

**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. CS0026124

OAH No. 2025050772

DECISION

Shanda W. Connolly, Administrative Law Judge, Office of Administrative Hearings, State of California, heard this matter by videoconference on April 27, 2026.

Claimant's Authorized Representative (AR) and claimant's mother (mother) represented claimant, who was not present at the hearing. (Claimant and mother are not identified by name to protect their privacy.) Tami Summerville, Fair Hearings Manager, represented South Central Los Angeles Regional Center (SCLARC).

Oral and documentary evidence was received. The record closed, and the matter was submitted for decision on April 27, 2026.

ISSUE

Whether claimant is eligible for regional center services under the Lanterman Developmental Disabilities Services Act, Welfare and Institutions Code section 4500 et seq. (Lanterman Act). (All further statutory references are to the Welfare and Institutions Code unless otherwise stated.)

EVIDENCE PRESENTED

The documentary evidence at hearing consisted of: SCLARC Exhibits 1 through 5 and Claimant Exhibits A through O. The testimonial evidence at hearing was provided by Laurie McKnight Brown, Psy.D., SCLARC lead psychologist and consultant; Shirley Korula, M.D., SCLARC consulting physician; and mother.

FACTUAL FINDINGS

Parties and Jurisdiction

1. Claimant, an 18-year-old female, asserts she is eligible for regional center services because she has both epilepsy and intellectual disability and/or a "fifth category" condition, i.e., a disabling condition closely related to intellectual disability or requiring treatment similar to that required for individuals with intellectual disability (fifth category). The parties dispute whether claimant has either intellectual disability or a fifth category condition, and they agree claimant has epilepsy and does not have cerebral palsy or autism spectrum disorder (ASD).

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2. On February 11, 2025, SCLARC sent claimant a letter informing her that she is not eligible for regional center services. The evidence did not disclose whether SCLARC issued a Notice of Action.

3. On April 18, 2025, claimant's AR appealed SCLARC's decision, and this hearing ensued.

Diagnostic Criteria

4. There are three conditions at issue in this case: epilepsy, intellectual disability, and fifth category. The ALJ takes official notice of the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition Text Revision (DSM-5) as a highly respected and generally accepted tool for diagnosing mental and developmental disorders. The DSM-5 does not set forth diagnostic criteria for epilepsy, because epilepsy is a neurological condition diagnosed by a physician.

INTELLECTUAL DISABILITY

5. The DSM-5 defines intellectual disability as "a disorder with onset during the developmental period that includes both intellectual and adaptive functioning deficits in conceptual, social, and practical domains." The following three criteria must be met to establish that a person suffers from intellectual disability:

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

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

(DSM-5, p. 33.)

6. To meet the diagnostic criteria for intellectual disability, the deficits in adaptive functioning must be directly related to the individual's intellectual impairments. Onset is during the developmental period. A diagnosis of intellectual disability should not be assumed because of a particular genetic or medical condition. Any genetic or medical diagnosis is a concurrent diagnosis when intellectual disability is present. (DSM-5, p. 39-40.)

7. The DSM-5 states that "[i]ntellectual functioning is typically measured with individually administered and psychometrically valid, comprehensive, culturally appropriate, psychometrically sound tests of intelligence. Individuals with intellectual disability have scores of approximately two standard deviations or more below the general population mean, including a margin for measurement error (generally +5 points). On tests with a standard deviation of 15 and a mean of 100, this involves a score of 65-75. (70 +/- 5)." (DSM-5, p. 37.) At the same time, the DSM-5 recognizes that Intelligence Quotient (IQ) test scores "are approximations of conceptual

functioning but may be insufficient to assess reasoning in real-life situations and mastery of practical tasks." Thus, "a person with an IQ score above 70 may have such severe adaptive behavior problems in social judgment, social understanding, and other areas of adaptive functioning that the person's actual functioning is comparable to that of individuals with a lower IQ score." (*Ibid.*)

FIFTH CATEGORY

8. What is often referred to as the fifth category is not a diagnosis recognized by the DSM-5, but instead was created pursuant to the Lanterman Act for a person who has disabling conditions found to be closely related to intellectual disability or requiring treatment similar to that required for individuals with an intellectual disability.

Claimant's Background

9. Claimant lives within SCLARC's service catchment area with her mother and brothers. Claimant was born full-term without significant complications and met her developmental milestones. When claimant was 16, she had several strokes and underwent multiple surgeries for a cerebral aneurism and several back aneurisms caused by a genetic vascular malformation. Claimant had a total of three seizures in September 2023, November 2023, and July 2024, respectively, and she sought regional center services at age 17. Claimant is a senior in high school in Los Angeles, but has had many absences due to medical problems associated with her strokes.

10. On June 10, 2024, when claimant was in tenth grade, she had an initial Individualized Education Program (IEP) team meeting with her school district. The IEP report noted that claimant was in the general education curriculum, and had writing skills in the average range. Due to her recent surgeries, claimant had weakness in her

right side and was using a cane as an assistive device. Specifically, the IEP report described the impact of claimant's disability: "[claimant's] educational eligibility is other health impairment (OHI) due to acute health problems and related challenges [because of her recent] surgery [that] affects her gross motor skills, specifically in the area of physical fitness (endurance), which impacts her involvement and progress in the general education curriculum." (Ex. 4, p. A39.) Claimant expressed to the IEP team her interest in becoming a chemist and in reading poetry. The IEP report recommended claimant seek rest periods as needed, limit contact sports and exposure to illness, monitor for symptoms of a seizure, and receive physical therapy one to five times monthly. Claimant's IEP goals were to address endurance and reading.

SCLARC's Denial of Eligibility

11. In a Psychosocial Assessment dated November 16, 2024, when claimant was 16 years old, Maritza Cortes evaluated claimant for regional center eligibility at SCLARC. Ms. Cortes noted that claimant had been diagnosed with a seizure disorder, arteriovenous fistula, paraparesis of both legs, and neurogenic bladder and bowel, and that claimant had had two previous strokes. Ms. Cortes stated that claimant's mobility was limited due to frequent dizziness and headaches, and she received physical and occupational therapy sessions monthly to improve her strength, balance, and overall function. Claimant reported using utensils, caring for her own bathroom needs, and preparing simple food. Although mother reported that claimant's cognitive abilities were affected by her medical history, including her information retention and short-term memory, Ms. Cortes noted that a June 2024 psychoeducational evaluation she reviewed from claimant's school found no significant cognitive concerns. Ms. Cortes recommended that claimant receive a psychological evaluation to evaluate her for a

developmental disability, and that a multidisciplinary team determine claimant's eligibility.

12. On December 9, 2024, claimant received a psychological assessment by Robert Koranda, Psy.D., a consulting psychologist for SCLARC. Dr. Koranda reviewed all available records, interviewed mother, observed claimant, and administered the Memory Validity Profile (MVP), the Leiter International Performance Scale, third edition (Leiter-3), the Social Responsiveness Scale, second edition (SRS-2), and the Adaptive Behavior Assessment System, third edition (ABAS-3). Although claimant's scores on the ABAS-3, which tests adaptive functioning abilities, were in the extremely low range, Dr. Koranda attributed the scores to her multitude of medical issues, not deficits in her general mental abilities. Based on the Leiter-3, claimant had nonverbal IQ of 113 in the above average range, and Dr. Koranda determined claimant had no notable cognitive impairment. Dr. Koranda found that claimant did not meet the criteria for intellectual disability and diagnosed claimant with unspecified neurocognitive disorder that he attributed to her strokes. Dr. Koranda recommended that claimant continue receiving support at school for her educational needs, continue physical therapy at school to improve her coordination and balance, and seek occupational therapy at school.

13. In its February 11, 2025 letter to claimant, SCLARC informed mother that an interdisciplinary team determined that claimant was not eligible for regional center services because claimant did not have a qualifying developmental disability that was substantially disabling. SCLARC recommended that claimant continue with her regular medical treatment.

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Claimant's Additional Evidence Submitted Prior to the Hearing

14. Claimant submitted an occupational therapy assessment from California Children's Services (CCS) dated July 23, 2024, when claimant was 16 years old. The assessment noted a diagnosis of subarachnoid hemorrhage with an onset of September 11, 2023, and stated that claimant had had a seizure while at her doctor's appointment but was able to return home the same day. Claimant had fatigue and weakness in both legs, and was using a wheelchair and a cane as assistive devices. Claimant's speech was intact, and she was able to dress and care for her hygiene. Based on referral by Robert Kay, M.D., a CCS consulting physician, Yesenia Solis, an occupational therapist for CCS, assessed claimant, and recommended claimant receive occupational therapy six times a year for one year. Ms. Solis indicated that claimant preferred sitting while showering and was able to walk up to an hour at a time.

15. Claimant also submitted an IEP dated June 5, 2025, based on a May 22, 2025 meeting. The IEP stated that claimant had not met her goals in reading, gross motor skills, and endurance, and that her health and absences due to her OHI impacted her progress. Claimant had expressed to the IEP team her desire to pursue higher education following high school. The IEP cited claimant's progress in fitness and motor skills, such as being able to walk without a cane, ascend and descend stairs, and jog for a short period with her dog. (Ex. F, p. B21, B23.) The IEP further noted claimant continued to be enrolled in the general education curriculum. (Ex. F, B40.)

16. On May 22, 2025, Carolina Guajardo, a speech and language pathologist at John Tracy Center, provided an initial Speech Evaluation of claimant, based on the referral of her physician. Ms. Guajardo observed claimant and administered the Comprehensive Assessment of Spoken Language, second edition (CASL-2), which revealed language skills in the average range. Ms. Guajardo found that claimant did

not have a communication disorder and did not demonstrate a need for language and speech services.

17. In addition, claimant presented several letters from Allyssa Cayago, a pediatric nurse practitioner at Children’s Hospital Los Angeles (CHLA), where claimant has been receiving treatment following her seizures. In a February 27, 2025 letter, Ms. Cayago stated that claimant had a diagnosis of seizures and residual right lower extremity weakness, and she had some difficulty with mobility due to her vascular malformations. Ms. Cayago noted in a May 22, 2025 letter that claimant experiences seizures and headaches, and recommended an accommodation of headphones during school to reduce the risk of worsening headaches. In a September 4, 2025 letter, Ms. Cayago noted claimant’s diagnosis of epilepsy and her continued lower right extremity weakness, and recommended assistive devices, access to elevators, and extra time for transitions, as well as physical, occupational, and speech therapy. In a November 19, 2025 letter, Ms. Cayago stated that claimant continues to seek treatment for her diagnosis of epilepsy and migraines, which caused her to miss school, and asked claimant to be excused when she is experiencing symptoms or a severe migraine attack.

18. Claimant submitted several letters from Hassan Halawai, M.D., her primary treating doctor, written in December 2025, requesting that she be excused from school and noting that claimant had severe migraines and was “missing many days at school due to medical reasons.” (Ex. O, p. B63.)

Hearing Testimony provided by SCLARC

19. At the hearing, Dr. Brown testified consistent with the December 9, 2024 evaluation of claimant by Dr. Koranda, SCLARC’s consulting psychologist, and stated

that she was on the interdisciplinary team that determined claimant was not eligible for regional center services. Dr. Brown deferred to Dr. Korula regarding claimant's medical conditions, including claimant's seizures and epilepsy diagnosis, and any functions of daily living impacted by those conditions, such as mobility. Dr. Brown reviewed all SCLARC's evaluations of claimant, as well as all records claimant provided to SCLARC after its denial of eligibility, which included some but not all of claimant's hearing exhibits. Dr. Brown testified that claimant was not substantially disabled in the areas of language, self-care, self-direction, learning, capacity for independent living, and economic self-sufficiency. Dr. Brown further explained that claimant's IEP, which noted "no cognitive concerns," and Dr. Korula's assessment that claimant has above average cognitive functioning, supported SCLARC's conclusion that she did not have intellectual disability or a fifth category developmental disability. In addition, Dr. Brown noted that the fact that claimant did not receive an IEP until she was 16 suggested she had no pervasive deficits in her early developmental period, which further supported the conclusion that claimant did not have intellectual disability or fifth category disability. Dr. Brown explained that the interdisciplinary team acknowledged severe medical conditions impacted claimant, and some records showed progress and improvement in those conditions.

20. In addition, Dr. Korula testified consistent with Dr. Koranda's evaluation, and stated that she was on the interdisciplinary team that determined claimant was not eligible for regional center services. Dr. Korula reviewed SCLARC's evaluations of claimant, as well as claimant's exhibits, several times. Dr. Korula agreed with Dr. Brown that claimant does not have intellectual disability or fifth category disability, and stated that claimant was not substantially disabled in the areas of language, self-care, self-direction, learning, capacity for independent living, and economic self-sufficiency. In addition, Dr. Korula explained that claimant could maintain employment in an

environment with reasonable accommodations and could take public transportation. Dr. Korula testified that claimant's genetic vascular malformations caused her stroke at the age of 16. Following the stroke, claimant's medical condition, vascular malformations in her spinal cord, caused weakness in her lower extremities that have impacted her mobility. Dr. Korula also cited the improvement in claimant's mobility noted in the June 2025 IEP, specifically that claimant could ascend stairs without assistance and jog with her dog. In addition, Dr. Korula explained that although claimant was diagnosed last year with epilepsy, which was a developmental disability, that condition did not cause any substantial disability because her seizures were controlled by medication. Furthermore, Dr. Korula confirmed that no additional documentation was necessary for her to render an opinion as to whether claimant had a developmental disability that is substantially disabling.

Mother's Testimony at Hearing

21. Mother testified that claimant has missed many days of school due to pain and dizziness caused by her migraine headaches. Claimant has problems with mobility, and she is weak and tires easily. Claimant also has problems with reading because she confuses words and sometimes has short-term memory problems. Mother disagreed that claimant could live independently, and maintained that claimant is substantially disabled in her mobility, learning, and ability to live independently. Mother stated she is seeking regional center services in order to receive personal assistance for claimant.

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Claimant's Eligibility for Services

QUALIFYING CONDITION

22. The parties do not dispute that claimant has epilepsy, a qualifying developmental disability.

23. Claimant did not prove by a preponderance of the evidence she has either intellectual disability or a fifth category condition. Mother's testimony did not outweigh SCLARC's evidence, including the credible testimony of Dr. Brown and Dr. Korula and the assessment by Dr. Koranda, that claimant does not have intellectual disability or a fifth category disability.

SUBSTANTIAL DISABILITY

24. Claimant did not prove by a preponderance of the evidence she is substantially disabled by epilepsy. Claimant's epilepsy is well-controlled by medication, and any deficits in her mobility resulted from her genetic vascular malformations, not epilepsy. In addition, the evidence did not prove that claimant is substantially disabled in any other major life area set forth in the Lanterman Act.

LEGAL CONCLUSIONS

Burden and Standard of Proof

1. Because claimant is the party asserting a claim, she bears the burden of proving, by a preponderance of the evidence, that she is eligible for government benefits or services. (See Evid. Code, §§ 115 and 500.) A preponderance of the

evidence means evidence that has more convincing force than that opposed to it. (*People ex rel. Brown v. Tri-Union Seafoods, LLC* (2009) 171 Cal.App.4th 1549, 1567.)

Applicable Law

2. The Lanterman Act defines a developmental disability as a disability that originates before an individual attains 18 years of age; continues, or can be expected to continue, indefinitely; and constitutes a substantial disability for that individual. A developmental disability includes intellectual disability, cerebral palsy, epilepsy, autism, and other conditions similar to intellectual disability or requiring treatment similar to that required by individuals with intellectual disability, i.e., the fifth category. (Welf. & Inst. Code, § 4512, subd. (a).)

3. In *Mason v. Office of Administrative Hearings* (2001) 89 Cal. App.4th 1119, 1129, the California Court of Appeal provided general guidance regarding the fifth category: "The fifth category condition must be very similar to [intellectual disability], with many of the same, or close to the same, factors required in classifying a person as [intellectually disabled]. Furthermore, the various additional factors required in designating an individual developmentally disabled and substantially handicapped must apply as well." It is therefore important to consider factors required for a diagnosis of intellectual disability when assessing fifth category eligibility.

4. "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: (1) self-care, (2) receptive and expressive language, (3) learning, (4) mobility, (5) self-direction, (6) capacity for independent living, and (7) economic self-sufficiency. (Welf. & Inst. Code, § 4512, subd. (1)(1).)

5. Also taken into consideration when determining whether a person has a substantial disability are the Association of Regional Center Agencies guidelines (ARCA Guidelines). (Ex. 5.) The ARCA Guidelines set forth the following in assessing limitations in certain categories: (1) self-care (hygiene, grooming, and feeding); (2) receptive and expressive language (standardized measures of receptive and expressive language, receptive language abilities, and expressive language abilities); (3) learning (general intellectual ability, academic achievement, retention, and reasoning); (4) mobility; (5) self-direction (emotional development, interpersonal relations, and personal judgment); (6) capacity for independent living (difficulty performing household tasks, management of multiple step domestic activities; (7) ability to be left unsupervised, difficulty with money management, and basic steps to obtain health care); and (8) economic self-sufficiency (capacity to obtain and maintain employment without significant support).

Determination of Claimant's Ineligibility for Services

6. Claimant did not prove by a preponderance of the evidence she is eligible for regional center services. As set forth in Factual Finding 23, claimant did not prove she has intellectual disability or fifth category disability. In addition, as set forth in Factual Finding 24, claimant did not prove her epilepsy is substantially disabling. Accordingly, claimant does not have a qualifying developmental disability that makes her eligible for regional center services under the Lanterman Act.

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ORDER

Claimant's appeal is denied. Claimant is not eligible to receive regional center services at this time.

DATE:

SHANDA W. CONNOLLY

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.