily on the neuropsychological evaluation completed by Dr. Moriarty (and her testimony), wherein she concluded claimant should qualify for regional center services under the fifth category. However, Dr. Moriarty's evaluation was problematic in that it did not provide the scores for the individual subtests for each test that was administered, and in that respect, her opinions were conclusory and not supported by the evaluation. Dr. Moriarty continuously testified about the "consistent" deficits claimant showed throughout his developmental years, but for the reasons discussed above, those "consistent" deficits did not exist. A person with IDD or who might qualify under the fifth category should have consistent global deficits across most areas of his or her life, and that is not evident in claimant's records. Further, Dr. Moriarty noted claimant's full-scale IQ score to be 69, but also that claimant's functioning on the three subtests of the WAIS-4 varied from borderline to low average – neither of which is within the range for IDD. Claimant demonstrated high-average abilities in visuospatial and organizational skills, and also did not exhibit significant impairments in visual construction or motor coordination and is capable of effectively organizing and reproducing complex visual stimuli. On the WMS-4, claimant's immediate recall of logical prose passages was in the impaired range; claimant's recognition was found to be in the high average range. Dr. Moriarty concluded claimant met the DSM-5-TR diagnostic criteria for mild intellectual disability, major depressive disorder (mixed features), opiate use disorder, stimulant use disorder (amphetamines), and alcohol use disorder (severe). All of the fluctuating scores throughout the various tests, though, do not support a diagnosis of IDD or show that claimant qualifies under the fifth category. Most important, Dr. Moriarty cites "difficulties" in three or more areas of a major life activity to support a finding of substantial disability, but "difficulty" is not the test – it is whether a person

has significant functional limitations in three or more major life activities. Dr. Moriarty's evaluation does not support that claimant meets that standard.

15. Finally, Dr. Moriarty conflates the concepts of "treatment" vs. "services" for the purpose of fifth category eligibility. Dr. Moriarty testified that claimant would benefit from long-term training with repetitive instruction, rehabilitation to learn new skills, assistance with daily living, structured vocational training, things like what regional center provides, a case manager, and someone to ensure his activities of daily living are completed. But, these are services, not treatment. Treatment and services are not the same thing for the purpose of fifth category. Ms. Hyland's report is similarly problematic, focusing on claimant's need for assistance and services instead of treatment.

16. Determining whether claimant's condition "requires treatment similar to that required" for persons with IDD is not simply an exercise in reviewing the broad array of *services* provided by regional centers (e.g., counseling, vocational training, living skills training, supervision) and finding merely that a person would benefit from those *services,* which is precisely what Dr. Moriarty and Ms. Hyland conclude. The appellate court has been abundantly clear that "services" and "treatment" are indeed two different things:

> That the Legislature intended the term "treatment" to have a different and narrower meaning than "services" is evident in the statutory scheme as a whole. The term "services and supports for persons with developmental disabilities" is broadly defined in subdivision (b) of section 4512 to include those services cited by the court in *Samantha C.*, e.g., cooking, public transportation, money management, and

rehabilitative and vocational training, and many others as well. (§ 4512, subd. (b); *Samantha C., supra*, 185 Cal.App.4th at p. 1493, 112 Cal.Rptr.3d 415.) "Treatment" is listed as one of the services available under section 4512, subdivision (b), indicating that it is narrower in meaning and scope than "services and supports for persons with developmental disabilities."

The term "treatment," as distinct from "services" also appears in section 4502, which accords persons with developmental disabilities "[a] right to treatment and habilitation services and supports in the least restrictive environment. Treatment and habilitation services and supports should foster the developmental potential of the person and be directed toward the achievement of the most independent, productive, and normal lives possible. Such services shall protect the personal liberty of the individual and shall be provided with the least restrictive conditions necessary to achieve the purposes of the treatment, services, or supports." (§ 4502, subd. (b)(1).) The Lanterman Act thus distinguishes between "treatment" and "services" as two different types of benefits available under the statute. (*Ronald F. v. Dept. of Developmental Services* (2017) 8 Cal.App.5th 84, 98-99.)

17. Nothing in this case demonstrated claimant *requires* any treatments that would be administered to a person with IDD. The fact that claimant may benefit, like

anyone, from services that might be provided to a person with IDD is not the test. And herein lies the problem in this case: while claimant may presently have some adaptive and/or cognitive difficulties, they are not substantially disabling; they are likely attributable to his long history of psychosocial stressors, incarceration, and substance abuse; do not appear to be consistent over time throughout the developmental period; and are not attributable to a qualifying condition. This conclusion is in accord with Dr. McKnight Brown's testimony concerning the reasons SCLARC provided an adverse eligibility determination for regional center services, and the weight of the record supports that determination. Accordingly, claimant's appeal is denied.

ORDER

Claimant's appeal is denied. Claimant is not eligible for regional center services due to autism, intellectual developmental disorder, cerebral palsy, epilepsy, a condition similar to intellectual developmental disorder, or a condition that requires treatment similar to a person with intellectual developmental disorder.

DATE: April 14, 2025

KIMBERLY J. BELVEDERE
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 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.