

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

**In the Matter of the Fair Hearing Request of:**

**CLAIMANT,**

**v.**

**NORTH LOS ANGELES COUNTY REGIONAL CENTER,**

**Service Agency.**

**OAH No. 2024040313**

**DSS No. CS0014690**

**DECISION**

Irina Tentser, Administrative Law Judge, Office of Administrative Hearings (OAH), State of California, heard this matter at North Los Angeles County Regional Center, located at 9200 Oakdale Avenue, Suite 100, Chatsworth, California 91311, on August 20, 2024.

Stella Dorian, Due Process officer, represented North Los Angeles County Regional Center (NLACRC or Service Agency).

Claimant represented himself. Claimant's Father was present and testified during hearing. (Claimant and Father are not identified by name to protect their privacy.) Two Spanish interpreters assisted Father throughout the hearing.

## **ISSUE**

Whether Claimant is eligible for regional center services under the Lanterman Developmental Disabilities Services Act (Lanterman Act)?

## **EVIDENCE RELIED ON**

NLACRC: Exhibits 1-31; Testimony of Heike Ballmaier, Psy.D., NLACRC Senior Clinical Psychologist Specialist.

Claimant: Claimant and Father's testimony.

## **FACTUAL FINDINGS**

### **Jurisdictional Matters**

1. Claimant is 26 years old. He seeks regional center services based on claims of autism spectrum disorder (ASD), intellectual disability (ID), or a condition similar to or requiring treatment similar to that required of individuals with ID (5th category).

2. Claimant was fully assessed and evaluated by an interdisciplinary assessment team at NLACRC (NLACRC team). The NLACRC team reviewed Claimant's Psychosocial Assessment, Social Assessment, Neuropsychosocial Report, medical

records, individual education plans (IEP) for 2016, and psychiatric records and notes. Based on its review, the NLACRC team denied Claimant's request for regional center services by letter dated January 31, 2024. (Exhibit 14, p. A86.)

3. On April 9, 2024, Father, as Claimant's Authorized Representative, filed a Fair Hearing Request. (While the Fair Hearing Request was filed by Father, Claimant represented himself at fair hearing with Father appearing and testifying as Claimant's witness.)

4. After an April 9, 2024 informal meeting and June 13, 2024 mediation between the parties, Claimant provided additional educational and psychiatric records. The NLACRC eligibility team considered the additional records and confirmed its initial finding that Claimant is ineligible for regional center services. (Exhibit 17.)

## **Background**

5. Claimant lives with his Father and visits his mother and adult sister. He was healthy at birth and met all developmental milestones at the age-appropriate times. His medical history is unremarkable.

6. Claimant was determined to be eligible for special education support by his former school district under the category of Specific Learning Disability (SLD) at an unknown date. (The only IEP provided by Claimant to Service Agency was his 2016 Final IEP, conducted in his last year of high school of attendance at Canoga Park High School.) His 2016 Final IEP indicates Claimant was working in the general education curriculum with no deficit in math, passing the California High School Exit Exam (CAHSEE) with a math score of 451. (Exhibit 12.)

///

7. Claimant's SLD was in the academic areas of English and writing. Claimant required extended time and graphic organizers to help him structure his essays with organization and development of ideas that were appropriate to task, purpose and audience. Claimant's school district determined the discrepancies were a result of Claimant's SLD in visual processing, which impaired his sequential memory and retention of information. (Exhibit 12, pp. A63-A64.) Claimant had the ability to read at grade level, could decode, had reading fluency, and could comprehend an expository text; had strong knowledge of mathematical computations, basic algebraic skills, and geometric concepts; had the ability to write essays but needed extra time for organizing details and self-editing; needed support to prepare for class such as organization, study skills, homework, and note taking; could interact well with peers; and needed support with making transitions and job exploration. (*Id.*, p. A81.)

8. Claimant received special education support from the school district until his high school graduation. Claimant reported at hearing he had been diagnosed with Dyslexia and struggled with memory and attention problems throughout his schooling. None of the school or medical records provided at hearing reflected Claimant's Dyslexia diagnosis. Claimant's incomplete junior high and high school academic records describe Claimant as shy and friendly and identify challenges in his oral skills without specifying any diagnoses. (Exhibit 15.)

9. Claimant graduated high school in June 2016. Claimant began attending college at California State University, Northridge (CSUN) in the fall of 2016. While at CSUN, Claimant registered with the Disability Resources & Educational Services (DRES) department as a qualified student with a disability. (Exhibit 12, p. A94.) He was approved for the following accommodations through DRES at CSUN: audio recording, other – academic (allow taking photos of board and PowerPoint slides), shared notes,

early registration, technology consultation, Tutorial Assistance Program (TAP), and up to one-and-a-half time on all exams.

10. Claimant graduated from CSUN in May 2023 with a 2.1 Grade Point Average (GPA), earning a Liberal Studies degree. Throughout high school and college, Claimant was independent in all dressing, personal hygiene, and grooming tasks. Claimant also commuted to and from college on public bus transportation. Claimant struggled academically in college and suffered from depression and anxiety. After his May 2023 graduation, Claimant's became increasingly isolated and his mental state began to decline. Claimant does not have a driver's license and has never been employed.

11. Based on his ongoing issues with depression, anxiety, and academic performance, in January 2023, Claimant was referred for comprehensive neuropsychological evaluation due to concerns regarding his cognitive functioning and emotional well-being. The primary areas of concern included difficulties with language processing, memory, visual and auditory information, processing, academic achievement, and emotional regulation. Dr. Perri Johnson, a clinical psychologist, at The Center For Neuropathy, conducted the evaluation and prepared the Neuropsychological Report that was submitted in evidence at fair hearing. (Exhibit 8.) Dr. Johnson's diagnostic impressions of Claimant included SLD, Persistent Depressive Disorder, and Generalized Anxiety Disorder. In addition, Dr. Johnson concluded, without administering any autism-spectrum measures, Claimant presented with "autistic disorder" due to cognitive and emotional difficulties, but "warranting further assessment." (*Id.*, at p. A37.)

12. Dr. Johnson referred Claimant to NLACRC for determination of his Lanterman Act eligibility. Claimant reported to NLACRC during the intake process that

he was diagnosed with ASD at 24. (Exhibit 3.) He also reported being diagnosed with Persistent Depressive Disorder and Generalized Anxiety Disorder, and was prescribed Guanfacine, Bupropion, Lorazepam, and Fluoxetine. (Exhibits 3 and 6.) As reported by Claimant and Father, Claimant has been diagnosed with Attention Deficit Hyperactive Disorder (ADHD), Mental Retardation (MR), Depression, and Anxiety. (Exhibit 6.)

13. Dr. Johnson also referred Claimant for a psychiatric evaluation for ADHD, Anxiety, and Depression. According to Claimant's psychiatric records from Ehab Yacoub, MD, INC, in August 2023, Claimant reported he was having malicious and intrusive evil thoughts and Father reported Claimant was hospitalized at an unspecified time and was given Olanzapine because Claimant has Schizophrenia. (Exhibit 16.) As reported, Claimant was seen at Northridge Hospital at an unspecified time because Claimant thought he was seeing things, presented with auditory hallucinations and psychosis anxiety. Claimant continues to be under unspecified psychiatric care as of the date of hearing for his significant mental health conditions. Claimant was also seen by a neurologist. (Exhibit 24.) Claimant's 2023 brain electroencephalogram (EEG) was normal and his Magnetic Resonance Imaging (MRI) results were unremarkable. (*Id.*)

14. Claimant continued to present at fair hearing with many unstable behaviors. Claimant testified at hearing that, starting on May 18, 2023, after he took a vitamin-D pill he started to have sensations where he feels the blood rushing to his head, tingling on and off his head, water dripping down his head, and a whooshing sound.

15. Both Claimant and Father believe Claimant's issues are based on developmental disabilities, such as ASD, ID, and 5th Category.

16. There is no history of developmental disabilities, mental illnesses, or hereditary disease in Claimant's family background.

## **Psychological Assessment**

17. On January 4, 2024, Ariana B. Ramirez, PsyD., a clinical psychologist, conducted a psychological assessment of Claimant. As part of the psychological evaluation, Dr. Ramirez administered several psychological tests, reviewed Dr. Johnson's neuropsychosocial evaluation of Claimant, Claimant's school and medical records, and Claimant's 2016 IEP. Dr. Ramirez also interviewed Claimant and Father. Dr. Ramirez's psychological assessment of Claimant took place before Claimant provided NLACRC with Dr. Yacoub's medical records which stated Claimant had been diagnosed with Schizophrenia and, therefore, were not part of Dr. Ramirez's assessment of Claimant. Because Dr. Ramirez was not aware of Claimant's entire medical history when she conducted her assessment, it is unclear whether the knowledge of Claimant's Schizophrenia diagnosis would have impacted the outcome of Dr. Ramirez's assessment of Claimant.

18. During her assessment, Dr. Ramirez observed Claimant's "awkwardness or discomfort." Dr. Ramirez noted Claimant "walked and talked hesitantly, appeared shy and tentative, spoke with pauses in sentences to find the right words or a better way to express himself." (Exhibit 11, p. A55.) She also noted Claimant "presented with a language delay, shorter sentences and grammar mistakes." Dr. Ramirez observed that Claimant "used good gestures during [their] conversation," during which Claimant described finishing CSUN with a bachelor's in liberal arts degree, but not passing Mathematics 103, which was needed for business. Claimant also reported to Dr. Ramirez he had difficulty paying attention, reading comprehension and math problems in high school. Claimant told Dr. Ramirez he had a friend in high school, with

whom he keeps in contact, going out to the mall and theatres. He also told Dr. Ramirez he made a friend in college, with whom he was still friends with, playing video games together, going to the park, and playing basketball and soccer. (*Ibid.*) Claimant reported difficulties with confidence, feeling nervous talking with others, because of "judgments and criticisms." (*Ibid.*) Claimant described being made fun of because he did not understand or explain things well, reporting elementary school children made fun of him for not being smart, ignored him, got frustrated with him and laughed at him. However, according to Claimant, the teasing stopped in fifth grade.

19. Dr. Ramirez described Claimant using his hands frequently and appropriately in conversation, accompanied by good gestures, but also wringing his hands or touching his fingers with another hand when he seemed nervous. (Exhibit 11, p. A56.) However, Dr. Ramirez noted that none of Claimant's hand gestures were repetitive stereotyped behaviors. When asked by Dr. Ramirez about plans for the future, Claimant responded that he wanted to learn to drive and be a teacher, an accountant, or work in an office. According to Claimant, he tried learning to drive, but had difficulty and has not taken the written driver's test. Claimant reported he liked watching a math show, watching mystery movies, playing video games, walking in nature, listening to music, hip-hop, and mariachi. Claimant also reported he liked going to movie theatres, restaurants, entertainment parks and traveling. (*Ibid.*)

20. Claimant told Dr. Ramirez he is worried about earthquakes and people in pain, described his anxiety and feeling sad every day, "depressed and hopeless," and wanted to fix his self-esteem, which he described as stemming from being "dumb," and being told he was "dumb." (Exhibit 11, p. A57.) Claimant reported to Dr. Ramirez that "something is disturbed or altered in [my] brain," and was still trying to find out what it is, associating this idea with a May 2023 fall while he was playing soccer



though he did not have any injuries or lose consciousness. Claimant could not explain to Dr. Ramirez why he felt strange. Dr. Ramirez asked Claimant about the previous record of malicious impulsive thoughts, but that area was not explored because Claimant reported he did not have any such thoughts during Dr. Ramirez's assessment and the medical records provided to Dr. Ramirez at the time of her assessment did not support that history. Claimant remained cooperative and completed all tests and tasks asked of him. (*Ibid.*)

21. Dr. Ramirez administered the Weschler Adult Intelligence Scale – Fourth Edition (WAIS-IV) to assess Claimant's intellectual as well as specific cognitive abilities. Claimant's intellectual level of functioning based on the WAIS-IV fell in the borderline range, with a Full-Scale Intelligence Quotient of 74. (Exhibit 11, pp. 57, 61.) Claimant's verbal comprehension abilities were in the low end of the low average range, and his nonverbal perceptual reasoning was in the high end of the borderline range. (*Id.*, at p. 57.) Claimant's Working Memory and Processing Speed measures were both in the borderline range. However, Claimant scored in two out of ten subtests, general fund of knowledge and visual-motor speed of performance, in the average range, which Dr. Ramirez opined constituted Claimant's strengths. Claimant's scores on the other eight subtests were in the low average to deficient range with a weakness in visual attention to symbols under time pressure. (*Ibid.*)

22. Dr. Ramirez administered the Wide Range Achievement Test – Fourth Edition (WRAT-4) Math Computation subtest to measure Claimant's knowledge of written math calculation. Claimant's math computation scores were in the average range. (Exhibit 11, pp. A57, A61.)

23. Dr. Ramirez administered the Adaptive Behavior Assessment System – Third Edition (ABAS-3) to assess Claimant's day-to-day activities necessary to take care

of himself and get along well with others. (Exhibit 11, p. A57.) Father completed the ABAS-3 rating form with maximum possible scores in every area. Dr. Ramirez determined Father's scoring was an "overestimate even for the very well-adjusted person," and did not consider it to be representative of Claimant's functioning because it had "a questionable validity." (*Ibid.*)

24. Dr. Ramirez administered the Autism Diagnostic Observation Schedule – 2, Module 4 (ADOS-2, Module 4) to evaluate Claimant for symptoms and behaviors consistent with possible ASD, as defined in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). (Exhibits 11, 25.) The overall ADOS-2 score was roughly estimated by Dr. Ramirez to be below the autism range, not showing any ASD symptoms. Dr. Ramirez noted Father did not report Claimant engaged in any significant repetitive behaviors, interests, and routines or sensory issues. While Father did report Claimant's social-emotional and potential cognitive delays, Dr. Ramirez concluded that those delays were not indicative of autism. (Exhibit 11, pp. A57, A59-A61.)

25. In assessing Claimant for ID, Dr. Ramirez noted the DSM-5 requirements for an ID diagnosis provided for intellectual and adaptive functioning deficits in conceptual, social and practical domains. (Exhibits 11, 26.) Dr. Ramirez concluded Claimant was unable to evaluate Claimant's adaptive skills due to Father's overrating Claimant on ABAS-3, which made the measure invalid. (Exhibit 11, p. A57.) Dr. Ramirez also concluded Claimant did not qualify for the ID diagnosis, citing the Claimant's isolated strengths based on his WRAT-4 and WAIS-IV scores. Specifically, Claimant scored in the average range in two of the ten WAIS-IV subsets and showed average math calculation scores on the WRAT-4. However, due to Claimant's overall level of

intellectual functioning, including his 74 IQ score, Dr. Ramirez determined Claimant qualified for the diagnosis of Borderline Intellectual Functioning. (*Ibid.*)

26. Based on Claimant's test results and Dr. Ramirez's observations and review of Claimant's medical and education records, Dr. Ramirez diagnosed Claimant with Borderline Intellectual functioning, Other Depressive Disorder/episode (by history), and Unspecified Anxiety Disorder (by history). (Exhibit 11, p. A60.) Dr. Ramirez noted that Claimant's vocabulary and communication are Claimant's weaknesses. Dr. Ramirez recommended Claimant be referred to the NLACRC Eligibility Staffing Committee for decision making regarding his eligibility for regional center services. He also recommended that Claimant continue psychotherapy and psychiatric medication because of Claimant's reported anxiety and depression and past treatment of those medical conditions. Dr. Ramirez opined Claimant may benefit from the Department of Rehabilitation's (DOR) services, and also from part time employment which capitalizes on Claimant's strengths in simple math calculation and fine motor copying skills, despite Claimant's otherwise low ability levels in vocabulary and communication. (*Ibid.*)

## **Regional Center Testimony**

27. Dr. Ballmaier testified on behalf of NLACRC. Dr. Ballmaier has been employed by NLACRC in various capacities since 1999. Since December 2023, Dr. Ballmaier has been employed as NLACRC's Senior Clinical Psychologist Specialist, is involved in findings of eligibility for applicants for regional center services and testifies as an expert witness at NLACRC fair hearings. The NLACRC's eligibility team that redetermined and found Claimant's ineligibility for regional center services included a physician who serves as NLACRC's Director of Clinical Services, a physician who serves as NLACRC's Manager of Medical Services, and a doctor who serves as NLACRC's Manager of Psychological and Intake Services. (Exhibit 17.) Dr. Ballmaier and the other

NLACRC team members use the provisions of the Lanterman Act to assist them in determining whether an individual meets the eligibility criteria for regional center services.

28. Dr. Ballmaier was involved in determining whether Claimant was eligible for regional center services. She and the other NLACRC eligibility team members reviewed NLACRC's social assessment for Claimant, Claimant's psychological evaluation, Claimant's neuropsychological report, psychiatrist's notes, and Claimant's school and medical records. Based on that review, Dr. Ballmaier and the NLACRC team determined Claimant was not eligible for regional center services.

29. Dr. Ballmaier explained the basis of the NLACRC team's decision at hearing. According to Dr. Ballmaier, Claimant's additional records, including educational records from the developmental period (i.e., before Claimant was 18 years old) do not support the presence of a developmental disability. Rather, the records indicate the presence of a learning disability, based on his SLD diagnosis by Claimant's school district. In addition, the psychiatric records from Dr. Yacoub indicate Claimant's treatment for significant mental health conditions, including Depression, Anxiety, and Schizophrenia.

30. Dr. Ballmaier explained Claimant's possible eligibility under 5th Category was considered by NLACRC based on Claimant's low borderline range IQ score of 74 but was rejected. She explained that Claimant's cognitive functioning, as evidenced by his school records and graduation from CSUN, and his current severe mental health issues, including Schizophrenia, indicate Claimant's issues do not stem from a developmental disability. Further, Claimant's records indicate that before he began experiencing mental decompensation in 2023 and his functioning drastically declined,

Claimant had some typical teenage experiences, including graduating from high school and maintaining some friendships.

31. Dr. Ballmaier also opined that Claimant's participation in special education was not indicative of ID. She cited that the district's determined that Claimant was eligible for special education under SLD because of his visual processing learning disability. Dr. Ballmaier explained that Claimant's learning disability reflected difficulty accessing his cognitive capacity but did not indicate his absence of cognitive capacity.<sup>1</sup>

### **Father's Testimony**

32. Father testified Claimant's functioning, which had always been a concern, declined after the May 2023 episode. Father became increasingly concerned about Claimant's behavior after Claimant began to shut himself in the bathroom and talk to himself. Father testified he took Claimant to the emergency room based on his increasing concern for Claimant's well-being after Father discovered Claimant hiding a knife. Father asserted he believes Claimant is eligible for regional center services based on Claimant's ASD diagnosis by Dr. Johnson and cognitive issues.

### **Claimant's Testimony**

33. Claimant testified he believes he is eligible for regional center services because he needed ongoing tutoring throughout his high school and college career because of his lifelong learning disabilities. He explained that while he graduated from CSUN, he didn't do well and failed some courses. Claimant explained it is difficult for him to find the right words and to express his thoughts. He described in detail the physical sensations in his "head" that were affecting him during the fair hearing,

including “stabbing pain,” a “squishing” of the sides of his head, and a “hot” feeling that would come and go.

## **LEGAL CONCLUSIONS**

1. An administrative hearing to determine the rights and obligations of the parties, if any, is available under the Lanterman Act to appeal a contrary service agency decision. (Welf. & Inst. Code (Code), §§ 4700–4716.) Claimant requested a hearing to dispute NLACRC’s denial of Claimant’s eligibility for services and supports under the Lanterman Act. Jurisdiction for this appeal was therefore established.

2. Claimant has the burden of establishing his eligibility for Lanterman Act services and supports by a preponderance of the evidence. (*Lindsay v. San Diego Retirement Bd.* (1964) 231 Cal.App.2d 156, 161; Evid. Code, §§ 115, 500.) “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 Co.* (1990) 226 Cal.App.3d 314, 324–325 (emphasis in original).)

### **Relevant Statutes and Regulations**

3. To be eligible for Lanterman Act supports and services, Claimant must present with a qualifying developmental disability. Code section 4512, subdivision (a), defines “developmental disability” as:

[A] disability that originates before an individual attains 18 years of age; continues, or can be expected to continue,

indefinitely; and constitutes a substantial disability for that individual. . . . [T]his term shall include intellectual disability, cerebral palsy, epilepsy, and autism. This term shall also include disabling conditions found to be closely related to intellectual disability or to require treatment similar to that required for individuals with an intellectual disability, but shall not include other handicapping conditions that are solely physical in nature.

4. CCR section 54000 defines "developmental disability" as a disability attributable to ID, cerebral palsy, epilepsy, ASD, or disabling conditions found to be closely related to intellectual disability or to require treatment similar to that required for intellectually disabled individuals. The disability must originate before age 18, be likely to continue indefinitely, and constitute a substantial handicap.

5. CCR section 54000 excludes three conditions from the definition of "developmental disability." Psychiatric disorders involving impaired intellectual or social functioning which originated because of the psychiatric disorders are not considered developmental disabilities under the Lanterman Act. "Such psychiatric disorders include psycho-social deprivation and/or psychosis, severe neurosis or personality disorders even where social and intellectual functioning have been seriously impaired as an integral manifestation of the disorder." (CCR, § 54000, subd. (c)(1).)

///

///

///

6. In addition, an individual is not considered developmentally disabled under the Lanterman Act if his only condition is a learning disability, "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, [or] psychiatric disorder . . ." (CCR, § 54000, subd. (c)(2).) Finally, solely physical conditions, such as faulty development not associated with neurological impairment, which result in a need for treatment similar to that required for intellectual disability, are also excluded.

7. For an individual with a developmental disability to qualify for regional center services, his developmental disability must also function as a "substantial disability." "Substantial disability" is a condition that "results in major impairment of cognitive and/or social functioning, representing sufficient impairment to require interdisciplinary planning and coordination of special or generic services to assist the individual in achieving maximum potential." (CCR, § 54001, subd. (a)(1).) Additionally, an individual with a "substantial disability" must demonstrate 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. [¶] (7) Economic self-sufficiency." (CCR, § 54001, subd. (a)(2).)

## **Analysis**

8. Claimant presented insufficient evidence he suffers from a condition eligible for regional center services. There is insufficient evidence to establish he suffers from ASD. Dr. Johnson's ASD statement that Claimant may suffer from ASD, warranting further evaluation, interpreted by Claimant and Father as a conclusive ASD



diagnosis, is unsupported by ADOS-2 testing data and is provided less evidentiary weight than Dr. Ramirez's conclusion, supported by ADOS-2 testing data, that Claimant does not present with ASD.

9. There is insufficient evidence to establish Claimant's issues stem from a developmental disability originating before he was 18 years old. The evidence demonstrates Claimant attended school and had social relationships and cared for himself before he was 18. There is no evidence he was diagnosed with an ID or ASD until after he was 18 years old.

10. Claimant's scores on various intellectual functioning tests administered by Dr. Ramirez do not support an ID diagnosis for Claimant. Dr. Ramirez concluded Claimant presented with Borderline Intellectual Functioning. The evidence also established Claimant did not present with a 5th category condition because Claimant's particular issues were not similar to ID or require treatment similar to that required by persons with ID.

11. The evidence demonstrated, as supported by Claimant's school records indicating an SLD diagnosis, that Claimant has a learning disability. A learning disability does not constitute a developmental disability. The evidence also indicates Claimant suffers from a psychiatric condition, Schizophrenia. Even when intellectual capacity is impaired, psychiatric conditions and mental health conditions are not considered a developmental disability.

///

///

///

12. Based on the totality of the evidence, it was not established Claimant's issues are developmental disabilities under the Lanterman Act.

### **ORDER**

Claimant's appeal is denied.

DATE:

IRINA TENTSER

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.