BEFORE THE
OFFICE OF ADMINISTRATIVE HEARINGS
STATE OF CALIFORNIA

In the Matter of:

CLAIMANT

and

WESTSIDE REGIONAL CENTER, Service Agency

DDS No. CS0023544

OAH No. 2025010648

DECISION

Ji-Lan Zang, Administrative Law Judge (ALJ), Office of Administrative Hearings, State of California, heard this matter on August 25, 2025, in Culver City, California.

Claimant's mother (Mother) represented claimant, who was not present. (Names of claimant and his family members are omitted to protect their privacy.)

Ron Lopez, IDEA Specialist, represented Service Agency, Westside Regional Center (WRC).

Oral and documentary evidence was received. The ALJ held the record open for claimant to submit comments on Exhibit 5, WRC's Psychosocial Assessment, and until September 9, 2025, for WRC to submit any responses. Claimant timely submitted his

comments on Exhibit 5, which was marked for identification as Exhibit C14. On September 9, 2025, without having received any responses from WRC, the ALJ closed the record, and the matter was submitted for decision.

ISSUE

Is claimant eligible to receive regional center services and supports from Service Agency under the Lanterman Developmental Disabilities Services Act (Lanterman Act) based on a claim of autism spectrum disorder (ASD)?

EVIDENCE RELIED UPON

Documents: Service Agency's Exhibits 3-16. Claimant's Exhibits C1-C14.

Testimony: Karesha Gayles, Psy.D.; Mother.

FACTUAL FINDINGS

Jurisdictional Matters

1. Claimant is a twenty-nine-year-old male who is not conserved. Claimant seeks eligibility for regional center services under the Lanterman Act based on a claim of autism.

2. By a Notice of Action (NOA) and letter dated November 11, 2024, WRC notified claimant that he is not eligible for regional center services. WRC's interdisciplinary team had determined that claimant does not meet the eligibility criteria set forth in the Lanterman Act. The NOA stated: "[WRC's contracted

psychologist] did give a diagnosis of Autism, Level 1 but this was not found to be substantially handicapping in three or more areas as per the [Department of Developmental Services'] guidelines regarding substantial handicap." (Ex. 4, p A17.)

3. On January 7, 2025, claimant filed a fair hearing request to appeal WRC's determination. All jurisdictional requirements have been met.

4. At the hearing, the parties stipulated that claimant is properly diagnosed with ASD under the Diagnostic and Statistics Manual, Fifth Edition (DSM 5) and has significant functional limitations in the area of self-direction under California Code of Regulations, title 17, section 54001, subdivision (a)(2) (Regulation 54001). The sole issue is whether claimant has significant functional limitations in three or more major life activities such that he has a substantial disability within the meaning of Regulation 54001.

Claimant's Background

5. Claimant lives at an apartment with roommates. He is employed as a phone operator at a hotel. As a child, claimant received special education at his school under the eligibility of specific learning disability. Claimant completed high school, continued his education at a community college for three years, and finished college at the University of California, Santa Barbara (UCSB). Claimant is in general good health. He does not take any medications regularly, and he has no mobility issues. However, claimant has been diagnosed with Attention Deficit Hyperactivity Disorder (ADHD) and anxiety disorder.

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Psychodiagnostic Assessment at Age Eight

6. On May 15, 22, and 23, 2004, Alane Miller Howell, Ph.D. conducted a psychodiagnostics assessment of claimant, when he was an eight-year-old second-grade student. To assess claimant's cognitive and academic abilities, Dr. Howell administered the Weschler Intelligence Scale for Children, Fourth Edition (WISC-IV) and the Woodcock Johnson, Third Edition (WJ-III). On the WISC-IV, claimant obtained a full-scale score of 103, in the average range and at the 58th percentile rank. However, Dr. Howell noted that on subtests of the WJ-III, claimant obtained scores that ranged from significantly below average to very superior, indicating that he was "a bright child with specific learning difficulties." (Ex. 9, p. A85.) According to Dr. Howell, claimant demonstrated significant strengths in certain area of cognitive abilities, including "understanding of verbal concepts, vocabulary, fund of general information, ability to reason and problem solve, and working memory." (*Id.*, p. A86.) However, claimant "struggle[d] with aspects of receptive and expressive language and visual tracking that lead to inconsistent performance and frustration." (*Ibid.*)

7. Additionally, on the WJ-III, claimant primarily performed in the superior and very superior range in academic achievement including all areas of math (e.g. broad math score of 134, in the 99th percentile) and written language (e.g. broad written language score of 127, in the 97th percentile) and most aspects of reading (e.g. sight vocabulary at the 4.6 grade level). However, claimant had significant difficulty with reading comprehension (e.g. reading comprehension at the 1.8 grade level) and the ability to take in information presented verbally, including verbal directions (e.g. follow step-by-step directions at the 1.6 grade level). Dr. Howell opined that this discrepancy was "consistent with a receptive and expressive language disorder." (Ex. 9, p. A87.)

8. Regarding claimant's social and emotional functioning, Dr. Howell wrote in her assessment report:

> [Claimant] is a very likeable child with a strong desire to be liked and accepted. [Claimant] enjoys his skills in math and sports and feels good about these aspects of who he is. [Claimant] is very concerned about his tendency to get out of control, having more friends and being liked and doing better in school. [Claimant] worries about his school performance and has stated he believes he is stupid. [Claimant] has some difficulty accurately reading social situations and knowing what to do. He does not have strong verbal skills to work through conflicts and feelings. When he gets emotional [claimant] tends to act impulsively. At this point [claimant] is not feeling great about himself and is experiencing a great deal of sadness.

(Ex. 9, p. A89.)

9. Based on her clinical observations and psychological testing, Dr. Howell diagnosed claimant with ADHD, Mixed Receptive-Expressive Language Disorder, and Learning Disorder Not Otherwise Specified. Dr. Howell also concluded:

> It is also important to note that the combination of learning difficulties, behavioral and social issues are consistent with some aspects of Asperger's Syndrome. Given the significance of the language difficulties and the manner in which language struggles can affect many aspects of a

> child's functioning, a diagnosis of Asperger's is not being made at this time. However, if these difficulties persist following appropriate intervention for both language and attentional difficulties a diagnosis of Asperger's Syndrome should be considered.

(Ex. 9, p. A89.)

Speech and Language Evaluation at Age Eight

10. On August 2, 3, 4, and 12, 2004, when respondent was eight years old, Patricia M. Wade, M.S. conducted a speech and language evaluation of claimant. Ms. Wade found that claimant's receptive and expressive language skills were within the average range, with some skills ranging between low average and high average ranges. (Ex. 9, p. A94.) His understanding of vocabulary and grammar was within the average range. (*Ibid.*) Claimant's spoken grammar was within the low average range. (*Ibid.*) His auditory memory skills were an area of weakness. (*Ibid.*) Phonological testing revealed claimant had great difficulty hearing the individual sounds in words. (*Ibid.*)

Claimant's Special Education Records

11. Claimant's special education records show that he received an Individualized Education Program (IEP) in 2003, 2008, 2009, 2012, and 2014, under the eligibility of specific learning disability. (Exs. 12-16.) Claimant was placed in general education classes with resource support. (*Ibid.*)

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WRC's Psychosocial Assessment at Age 28

12. On May 23, and July 4, 2024, Intake Coordinator (IC) Valerie Lattanza conducted a psychosocial assessment of claimant after his parents referred him to WRC.

13. IC Lattanza noted in her psychosocial assessment report that claimant is living in an apartment with friends. Previously, claimant had a relationship with a girlfriend, but they broke up. According to Mother, claimant had the capacity to make friends. "[Claimant] doesn't necessarily have a wide circle of friends[,] but he does have good friends." (Ex. 5, p. A24.) Although claimant is a graduate of UCSB with a degree in media, Mother reported that he had several jobs due to his difficulties with executive functioning and reading social cues. Claimant was then working as an assistant to the manager of event planning at a hotel in downtown, but he was in fear of being fired.

14. IC Lattanza noted that claimant did well in give-and-take conversations, eye contact, and facial expressions when communicating. However, IC Lattanza wrote: "[Claimant] would start to answer a question and then get distracted somehow or bogged down in detail so it was very difficult to understand what [claimant] was trying to say. This was mainly around stressful conversations such as his job.... " (Ex. 5, p. A26.) Mother reported that claimant struggled in the area of social and emotional development. Claimant has been diagnosed with anxiety and depression and has taken anti-anxiety and anti-depression medications in the past.

15. In the area of self-care, IC Lattanza wrote, "[Claimant] has the basics of self-care down. He dresses nicely, showers and performs other personal hygiene tasks without prompting. He can do some basic cooking but prefers to eat out. Claimant recently learned to do his laundry. Claimant pays his share of the rent to his

roommates, but his roommates are responsible for paying the utilities and tell him when bills are due. Claimant has a driver's license, but he currently does not own a car. IC Lattanza noted: "As per [Mom], [claimant] makes a good salary at this current job. Rent is expensive and he doesn't have a lot of money to spare[,] but at this time he is able to support himself financially." (Ex. 5, p. A28.)

Psychological Evaluation at Age 28

16. IC Lattanza referred claimant to Beth Levy, Ph.D., for a psychological evaluation of claimant to determine his eligibility for WRC's services. Dr. Levy conducted an evaluation of claimant on September 18 and October 3, 2024. Dr. Levy performed clinical observations, interviewed claimant and Mother, and administered standardized tests to complete her evaluation. She set forth her findings in an undated psychological evaluation report.

17. Dr. Levy observed that claimant arrived at the assessment by himself, well-dressed and well-groomed. Claimant spoke to Dr. Levy in complete sentences without errors in enunciation or articulation. However, Dr. Levy noticed that claimant did not always read social cues. He did not ask reciprocal questions and seemed uncomfortable while making small talk. Nevertheless, claimant made appropriate eye contact, used facial expressions, and used a typical tone of voice. Dr. Levy did not observe any repetitive behaviors, although claimant talked about certain topics repetitively, such as MMA fighting, with a great amount of detail.

18. In standardized tests, Dr. Levy administered the Wechsler Adult Intelligence Scale IV (WAIS-IV). Claimant's overall performance on the WAIS-IV yielded a full scale Intelligence Quotient (IQ) of 121, which was in the superior range. Claimant's scores on the verbal comprehension, perceptual reasoning, and processing

speed subtests were 114, 117 and 111, respectively, all of which fell within the high average range. His score on the working memory subtest was 128, which was within the superior range.

19. Claimant's academic skills were assessed using the Wide Range Achievement Test-5th Edition (WRAT-5). On the word reading subtest, claimant obtained a score of 84. On the sentence comprehension subtest, claimant obtained a score of 85. On the spelling subtest, claimant obtained a score of 81. On the math computation test, claimant obtained a score of 87. All these scores were in the low average range, suggesting challenges in all subtests. Dr. Levy commented that these scores are consistent with claimant's previous learning disorder diagnosis and his academic challenges have persisted into adulthood. Dr. Levy further opined that these challenges could impact claimant's daily life. For example, his lack of reading comprehension and spelling skills can make processing work-related instructions, understanding procedural documents, and engaging in written communication more difficult. Claimant's difficulties with math could lead to challenges in managing finances, such as saving for future goals or evaluating cost-benefit of major purchases.

20. With Mother serving as the informant, Dr. Levy administered the Vineland Adaptive Behavior Scales-Third Edition (VABS-3) to evaluate claimant's adaptive functioning. In the domain of communication, claimant earned a score of 82, which is within the moderately low range of abilities. In daily living skills, claimant's score of 97 fell within the adequate range. In socialization, claimant's score was 84, which is within the moderately low range of abilities. Overall, claimant's adaptive behavior composite was 85, which is within the moderately low range.

21. With Mother serving as the informant, Dr. Levy administered the Gilliam Autism Rating Scale, Third Edition (GARS-3). Claimant's score on the GARS-3, based on

Mother's rating, was 90, which suggested that a diagnosis of ASD was "very likely" with a DSM-5 severity level for ASD of Level 2, Requiring Substantial Support. To assess for the presence of autism, Dr. Levy also administered Autism Diagnostic Observation Schedule, Module 4 (ADOS). On the ADOS, claimant received a score of 9 in communication and social interaction. In the area of stereotyped behaviors and restricted interests, he received a score of 4. His combined score of 13 placed him above the cut-off score of 10 for autism.

22. Dr. Levy summarized her impression of claimant, in relevant part, as follows:

> For this assessment, [claimant] spoke in complete sentences and was easily understood. He was sometimes overly literal in his interpretation of language. He conversed with the assessor about himself but had difficulty making small talk. Based on this assessment, [claimant] presented with strengths concerning his cognitive skills and exceptional memory for facts of information he is interested in. In contrast, areas of weakness include difficulties engaging in reciprocal conversations, developing new friendships, poor self-care/daily functional skills, maintaining job performance and stability in the work environment, and executive functioning.

(Ex. 6, p. A51.)

23. Using the DSM-5, Dr. Levy diagnosed claimant with ASD, without accompanying intellectual impairment, without accompanying language impairment

(but with social communication and pragmatic language impairment), and without accompanying medical or genetic condition. She rated claimant's level of severity as level 1, "requiring support," in both communication/social interaction and restricted, repetitive patterns of behavior.

24. Dr. Levy made several recommendations in her report, which included for claimant to engage in individual and family therapy, obtain job training and supervision, to enroll in a Failure to Launch program tailored for young adults on the autism spectrum, and to participate in social skills group therapy.

Multidisciplinary Psychological Assessment at Age 29

25. After Dr. Levy's evaluation, WRC referred claimant to Kristen Prater, Psy.D., for a further assessment of his functioning. Dr. Prater conducted an evaluation of claimant on March 20 and 24, 2025. Dr. Prater interviewed claimant and Mother and administered Childhood Autism Rating Scale, Second Edition, High-Functioning (CARS-2-HF) to complete her assessment. She set forth her findings in an undated multidisciplinary psychological assessment report, but she prefaced her report with the caveat that her evaluation is not a comprehensive psychodiagnostics evaluation.

26. On March 20, 2025, Dr. Prater interviewed claimant. Claimant revealed to Dr. Prater that he is working as a phone operator at a hotel, which he regards as a demotion from a previous role. Claimant had applied for a managerial position, but he did not get the job. Claimant has also drives for Uber to increase his earnings. He currently lives with friends, relying on his income to manage typical household expenses, although he admits that he often neglects specific tasks such as changing light bulbs. Claimant frequently eats out, but he still does his laundry at his parents' house. Claimant shared with Dr. Prater that he broke up with a girlfriend, but he has

been able to maintain long relationships in his life. Dr. Prater observed that claimant demonstrated attentiveness in conversation. Claimant noted he could read Dr. Prater's facial expressions and quickly clarify any misunderstandings.

27. On March 24, 2024, Dr. Prater interviewed Mother. Mother noted that claimant had features of attention deficit disorder, obsessive-compulsive disorder, and Asperger's syndrome. In the past, claimant has relied on parental support, including assistance from speech pathologists and psychiatrists. According to Mother, although claimant has had successful relationships, he now has difficulty forming new friendships and navigating adult relationships. Claimant often returns to his parents' home primarily to sleep on the couch, eat, and do his laundry. Mother is seeking supports, including career coaching and independent living assistance. Mother is also concerned about claimant's lack of self-help skills, including tasks such using the laundry machine.

28. Dr. Prater administered CARS-2-HF, a 15-item autism rating scale completed based on information provided by Mother and Dr. Prater's own observations and interactions with claimant. Dr. Prater concluded that on the CARS-2-HF, claimant did not present with behaviors typical of individuals with ASD. Dr. Prater wrote:

> [Claimant] appeared to understand most facial expressions, especially when exaggerated. In his interview, he utilized appropriate non-verbal communication, including subtle cues, such as sarcasm and humor. [Claimant's] facial expressions were appropriate in range, although he appeared to be a pessimistic individual. [Claimant] initiated conversations with this examiner for social purposes and

> endorsed that he does so with his friends. [Claimant] was not observed to engage in odd body movements or repetitive behaviors that impaired his functioning. [Claimant] was able to utilize a variety of materials. He did not appear fixated on these materials or use them in repetitive ways. [Claimant] was able to follow the observer's unknown directions. [Claimant's] visual response was adequate and within the age-appropriate range. [Claimant's] listening response was satisfactory and within the age-appropriate range. He was able to respond to his name and the questions asked of him consistently. [Claimant's] taste, smell, and touch responses appeared adequate and within age-appropriate range. [Claimant's] fear and anxiety seem to be outside of the typical range. [Claimant's] verbal communication was sufficient and within an age-appropriate range. He did not display dysprosody in his communication. [Claimant's] nonverbal communication was adequate and within age-appropriate range. He responded appropriately to this examiner's body language and nonverbal communication. [Claimant's] thinking/cognitive integration skills were sufficient and within age-appropriate range. [Claimant's] level and consistency of intellectual responding were adequate and within the age-appropriate range.

(Ex. 7, p. A77.)

29. Using the DSM-5, Dr. Prater concluded that claimant did not have sufficient symptoms to warrant a diagnosis of ASD. However, this conclusion is given little weight, as Dr. Prater's evaluation was not comprehensive and the parties agree that claimant is properly diagnosed with ASD by Dr. Levy. However, Dr. Prater's clinical observations of claimant were considered for purposes of analyzing the significance of claimant's functional limitations.

Testimony of Karesha Gayles, Psy.D.

30. Karesha Gayles, Psy.D., WRC's staff psychologist, testified at the hearing regarding WRC's determination of claimant's eligibility. Dr. Gayles conceded that claimant has significant functional limitations in the area of self-direction. However, Dr. Gayles stated that claimant does not have significant functional limitations in the area of self-care, as Dr. Levy found that claimant's daily living skills were 97, within the average range. Claimant does not have significant functional limitations in expressive and receptive language, as Dr. Prater did not observe any odd movements and claimant's communication skills were appropriate to his age. Claimant does not have significant functional limitations in learning, as claimant graduated from high school and subsequently completed college. Claimant does not have significant functional limitations in economic self-sufficiency, as he has maintained employment. Claimant does not have significant functional limitations in capacity for independent living, as claimant lives on his own and maintains an apartment with roommates. Claimant also does not have significant functional limitations in mobility, as no evidence was provided that claimant has any mobility issues.

31. On July 2, 2025, WRC's Eligibility Team, which included Dr. Gayles as a member, determined that claimant was not eligible for regional center services.

Claimant's Evidence

32. Mother testified at the hearing regarding claimant's ASD symptoms. Mother agreed with WRC that claimant has significant functional limitations in the area of self-direction, and Mother agreed with WRC that claimant does not have significant functional limitations in the area of mobility. Mother's testimony focused on claimant's significant functional limitations in the areas of expressive and receptive language, self-care, learning, economic self-sufficiency, and capacity for independent living.

33. In the area of expressive and receptive language, Mother reported that as a child, claimant underwent speech therapy because he had speech delay. Claimant experienced challenges with sentence structure and could not put a sentence together. Currently, claimant has difficulty understanding gestures and step-by-step instructions. Claimant also has difficulty recalling what he has learned, unless it is a subject in which he has an interest. Claimant has difficulty understanding emotions and empathizing with others. For example, when his girlfriend's friend died, claimant could not understand why his girlfriend was so upset. Claimant also is very literal and has a hard time engaging in with small talk. He often misinterprets social cues and social nuances.

34. In the area of self-care, claimant has severe dental problems because he does not brush his teeth well. Claimant at times does not take care of himself for days, although Mother admitted that claimant does shower and dress himself for work and meetings. Claimant does not know how to iron clothes or do laundry. Mother reported that claimant broke her dryer when he attempted to do laundry himself. Mother reported that claimant has bad dental hygiene and required extensive dental work, and claimant's parents paid the bill.

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35. In the area of learning, Mother stated claimant has a high IQ but cannot apply his intelligence to problems in the real world. Mother claimed that claimant's girlfriend helped him pass classes at UCSB. According to mother, claimant cannot follow directions and has trouble communicating at work.

36. In the area of capacity for independent living, claimant is also not aware of his personal safety. Mother recalled that claimant once parked his car in downtown Los Angeles, forgot where he parked the car, and called her in a panic, and then got pepper-sprayed by someone on the street. Claimant has gotten into car accidents and electric bike accidents. Claimant's cell phone is never charged. Claimant's credit card was also stolen at a liquor store. Claimant lives in an apartment with friends, but his roommates pay the utilities bills. Claimant is unable to create and follow a budget. His parents provide him with financial support for him to live on his own.

37. In the area of economic self-sufficiency, Mother reported that claimant has had six to seven jobs in the last two years. Previously, he worked at the Ambrose, a hotel where his co-workers called him "Rain Man" due to his odd mannerisms. Mother reported that claimant obtained his current job at the Roosevelt because he memorized all the rooms at the hotel. However, claimant was demoted from his position as an assistant to the event planner because he has difficulty following directions and communicating with others. Mother stated that claimant is not financially independent. His parents help him to pay for contact lenses, dental care, some bills, and food (by taking him out to restaurants). Claimant's parents used to pay for claimant's health insurance, but claimant's job currently covers his health insurance.

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LEGAL CONCLUSIONS

1. Because claimant is the party asserting a claim, he bears the burden of proving, by a preponderance of the evidence, that he is eligible for government benefits or services. (See Evid. Code, §§ 115 and 500.) He has not met this burden.

2. The Lanterman Act governs this case. (Welf. & Inst. Code, § 4500 et seq.) Eligibility for regional center services is limited to those persons meeting the criteria for one of the five categories of developmental disabilities set forth in Welfare and Institutions Code section 4512, subdivision (a), as follows:

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

3. The qualifying condition(s) must also cause a substantial disability in three of seven areas. (Welf. & Inst. Code, § 4512, subd. (a); Regulation 54001, subd. (b)(3).) A "substantial disability" is defined by Regulation 54001, subdivision (a), as:

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(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.

4. Applying the evidence in this case to the above-described categories, claimant is not substantially disabled, even though he is properly diagnosed with ASD. It is undisputed that claimant has significant functional limitations in the area of self-direction. It is also undisputed that claimant does not have significant functional limitations in the area of mobility. The areas of major life activities in dispute are

receptive and expressive language, learning, self-care, capacity for independent living, and economic self-sufficiency.

5. In the area of receptive and expressive language, Dr. Howell, in her assessment of claimant when he was eight years old, noted that claimant struggled with aspects of receptive and expressive language. She also diagnosed claimant with Mixed Receptive-Expressive Language Disorder. However, at around the same time, Ms. Wade, in her speech and language evaluation, found that claimant's receptive and expressive language skills were within the average range. More recently, when claimant was 28 years old, Dr. Levy, after administering the VABS-3, found that claimant's skills in communication were within the moderately low range of abilities. She observed that claimant was sometimes overly literal in his interpretation of language and had difficulty making small talk. Dr. Levy diagnosed claimant with ASD with social communication and pragmatic impairment. However, she rated claimant's severity of social communication difficulties at the lowest level of 1, requiring support. In her psychosocial assessment, IC Lattanza noted that claimant did well in give-and-take conversations, eye contact, and facial expressions when communicating. However, claimant was easily distracted and got bogged down in details. Dr. Prater, in her evaluation, found claimant's verbal and nonverbal communication was age appropriate. She noted that claimant understood facial expressions and used subtle cues, such as sarcasm and humor. These mixed reports of claimant's receptive and expressive language abilities demonstrate that while claimant clearly has some deficits in his pragmatic language, there is little indication of a significant deficit.

6. In the area of learning, in Dr. Levy's evaluation, claimant's IQ score is in the superior range, and he completed high school and university with some support. On the WRAT-5, claimant obtained low average scores in reading, sentence

comprehension, spelling and math computation subtests, suggesting challenges in all subtests. Dr. Levy, however, opined that these scores reflect claimant's previous learning disorder diagnosis rather than ASD. Thus, although claimant continues to experience learning challenges as an adult, they do not appear to be significant and are more attributable to his learning disorder rather than ASD.

7. In the area of self-care, IC Lattanza noted that claimant performs many self-care tasks without prompting, including dressing himself, showering, and some basic cooking. Dr. Levy, in her evaluation, observed that claimant arrived at the assessment by himself, well-dressed and well-groomed. Dr. Levy also administered the VABS-3 and found that claimant's skills in daily living were within the adequate range of abilities. Mother reported claimant lack self-care skills because he has bad dental hygiene, does not know how to iron, and broke her dryer while doing laundry. Nevertheless, it is unclear whether these difficulties are due to claimant's ASD or due to other personal issues. Notably, none of the other evaluations, by IC Lattanza and Dr. Prater, mentions that claimant was inappropriately dressed or groomed or that claimant had any issues with personal hygiene.

8. In the area of capacity for independent living, Mother reported that claimant lacks safety awareness, has difficulty with money management, and cannot perform simple household chores such as ironing and laundry. However, claimant currently lives in an apartment on his own, with roommates. Although he does not pay the utilities bills, he pays for his own rent. According to IC Lattanza, claimant can do simple cooking, although he prefers to eat out. Other than ironing and laundry, there is no evidence that claimant is incapable of performing other everyday tasks such as grocery shopping, making purchases independently, using bank accounts, or taking basic steps to obtain health care. Mother reported safety concerns, including

claimant's loss of his car in downtown, his unsafe driving skills, and claimant's credit card being stolen. It is unclear, based on the evidence presented in this case, whether these problems are caused by claimant's qualifying condition, i.e. his ASD, or by other issues. Nevertheless, claimant is not under supervision, as he lives on his own and goes to work on his own.

9. In the area of economic self-sufficiency, Mother reported claimant has had several changes of jobs within the last two years and has difficulty following directions and communicating at his current position. Even though claimant has been demoted, he maintains his current employment at the Roosevelt and makes sufficient wages to pay his rent and health insurance. Claimant's parents continue to pay for some expenses for claimant, such as the cost of contact lenses and dental care. Nevertheless, the standard for substantial disability is not for claimant to be entirely financially independent, as few adults of claimant's age are in such a position living in Los Angeles. There is little evidence, on this record, that claimant's deficits in economic self-sufficiency are so significant he is incapable of participating in vocational training or maintaining employment without support.

10. Under these circumstances, claimant has significant functional limitations in only one area of his major life activities listed in Regulation 54001, subdivision (a)(2), i.e., self-direction. Claimant's ASD has not resulted in a major impairment of his cognitive and social functioning, as required by Regulation 54001, subdivision (a)(1). Therefore, claimant has not established that his qualifying condition has caused him to be substantially disabled, and his appeal is denied at this time.

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ORDER

Claimant is not eligible for services under the Lanterman Developmental Disabilities Services Act at this time. Claimant's appeal of Westside Regional Center's determination that he is not eligible for regional center services is therefore DENIED.

DATE:

JI-LAN ZANG
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 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.