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

## In the Matter of:

## CLAIMANT

## and

## SAN ANDREAS REGIONAL CENTER, Service Agency.

## DDS No. CS0028109

## OAH No. 2025070138

### DECISION

Administrative Law Judge Holly M. Baldwin, State of California, Office of Administrative Hearings, heard this matter on August 22, 2025, by videoconference.

Claimant was represented by her mother. Claimant was not present at hearing.

Executive Director’s designee James Elliott represented San Andreas Regional Center (SARC), the service agency.

The record closed and the matter was submitted for decision on August 22, 2025.

# ISSUE

Is claimant eligible or provisionally eligible for regional center services under the Lanterman Developmental Disabilities Services Act (the Lanterman Act)?

# FACTUAL FINDINGS

## Background

1. Claimant was born in December 2024 and is now eight months old. She lives with her parents and older siblings.

2. Claimant is receiving Early Start Program services from the Santa Clara County Office of Education (SCCOE) and SARC. She entered this program when she was 21 days old. Early Start is for infants and children up to age 36 months who have medical conditions, developmental delays, or risk factors that place them at increased risk for developmental delay or disability. (Gov. Code, § 95014.)

3. Claimant's parents requested that SARC also assess claimant for provisional or ongoing eligibility for regional center services under the Lanterman Act.

The Lanterman Act provides ongoing lifetime assistance from regional centers to people with five specified types of developmental disabilities: intellectual disability, cerebral palsy, epilepsy, autism, or any other condition "closely related to intellectual disability or [requiring] treatment similar to that required for individuals with an intellectual disability" (commonly called the "fifth category"). (Welf. & Inst. Code, § 4512, subd. (a)(1) [all subsequent statute citations are to the Welfare and Institutions Code].) The eligible condition must begin before the age of 18, must be permanent, and must be a substantial disability for the person. "Substantial disability" means the person has significant functional limitations, as appropriate to the person's age, in three or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency. (§ 4512, subd. (*l*)(1).)

For children under age five, the Lanterman Act allows for "provisional eligibility" if the child has a disability that is "not solely physical in nature" and has significant functional limitations in two or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, and self-direction. (§ 4512, subd. (a)(2).) Provisional eligibility does not require diagnosis with any specific condition. A provisionally eligible child will be reassessed before the age of five to determine eligibility for ongoing services. (*Id.*, subd. (a)(4).)

4. On May 20, 2025, SARC issued a notice of action and denial letter, finding that claimant was neither provisionally eligible nor fully eligible under the Lanterman Act. After additional documents were reviewed, SARC issued a second notice of action and denial letter on June 24, 2025, again finding claimant was neither provisionally eligible nor fully eligible. SARC determined that claimant has not been diagnosed with one of the five Lanterman Act eligible conditions, and that she had shown significant functional limitations in only one area (self-care). SARC agrees that claimant has delays and special needs, but contends that these do not rise to the level of significant functional limitations in any other area of major life activity.

5. Claimant's mother contends that even if claimant is not fully eligible at this time, claimant is provisionally eligible due to significant functional limitations in self-care, language, and mobility.

## Claimant’s Medical Records and Assessments at Stanford LPCH

6. Claimant was born at full term at Sequoia Hospital in December 2024. Claimant was transferred to Lucile Packard Children’s Hospital (LPCH) at Stanford at two days old, where she spent two weeks in the neonatal intensive care unit (NICU).

7. Claimant has been diagnosed with multiple congenital abnormalities, including dysgenesis of the corpus callosum (a defect in the connection between the two hemispheres of the brain), bilateral club feet, hypotonia (low muscle tone), and micrognathia (underdeveloped lower jaw). She has problems swallowing, breathing, and managing secretions. Claimant is dependent on an NG (nasogastric) tube for feeding and requires supplemental oxygen.

8. Claimant is a patient in the Stanford Children’s Health Developmental-Behavioral Pediatrics Clinic at LPCH, being treated by developmental-behavioral pediatrics physician Elizabeth Barrington, M.D., and numerous other specialists. Claimant also has a primary care provider at Sutter Pediatrics in Mountain View.

9. Dr. Barrington wrote a letter to the SARC intake team on May 28, 2025. She reported that claimant has been diagnosed with global developmental delay, gross motor delay, fine motor delay, speech/language delay, dysgenesis of the corpus callosum (confirmed by brain MRI), NG tube fed newborn, clubfoot of both lower extremities, and observation for suspected genetic condition. Dr. Barrington opined:

> It is my assessment that her disability is expected to continue indefinitely and is substantial[,] meaning she will have significant limitations in self care, language, learning, mobility and self direction. If at this time it is determined [claimant] does not meet these criteria by your standard I

> request you evaluate[] for <u>provisional eligibility</u> for
> Lanterman Act services.

(Emphasis in original.)

Dr. Barrington attached her report from claimant's evaluation on May 21, 2025, at a High-Risk Infant Follow-up (HRIF) visit at the Stanford Children's Infant Development Specialty Program. The clinical evaluation team included Dr. Barrington, four developmental-behavioral pediatric nurse coordinators, and two social workers. Dr. Barrington's overall impressions stated: "Based on today's assessments, [claimant] demonstrates language, early cognitive, motor, and social developmental skills that are delayed for her chronological age." She noted the eight diagnoses listed above, and provided the team's recommendations: continue with Early Start services; increase infant development services frequency to weekly; continue with feeding therapy; refer to occupational therapy; increase physical therapy frequency to weekly; continue care with medical specialists (gastroenterology, metabolic/genetics, neurology, ophthalmology, orthopedics, otolaryngology (ENT), and pulmonology); obtain an audiology screening; continue follow-up visits with Dr. Barrington's clinic; pursue Medi-Cal coverage via institutional deeming; and pursue Lanterman Act services.

Dr. Barrington cited the Lanterman Act's criteria for provisional eligibility, concluding: "It's my opinion that [claimant] should meet criteria for provisional eligibility and the family should request [s]he be evaluated to continue to receive regional center services."

Dr. Barrington then provided a detailed summary of the clinical data supporting her opinions and recommendations, including a review of claimant's medical records since birth, the parents' caregiver concerns, therapeutic and educational interventions being received by claimant, social history of claimant’s family, findings from Dr. Barrington’s physical and neurological examination of claimant on May 21 (Factual Finding 11), and the results of developmental assessment tests administered by Dr. Barrington on May 21 (Factual Findings 12-13).

10. Parental caregiver concerns documented by Dr. Barrington include speech and language, motor skills and movement, and feeding and growth. Claimant has challenges feeding and breathing, and is primarily dependent on the NG tube for feeding. She needs to be positioned on her side for feeding due to acid reflux, but this requires removal of the bar bracing her feet. Claimant goes to a regular (non-medical) daycare, but there are problems because when claimant pulls out her NG tube the daycare provider cannot re-insert it, and if claimant is choking on her secretions the daycare sends her home.

11. Dr. Barrington conducted a neurological examination of claimant on May 21, 2025, noting abnormal findings on oral motor function (feeding, swallowing, management of secretions) and muscle tone.

12. On May 21, 2025, Dr. Barrington administered the Capute Scales developmental measure, consisting of two scales: the Cognitive Adaptive Test (CAT) and the Clinical Linguistic and Auditory Milestone Scale (CLAMS). The Capute Scales assess the visual, motor, cognition, and language streams of development from birth to 36 months. A developmental quotient (DQ) is calculated from the child’s age-equivalent functioning divided by the chronological age. Typical development is shown by a DQ of 86 or higher, and borderline delays are shown by a DQ between 71 and 85. DQ scores of 70 or lower indicate “significant delays in development.” Claimant received a DQ of 69 on the language auditory CLAMS, and a DQ of 63 on the cognitive adaptive CAT, for a full scale Capute score of 66.

13. Dr. Barrington also administered the Bayley Scales of Infant-Toddler Development, Fourth Edition, Gross Motor domain, on May 21, 2025. This measure assesses quality of movement and perceptual motor integration, as well as basic milestones of prehension and locomotion. The measure produces an age equivalence and a scaled score. The scaled score has an average score of 10, with scaled scores of 7 to 13 being the average range. Claimant received a scaled score of 6, which was noted as being in the "delayed" range.

## MEDICAL HISTORY

14. Since being discharged from the NICU, claimant has been re-hospitalized briefly on two occasions due to respiratory illness and gastroenterology concerns.

15. Claimant is being treated by orthopedic specialists. She had a series of repeat bilateral casts applied for stretching of her club feet, nearly weekly from January to March 2025. Claimant had Achilles tendon surgery on March 10, 2025, followed by post-surgical casting. She has had boots and splints applied since late March 2025. At hearing, claimant's mother explained that claimant wears boots with an attached bar that holds her feet apart at a distance wider than her shoulders.

16. Claimant is receiving physical therapy at LPCH. Physical therapy notes reflect that claimant had been assessed on the Alberta Infant Motor Scale (AIMS) with a score of 3/58 (below the 5th percentile). The physical therapist recommended ongoing physical therapy for cervical spine stretching, strengthening, promotion of symmetrical gross motor development, and progression of home program.

17. Claimant is receiving feeding therapy at LPCH's speech-language pathology clinic, due to her problems sucking, swallowing, and breathing. Claimant is also receiving evaluations and treatment from LPCH's aerodigestive/gastroenterology

clinics, ENT clinic, and pulmonology clinic, for problems with her breathing, eating, and management of secretions.

18. A neurological evaluation was performed at LPCH on March 20, 2025. The evaluation noted claimant's hypotonia, dysgenesis of corpus callosum, history of FGR [fetal growth restriction] and other congenital anomalies. The neurologist wrote:

> To date, [claimant's] evaluations have not yielded a unifying diagnosis for her congenital anomalies. During her inpatient admission, discussed with parents that callosal dysgenesis can be accompanied by a wide range of neurodevelopmental outcomes. Given her multiple anomalies, she may be at slightly higher risk for developmental differences, but her progression and improvement since discharge with therapies is reassuring. [¶] Her development at this point seems on track for age at this time outside her mild appendicular hypotonia.

The neurologist recommended ongoing visits at the neurology and HRIF clinics.

19. A letter dated April 28, 2025, from Michelle Ly, C.P.N.P., at the office of claimant's primary care provider, confirmed claimant's diagnoses and needs for physical therapy, occupational therapy, and speech therapy. Ly noted claimant's severe obstructive sleep apnea, poor secretion management, and frequent episodes of loud, wet breathing. Flexible nasolaryngoscopy confirmed pooled secretions and moderate dynamic supraglottic prolapse, increasing claimant's risk of aspiration and respiratory distress. She needs additional support to help with development and day-to-day care.

20. A repeat sleep study was performed in June 2025, confirming a diagnosis of severe obstructive sleep apnea. Pulmonology notes from July 2025 also reflect that claimant has been prescribed home oxygen.

## Early Start IFSP and BDI-3 Assessments

21. Claimant's initial Early Start assessment and IFSP (Individualized Family Service Plan) were completed on January 29, 2025, by SCCOE, SARC, and claimant's mother. This assessment included information gathered for the Batelle Developmental Inventory, Third Edition (BDI-3), based on parent report. However, claimant was only 21 days old at that time and remained asleep throughout a videoconference assessment.

The IFSP set outcomes related to claimant's communication, motor skills, learning, and vision and hearing. Claimant receives Early Start services from the SCCOE orthopedic impairment team. The IFSP provides that claimant will receive service coordination, specialized instruction, occupational therapy, speech and language therapy, family support and education, and school nurse consultation.

22. Claimant's IFSP was amended April 14, 2025, to state home visit specialized instruction will be monthly and occupational therapy every other month.

23. An updated BDI-3 assessment was performed by the Early Start team on June 11, 2025, when claimant was 5 months and 26 days old. The BDI-3 included assessments of claimant's skills in five domains: gross motor and fine motor (by occupational therapist Sarah Gianocaro), adaptive self-care (by Gianocaro), receptive and expressive communication (by speech-language pathologist Sandy Hermsmeier), cognitive (by early childhood special education teacher Yin Yee Leung), and social-emotional (by Leung). These BDI-3 scores are set forth in Factual Finding 33.

24. Claimant's IFSP was amended on June 11, 2025, to reflect that the team discussed claimant's BDI-3 assessment and to clarify coordination responsibilities between SARC and SCCOE. It also provided that SARC would review the new BDI-3 and medical information.

## SARC Eligibility Assessment

25. SARC provided two versions of its Early Start Unit's "3-year-old eligibility routing form" for claimant, dated April 24, 2025, and June 13, 2025. Both forms stated claimant was neither provisionally eligible nor fully eligible for Lanterman Act services.

(a) The April 24 eligibility routing form includes psychologist comments stating that based on a records review, there is no diagnosis of autism or intellectual disability; the BDI-3 scores (from when claimant was 21 days old) appeared "appropriate for age"; and self-care is the only area to monitor. The psychologist recommended that an updated BDI-3 assessment be completed. This routing form also includes nurse comments that also recommended an updated BDI-3, and noted the lack of any cerebral palsy or epilepsy diagnosis.

(b) The June 13 eligibility routing form includes notations from the service coordinator regarding the updated BDI-3 assessment on June 11, 2025, with the scores in the various areas noted in terms of unlabeled percentages. (Upon a comparison to the raw score sheet from the Early Start providers, it appears the service coordinator was referring to the "% below age level" figures on the raw score sheet.) The psychologist comments state "see other page" (it is not clear what page this refers to). The nurse comments again note no cerebral palsy or epilepsy diagnosis, and stated that the genetics report clinical exome sequence analysis is negative for any suspected genetic condition. The nurse stated only raw BDI-3 scores were provided, but the only area of deficiency is self-care, likely due to the NG tube and feeding difficulties.

26. Claimant's mother appealed the eligibility determination on July 1, 2025.

## TESTIMONY OF DR. ELLIS

27. Azelin Ellis, Psy.D., testified at hearing. Dr. Ellis works for SARC as an ASD and clinical manager, overseeing staff psychologists in the intake and Early Start departments. She is a licensed clinical psychologist, has worked for SARC for 10 years, and is experienced in evaluating young children for regional center eligibility. She did not personally observe claimant, but she reviewed SARC's file and the documents provided by claimant. The psychologist comments on the eligibility routing forms (Factual Finding 25) were from Dr. Ellis.

28. In the opinion of Dr. Ellis, the information available about claimant at this time did not show she is eligible or provisionally eligible under the Lanterman Act. She emphasized that claimant will remain in the Early Start program and will be reassessed as she approaches the age of three, and that ongoing or provisional Lanterman Act eligibility can be revisited.

29. Dr. Ellis is familiar with dysgenesis of the corpus callosum, and stated that while this could be the underlying cause of intellectual disability or a fifth-category condition (once a child is old enough to conduct IQ testing), it is not in itself an eligible condition under the Lanterman Act. She acknowledged that it is permanent.

30. Dr. Ellis also is familiar with the diagnosis of global developmental delay, stating that this is a catch-all diagnosis for children under the age of five with delays in one or two areas. Sometimes it is a predictor of ongoing delays, but not always.

31. Dr. Ellis acknowledged that claimant's hypotonia and club feet have caused limitations in her mobility and delayed gross motor skills. It is unknown whether claimant's hypotonia will continue; it may resolve over time.

32. Dr. Ellis noted that children may have developmental delays due to physical medical conditions that are not considered "developmental disabilities" as defined by the Lanterman Act. She also noted that provisional eligibility requires that the child's disability be "not solely physical."

33. Dr. Ellis discussed the BDI-3 assessment at some length. She explained that children in the Early Start program get an updated BDI-3 assessment every six months, to measure their development over time. SARC received raw BDI-3 scores for claimant from the Early Start providers, which SARC transferred to standardized scaled scores based on a worksheet from the BDI-3 manual. The scaled scores provide a normative measure based on the age of the child, and a percentile rank.

The BDI-3 assessment for claimant in June 2025, at the age of five months, yielded the following scores. (The information noted in parentheses for the scores below was included on the raw score sheet.)

- Gross motor: raw score 14, (age equivalent four months, 20 percent below age level), translating to a scaled score of 9 and 37th percentile rank.
- Fine motor: raw score 8, (age equivalent four months, 20 percent below age level), translating to a scaled score of 9 and 37th percentile rank.
- Adaptive/self-care: raw score 2, (age equivalent zero months, 100 percent below age level), translating to a scaled score of 1 and less than the 1st percentile rank.

- Receptive communication: raw score 8, (age equivalent five months), translating to a scaled score of 10 and 50th percentile rank.
- Expressive communication: raw score 7, (age equivalent six months), translating to a scaled score of 11 and 63rd percentile rank.
- Cognitive/attention and memory: raw score 10, (unable to obtain age equivalent), translating to a scaled score of 9 and 37th percentile rank.
- Cognitive/perception and concepts: raw score 4, (age equivalent two months, 60 percent below age level), translating to a scaled score of 8 and 25th percentile rank.
- Social-Emotional/adult interaction: raw score 10, (age equivalent three months, 40 percent below age level), translating to a scaled score of 8 and 25th percentile rank.
- Social-Emotional/self concept and social role: raw score 9, (age equivalent six months), translating to a scaled score of 9 and 63rd percentile rank.

Dr. Ellis characterized the 25th and 37th percentiles as falling within the "average" range for the BDI-3.

34. At the beginning of her testimony, Dr. Ellis discussed the difference between a delay and a substantial impairment. She stated "substantial impairment" in an area of major life activity for purposes of Lanterman Act eligibility corresponds to roughly the 3rd or 4th percentile rank, while scores showing delays may be not as low. In her later testimony about claimant's BDI-3 scaled scores, Dr. Ellis stated that the 5th percentile rank was a rough cut-off for substantial impairment. (The scoring worksheet for claimant's BDI-3 scores contains a hand-drawn horizontal line between the rows for

5th percentile rank/scaled score 5 and 9th percentile rank/scaled score 6). When asked why the 5th percentile rank was used as the cutoff for Lanterman Act "substantial impairment," Dr. Ellis simply stated they are looking for the very bottom of the bell curve. Dr. Ellis did not otherwise explain the basis for using the 5th (or 3rd or 4th) percentile as a numerical threshold.

35. In Dr. Ellis's opinion, based on claimant's BDI-3 scores, claimant's only area of substantial impairment was self-care, with the scores in other areas reflecting less significant delays. The area of self-care encompasses feeding skills. She also noted that claimant's dependence on an NG tube may not be permanent.

36. Dr. Ellis was asked about the language and cognitive scores documented by Dr. Barrington at Stanford, and agreed generally these go to the area of learning, but emphasized that one cannot assume this will be a lifelong delay. Dr. Ellis did not otherwise discuss the Capute Scales or Bayley Scales administered by Dr. Barrington, and did not explain why she rejected or disagreed with Dr. Barrington's opinion that claimant meets the criteria for provisional eligibility.

### TESTIMONY OF LIZ SCHLIE

37. Elizabeth "Liz" Schlie, R.N., testified at hearing. She is a licensed registered nurse and works for the SARC Early Start department. Schlie did not personally observe claimant, but she reviewed the documents. The nurse comments on the eligibility routing forms (Factual Finding 25) were from Schlie.

38. Schlie's role in the eligibility process is to look at cases with cerebral palsy, epilepsy, or other medical diagnoses. She noted claimant's issues related to club feet, dysgenesis of the corpus callosum, NG tube feeding, and sleep apnea. Schlie

acknowledged claimant has many medical needs, but in her opinion these are solely physical disabilities.

39. In Schlie’s opinion, claimant does not have an eligible diagnosis for Lanterman Act eligibility, and is not provisionally eligible because she does not have significant functional limitations in any area other than self-care.

## Claimant’s Additional Evidence

40. Claimant’s mother testified at hearing. She is trained as a health economist and has studied pediatric access to care for medically fragile children.

41. Claimant’s mother acknowledges that claimant is a medically fragile infant, but disagrees that her disability is solely physical. Dysgenesis of the corpus callosum is a congenital and permanent brain defect that can result in intellectual disability and emotional regulation problems. The neurologist and ENT also linked this condition to claimant’s hypotonia, motor delay, and problems managing secretions.

42. Club feet have delayed and impaired claimant’s motor skills. Claimant’s orthopedic protocol requires that she lay on her back, wearing boots with a brace that holds her feet apart at a distance wider than her shoulders. This conflicts with her feeding protocol, which requires removal of the boots so that claimant can be positioned on her side for feeding due to reflux.

43. In addition to tube feeding, claimant must be suctioned multiple times daily due to her problems managing secretions. When claimant is congested, the NG tube must be run down her throat instead of her nose. Claimant’s pulmonologist recently upgraded her use of supplemental oxygen from an as-needed basis to

continuous. This limits her participation in normal activities. There is no foreseeable end date for claimant's dependence on NG tube feeding and supplemental oxygen.

44. Claimant's mother emphasized that Dr. Barrington, the developmental pediatrician, administered assessment measures that showed clinically significant delays in cognitive, language, and motor areas. This was the basis for claimant's second request for a Lanterman Act eligibility determination.

45. Claimant is receiving occupational therapy, physical therapy, and speech therapy through Early Start. However, claimant has additional needs, such as pediatric nursing, home health, or medical daycare. Claimant's family cannot purchase these services privately because the providers only accept Medi-Cal (expecting that children who require the services will have Lanterman Act eligibility). Claimant is currently in a non-medical licensed daycare facility, but the provider cannot safely manage both her NG tube feeding and her supplemental oxygen, which has required the family to prioritize feeding, and claimant is not getting her oxygen during the day. This affects her ability to benefit from Early Start services.

46. Claimant's mother contends claimant should be found provisionally eligible because she has significant functional limitations in the areas of self-care, receptive and expressive language, learning, and mobility. She noted that the Lanterman Act does not require waiting until a child reaches the age of three for provisional eligibility.

## Ultimate Factual Findings

47. The evidence did not establish that claimant currently has a diagnosis that constitutes an eligible condition for ongoing Lanterman Act services.

48. Claimant has complex medical needs. However, the evidence indicates that there is a cognitive component to claimant's brain malformation (dysgenesis of the corpus callosum) and thus it is not a disability that is "solely physical in nature." Claimant undisputedly has a significant functional limitation in the area of self-care. While Dr. Ellis did not find that claimant's limitations in other areas were significant, she relied only on the BDI-3. Her testimony regarding the cutoff for finding significant functional impairment under the Lanterman Act was not fully persuasive. Moreover, Dr. Ellis did not address that the Capute Scales administered by Dr. Barrington yielded developmental quotient scores that indicate significant delays in cognitive and linguistic development. Dr. Barrington's opinion that claimant meets the criteria for provisional eligibility was more persuasive than Dr. Ellis's opinion that she does not. The evidence as a whole establishes that claimant has significant functional limitations in the areas of self-care, receptive and expressive language, and mobility.

## LEGAL CONCLUSIONS

1. The State of California accepts responsibility for persons with developmental disabilities under the Lanterman Act. (§ 4500 et seq.) The purpose of the Act is to rectify the problem of inadequate treatment and services for the developmentally disabled, and to enable developmentally disabled individuals to lead independent and productive lives in the least restrictive setting possible. (§§ 4501, 4502.) Lanterman Act services are provided through a statewide network of private, nonprofit regional centers, including SARC. (*Id.*, § 4620.)

2. Claimant bears the burden of establishing that she qualifies under the Lanterman Act for regional center services.

3. A “developmental disability” potentially qualifying a person for services under the Lanterman Act is “intellectual disability, cerebral palsy, epilepsy, [or] autism,” or any other condition “closely related to intellectual disability or [requiring] treatment similar to that required for individuals with an intellectual disability.” (§ 4512, subd. (a)(1); see Cal. Code Regs., tit. 17, § 54000, subd. (a).) Claimant has not established that she has been diagnosed with an eligible condition. (Factual Finding 47.) Thus, she has not met her burden to establish she is eligible for lifetime Lanterman Act services.

4. A child under the age of five is provisionally eligible for regional center services under the Lanterman Act, if the child has a disability that is not solely physical in nature, and has significant functional limitations in two or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, and self-direction. (§ 4512, subd. (a)(2).) Provisional eligibility does not require diagnosis with any specific condition. A provisionally eligible child will be reassessed before the age of five to determine eligibility for ongoing services.

5. Claimant has established that she has a disability that is not solely physical in nature, and that she has significant functional limitations in the areas of self-care, receptive and expressive language, and mobility. (Factual Finding 48.) Claimant has met her burden to show she is provisionally eligible for regional center services.

## ORDER

Claimant's appeal is granted in part and denied in part. Claimant is provisionally eligible for Lanterman Act services. Claimant is not eligible for lifetime Lanterman Act services at this time.

DATE:

HOLLY M. BALDWIN
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.