BEFORE THE
OFFICE OF ADMINISTRATIVE HEARINGS
STATE OF CALIFORNIA

In the Matter of:

CLAIMANT

and

WESTSIDE REGIONAL CENTER

DDS No. CS0030098

OAH No. 2025090872

DECISION

Administrative Law Judge Deena R. Ghaly, Office of Administrative Hearings (OAH), State of California, heard this matter on May 26, 2026, by videoconference.

Claimant's mother (Mother) represented Claimant. Sonia Tostado, Manager of Fair Hearings and Resolutions, represented Westside Regional Center (WRC).

Documentary evidence and testimony were received. The record closed and the matter was submitted for decision on the hearing day.

ISSUE

Whether Claimant is eligible to receive regional center services based on a diagnosis of Autism Spectrum Disorder (ASD) under the Lanterman Developmental Disabilities Services (Lanterman) Act.

EVIDENCE RELIED UPON

The Administrative Law Judge relied on the testimony of Dr. Thompson Kelly and Mother as well as Exhibits 1 through 13, and B through K, in evaluating this matter.

FACTUAL FINDINGS

Jurisdiction

1. Claimant is a 12-year-old male. He was referred to WRC by his pediatrician to determine whether he is eligible for regional center services based on a diagnosis of ASD. Approximately ten years before, Claimant had been evaluated by WRC and found ineligible for services.

2. After completing its evaluations, as well reviewing reports by medical providers and experts retained by Claimant's parents and submitted with his application, WRC's evaluation team determined Claimant did not have a qualifying diagnosis under the Lanterman Act and its regulations. WRC thus denied his application. Claimant timely appealed WRC's decision and this hearing followed.

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Claimant's Evidence

3. In February 2017, when Claimant was approximately two and one-half years old and in preschool, the school's child education director prepared a list of her observations to bring to his parents' attention. Of note, the list includes that Claimant could not focus at school, was not interested in joining groups, was unable to sit still, and was either uninterested in interacting with other children or was overly aggressive and insensitive to them. (See Exh. B, p. Z27.)

4. In July 2017, Claimant's parents retained an observer to document Claimant's actions in preschool. The observation notes reflect that Claimant intermittently strayed away from the other children and, at times, it was difficult for the teacher to get his attention despite repeatedly calling his name. (See Exh D, pp. Z20-Z32.)

5. Over the next few years, parents attempted to find help for Claimant, including taking him to a psychologist for behavior management, a children's social skills group at UCLA, another psychologist for social communication coaching, a speech-language therapist and an occupational therapist. Claimant made limited progress as a result of these interventions.

6. During the period between August and December 2018, when Claimant was four and one-half years old, his parents retained Karin Best, PhD to evaluate him. Dr. Best interviewed Claimant's parents, observed Claimant as he played with Mother and by himself, and administered multiple tests including the Wechsler Preschool and Primary Scales of Intelligence, Fourth Edition (WPPSI-IV), the Beery-Buktenica Developmental Tests of Visual and Motor Skills, the Achenbach Child Behavior

Checklist and Teacher Rating, the Swanson, Nolan, and Pelham Questionnaire, the Social Responsiveness Scale, and the Social Communication Questionnaire (SCQ).

7. In her report, Dr. Best stated that Claimant's Intelligence Quotient (IQ) - related scores were in the low average to average range. (See Exh. I, p. Z64.) Dr. Best also diagnosed Claimant with Attention Deficit Hyperactivity Disorder (ADHD) on a provisional basis because of Claimant's father's limited participation in the evaluation, mixed reports about Claimant's behavior at school and no school observation data. Dr. Best wrote that the SCQ, a survey type test completed by having Claimant answer questions about his behavior, tests for ASD. Based on Father's responses, Claimant's scores on the SCQ were not high enough to indicate ASD. Based on Mother's responses, they were.

8. In August 2022, when Claimant was eight and one-half years old, his parents retained psychologist Joan Browner "to better understand if [Claimant] has AD/HD" (Exh. 10, P. A76) as Claimant's teachers continued to report.

9. Dr. Browner's evaluation of Claimant extended beyond whether he had ADHD. In addition to testing for that condition, Dr. Browner administered a battery of tests to Claimant, including tests to measure IQ including visual and auditory processing, memory, executive processing, psychological conditions, and ASD.

10. To measure his IQ, Dr. Browner administered two tests to Claimant. Due to wide differences in the results of the components of the first of these, Dr. Browner concluded that that test's score for Claimant's overall IQ was invalid. A second test, the General Ability Index, composed of three subtests, Verbal Comprehension, Visual Spatial, and Fluid Reasoning, reflected a composite IQ score falling in the average to above average range. Similarly, Claimant's test results in auditory and visual

processing, organization, memory, and executive functions reflected results largely within the average range.

11. After administering two tests intended to measure whether Claimant had any attention deficits, Dr. Browner found that while he had some aspects of the condition such as distractibility, impulsiveness, and disorganization, he was not suffering from ADHD. Regarding his psychological state, based on tests she administered, Dr. Browner concluded Claimant suffered from significant depression and anxiety.

12. Dr. Browner screened Claimant for autism by having Mother complete a behavioral rating form known as the Gilliam Autism Rating Scale-3. Based on the results – including sensory sensitivities, antisocial behavior, awkward social manner, talking excessively about favorite topics, inability to understand humor, and flat and unchanging tone and affect – Dr. Browner concluded Claimant was in "the Probable Range for being in the high end of the Autism Spectrum." (Exh. 10, p. A84.)

13. Dr. Browner administered drawing tests to try to gain insight into how Claimant relates to his family and others:

> On the **House-Tree-Person Drawing Test**, his drawing of the house and person are floating on the page. This is often suggestive of feelings of insecurity. His tree was small on the page with dark roots on the edge of the page. Roots drawn on the edge of the page are suggestive of feelings of insecurity and inadequacy. His tree had flattened curlicues for the crown of the trees; there are no branches. Branches are interpreted as arms and how a person reaches out in

> their world. [Claimant] is not reaching out and connecting in his world.

(Exh. 10, p. A94 [bold text in original].)

14. A few months after Dr. Browner's assessment, Claimant's parents sought a second opinion from another provider, Karen Schiltz, Ph.D. In October and November 2022, Dr. Schiltz undertook an evaluation consisting of interviewing Claimant and his parents, reviewing rating scales completed by Mother and Claimant's teachers as well as other school records such as report cards, and administering a battery of tests including the Adaptive Behavior Assessment System, Third Edition (ABAS-3); the Autism Diagnostic Observation Schedule, Second Edition (ADOS-2), the Behavior Rating Inventory of Executive Function, Second Edition, Child and Adolescent Memory Profile, a child behavior checklist, a neuropsychology assessment, and multiple other tests.

15. Dr. Schiltz's report begins with the list of Mother's concerns about Claimant: distractibility, needing constant prompting to finish chores and homework; low self-confidence; anxiety; lack of social skills including an inability to engage with his peers; sensory sensitivity to sounds and smells; communication challenges; clumsiness and lack of coordination; overwhelm during challenging academic events such as test-taking; sleep problems; and eye contact avoidance.

16. Dr. Schiltz's own observations of Claimant were that he was cooperative as she administered tests to him but exhibited restlessness, impulsivity, and distractibility, blurting out answers and starting tasks before instructions were fully read to him. She also observed that, while he could engage in conversation, it only flowed naturally when the subject being discussed was one of his interests.

17. Based on test results, Dr. Schiltz concluded Claimant exhibited social-communication/interaction skills deficits and selective patterns of behaviors and interests among other deficits and opined that his challenges were consistent with an ASD diagnosis. Dr. Schiltz wrote in her report that Claimant's performance during the ADOS-2 test results particularly demonstrated his social skills deficits and restricted narrow areas of interest:

> It should be noted that [Claimant] exhibits an intact linguistic capacity in terms of verbal expression. However, challenges with pragmatics (social competence) when the topic was not of his own choice was shown on the ADOS-2: Module 3. This student tended to offer information spontaneously about his topic of interest but encountered problems with reciprocity when the interest was not of his own liking.

(Exh. 9, p. A59.)

18. Dr. Schiltz also concluded Claimant exhibited signs of ADHD.

19. Claimant's symptoms have not significantly improved. A recent communication from one of his current teachers, Tamar Segura, to Mother indicated Claimant's school was not equipped to assist him to the degree he needed and encouraged Mother to overcome any emotional reluctance to fully take in the magnitude of Claimant's problems. (See Exh. H., p. Z47.) Ms. Segura wrote a more detailed letter explaining Claimant's problems, including that he "struggles to engage and connect with his peers during group work" (Exh. Y, p. Z75.)

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20. During the hearing, Mother reported that Claimant's ability to organize tasks from getting ready for the day or keeping track of his school uniform and supplies and completing his homework is virtually nonexistent and he is unable to complete the simplest sequence of tasks without step-by-step prompting. The family has hired a private executive skills coach, Michelle Porjes, to help Claimant keep up with his school work. Ms. Porjes prepared a letter dated "May, 2026" providing:

> I have known [Claimant] now for about 6 months. During these 6 months we have worked on executive functioning and on math.
>
> [Claimant] needs guidance and the presence of an adult to complete schoolwork as well as organize himself. He needs an adult to help him write down tasks to complete as well as to check off what he had done.
>
> With math work specifically, he can shut down and refuse to do the problems if he perceives them as confusing or hard. It is difficult for him to overcome this and move on. Sometimes with a lot of encouragement and strong boundaries he can move on. Other times he becomes rigid and refuses to comply
>
> I believe that he loses focus and gets confused at school and this impacts his ability to do the follow-up work without adult intervention.

(Exh. C, p. Z28.)

21. At the hearing, Mother testified, stating Claimant's longstanding issues with friendship and social connection have not resolved or abated with the treatments parents have already tried. She arranges playdates for Claimant but the children who are invited to Claimant's home never reciprocate with invitations of their own. He continues to have problems learning at school despite the attention and acknowledgment of his teachers of his needs and limitations. He continues to struggle with basic self-care such as brushing his teeth and remembering to shampoo his hair while showering, requiring daily-repeated step-by-step instruction and demonstrations. Mother further described Claimant as so disorganized, he constantly loses his belongings and is unable to assemble what he needs to do his homework. As noted above, the family has resorted to hiring a private coach to help Claimant with basic organizational skills and to assist him with his schoolwork.

WRC Assessment

22. WRC relies on the description of ASD found in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), considered the definitive authority for diagnosing mental and developmental disorders. The DSM-5 defines ASD as follows:

> The essential features of [ASD] are persistent impairment in reciprocal social communication and social interaction (Criterion A), and restricted, repeated patterns of behavior, interests, or activities (Criterion B). These symptoms are present from early childhood and limit or impair everyday functioning (Criteria C and D). . . . Manifestations of the disorder also vary greatly depending on the severity of the

autistic condition, developmental level, and chronological age; hence the term spectrum.

The impairments in communications and social interaction specified in Criterion A are pervasive and sustained. Diagnoses are most valid and reliable when based on multiple sources of information, including clinician's observations, caregiver history, and when possible, self-report.

Deficits in social-emotional reciprocity (i.e., the ability to engage with others and share thoughts and feelings) are clearly evident in young children with the disorder, who may show little or no initiation of social interaction and no sharing of emotions, along with reduced or absent imitation of others' behavior. [¶] . . . [¶]

Autism spectrum disorder is also defined by restricted, repetitive patterns of behavior, interests or activities (as specified in Criterion B), which show a range of manifestations . . . . Some fascinations and routines may relate to apparent hyper- or hypoactivity to sensory input, manifested through extreme responses to specific sounds or textures . . . .

[¶] . . . [¶]

Criterion D requires that the features must cause clinically significant impairments in social, occupational, or other

> important areas of current functioning. Criterion E specifies that the social communication deficits . . . are not in line with the individual's developmental level; impairments exceed difficulties expected on the basis of developmental level.

(Exh. 14, pp. A115-A117.)

23. To measure the presence of substantial disability, another facet of eligibility, WRC relies on the Association of Regional Center Agencies Clinical Recommendations for Defining "Substantial Disability for the California Regional Centers (ARCA). ARCA considers how each of the seven areas of substantial disability – self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living (as assessed in the context of age-appropriate expectations), and economic self-sufficiency-might manifest. Among ARCO's examples of qualifying deficits in self-care are inability to engage in personal hygiene and in self-grooming. ARCO's examples of qualifying deficits in the receptive and expressive language category include difficulty following direction and difficulty understanding and interpreting nonverbal communications. ARCO's examples of qualifying deficits in self-direction include difficulty coping with fear or anxiety, difficulty establishing and maintaining relationships with family or peers, and difficulty maintaining daily schedules. (See Exh. 12, pp. A109-110.)

24. In considering Claimant's application for regional center services, WRC arranged for three assessments. Over two days in May 2024 and one day in December 2024, Kristen Prater, Psy.D., a psychology associate (unlicensed psychologist) working under the supervision of a licensed psychologist, Rebecca R. Dubner, assessed Claimant by interviewing him and Mother and administering the following tests: the

Wechsler Intelligence Scale of Children – Fourth Edition (WISC-IV), an IQ test; the Wide Range Achievement Test, Fifth Edition (WRAT5); Vineland Adaptive Behavior Scales, Third Edition (VABS-III); Childhood Autism Rating Scale, Second Edition (CARS-2); and the Autism Diagnostic Interview-Revised (ADI-R).

25. In the report she prepared after completing her assessment, Dr. Prater noted Claimant was polite, responsive, and cooperative while she evaluated him, that he maintained appropriate eye contact and facial expressions for the circumstances, scored in the average range in the tests administered. During an observation at Claimant's school, she noted Claimant remained quiet and attentive to the teacher even as other students yelled and spoke over the teacher.

26. In evaluating Claimant for ASD, Dr. Prater relied in part on the results of the CARS-2, which is completed based on information from Mother and Dr. Prater's observations and interactions with Claimant. Based on the results of the CARS-2, Dr. Prater concluded Claimant did not demonstrate behaviors typical of children with ASD.

> [Claimant] was able to identify and respond to a variety of facial expressions. He consistently shared eye contact and overall presence with this examiner. His motor movements and coordination were not evident of repetition. He used objects appropriately or functionally. He was not observed to become preoccupied with materials and focus on small details but rather focused on the function of the material. His visual responses appeared typical. His listening responses were age-appropriate. His activity level was typical of a ten-year-old. The results obtained <u>do not</u> support the presence of [ASD].

(Exh. 6, pp. A31-A32 [underlined text in original].)

27. Dr. Prater also opined that a second test she administered to detect the presence of ASD, the ADI-R, also indicated Claimant did not have the condition. The ADI-R tests social relationship quality, communication and language capacity, and presence of repetitive, restricted or stereotyped behaviors. Dr. Prater administered the test by asking Mother a series of questions. According to Dr. Prater, Mother reported Claimant had friends, including a best friend and has been able to maintain friends over time and that he "fluidly engaged in social conversation with his mother and this examiner." (Exh. 6, p. A32.) In her report, Dr. Prater listed each of the criteria listed in the DSM-V supporting an ASD diagnosis and wrote that, based on Mother's responses, Claimant did not exhibit any of the criteria with a single partial exception, namely that with respect to nonverbal communicative behaviors, Claimant "does not always adequately identify more advanced gestures of communications displayed by others [and] [h]e often asks his mother to explain her emotional state further" (Exh. 6, p. A32.) Notably, Dr. Prater's documentation of Mother's responses differ substantially from Mother's representations about Claimant's behavior and habits during the hearing and during interviews with other providers.

28. In January 2025, WRC retained Psychological Associate Karesha Gayles, Psy.D. to complete a multidisciplinary psychological evaluation of Claimant. Dr. Gayles reviewed Claimant's records, interviewed Mother, and administered two tests, the ADOS-2 and the Adaptive Behavior Assessment System, Third Edition, Parent Form (ABAS-3).

29. In the report she prepared after completing her evaluation, Dr. Gayles reported that Mother stated Claimant had difficulty with self-care tasks such as brushing teeth, preparing for bed, or packing appropriately for a trip even when

provided with a written list. Dr. Gayles also wrote of her own observations of Claimant, noting that when he came to her office, he obeyed Mother's direction to put away his phone and otherwise did not demonstrate behavior consistent with an ASD diagnosis. To wit, he was polite, cooperative, "demonstrated good task persistence" (Exh. 8, p. A43), participated in reciprocal conversation and spoke in a clear and articulate manner. "Overall, [Claimant] presented as socially engaged, well-regulated, and developmentally appropriate in behavior and affect during the evaluation." (*Id.*)

30. According to Dr. Gayles, Claimant's ADOS-2 scores, ranging between zero and three, fell below the scores of seven to nine required for an ASD diagnosis. His scores from the ABAS-3 test, which is based on parent observation, fell in the "extremely low range" of adaptive functioning indicating severe and pervasive limitations in adaptive behavior, communication, functional academics, self-direction, social interactions, self-care, and related areas. However, because Dr. Gayles found these scores inconsistent with her own observations, she concluded as follows:

> A significant diagnostic consideration in this case is the marked discrepancy between parent-reported concerns and observed functioning.
>
> Mother reports substantial difficulties in executive functioning, self-care, emotional regulation, and social confidence, including reliance on step-by-step prompting for daily routines, limited independence, and emotional distress related to academic performance. However during direct assessment, [Claimant] demonstrated:
>
> - Independent task completion

- Appropriate self-direction
- Organized behavior
- Emotional insight
- Social engagement and reciprocity
- Practical daily functioning

The pattern suggests that parent-reported concerns may reflect situational stressors, family dynamics, academic pressures, or emotional factors, rather than a global neurodevelopmental disability. Such discrepancies are not uncommon in cases involving his parental stress, financial burden of services, and prolonged engagement with diagnostic systems, and should be interpreted cautiously.

Overall, [Claimant's] presentation did not meet DSM-5 criteria for [ASD], nor did he demonstrate substantial functional limitations in three or more major life areas as required for Regional Center eligibility. The findings suggest that his reported difficulties are more consistent with executive functioning challenges, academic stress, and emotional factors rather than a qualifying developmental disability.

(Exh. 8, pp. A46-A47.)

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31. During the hearing, Thompson Kelly, PHd, a licensed psychologist and WRC's Manager of Intake and Eligibility Services, testified. In addressing why the psychologists Claimant's parents retained diagnosed him with ASD while the psychologists retained by WRC did not, Dr. Kelly stated that Claimant's experts overemphasized Claimant's social problems, seeing them as signs of ASD when, more likely, they were indicative of his failure to understand the concept of friendship and the manifestations of other conditions and disorders, including ADHD and depression. He also stated that Claimant's relatively high scores on most of the tests administered by all the experts was inconsistent with ASD, a very impairing neurological condition that typically results in uneven testing scores.

LEGAL CONCLUSIONS

1. The Legislature enacted a comprehensive statutory scheme known as the Lanterman Developmental Disabilities Services Act (Welf. & Inst. Code, § 4500 et seq.) to provide a pattern of facilities and services to meet the needs of each person with developmental disabilities, regardless of age or degree of handicap, and at each stage of life.

2. The Department of Developmental Services (DDS) is the public agency responsible for carrying out the laws related to the care, custody, and treatment of individuals with developmental disabilities under the Lanterman Act. (Welf. & Inst. Code, § 4416.) DDS in turn contracts with private regional centers to administer the mandate of the Lanterman Act, including determination of eligibility.

3. A developmental disability "is a disability which originates before an individual attains age 18 years, continues, or can be expected to continue, indefinitely,

and constitutes a substantial disability for that individual." (Welf. & Inst. Code, § 4512, subd. (a)(1).) The Lanterman Act defines a developmental disability to include intellectual disability, cerebral palsy, epilepsy, and autism, as well as "disabling conditions found to be closely related to intellectual disability or to require treatment similar to that required for individuals with an intellectual disability," otherwise known as a "fifth category" condition. A developmental disability does not include other handicapping conditions solely physical in nature. (*Ibid.*)

4. California Code of Regulations, title 17, section 54000, subdivision (c), specifies those conditions that are not considered developmental disabilities. The excluded conditions are:

> (1) Solely psychiatric disorders where there is impaired intellectual or social functioning which originated as a result of the psychiatric disorder or treatment given for such a disorder. Such psychiatric disorders include psycho-social deprivation and/or psychosis, severe neurosis or personality disorders even where social and intellectual functioning have become seriously impaired as an integral manifestation of the disorder.
>
> (2) Solely learning disabilities. A learning disability is a condition which manifests as a significant discrepancy between estimated cognitive potential and actual level of educational performance and which is not a result of generalized [intellectual disability], educational or psycho-social deprivation, psychiatric disorder, or sensory loss.

> (3) Solely physical in nature. These conditions include congenital anomalies or conditions acquired through disease, accident, or faulty development which are not associated with a neurological impairment that results in a need for treatment similar to that required for [intellectual disability].

5. To prove the existence of a developmental disability within the meaning of Welfare and Institutions Code section 4512, a claimant must show that he not only has a qualifying disability, that disability must also result in significant functional limitations in three or more of the following areas of major life activity, as determined by the regional center, and as appropriate to the person's age: (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.

6. Individuals in disagreement with regional center determinations, such as in the instant case, appeal the determination through a fair hearing process. (Welf. & Inst. Code, §§ 4700 - 4716, and Cal. Code Regs., tit. 17, §§ 50900-50964). Because Claimant seeks to establish his eligibility for services, he bears the burden to demonstrate eligibility; the standard of proof is preponderance of evidence. (See Evid. Code, §§ 115, 500.)

7. Here, a preponderance of the evidence established both that Claimant is properly diagnosed with ASD and that the condition has caused him substantial limitations in at least three areas of major life activity. Two of the three experts parents retained, Drs. Browner and Schlitz, found Claimant to have ASD. Their opinions were based on extensive inquiry, including observations and testing. Their conclusions are consistent with the concerns and hypotheses of not just Mother, but of Claimant's

educators who saw and interacted with him daily. Their evaluations incorporated other possible co-conditions, particularly ADHD, but their ultimate conclusion of the existence of ASD is corroborated by the failure of multiple treatments parents have tried that should have been effective or at least more effective if Claimant's primary condition was ADHD.

8. Dr. Prater's evaluation and ultimate conclusions are not credited. Dr. Prater's representations about Mother's input differ substantially from Mother's representations both at the hearing and to the many other providers and experts with whom parents consulted. For instance, according to Dr. Prater, Mother stated Claimant had many friends, including a best friend. Nothing else in the record established that was the case or that Mother ever represented that was the case. On the contrary, Mother reported Claimant's longstanding failure to establish friendships or engage with peers at any level, as did his educators. Because Dr. Prater's results are at least partially predicated on Mother's observations as Dr. Prater understood them, Dr. Prater's conclusions are rendered unreliable.

9. Dr. Gayles took a more global approach to her evaluation, acknowledging the discrepancies between her own observations and the more problematic behavior reported by Claimant's parents. Dr. Gayles reconciled the differences by assuming family stressors and academic pressure were at play. Dr. Gayles's theory is not persuasive. The record established Claimant is well-supported by both family and his educators who have done their utmost to assist him with the deficits they observe.

10. Dr. Kelly's testimony that Claimant's condition is likely to stem from other disorders, particularly ADHD and that his social skill deficit stems from a misunderstanding of the concept of friendship is not supported by the record.

Although the multiple evaluators opined that Claimant's behavior includes aspects of ADHD, the prominence of the Claimant's ADHD diagnosis is belied by the failure of other forms of treatment and coaching to change or improve his behavior. Similarly, it is difficult to square Dr. Kelly's theory that Claimant simply does not understand friendship and what it entails when he has been enrolled in two separate socializing programs without significantly improving his social skills.

11. The record does not support Dr. Kelly's opinion that Claimant's test scores are too uniform and high to support an ASD diagnosis. Claimant's test scores differ from test to test and evaluator to evaluator. While there is some uniformity in his IQ scores, the DSM-5 recognizes that intellectual disability is not a fixed component of the ASD diagnosis.

12. Regarding whether Claimant's condition has resulted in functional limitations or disabilities, the evidence supports finding this prong of eligibility has also been satisfied. It is clear from the earliest reports from Claimant's educators that his behavior and judgment have impaired his ability to learn. Mother's detailed and consistent testimony established multiple other limitations including significant deficits in self-care, such as being able to clean and groom himself, and in self-direction, in that he is unable to keep track of his possessions, his schoolwork, or the obligations of his life such as homework and chores.

13. As the preponderance of evidence established Claimant has a qualifying diagnosis of ASD and is substantially disabled by his ASD condition in at least three areas of major life activities of learning, self-care, and self-direction. Accordingly, Claimant is eligible for regional center services.

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ORDER

Claimant's appeal of Westside Regional Center's determination that he is not eligible for regional center services is granted. Claimant is eligible for regional center services under the Lanterman Act and its regulations.

DATE:

DEENA R. GHALY
Administrative Law Judge
Office of Administrative Hearings

NOTICE

This is the final administrative decision; both parties are bound by this decision. Either party may appeal this decision to a court of competent jurisdiction within 90 days. Either party may request a reconsideration under Welfare and Institutions Code section 4713, subdivision (b), 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.