

**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. CS0025632

OAH No. 2025040514

DECISION

Erlinda Shrenger, Administrative Law Judge, Office of Administrative Hearings (OAH), State of California, heard this matter by videoconference on December 15, 2025.

Claimant was represented by his foster mother (Mother), who is an attorney. Claimant and his family members are identified by titles to protect their privacy.

Aaron Abramowitz, Enright & Ocheltree, LLP, represented South Central Los Angeles Regional Center (Service Agency or SCLARC).

Oral and documentary evidence was received. At the conclusion of the hearing, the record was held open, and the hearing was continued to January 5, 2026, to allow the parties to file written closing briefs by January 5, 2026. The parties timely filed their closing briefs. Service Agency's brief was marked and admitted as Exhibit 12, and claimant's brief was marked and admitted as Exhibit DD.

The record closed and the matter was submitted for decision on January 5, 2026.

ISSUE

Is Claimant eligible for regional center services under the Lanterman Developmental Disabilities Services Act (Lanterman Act) based on a "fifth category" condition (i.e., one that is closely related to intellectual disability or requires treatment similar to that required for an individual with an intellectual disability)?

EVIDENCE RELIED UPON

Documentary: Service Agency's exhibits 1 through 12; Claimant's exhibits A through DD.

Testimonial: Laurie McKnight-Brown, Ph.D.; Claimant's foster grandmother; and Mother.

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FACTUAL FINDINGS

Jurisdictional Matters

1. Claimant is a five-year-old boy. By letter dated March 4, 2025, Service Agency notified Mother of its determination that claimant is ineligible for regional center services. Mother filed a request for a fair hearing to appeal Service Agency's decision. All jurisdictional requirements were met.

Claimant's Background

2. Claimant was placed as a foster child in Mother's home in November 2022. Claimant was removed from his biological mother's care due to general and medical neglect, and exposure to domestic violence.

3. Claimant is diagnosed with Neurofibromatosis Type 1 (NF1), which is a genetic condition that results in tumors and changes in skin pigment. Claimant is monitored by multiple specialists (a geneticist, neurologist, and optometrist) several times per year. He has tumors in his body, but his doctors are most concerned about the tumors growing in his brain and eyes.

4. Claimant is currently a transitional kindergarten student at his elementary school. He receives special education services and supports under the primary eligibility category of Other Health Impairment (OHI) due to his NF1 diagnosis. Pursuant to his Individualized Education Program (IEP), claimant attends a special day class and receives related services of Language and Speech (LAS), Occupational Therapy (OT), Adapted Physical Education (APE), and Physical Therapy (PT).

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5. Claimant previously received services as a client of Westside Regional Center (WRC) under the Early Start program, which is a program for eligible infants and toddlers from birth up to age 3. Before his third birthday, WRC referred claimant for a psychological assessment with Diedre Cook, Psy.D., a licensed clinical psychologist. WRC requested Dr. Cook conduct an assessment of claimant's cognitive, adaptive, and social-emotional functioning to aid in determining claimant's eligibility for services under the Lanterman Act. Dr. Cook performed the assessment of claimant in December 2022. She prepared a Psychological Assessment report that summarized her findings and conclusions. (Exh. 3.) Based on her assessment, Dr. Cook diagnosed claimant with Global Developmental Delay, associated with NF1. (*Id.*, p. A28.) Dr. Cook also determined that claimant did not meet the diagnostic criteria for Autism Spectrum Disorder. (*Id.*, at pp. A27-A28.)

6. Under the Lanterman Act, provisional eligibility is available to a child who is three or four years old if the child has a disability that is not solely physical in nature and has significant functional limitations in at least two areas of major life activity. (Welf. & Inst. Code, § 4512, subd. (a)(2)(A).) For a child who is found provisionally eligible for services, the regional center shall reassess the child at least 90 days before the child's fifth birthday to determine if the child meets the eligibility requirements for Lanterman Act services after age five. (*Id.*, subd. (a)(4) and (5).) The regional center services will end if, upon reassessment, the child is determined not to have a "developmental disability" as defined in the Lanterman Act.

7. On December 19, 2022, WRC determined that claimant was provisionally eligible for services under the Lanterman Act, based on his diagnosis of Global Developmental Delay. (Exh. 4.) WRC found claimant had significant functional limitations in the areas of expressive and receptive language, learning, self-care, and

self-direction. (*Ibid.*) WRC recommended claimant have a follow-up psychological evaluation by September 2024, before his fifth birthday, to clarify his eligibility for Lanterman Act services. (*Ibid.*)

8. On a date not specified by the evidence, claimant's case was transferred from WRC to SCLARC. SCLARC referred claimant to Robert Koranda, Psy.D., for a psychological evaluation to clarify whether claimant continued to meet the criteria for a "developmental disability" as defined by the Lanterman Act, and to assess claimant's cognitive and adaptive functioning abilities. Dr. Koranda evaluated claimant on September 30, 2024, October 9, 2024, and November 10, 2024. Dr. Koranda prepared a Psychological Assessment report that summarized his findings and conclusions. (Exh. 2.) Based on his assessment, Dr. Koranda concluded that claimant met the diagnostic criteria for Unspecified Trauma and Stressor Related Disorder and for Unspecified Communication Disorder. (*Id.*, at p. A16.)

Testimony of Dr. Laurie McKnight-Brown

9. Laurie McKnight-Brown, Ph.D., is SCLARC's lead psychologist consultant. Dr. McKnight-Brown has been a licensed clinical psychologist for 10 years. She is a member of SCLARC's interdisciplinary team that made the determination claimant is ineligible for services under the Lanterman Act. Dr. McKnight-Brown credibly testified regarding the basis for the team's determination. In making that determination, the team reviewed the available records for claimant's case. The records reviewed are listed in SCLARC's March 4, 2025 denial letter and include the Psychological Assessment reports by Dr. Cook and Dr. Koranda. (Exh. 1.)

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DR. KORANDA'S ASSESSMENT

10. At hearing, Dr. McKnight-Brown testified regarding Dr. Koranda's assessment of claimant. The purpose of Dr. Koranda's assessment was to determine if claimant had a qualifying condition for regional center services, specifically autism or intellectual disability.

11. Dr. Koranda administered the Leiter International Performance Scale-Third Edition (Leiter-3) to measure claimant's cognitive functioning. The Leiter-3 is an individually measured assessment of cognitive ability for children and adults. Dr. McKnight-Brown explained that the Leiter-3 has a low-language demand and is appropriate for individuals with language deficits. On the Leiter-3, claimant obtained a nonverbal IQ score of 98, which is in the average range, and scored in the average range on the four subtests. Based on the results of the Leiter-3, Dr. Koranda concluded there was insufficient evidence to suggest the presence of deficits in cognitive functioning.

12. Dr. Koranda administered the Adaptive Behavior Assessment System, Third Edition (ABAS-3) to measure claimant's adaptive functioning. The ABAS-3 is a comprehensive, norm-referenced assessment of adaptive skills needed to manage self-care effectively and independently, interact with others, and meet environmental demands in different settings. On the ABAS-3, claimant obtained a General Adaptive Composite (GAC) of 59, which is in the extremely low range. Dr. McKnight-Brown noted that claimant's scores in the Conceptual, Social, and Practical Domains were in the extremely low range. Dr. McKnight-Brown described claimant's scores in the extremely low range in these three domains as "unexpected," given that claimant's cognitive functioning was in the average range.

13. Based on his assessment, Dr. Koranda diagnosed claimant with Unspecified Trauma and Stressor Related Disorder and Unspecified Communication Disorder. (Exh. 2, p. A16.) In his written report, Dr. Koranda explained the diagnosis of Unspecified Trauma and Stressor Related Disorder as follows: "Based upon a review of [claimant's] history, he has been exposed to a multitude of traumatic events, such as neglect and malnourishment, and it also appears that he was exposed to domestic violence prior to being removed from his family. It seems that [claimant's] conduct had begun to stabilize since his current foster placement in 2022[.]" (*Ibid.*) In his written report, Dr. Koranda also explained that the Unspecified Communication Disorder diagnosis "appears to be relevant because of [claimant's] documented history of speech difficulties that has warranted him receiving LAS interventions." (*Ibid.*)

14. Neither of the two disorders diagnosed by Dr. Koranda is a qualifying condition for regional center eligibility. Dr. McKnight-Brown testified these two disorders might explain claimant's scores for adaptive skills being in the extremely low range. Based on his assessment, Dr. Koranda also determined that claimant did not meet the diagnostic criteria for Autism Spectrum Disorder.

15. On cross-examination, Dr. McKnight-Brown explained that Dr. Koranda did not assess whether claimant had a "fifth category" condition, which would be improper for a psychologist to do. While autism and intellectual disability are clinical diagnoses, the "fifth category" is a legal term and only comes into play when the interdisciplinary team reviews a case. A regional center would not ask a psychologist to evaluate whether a person meets the requirements for the "fifth category" because the interdisciplinary team makes that determination.

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DR. COOK'S ASSESSMENT

16. Dr. McKnight-Brown testified that the interdisciplinary team considered the Psychological Assessment report by Dr. Cook, completed in 2022. Dr. McKnight-Brown explained the team gave less weight to Dr. Cook's report than Dr. Koranda's report because Dr. Koranda's report was completed in 2024 and contained more information on claimant's current functioning.

SCHOOL RECORDS

17. Dr. McKnight-Brown testified that the interdisciplinary team reviewed and considered a Preschool Psycho-Educational Assessment report dated February 27, 2023, by claimant's school district (Preschool Report). (Exh. 5.) The Preschool Report indicated claimant's suspected eligibilities for special education were intellectual disability, autism, OHI, and speech and language impairment. The school district determined claimant's eligibility category for special education services was OHI, and that he did not meet the criteria for the other suspected eligibility categories.

18. Dr. McKnight-Brown testified that the interdisciplinary team reviewed claimant's available IEPs. (Exhs. 6, 7, 8.) The IEPs indicate the services and supports provided to claimant are LAS, APE, OT, and PT. None of these services is related to addressing cognitive deficits.

ARCA GUIDELINES

19. The Association of Regional Center Agencies developed guidelines entitled "Recommendations for Determining '5th Category' Eligibility for the California Regional Centers" (ARCA Guidelines). (Exh. 9.) The ARCA Guidelines state that the fifth category "is defined as having two separate prongs: (1) a disabling condition found to

be closely related to intellectual disability, or (2) to require treatment similar to that required for individuals with intellectual disability." (*Id.*, at p. A185, emphasis in original.)

20. Dr. McKnight-Brown testified claimant does not meet the first prong of the ARCA Guidelines for the fifth category. She explained that a condition closely related to intellectual disability requires the person to have cognitive abilities that are not in the average range. Here, claimant has a nonverbal IQ in the average range. The ARCA Guidelines state: "The closer an individual's cognitive scores are to the average range, the less similar that individual will be to a person with intellectual disability." (Exh. 9, p. A185.) The ARCA Guidelines further state: "As an individual's IQ scores rise above the subaverage range, it becomes increasingly essential for the eligibility team to demonstrate that the individual's substantial adaptive deficits appear to be clearly related to *cognitive* limitations – and not solely to factors such as psychiatric disorders, learning disabilities, or conditions solely physical in nature." (*Ibid.*, emphasis in original.)

21. Dr. McKnight-Brown testified claimant does not meet the second prong of the ARCA Guidelines for the fifth category, i.e., requires treatment similar to that required for persons with intellectual disability. The ARCA Guidelines state: "Individuals with intellectual disability typically require simplification of instructions, content presented at a remedial level, and actions broken down into small, discrete units taught through repetition." (Exh. 9, p. A187.) Dr. McKnight-Brown explained that if a person does not have deficits in their cognitive ability, they are not likely to require treatment similar to that required for persons with intellectual disability. Here, claimant's cognitive functioning was in the average range. The interdisciplinary team

found that claimant did not require treatment similar to that required for a person with intellectual disability.

Mother's Testimony and Contentions

22. Mother's testimony at hearing was explained and supplemented by her written declaration dated December 9, 2025. (Exh. P.)

23. Mother has been claimant's full-time caregiver since November 2022. She cares for him daily and knows how he functions and his limitations. Mother testified claimant needs assistance in all areas of daily living. He lacks safety awareness and must be constantly monitored. He requires step-by-step prompting to complete simple tasks. Claimant needs support during the school day, including for toileting and transitions. Mother has researched NF1 and how it affects claimant.

24. Mother contends Dr. Koranda's assessment was insufficient and incomplete and does not represent claimant's actual level of functioning. Mother testified she was not interviewed by Dr. Koranda, and she was not given the caregiver interview. Mother offered no evidence from another psychologist to support her contention that Dr. Koranda's assessment was insufficient. Based on her daily care of claimant, and her participation in his medical and therapeutic services, Mother believes claimant meets the eligibility requirements for Lanterman Act services.

25. On cross-examination, Mother admitted she provided background information for all of claimant's evaluations, including Dr. Koranda's evaluation, Dr. Cook's evaluation, and the school district's Preschool Report. Mother admitted she answered all of Dr. Koranda's questions as fully as she could. According to his written report, Dr. Koranda conducted structured interviews with Mother. He used the Autism Diagnostic Interview-Revised (ADI-R) with Mother as the respondent. (Exh. 2, pp. A13-

A14.) The ADI-R is a standardized semi-structured clinical interview for caregivers of children and adults. Dr. Koranda also administered the ABAS-3 to Mother to assess claimant's adaptive functioning. (*Id.*, at p. A15.)

Testimony of Foster Grandmother

26. The testimony of claimant's foster grandmother (Grandmother) was explained and supplemented by her written declaration dated December 9, 2025. (Exh. Q.)

27. Grandmother has been claimant's In-Home Supportive Services (IHSS) caregiver since March 2024. She became involved in his daily care beginning in August 2023 when she started living full time with claimant and Mother. Grandmother is a retired elementary school teacher with over 40 years of experience working with children across grade levels, including many with learning disabilities, developmental delays, behavioral challenges, and communication disorders. Grandmother believes claimant's behaviors and reactions are "much more severe" than typical learning or behavior issues.

28. Grandmother assists claimant with nearly all aspects of daily living, including dressing, bathing, toileting, feeding, hygiene, behavior support, and constant safety supervision. Claimant cannot manage routines on his own and requires step-by-step prompts and hands-on help throughout the day. Claimant has profound receptive and expressive language delays. He often does not understand simple instructions unless they are repeated and broken down. He struggles to express his needs and becomes frustrated when he cannot communicate. Grandmother feels claimant's communication limitations affect every part of his daily life. Claimant becomes easily overwhelmed when he cannot communicate or when routines change unexpectedly.

He has frequent meltdowns, crying spells, and episodes where he drops to the ground or becomes physically reactive.

29. Based on Grandmother's daily experiences caring for claimant, she believes claimant needs regional center services because his developmental needs are substantial, long-term, and far beyond what IHSS or school-based services can address.

LEGAL CONCLUSIONS

1. The Lanterman Act governs this case. (Welf. & Inst. Code, § 4500 et seq.) A state level fair hearing to determine the rights and obligations of the parties, if any, is referred to as an appeal of the regional center's decision. Claimant properly and timely requested a fair hearing. (Factual Finding 1.)

2. When a person seeks to establish eligibility for government benefits or services, the burden of proof is on him or her. (*Lindsay v. San Diego Retirement Bd.* (1964) 231 Cal.App.2d 156, 161 [disability benefits]; *Greatorex v. Board of Admin.* (1979) 91 Cal.App.3d 54, 57 [retirement benefits].) The standard of proof in this case is preponderance of the evidence. (Evid. Code, § 115.) "Preponderance of the evidence" means evidence that has more convincing force than that opposed to it. (*Glage v. Hawes* (1990) 226 Cal.App.3d 314, 324-325.) Thus, claimant has the burden of proving his eligibility for services under the Lanterman Act by a preponderance of the evidence.

3. To be eligible for regional center services, a person must have a qualifying developmental disability. 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. . . . [T]his term shall include intellectual disability, cerebral palsy, epilepsy, and autism. This term shall also include disabling conditions found to be closely related to intellectual disability or to require treatment similar to that required for individuals with an intellectual disability, but shall not include other handicapping conditions that are solely physical in nature.

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

5. A developmental disability must constitute a "substantial disability" in order for an individual to qualify for Lanterman Act services and supports. (Welf. & Inst. Code, § 4512, subd. (a)(1).) "Substantial disability" means "the existence of significant functional limitations in three or more of the following areas of major life activity, as determined by a regional center, and as appropriate to the age of the person: [¶] (A) Self-care. [¶] (B) Receptive and expressive language. [¶] (C) Learning. [¶] (D) Mobility. [¶] (E) Self-direction. [¶] (F) Capacity for independent living. [¶] (G) Economic self-sufficiency." (Welf. & Inst. Code, § 4512, subd. (h)(1).)

6. Excluded from eligibility are handicapping conditions that are solely psychiatric disorders, learning disabilities, and/or disorders solely physical in nature. (Cal. Code Regs., tit. 17, § 54000, subd. (c).) If a person's condition is *solely* caused by one or more of these three "handicapping conditions," the person is not entitled to eligibility.

7. In this case, claimant did not establish by a preponderance of the evidence that he has a "developmental disability" as defined under Welfare and Institutions Code section 4512. It is undisputed that claimant does not have a diagnosis of autism, intellectual disability, cerebral palsy, or epilepsy. Mother seeks eligibility for claimant based on the "fifth category." However, claimant does not have a disabling condition closely related to intellectual disability. Claimant's cognitive functioning and adaptive skills do not reflect a condition closely related to intellectual disability. Nor does claimant have a disabling condition requiring treatment similar to that required for individuals with an intellectual disability. Claimant has been diagnosed with Unspecified Trauma and Stressor Related Disorder and Unspecified Communication Disorder. It was not established that those conditions require the same treatment as the treatment required for intellectual disability. Mother's contention that Dr. Koranda's psychological assessment of claimant was improperly conducted and insufficient was not supported by the evidence.

8. Based on the foregoing, claimant's appeal shall be denied. (Factual Findings 1-29; Legal Conclusions 1-7.)

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ORDER

Claimant's appeal is denied. Service Agency's determination that claimant is not eligible for regional center services is affirmed.

DATE:

ERLINDA SHRENGER

Administrative Law Judge

Office of Administrative Hearings

NOTICE

This is the final administrative decision. Each party is bound by this decision. Either party may request a reconsideration pursuant to subdivision (b) of Welfare and Institutions Code section 4713 within 15 days of receiving the decision, or appeal the decision to a court of competent jurisdiction within 180 days of receiving the final decision.