BEFORE THE
OFFICE OF ADMINISTRATIVE HEARINGS
STATE OF CALIFORNIA

In the Matter of:

CLAIMANT

and

TRI-COUNTIES REGIONAL CENTER,

Service Agency.

DDS No. CS0030668

OAH No. 2025100461

DECISION

Jennifer M. Russell, Senior Administrative Law Judge, Office of Administrative Hearings (OAH), State of California, heard this matter at Tri-Counties Regional Center, 1234 Fairway Drive, Santa Maria, California on June 15, 2026.

Olga Deloza, Fair Hearing Manager, represented the Tri-Counties Regional Center (TCRC or service agency). Claimant, who is not identified by name to protect her privacy and maintain confidentiality, represented herself.

Blanca Zepeda, Intake Coordinator, Steven Graff, Ph.D., Associate Clinical Director, and Claimant testified. Mindy Vann, Federal Programs Manager was present

but did not testify. Exhibit 1 through Exhibit 9 and Exhibit 11 through Exhibit 17 were admitted in evidence. Exhibit 10 was marked for identification only. The record closed and the matter was submitted for decision on June 15, 2026.

ISSUE

Whether Claimant is eligible for services and supports under the Lanterman Developmental Disabilities Services Act (Lanterman Act), Welf. & Inst. Code, § 4500, et seq.

FACTUAL FINDINGS

Jurisdictional Matters

1. By Notice of Denial of Eligibility dated September 17, 2025, TCRC informed Claimant its Clinical Interdisciplinary Diagnostic team determined she does not present with a qualifying developmental disability and is therefore not eligible for Lanterman Act services and supports.

2. On September 30, 2025, Claimant filed an appeal requesting a fair hearing.

3. All jurisdictional requirements are satisfied.

Claimant's Background

4. Claimant is a 37-year old unconserved female. Claimant is a single parent of two children, one of whom has a diagnosis of autism and the other a physical disability. Claimant is her children's IHSS worker.

5. Claimant began receiving special education services with speech and language therapy as a kindergartener. In first grade, Claimant was enrolled in a Resource Specialist Program (RSP). Claimant was subsequently placed in a Special Day Class due to ongoing speech and language concerns. (Exh. 3 [A15].) A May 12, 1998 Psychoeducational Evaluation indicates Claimant did not meet eligibility criteria for special education under the categories of Language Disability or Speech/Language Impairment. An individual education planning team nonetheless determined to retain Claimant in the RSP. (Exh. 3 [A15]; Exh. 6 [A25].)

6. In 2001, as a 13-year-old enrolled in the eighth grade, a multidisciplinary team in Claimant's school district administered to Claimant the following assessments: The Wechsler Abbreviated Scale of Intelligence (WASI), which yielded a Full Scale IQ (FSIQ) of 92 that was consistent with prior intellectual assessments from 1995 and 1998. The Woodcock-Johnson, which produced standard academic achievement scores of 95 in Broad Reading, 98 in Broad Mathematics, and 92 in Broad Written Language. The multidisciplinary team's report notes evidence of a processing disorder in auditory processing and a significant discrepancy between Claimant's intellectual ability and academic achievement in mathematics that required continuing special education placement. Claimant's speech and language functioning was reported to be within average limits. (Exh. 8 [A50-A52].)

7. In 2004, as a 16-year-old enrolled in the eleventh grade, a multidisciplinary team in Claimant's school district confirmed Claimant's eligibility for special education based on a severe discrepancy between ability and academic achievement and evidence of a processing disorder in auditory processing. Claimant's FSIQ score on the WAIS was again 92. (Exh. 8 [A49].)

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8. After high school, from 2008 to 2012, Claimant participated in a special education-supported employment program. Claimant subsequently worked two years in a supermarket's delicatessen department before taking a leave of absence for a pregnancy. Claimant was not rehired after her maternity leave ended in 2019. Claimant has not been employed since then. (Exh. 3 [A16]; Exh. 6 [A 27].)

9. Claimant's medical records confirm diagnoses for Attention-Deficit/Hyperactivity Disorder, Predominantly Inattentive Presentation (ADHD); Major Depressive Disorder (MDD), Recurrent Moderate; Posttraumatic Stress Disorder (PTSD), Chronic; Generalized Anxiety Disorder (GAD); and Systemic Lupus Erythematosus (SLE). (Exh. 3 [A15]; Exh. 6 [A26].)

10. In October 2023, Claimant's mental health provider conducted an Initial Clinical Health Assessment and Treatment Plan, which documents symptoms consistent with ADHD, PTSD, MDD, GAD, hoarding-related behaviors, and binge eating. The mental health provider assigned diagnoses of ADHD, MDD, GAD, hoarding disorder, and binge eating disorder. No diagnosis of ASD or intellectual disability is assigned at this time. (Exh. 9.)

11. In a November 2024 Diagnoses and Treatment Plan, Claimant's mental health provider, for the first time, assigned Claimant diagnoses of ASD and Moderate Intellectual Disability without explanation of the diagnostic basis for these diagnoses (Exh. 7 [A41].)

12. Claimant's primary care provider referred Claimant to the service agency for clarification of diagnostic impressions and to determine eligibility for Lanterman Act services and supports.

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TRCRC Eligibility Review

INTAKE ASSESSMENT BY BLANCA ZEPEDA

13. On April 25, 2025, Blanca Zepeda, Clinical Intake Coordinator, completed an intake assessment of Claimant. Claimant was the primary historian. Claimant reported independently managing personal self-care, using public transportation, operating a telephone, counting change, making purchases with assistance, and independently ordering meals. She reported difficulties with household chores to such an extent that she required reminders and modeling. (Exh. 3 [A12-A13].) On the cognitive portion of the intake, Claimant demonstrated orientation to self and contact information, recognition of letters, ability to read single words and simple sentences, rote counting, and basic addition and subtraction. (Exh. 3 [A13].) In the area of communication, Claimant reported needing others to repeat themselves and to speak slowly. Claimant's vocabulary is noted as restricted. (Exh. 3 [A14].)

14. Ms. Zepeda referred Claimant to Jessica Quevedo, Psy.D., for a formal psychological evaluation to assess for intellectual disability and autism spectrum disorder (ASD).

PSYCHOLOGICAL EVOLUTION BY JESSICA QUEVEDO, PSY.D.

15. On May 27, 2025, Dr. Quevedo completed a psychological evaluation of Claimant. The evaluation was explicitly limited to assessing for intellectual disability or ASD or both. In addition to conducting a clinical interview and a review of records, Dr. Quevedo administered to Claimant the following assessment instruments: Wechler Adult Intelligence Scale—Fourth Edition (WAIS-IV); Vineland Adaptive Behavior Scales—Third Edition (Vineland-3); Autism Diagnostic Observation Schedule—Second

Edition (ADOS-2), Module 4; Autism Diagnostic Interview—Revised (ADI-R); and Social Responsiveness Scale—Second Edition (SRS-2), Adult Self-Report.

16. Claimant presented to Dr. Quevedo with an appropriate physical appearance, spoke in complete and fluent English sentences without difficulty. Claimant was cooperative. Initially, Claimant's affect was flat with limited eye contact. As the session progressed, however, Claimant became more comfortable, made more frequent eye contact, and at times smiled and laughed. Claimant sustained attention with minimal redirection. (Exh. 6 [A27].)

17. On the WAIS-IV, Claimant obtained the following composite scores: Verbal Comprehension Index (VCI) 80 (Borderline); Perceptual Reasoning Index (PRI) 73 (Borderline); Working Memory Index (WMI) 74 (Borderline); Processing Speed Index (PSI) 74 (Borderline); and Full-Scale IQ (FSIQ) 71 (Borderline). (Exh. 6 [A28].) Dr. Quevedo reviewed historical records reflecting an FSIQ of 92 in 2001 and noted the substantial decline. Dr. Quevedo attributed the change to the cumulative effects of chronic medical and psychiatric conditions, persistent fatigue, reduced educational engagement since graduation, and accumulated psychosocial stressors rather than to underlying intellectual disability. (Exh. 6 [A36].) The DSM-5-TR criteria for Intellectual Disability are: Criterion A-partially met; Criterion B (adaptive functioning deficits)—not met; Criterion C (onset during the developmental period)—not met. (Exh. 6 [A30].)

18. On the Vineland-3, Claimant's adaptive functioning scores were reported as follows: Adaptive Behavior Composite 50; Communication 45; Daily Living Skills 55; and Socialization 33. Dr. Quevedo opined Claimant's Vineland-3 scores are underestimations of Claimant's true level of functioning because during the evaluation Claimant demonstrated adequate communication skills, shared insight into her routines and responsibilities, and appeared capable of managing basic parenting and

household tasks. In Dr. Quevedo's clinical judgement, Claimant's actual adaptive functioning was somewhat higher than the scores reflected. (Exh. 6 [A29].)

19. On the ADOS-2, Claimant obtained the following scores: Communication 0 (Autism Spectrum cutoff 2; Autism cutoff 3); Reciprocal Social Interaction 1 (Autism Spectrum cutoff 4; Autism cutoff 6); Social Affect and Reciprocal Social Interaction 1 (no cutoffs determined); and Restricted and Repetitive Behaviors 0 (no cutoffs determined). All scores fell well below the clinical threshold for ASD. Dr. Quevedo reported Claimant used complete, grammatically correct sentences, engaged in reciprocal conversation, elaborated when prompted, used appropriate gestures and eye contact, and did not exhibit echolalia, stereotyped phrases, motor mannerisms, sensory interests, or rigid behaviors. Dr. Quevedo did not observe any restricted or repetitive behaviors. (Exh. 6 [A31-A32].)

20. Dr. Quevedo reported Claimant's ADI-R scores did not meet the diagnostic cutoffs for ASD in any domain: Qualitative Abnormalities in Reciprocal Social Interaction 3 (cutoff 10); Qualitative Abnormalities in Communication 0 (cutoff 8 verbal); Restricted, Repetitive, and Stereotyped Patterns of Behavior 0 (cutoff 3). (Exh. 6 [A32].)

21. On the SRS-2, Claimant obtained a Total T-score of 88, in the Severe range, with subscale scores as follows: Social Awareness 75; Social Cognition 83; Social Communication 86; Social Motivation 86; and Restricted and Repetitive Behavior 88. Dr. Quevedo noted the SRS-2 is a self-report instrument and Claimant's elevated scores were likely reflecting broader psychological factors, including long standing mood disturbance, trauma-related symptoms, and general social discomfort rather than core ASD features. Dr. Quevedo opined Claimant's SRS-2 results appeared to

overestimate ADS symptomatology in light of the direct behavioral observations on the ADOS-2 andASDI-R findings. (Exh. 6 [A34].)

22. Dr. Quevedo concluded Claimant meet no DSM-5-TR criterion for ASD based on standardized assessment and direct observation. Dr. Quevedo attributed Claimant's difficulties with social interaction, emotional regulation, and focus to Claimant's documented psychiatric history of MDD, PTSD, and ADHD. Dr. Quevedo acknowledged the symptoms of depression and trauma can resemble features of autism, such as social withdrawal, flat affect, difficulty with perspective, while the developmental history and behavioral profile characteristic of ASD were absent. Dr. Quevedo assigned no new diagnoses for Claimant. (Exh. 6 [A36-A38].)

PSYCHOLOGICAL REVIEW BY CHRISTINA AGUIRRE KOLB, PH.D.

23. Christina Aguirre Kolb, Ph.D. is a member of the TCRC Clinical Interdisciplinary Team who reviewed Claimant's school records, Claimant's mental health provider's November 2024 Diagnoses and Treatment Plan, and Dr. Quevedo's evaluation of Claimant. In an October 29, 2025 Psychological Review she prepared, Dr. Aquirre Kolb analyzes whether Claimant presents with any substantially disabling impairments. (Exh. 4 [A19-A20].)

a) In the area of self-care, Dr. Aguirre Kolb found no substantial disability. Claimant reported independent self-care and Dr. Quevedo's clinical judgment confirmed Claimant is functionally competent in that domain.

b) In the area of language, Dr. Aquirre Kolb found an area of concern given Claimant's prior speech services but noted Claimant did not demonstrate speech difficulties during intake and psychological assessment and the impairment did not rise to the level of substantial disability.

c) In the area of learning, Dr. Aguirre Kolb found records of special education services for a learning disability. Dr. Aguirre Kolb correctly concluded that pursuant to California Code of Regulations, title 17, section 54000, a learning disability is not a developmental disability and there was no evidence Claimant's learning difficulty was caused by an eligible Lanterman Act condition.

d) In the area of mobility, Dr. Aguirre Kolb found no substantial disability.

e) In the area of self-direction. Dr. Aguirre Kolb concluded any difficulties Claimant may have with self-direction were not attributable to an eligible Lanterman Act condition. Dr. Aguirre Kolb noted Claimant's primary physician's treatment plan identified self-direction as a goal rather than a substantial impairment.

f) In the areas of capacity for independent living and economic self-sufficiency, Dr. Aguire Kolb acknowledged evidence of struggles but attributed them to Claimant's psychiatric conditions. Claimant, by her own account during the intake process, is able to be independent. Claimant desired additional support but the evidence did not establish a level of substantial disability.

24. The TCRC Clinical Interdisciplinary Team, informed by Dr. Aguirre Kolb's psychological review and analysis, determined Claimant does not meet the eligibility criteria for Lanterman Act services and supports.

25. Following Claimant's appeal, her mental health provider submitted a May 6, 2026 letter opining Claimant meets DSM-5-TR criteria for ASD. The letter describes Claimant's verbal communication deficits, nonverbal communication challenges, interpersonal relationship difficulties, restricted and repetitive behaviors, and sensory sensitivities based on clinical interviews and therapist observations. As supporting evidence, the letter discusses two internet-based, self-report quizzes—the Autism

Spectrum Quotient (AQ), on which Claimant scored 42 out of 50, and the ADDitude Magazine "Autism Test for Adults," on which Claimant scored 65 out of 72. The letter does not include any clinician-administered standardized diagnostic assessment, validated adaptive behavior measure, collateral informant interview, independent review of developmental records, or formal differential diagnostic analysis. (Exh. 12.)

26. Dr Aguirre Kolb prepared a May 20, 2026 critique of the mental health provider's May 6, 2026 letter. Dr. Aguirre Kolb identified major methodological deficiencies, including failure to integrate multiple corroborating data sources; in-appropriate reliance on internet self-report screening tools that their publishers explicitly disclaim as non-diagnostic and direct users to seek professional evaluation; inadequate documentation of instrument selection and psychometric validity; and failure to address differential diagnosis, especially the failure to rule out the overlapping symptom presentations of MDD, PTSD, and ADHD. Dr. Aguirre Kolb contrasted the May 6, 2026 letter's characterizations of Claimant's communication with the direct assessment findings from Dr. Quevedo's evaluation. Notably, during administration of the ADOS-2 Claimant spoke in complete grammatically correct sentences, engaged in reciprocal conversation, used appropriate gestures and eye contact, and did not exhibit stereotyped or echolalic speech. Dr. Quevedo reported Claimant obtained scores well below the ASD diagnostic threshold on both the ADOS-2 and the ADI-R. Dr. Aguirre Kolb concluded the mental health provider's May 6, 2026 letter's diagnostic conclusions "are not supported by accepted assessment practices" and "do not demonstrate adherence to APA principles for psychological assessment and revaluation." (Exh. 13.)

27. By letter dated June 1, 2026, TCRC informed Claimant of its continued ineligibility determination.

> At this time, the records reviewed do not contain documentation demonstrating developmental concerns, diagnoses, or qualifying impairments prior to age 18, such as medical records, school records, or Individualized Education Programs (IEPs).
>
> The May 27, 2025 evaluation completed by Dr. Jessica Quevedo is considered the most comprehensive and reliable assessment currently available. In comparison, the May 6, 2026 report completed by [Claimant's mental health provider] did not include clinician-administered standardized observational testing, validated measures of adaptive functioning, or sufficient developmental collateral history. As a result, the findings in the [May 6, 2026] report do not outweigh the conclusions reached in the 2025 evaluation completed by Dr. Quevedo.

(Exh. 14.)

Claimant's Testimony

28. At hearing, Claimant expressed her disagreement with the assessment findings in Dr. Quevedo's 2025 psychological evaluation. Claimant maintained she did research, watched videos, and "self-discovered I have autism." Claimant additionally maintained her medical diagnoses "impact my whole life." She described having "issues" with hygiene and household tasks. Claimant is interested in supports related to self-care, independent living skills, parenting responsibilities, employment opportunities, and community resources.

29. Claimant's testimony was considered and found credible describing her daily life. Nonetheless, Claimant's subjective account is insufficient to establish she presents with a developmental disability that qualifies her for Lanterman Act services and supports.

LEGAL CONCLUSIONS

Applicable Law

1. The Lanterman Act defines "developmental disability" to mean the following:

> [A] disability that originates before an individual attains age 18 years, 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 intellectual disability, but shall not include other handicapping conditions that are solely physical in nature.

(Welf. & Inst. Code, §4512, subd. (a).)

2. California Code of Regulations, title 17 (CCR), section 54000 further defines "developmental disability" as follows:

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(a) “Developmental Disability” means a disability that is attributable to intellectual disability, cerebral palsy, epilepsy, autism, or disabling conditions found to be closely related to intellectual disability or to require treatment similar to that required for individuals with intellectual disability.

(b) The Developmental Disability shall:

(1) Originate before age eighteen;

(2) Be likely to continue indefinitely;

(3) Constitute a substantial disability for the individual . . . ;

(c) Developmental Disability shall not include handicapping conditions that 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 mental retardation, 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 need for treatment similar to that required for intellectual disability.

3. Establishing the existence of a developmental disability within the meaning of section 4512, subdivision (a), requires Claimant additionally to establish by a preponderance of evidence the developmental disability is a "substantial disability," defined in section 4512, subdivision (*l*), to mean "the existence of significant 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. [¶] (7) Economic self-sufficiency."

Standard and Burden of Proof

4. As Claimant is seeking to establish eligibility for Lanterman Act services and supports, she has the burden of proving by a preponderance of the evidence that she has met the Lanterman Act's eligibility criteria. (Evid. Code, § 500; see also *Lindsay v. San Diego Retirement Bd.* (1964) 231 Cal.App.2d 156, 161 [disability benefits].)

5. "'Preponderance of the evidence means evidence that has more convincing force than that opposed to it.' (Citations.) . . . [T]he sole focus of the legal

definition of 'preponderance' in the phrase 'preponderance of the evidence' is the *quality* of the evidence. The *quantity* of the evidence presented by each side is irrelevant." (*Glage v. Hawes Firearms Company* (1990) 226 Cal.App.3d 314, 324-325, original italics.) In meeting the burden of proof by a preponderance of the evidence, Claimant "must produce substantial evidence, contradicted or un-contradicted, which supports the finding." (*In re Shelley J.* (1998) 68 Cal.App.4th 322, 339.)

Discussion

6. Claimant does not present with intellectual disability. Intellectual disability is characterized by significant limitations in intellectual functioning and adaptive behavior with onset during the developmental period before the age of 18. Claimant's current FSIQ score of 71 on the WAIS-IV, which falls in the Borderline range, reflects a significant decline from her documented FSIQ score of 92 at age 13, which falls in the average range. The historical record establishes average cognitive and academic functioning during the developmental period. Dr. Quevedo credibly attributed the current decline to chronic medical illness, psychiatric conditions, persistent fatigue, and cumulative psychological stressors rather than to an intellectual disability. Claimant's Vineland-3 scores, while low, are characterized by Dr. Quevedo as underestimates of Claimant's true adaptive functioning based on direct clinical observation. Dr. Quevedo found Claimant did not meet the DSM-5-TR criteria B and C for Intellectual Disability. A preponderance of the evidence does not establish Claimant's eligibility for Lanterman Act services and supports under the qualifying diagnosis of intellectual disability.

7. Claimant does not present with cerebral palsy. Cerebral palsy is a non-progressive, life-long disorder caused by abnormal brain development or damage before, during, or shortly following birth that impacts movement, muscle tone, and

posture. No evidence in the record supports such a diagnosis. A preponderance of the evidence does not establish Claimant's eligibility for Lanterman Act services and supports under the qualifying diagnosis of cerebral palsy.

8. Claimant does not present with epilepsy. The defining characteristic of epilepsy is recurrent seizures. No such history is documented or alleged. A preponderance of the evidence does not establish Claimant's eligibility for Lanterman Act services and supports under the qualifying diagnosis of epilepsy.

9. Claimant does not present with autism. The essential diagnostic features of autism are deficits in social communication and interaction and restricted repetitive patterns of behavior, interests and activities. These deficits must be present from early childhood and limit or impair everyday functioning.

10. Dr. Quevedo's 2025 evaluation—the most comprehensive and methodologically rigorous assessment in the record—employed the ADOS-2, ADI-R, SRS-2, WAIS-IV, Vineland-3, clinical interview, and records review. Claimant's scores on the ADOS-2 and ADI-R fell well below all ASD diagnostic cutoffs. During direct behavioral observation, Claimant used complete, grammatically correct sentences, engaged in reciprocal conversation, employed appropriate gestures and eye contact, and exhibited no motor mannerisms, sensory preoccupations, or rigid behaviors. No restricted or repetitive behaviors were observed or elicited. Dr. Quevedo concluded Claimant does not meet DSM-5-TR diagnostic criteria for ASD and attributed Claimant's social and emotional difficulties to overlapping symptom presentations of ADHD, MDD, PTSD, and GAD.

11. Claimant offered her mental health provider's May 6, 2026 letter to support her claim she presents with autism. The May 6, 2026 letter relies on clinical

interview, therapist observation, and two internet-based, self-report screening tools whose publishers explicitly state they are not diagnostic instruments and direct users to seek professional evaluation. No clinician-administered standardized diagnostic assessment for ASD was administered to Claimant. No validated adaptive behavior measure was administered to Claimant. No formal differential diagnostic analysis was performed on Claimant. Dr. Aguirre Kolb's review identified significant methodological deficiencies in analysis and conclusion presented in Claimant's mental health provider's May 6, 2026 letter. A preponderance of the evidence does not establish Claimant's eligibility for Lanterman Act services and supports under the qualifying diagnosis of autism.

12. Claimant has not proven by a preponderance of evidence she presents with a condition related to intellectual disability. No evidence establishes a qualifying neurological impairment analogous to intellectual disability. Claimant's difficulties with daily functioning are more appropriately explained by her documented psychiatric diagnoses, i.e., ADHD, MDD, PTSD, and GAD, which do not constitute developmental disabilities.

13. Claimant has not proven by a preponderance of the evidence she presents with a condition requiring treatment similar to that required by an individual with intellectual disability. "Treatment" is about instruction. For an individual with intellectual disability, treatment entails breaking down skills into small steps and systematically and repeatedly practicing those steps with the individual. (See *Max C. v. Westside Regional Center* (Oct. 12, 2018, B283062 [nonpub. opn.].) Treatment is distinct from "service," which is something intended to aid or help. (*Ibid.*) The evidentiary record established that Claimant's needs, while genuine, are in the nature of mental health services and community supports rather than the specialized

developmental treatment provided pursuant to the Lanterman Act. Claimant did not present evidence to support a a finding she presents with a condition closely related to intellectual disability or requires treatment similar to that required by a person with intellectual disability.

14. As Claimant does not present with a developmental disability, it is not necessary to determine whether Claimant is substantially disabled, as defined in the Lanterman Act. The absence of a qualifying diagnosis is independently dispositive.

15. By reason of Legal Conclusions 1 through 14, cause exists to deny Claimant's appeal. Claimant has not met her burden of establishing by a preponderance of the evidence her eligibility for Lanterman Act services and supports under Welfare and Institutions Code section 4512, subdivision (a).

ORDER

1. Claimant's appeal is denied.

2. Tri-Counties Regional Center's determination that Claimant is ineligible for Lanterman Act services and supports is affirmed.

DATE:

JENNIFER M. RUSSELL
Senior 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 decision.