

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

In the Matter of:

CLAIMANT

and

FAR NORTHERN REGIONAL CENTER, Service Agency

DDS No. CS0025216

OAH No. 2025030578

DECISION

Hearing Officer Coren D. Wong, Administrative Law Judge, Office of Administrative Hearings, State of California, heard this matter on May 28, 2025 in Chico, California.

Mother represented claimant.

Larry Withers, Associate Director of Clinical Services, and Debbie Carmona-Mitchell, Legal Services Specialist, represented Far Northern Regional Center (FNRC), the service agency.

Evidence was received, and the record was left open to allow claimant to submit documentary evidence and FNRC to respond to such evidence. Claimant's evidence

was marked as Exhibits A through C and admitted for all purposes, without objection. The record was closed and the matter submitted for decision on June 3, 2025.

On June 6, 2025, the record was reopened to include FNRC's January 16, 2025 Notice of Action (NOA) and claimant's March 12, 2025 Appeal Request as Exhibit 9. Also, the parties were given an opportunity to object to Exhibit 9 being admitted for jurisdictional purposes. Neither party objected, and Exhibit 9 was so admitted. The record was closed and the matter submitted for decision on June 11, 2025.

ISSUE

Is claimant eligible for regional center services and supports?

FACTUAL FINDINGS

Background

1. Claimant is a 27-year-old man. His parents never married, and Mother is his primary caretaker. Mother explained she has no confidence in claimant's ability to live independently or maintain regular employment. He has had only one job, and it was "organizing shelves" and maintaining the work area in Mother's office where she provides tax services. Claimant struggles with performing a series of related tasks in the appropriate order, e.g., putting his pants on before his shoes.

2. Father had frequent weekend visits when claimant was growing up and has always been part of claimant's life. Father has a daughter with another woman. As claimant has gotten older, Father has limited his visitations out of concern of exposing

his daughter to claimant's behaviors. However, Father has remained active in claimant's life through other means.

Education Records

3. Some of claimant's education records were produced at hearing. For instance, Mother produced claimant's Spring 2006 report card showing his results on the California Standards Test for Second Grade English/Language Arts. He received the following scores for the following subtopics: (1) Word Analysis and Vocabulary – 4; (2) Reading Comprehension – 2; (3) Literary Response and Analysis – 0; (4) Writing Strategies – 1; and (5) Written Conventions – 2. His scale score was 205. The report card did not provide information for interpreting the individual scores or the scale score.

4. Claimant's January 22, 2016 Individualized Education Program (IEP) prepared by the South East Consortium Special Education Local Plan Area SELPA was also provided. He was originally determined eligible for special education services on February 10, 2010, based on a primary disability of emotional disturbance and secondary disability of other health impairment. The IEP team determined his disabilities impeded "his ability to attend school." Additionally, deficits in executive functioning "impact[ed] [his] ability to succeed."

5. At the time the IEP was prepared, claimant was living with Father and was in the 11th grade at Oak Grove High School in San Jose, California. He had participated in "Works Smart," a career/vocational assessment that helps identify participants' areas of strength for purposes of selecting an appropriate career path. Claimant's results indicated he was "logic smart, body smart, and picture smart," which made him well-suited for a career as a mathematician, statistician, or analyst.

6. The IEP included an area in which the IEP team could identify claimant's post-secondary goals for training or education, employment, and independent living. His training or education goal was to "continue [his] education towards [his] ultimate goal of acquiring a Ph.D. in Math." His employment goal was to "work part-time while still in school, eventually working full time in [a] career that interests [him]." No goal was identified for independent living.

7. Claimant was participating in a course of study to earn his high school diploma. He needed 220 credits to earn his diploma, had completed 147 as of the date of the IEP, and needed an additional 73. His anticipated graduation date was June 30, 2017.

8. The IEP team wrote the following about claimant's preacademic/academic/functional skills:

[Claimant] is a bright student who has been able to keep up academically. He has shown a propensity towards math and is interested in working in mathematics as an adult.

[Claimant] is sometimes overwhelmed with assignments in certain classes, but he has been able to communicate feeling overwhelmed with staff where they come up with a plan. He has passed all of his classes first semester and is on track to pass all of them during his second semester, putting him on track to graduate.

9. The team also wrote the following about claimant's communication development:

[Claimant] communicates well with staff. He has demonstrated strong communication skills with the ED therapist at Oak Grove, and was able to express his current thoughts and feelings. He needs to be prompted at times to talk to staff, but is overall very receptive to communication with staff. [Claimant] is also able to communicate with peers, but has sometimes communicated with peers in inappropriate ways.

10. The team indicated claimant's gross and fine motor development was age appropriate. It also noted he initially had difficulty transitioning to Oak Grove High School, but those difficulties resolved over time. His attendance "greatly improved" throughout the year, but he still was frequently absent and tardy. Claimant initially struggled with his coping and communication skills, and he was removed from a program earlier in the year due to a conflict with another student. However, he improved his conflict resolution skills throughout the year. The team identified claimant's need to improve on accepting responsibility for his conduct, noting he frequently blamed others for causing him to engage in inappropriate behavior.

11. The team noted that claimant intended to graduate from high school and pursue higher education to become a math or science teacher. His adaptive and daily living skills were age appropriate, and he had no health concerns. Claimant did not require any assistive technology devices and/or services, and he did not require low incidence services, equipment, and/or materials to meet educational goals. His behaviors did not impede his or other's abilities to learn.

12. The team identified the following supplementary aids, services, and other supports for claimant: (1) providing instructions in writing, repeating directions, and

confirming his understanding; (2) allowing the use of a squeeze ball while working on assignments during class and for short breaks or walks to relieve anxiety; (3) providing additional time to complete assignments, "chunking" assignments, and reducing the number of math assignments by 15 percent; and (4) providing alternative placement for testing. Additionally, the following special education and related services were identified: (1) specialized academic instruction; (2) individual counseling; (3) counseling and guidance; (4) college awareness; and (5) career awareness. Lastly, claimant was to be provided specialized academic instruction during the summer to reduce significant regression in academic and social emotional domains.

13. Claimant moved back with Mother after 11th grade, and he attended Yuba County Career Preparatory Charter School in Marysville, California, for 12th grade. The November 2, 2017 Yuba County SELPA IEP indicated claimant was "currently ending his participation in the Youth Build program learning skills for construction and assisting retail at the Habitat for Humanity Restore." He intended to continue his education through independent study. His postsecondary goals for training or education and employment remained the same as the year prior. He still had no identified goal for independent living.

14. Claimant remained in a course of study to earn his high school diploma. However, his anticipated graduation date was delayed six months to December 21, 2018. No significant changes to claimant's preacademic/academic/functional skills, communication development, gross and fine motor development, or social emotional or behavioral well-being were noted. He still intended to graduate from high school and attend college. His adaptive and daily living skills remained age-appropriate, and he had no health concerns. Claimant did not require any assistive technology devices and/or services, and he did not require low incidence services, equipment, and/or

materials to be educational goals. His behaviors did not impede his or other's abilities to learn.

15. The team identified the following supplementary aids, services, and other supports for claimant: (1) a human reader or text-to-speech device; (2) averaging grades when assignments were allowed to be corrected and resubmitted; (3) shortening assignments to focus on mastering the key concepts; and (4) special education and general education staff consulting and collaborating with one another. The same special education and related services were identified as the prior year, except he would no longer be provided counseling and guidance or specialized academic instruction during the summer.

Application for Regional Center Services and Supports

16. Mother contacted FNRC about claimant receiving regional center services and supports due to autism spectrum disorder (ASD). Alexandra Melgarejo, an intake specialist with FNRC, completed claimant's social assessment on March 1, 2024. Based on that assessment, FNRC referred claimant for a cognitive/adaptive evaluation. The evaluation revealed he had no developmental disability that qualified him for regional center services and supports.

Notice of Action and Appeal

17. FNRC prepared a Notice of Action (NOA) denying claimant's application for regional center services and supports on January 16, 2025. The NOA advised that claimant's application was being denied because he "does not have intellectual disability [ID] and shows no evidence of epilepsy, cerebral palsy (CP), [ASD], or disabling condition found to be closely related to [ID] or to require treatment similar to that required for individuals with [ID] [Fifth Category]." The NOA further advised

that claimant had the right to appeal FNRC's denial and explained the process for doing so.

Mother timely filed an appeal and requested an informal meeting, mediation, and fair hearing. She subsequently withdrew her request for mediation.

Bob Boyle, Psy.D.'s, Evaluation

18. Bob Boyle, Psy.D., was the licensed psychologist to whom FNRC referred claimant for evaluation. Dr. Boyle evaluated claimant on two separate occasions and prepared reports for both. He subsequently wrote a letter explaining additional information. He did not testify at hearing, but his reports and letter were introduced.

INITIAL EVALUATION

19. Dr. Boyle initially evaluated claimant on June 20, 2024, at the Butte County Jail. Claimant had been incarcerated since early December 2023. He explained he was originally charged with felony manslaughter, but the charges were later reduced to assault with a deadly weapon.

20. Claimant described his criminal charges as stemming from a dispute he had with someone who told him to stop playing his music. Claimant stated, "He was trying to do a white pride kind of thing. North isn't north. I get lost sometimes." He continued:

I was going through something myself. A friend had died recently and the Court did nothing about it. This other person killed my friend, and the perp went to court and said she was retarded and made it a joke. . . . She went home. She didn't pee test. She has one chromosome which is

perfect. She knows math. She's a smart person. She peed one chromosome but you have to pee two chromosomes. I pee test for 25% growth hormone.

(Grammar original.)

21. Dr. Boyle noted in his report that it was difficult to understand much of what claimant was saying because "he was extremely paranoid and delusional." At one point during the interview, claimant told Dr. Boyle:

The court is sending hits on me and my friends. We're getting killed right and left. It's our race. I see our death rate. We're getting killed right and left. It's like a white pride kind of thing. I punched him in his neck. He tried to fight me and I stabbed him. I have PTSD. I see the inside of people's brains.

(Grammar original.)

22. Claimant reported a prior history of taking Seroquel, Zyprexa, Haldol, Cymbalta, Buspar, and Adderall. He said he participated in tele-psychiatry in the Butte County Jail, but said, "I'm not here for that. I'm here for jail. . . I have the two chromosomes for Autism. The DSM-5 no longer is about chromosomes, they make it about your weight. . . I had a real good math teacher. They wanted her to be white supremacy."

23. Claimant disclosed a prior admission to a psychiatric hospital in Sacramento about three years ago but could not recall its name. He said, "It was my first real psychosis. I thought people were making signals." He also disclosed having

used cocaine when he was seven years old. He followed with, "Sometimes I think the cops are going to shoot me." On the day of his most recent arrest, claimant said he had one beer. He then explained, "I thought rap music was rapping to me."

24. Dr. Boyle spoke with a nurse prior to leaving the jail. The nurse explained claimant was prescribed Zyprexa on June 11, 2024. He was involved in a physical altercation the night before Dr. Boyle's visit, during which he threw two punches at another inmate. Claimant was moved to a different housing unit.

25. Dr. Boyle concluded he could not complete his evaluation of claimant. He explained claimant "was floridly psychotic" – in an acute and severe stage of psychosis, which was characterized by the prominent and visible presence of psychotic symptoms.

SUBSEQUENT EVALUATION

26. Dr. Boyle returned to the Butte County Jail to complete his evaluation of claimant on October 30, 2024. His evaluation consisted of reviewing background information, interviewing Mother and claimant, and administering the Wechsler Adult Intelligence Scale – Fourth Edition (WAIS-IV) and the Adaptive Behavior Assessment System – Third Edition (ABAS-3).

27. Background information indicated Mother had previously explained to Ms. Melgarejo that claimant's challenging behaviors make learning difficult for him. He had prior diagnoses for bipolar disorder, processing disorder, oppositional defiance disorder, ASD, and ID. Claimant struggles with self-care, often requiring reminders to eat and drink and to shower. He has toileting accidents a few times each month. He frequently does not wear clothing appropriate for the current weather.

28. During her interview, Mother explained one of her biggest concerns was that claimant becomes psychotic and turns violent. He exhibits delusional and paranoid thinking during psychosis. Regardless of whether he is in a state of psychosis, claimant struggles with following directions. He sometimes gets confused during conversations. Mother reported prior diagnoses of bipolar disorder and schizoaffective disorder. She also expressed concern over ASD and claimant not having received "the right types of evaluations." Claimant has a family history of ASD on both sides.

29. Claimant was no longer in a state of psychosis when Dr. Boyle interviewed him. Claimant made appropriate eye contact throughout the interview, and he remained oriented as to time, person, location, and situation. At times, his responses and processing were delayed. Dr. Boyle provided two possible explanations – claimant's diagnosis as having a processing disorder, and he was currently taking several psychotropic medications known to have a sedating side effect.

30. During the interview, claimant denied any current mood difficulties, suicidal ideations, or auditory hallucinations. However, he has struggled with depression in the past, was previously hospitalized for expressing suicidal ideations, and described prior experiences with auditory hallucinations. Claimant stated his current medication regimen helped a lot, and Dr. Boyle noticed a marked improvement over his prior visit. He described claimant as presently "lucid" and his thinking as "fairly well-organized," although he noted claimant "made some odd repetitive body movements" throughout the evaluation.

31. Claimant reported being homeless for three months prior to his last arrest. Prior to that, he was living with Mother. However, she was unable to make her monthly housing payments and eventually lost the house. Claimant believed Mother was homeless and living out of her car.

32. Claimant disclosed prior diagnoses of ASD and schizophrenia. He admitted to experiencing delusional thinking and auditory hallucinations when in a state of psychosis. He described prior psychiatric hospitalizations in Yuba County, Sacramento, Chico, and Los Angeles. He was currently receiving both medication management and psychotherapy during incarceration.

33. Claimant described having attended numerous different high schools. In addition to the schools discussed above, he attended a "parole school" and graduated the year prior to his evaluation. He described having an IEP throughout high school due to difficulties with reading and an auditory processing disorder. Claimant struggled in high school despite putting forth his best efforts.

34. The WAIS-IV is a test for assessing an examinee's intellectual abilities by providing scores that represent intellectual functioning in verbal comprehension, perceptual organization, working memory, and processing speed. Claimant scored in the 13th percentile for verbal comprehension, the 12th percentile for perceptual reasoning, and the 9th percentile for working memory. No score was generated for processing speed due to technological difficulties. Dr. Boyle explained:

[Claimant's] overall intellectual abilities appear to be in the low average range, and the scores he earned on this administration of the WAIS-IV may have been a slight underestimate of his intellectual abilities.

Dr. Boyle opined that claimant's performance may have been impaired by some of the psychotropic medications he was taking at the time. Additionally, Dr. Boyle noted that "testing conditions were less than ideal due to extraneous noise occurring in the jail setting."

35. The ABAS-3 is a test that covers the conceptual, social, and practical adaptive domains. Within each domain, the examinee is assessed in 11 areas of adaptive skills that “focus on practical, everyday activities required to function, meet environmental demands, care for oneself, and interact with others effectively and independently.” The test is administered by a rater using a four-point scale to assess whether the examinee can perform a particular activity and, if so, the frequency with which they perform it when required.

36. Mother served as claimant’s rater. His scores indicated the presence of global adaptive deficits.

37. Dr. Boyle provided the following diagnoses based on his evaluation of claimant: schizophrenia, specific learning disorder (auditory processing), and rule out ASD. He provided the following summary of his evaluation:

According to the results of the cognitive assessment, which may be an underestimate of [claimant’s] intellectual abilities, his overall intellectual abilities appear to be in the low average range. There was very little “scatter” in his profile, in that his IQ Index scores were very consistent. [Claimant] does display globally deficient adaptive functioning. At this moment in time, his poor adaptive functioning appears to be connected to his serious mental health challenges. Recommendations are as follows:

1. A final decision related to eligibility for services through Far Northern Regional Center will be determined by the

eligibility review committee composed of a multidisciplinary team of FNRC staff.

2. It appears that the question of whether or not [claimant] may have an Autism Spectrum Disorder has not been answered yet, since this type of evaluation would be very difficult to perform while he was incarcerated. Referral for an ASD evaluation should be considered.

3. Once [claimant] is released from jail, follow-up mental health services (ostensibly through Butte County Behavioral Health) should be implemented. These services should include psychiatric intervention (psychotropic medications) and mental health case management.

FOLLOW-UP REPORT

38. On December 31, 2024, Dr. Boyle wrote a follow-up report explaining a best practices ASD assessment using the Autism Diagnostic Observation Schedule, Second Edition (ADOS-2) was not practical because claimant's psychotic symptoms of schizophrenia will artificially inflate his ADOS-2 score. Therefore, a diagnosis of ASD would be made or ruled out based on history.

39. Dr. Boyle reviewed claimant's history and concluded "a diagnosis of ASD can be ruled out after reviewing [claimant's] history." He explained:

[Claimant] was in special education when he was in school and had an IEP under the qualifying conditions of both "Emotional Disturbance" and "Other Health Impairment."

There was never an IEP under the qualifying category of Autism. When I interviewed [claimant's] mother, she reported that Autism had never been mentioned in the past as a possible diagnosis. His history is filled with information about his psychiatric difficulties. [Claimant] has had several psychiatric hospitalizations over the years (Yuba County, Sacramento, Chico, Los Angeles). Locally, he has been involved at Butte County Behavioral Health for both psychotropic medications and psychotherapy. An understanding of his history suggests that psychiatric difficulties have consistently been a significant part of the clinical picture. The possible diagnosis of Autism has not really been part of the picture regarding his history.

Mental Evaluation to Determine Competency to Stand Trial

40. The Butte County Superior Court referred claimant for a mental competency evaluation to determine if he was competent to proceed to a criminal trial. Penal Code section 1367, subdivision (a), provides, "A defendant is mentally incompetent . . . if, as a result of a mental health disorder or developmental disability, the defendant is unable to understand the nature of the criminal proceedings or to assist counsel in the conduct of a defense in a rational manner."

41. Craig West, Psy.D., clinical psychologist and president of Psychwest, Clinical & Forensic Psychology, Inc., evaluated claimant and prepared a report of his evaluation on August 11, 2024. He relied on information obtained during respondent's clinical interview and testing while incarcerated in the Butte County Jail, as well as records he referred to collectively as "collateral information"—Chico Police Department

investigation reports and Butte County Jail records. Dr. West concluded the following regarding claimant's reliability:

The history received by [claimant] was considered to be reliable. He appeared open in his responses to the questions asked and his responses were fairly consistent with collateral information received. His recount of his symptomology was compared with other documentation to assist in ensuring that the information received by [claimant] was adequate. [Claimant] was informed of the limitations of confidentiality.

All collateral information received were reviewed to ensure reliability of the account reported by [claimant]. [Claimant] was informed that all available information obtained and written in this report would be submitted, heard, and reviewed by the court.

(Grammar original.)

42. Based on his evaluation of claimant, Dr. West provided the following diagnoses: (1) bipolar II disorder; (2) alcohol use disorder, moderate; (3) cannabis use disorder, mild; (4) posttraumatic stress disorder, rule out; (5) unspecified schizophrenia spectrum and other psychotic disorder, per record review, rule out; and (6) intellectual disability, mild, rule out. He summarized his findings and conclusions as follows:

[Claimant] has reported a history of significant mental health issues, although he does not currently appear to present with a developmental disability. He has been

referred to the regional center to determine eligibility for additional services. Throughout the evaluation, [claimant's] mood was observed as pleasant, and he demonstrated a stable emotional disposition.

Based on the findings of the assessment, [claimant] is currently able to understand the basic nature and purpose of the legal proceedings against him. Additionally, he is capable of adequately assisting his counsel in the conduct of a defense in a rational manner. Given this evaluation, along with the complexity and seriousness of the charges he faces, it is believed that [claimant] does not require a referral for mental competency restoration services at this time. The current focus should remain on ongoing monitoring and support to ensure his continued competency throughout the legal process.

Kendra Bailey, Ph.D.'s, Testimony

43. Kendra Bailey, Ph.D., has been licensed to practice psychology in California for almost 10 years, and she has been a staff psychologist at FNRC for almost one and a half years. She serves on FNRC's eligibility team and reviews applications for regional center services and supports. She also performs psychological evaluations to determine if consumers have a qualifying developmental disability.

44. Dr. Bailey explained a consumer is eligible for regional center services and supports if he has a developmental disability, that originated prior to his 18th

birthday, and constitutes a substantial disability. Developmental disability includes ID, CP, epilepsy, ASD, and disabilities under the Fifth Category.

45. The developmental disability must significantly limit the person in at least three of the following areas of major life activity: (1) self-care; (2) receptive and expressive language; (3) learning; (4) mobility; (5) self-direction; (6) ability to live independently; or (7) economic self-sufficiency. It may not be solely a psychiatric disorder, a learning disability, or physical in nature.

46. Dr. Bailey and the other members of the eligibility review team reviewed Dr. Boyle's and Dr. West's reports and the two IEP's in determining claimant's eligibility for regional center services and supports. The team concluded none of the documents provided evidence claimant has ID, CP, epilepsy, ASD, or a disability under the Fifth Category.

47. Dr. Bailey explained at hearing that Dr. Boyle's and Dr. West's reports documented claimant's lengthy history with mental illness. Although Dr. West identified ID as a "rule out" diagnosis, Dr. Boyle's subsequent administration of the WAIS-IV did not support a formal diagnosis of ID. Dr. Bailey explained that although claimant's composite scores on verbal comprehension, perceptual reasoning, and working memory (83, 82, and 80, respectively) were in the low average range, scores below 70 are necessary for an ID diagnosis.

48. Dr. Bailey further explained composite scores in the 70 to 79 range can support a diagnosis of a disability under the Fifth Category. However, claimant has been diagnosed with schizophrenia, and such disorder can affect the patient's cognitive abilities. Therefore, a diagnosis of ID or a disability under the Fifth Category requires analysis of historical data about the patient's cognitive abilities prior to his

diagnosis of schizophrenia. This is so because, in addition to schizophrenia potentially affecting the patient's cognitive abilities, one would expect to see signs of ID or a disability under the Fifth Category in early childhood due to the nature of them being developmental disabilities. Additionally, the age of onset for schizophrenia is generally after the age of 18, whereas a qualifying disability must manifest prior to then.

49. Dr. Bailey further explained that claimant qualified for special education services primarily due to emotional disturbance. Additionally, the IEP team determined he did not require any assistive technology devices and/or services. Furthermore, neither IEP mentioned diagnoses for a qualifying developmental disability. Lastly, Dr. Bailey explained an ASD diagnosis requires the person to demonstrate persistent deficits in social communication. Both IEP teams noted claimant's strong communication skills.

Mother's Additional Testimony

50. Mother testified that claimant has always struggled with managing his life. In particular, he has struggled with learning new concepts since a "young age." It frequently takes him "10 times the amount of time" it takes others to perform a particular task. Claimant needs constant prompting and guidance to complete a task because information "gets moved around in his mind" and he is easily confused. He has always had difficulty following directions, even when they are written down.

51. Mother scheduled as many playdates as possible for claimant when he was younger so he could interact with others his age. However, he struggled with recognizing "personal space," and he would get too close to people's faces and cause them to back away. This has caused claimant a "lifetime" of "not feeling like the rest." When he was nine years old, Mother caught him trying to hang himself using a

bedsheet tied to his bunk bed. She called paramedics, and he was involuntarily committed to a mental health hospital pursuant to Welfare and Institutions Code section 5150, subdivision (a), as a danger to himself.

52. When claimant was in the second or third grade, he received a bad grade in a class. He got upset, locked himself in a classroom while everyone else was outside, and school administration had to call "a professional" to unlock the classroom and let claimant out. Claimant was 12 years old when he got lost at a Target store after wandering away from Mother. He did not know to ask someone for help, and he was wandering the store for an hour while Mother and security looked for him. Mother and claimant spent that year or the next riding their bicycles to and from school while she pointed out landmarks along the way. She was trying to teach him to find his way home without her. When Mother decided to test claimant, he got lost for two or three hours even though his route did not require him to make any turns.

Vanessa Jackson, MSW's Letter

53. Vanessa Jackson, MSW, holds a master's in social work. She is claimant's godmother and has known him for more than 20 years. She described seeing him constantly struggle "to match his peers in social settings." He struggles in various ways, including a "tendency to become easily confused and disoriented." Ms. Jackson confirmed Mother's story about claimant becoming lost at Target.

54. Ms. Jackson explained claimant also struggles with matters of his own safety. For example, "he frequently forgets to bring essential items such as proper shoes and water for walks, even when these walks are expected to last several hours." He requires constant supervision and reminders "to eat, drink, and take his medication." Simple conversations often prove difficult for claimant because he is

easily confused and has trouble understanding the information being provided, even when told multiple times.

55. Ms. Jackson concluded by expressing hope that she provided information helpful in qualifying claimant for regional center services and supports. She wrote, "The struggles I have witnessed [claimant] endure are consistent with the diagnostic criteria for intellectual disability, and I believe that a formal diagnosis would be appropriate and beneficial for [his] well-being." She provided no foundation for her opinion.

In-Home Supportive Services Approval

56. Mother introduced evidence that claimant qualified for In-Home Supportive Services (IHSS) through Yuba County on June 18, 2018. He was approved for a total of 32 hours and 58 minutes of services each month, including domestic and related services, non-medical personal services, and accompaniment. He was not approved for any protective supervision or paramedical services.

Analysis

57. Claimant has the burden of proving eligibility for regional center services and supports. To do so, he must demonstrate he has: (1) ID, CP, epilepsy, ASD, or a disability under Fifth Category; (2) his disability manifested prior to his 18th birthday; and (3) it constitutes a substantial disability.

58. The persuasive evidence established claimant does not have a qualifying developmental disability. Although he received special education services while attending school, he qualified under a primary diagnosis of emotional disturbance and secondary diagnosis of other health impairment. It is notable that he did not qualify

under ID or ASD. Additionally, he did not require any assistive technology devices or services.

59. Dr. Boyle initially evaluated claimant for ID. Although he concluded claimant's "overall intellectual abilities appear to be in the low average range," Dr. Boyle opined they were not within the range that qualifies for a diagnosis of ID. He further opined claimant's "poor adaptive functioning appears to be connected to his serious mental health challenges," an opinion Dr. West apparently supported. Indeed, Dr. Boyle opined claimant's test scores "may have been a slight underestimate of his intellectual abilities." Dr. Bailey persuasively explained why claimant's test scores did not support a diagnosis of a disability under the Fifth Category.

60. Dr. Boyle subsequently evaluated claimant for ASD. He and Dr. Bailey persuasively explained why claimant's schizophrenia required that any diagnosis of ASD must be based on history rather than objective testing. Claimant's history did not support a diagnosis of ASD.

61. Mother suspects claimant has ASD. She explained he has a family history of ASD on both sides. Claimant told Dr. Boyle he was previously diagnosed with ASD. No records reflecting a prior diagnosis of ASD were produced.

62. No evidence that claimant has or has ever been suspected of having CP or epilepsy was introduced. Mother did not argue otherwise.

LEGAL CONCLUSIONS

Applicable Burden/Standard of Proof

1. Claimant has the burden of proving he is eligible for FNRC's services and supports by a preponderance of the evidence. (*Lindsay v. San Diego Retirement Bd.* (1964) 231 Cal.App.2d 156, 161 [the party seeking government benefits has the burden of proving entitlement to such benefits]; Evid. Code, § 115 [the standard of proof is preponderance of the evidence, unless otherwise provided by law].) This evidentiary standard requires claimant to produce evidence of such weight that, when balanced against evidence to the contrary, is more persuasive. (*People ex rel. Brown v. Tri-Union Seafoods, LLC* (2009) 171 Cal.App.4th 1567.) Claimant must prove it is more likely than not that he is eligible for FNRC's services and supports. (*Lillian F. v. Super. Ct.* (1984) 160 Cal.App.3d 314, 320.)

Applicable Law

CARE FOR THE DEVELOPMENTALLY DISABLED

2. Under the Lanterman Developmental Disabilities Services Act (Welf. & Inst. Code, § 4500 et seq., the Lanterman Act), the State of California accepts responsibility for persons with developmental disabilities and pays for the majority of the "treatment and habilitation services and supports" to enable such persons to live "in the least restrictive environment." (Welf. & Inst. Code, § 4502, subd. (b)(1).) The Department of Developmental Services is charged with implementing the Lanterman Act and is authorized to contract with regional centers to provide the developmentally disabled access to the services and supports needed. (Welf. & Inst. Code, § 4620, subd. (a); *Williams v. State of Cal.* (9th Cir. 2014) 764 F.3d 1002, 1004.)

ELIGIBILITY FOR REGIONAL CENTER SERVICES AND SUPPORTS

3. Eligibility for regional center services and supports is dependent on the person having a developmental disability, that originated before his 18th birthday, and constitutes a substantial disability. (Welf. & Inst. Code, § 4512, subd. (a); Cal. Code Regs., tit. 17, § 54000, subd. (b)(1)–(3).) Under the Lanterman Act, developmental disability includes intellectual disability, cerebral palsy, epilepsy, autism, and disabling conditions “closely related to” intellectual disability or that “require treatment similar to” that required for intellectual disability. (Welf. & Inst. Code, § 4512, subd. (a); Cal. Code Regs., tit. 17, § 54000, subd. (a).)

4. A “substantial disability” is one that causes the person “significant functional limitations in three or more of the following areas of major life activity . . . as appropriate to the age of the person: [¶] (A) Self-care. [¶] (B) Receptive and expressive language. [¶] (C) Learning. [¶] (D) Mobility. [¶] (E) Self-direction. [¶] (F) Capacity for independent living. [¶] (G) Economic self-sufficiency.” (Welf. & Inst. Code, § 4512, subd. (l)(1); see Cal. Code Regs., tit. 17, § 54001, subd. (a)(2)(A)–(G).)

Conclusion

5. It is undisputed Mother lovingly helps claimant navigate his daily challenges and struggles. However, the evidence supports Drs. Boyle’s and West’s opinions that those challenges and struggles are more likely the results of one or more mental disabilities rather than a developmental disability. Dr. Bailey persuasively explained a psychiatric disorder alone does not qualify one for regional center services and supports. Unfortunately, claimant’s appeal must be denied.

ORDER

Claimant's appeal from Far Northern Regional Center's January 16, 2025 Notice of Action denying his application for regional center services and supports is DENIED.

DATE: June 20, 2025

COREN D. WONG

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.