

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

In the Matter of:

CLAIMANT

v.

INLAND REGIONAL CENTER,

Service Agency.

OAH No. 2019061159

DECISION

Robert Walker, Administrative Law Judge, Office of Administrative Hearings (OAH), State of California, heard this matter on August 7, 2019, in San Bernardino, California.

Keri Neal, Consumer Services Representative, Inland Regional Center, (IRC) represented the regional center.

Claimant's mother represented claimant.

A certified Spanish language interpreter interpreted the proceedings and translated certain documents.

The matter was submitted for decision on August 7, 2019.

ISSUE

Is the regional center required to provide claimant with transportation to and from medical and therapy appointments?

SUMMARY

Claimant requires transportation to attend medical and therapy appointments. He receives In-Home Supportive Services (IHSS), which provides a very small allowance for transportation. He receives Supplemental Security Income (SSI), part of which can be used for medical care so long as his housing, utilities, and food costs can be met. Public transportation through ACCESS is available. There is a question as to whether the time required to use it causes it to be unacceptable, and claimant's consumer services coordinator must address that question. Assuming ACCESS is acceptable, there is no evidence that using SSI benefits to pay the cost of claimant's transportation would leave inadequate SSI funds to pay for housing, utilities, and food. Thus, there are generic resources to pay for transportation, and the regional center is not required to provide transportation.

It is possible that there are other generic resources that can assist with providing transportation, and claimant's consumer services coordinator must address that question. If such help is available, claimant should be able to take advantage of it and, perhaps, free up some of his SSI benefits to have better housing and food or to provide for clothing, recreation, and entertainment.

Soon, claimant will add appointments for speech therapy to his list of appointments. When that happens, the regional center will need to evaluate the issue of whether generic resources still are adequate to provide for claimant's transportation needs.

FACTUAL FINDINGS

Background

1. Claimant, a 20-year-old male, receives services from the regional center under diagnoses of autism spectrum disorder and mild intellectual disability. Challenging behaviors include: disruptive behaviors, physical aggression, destruction of property, wandering away, and self-injurious behaviors. He lives in the family home with his father, mother, a brother, and a sister. Claimant attends school, and the school provides transportation for him to attend. He needs supervision at home and in the community regarding most daily living skills.

2. Claimant receives 70 hours per month of respite care. His sister provides that care. San Bernardino County provides 260 hours per month of IHSS. His mother and sister provide those services. He receives 45 hours per month of Applied Behavioral Analysis (ABA) in his home. Claimant's private insurance with Kaiser Permanente funds the ABA. Claimant receives Social Security benefits. Claimant's primary medical insurance provider is Kaiser, which he has through his father's employer. He also has full-scope Medi-Cal.

3. Claimant's health is generally stable. He has a doctor at Kaiser in Fontana. He has a psychiatrist at Kaiser. He is seen by an endocrinologist at Kaiser when referred by his primary care physician. He receives dental care in Redlands.

4. Claimant receives physical therapy in Rancho Cucamonga once or twice a week. Kaiser provides that, also. Claimant's mother testified that he soon will start receiving speech therapy.

5. Claimant's younger brother also is a regional center consumer.

Request for Transportation Services and the Regional Center's Denial

6. A March 25, 2019, Individual Program Plan (IPP) provides that claimant's parents will provide transportation to and from all medical appointments. However, at the March 25, 2019, IPP meeting, claimant's mother told Jenny Arriaga, claimant's Consumer Services Coordinator, that claimant needed transportation services to get to and from his medical and therapy appointments.

7. Previously, claimant's father took time off from work to take claimant to and from appointments. However, claimant's parents are concerned that, if claimant's father continues to take time off, he might lose his job, so he stopped taking time off. Claimant's mother, who does not drive, began using Uber to take claimant to and from medical appointments. She paid Uber drivers between \$25 and \$28 each way.

8. IRC sent claimant's mother a Notice of Proposed Action (NPA) dated April 5, 2019. IRC wrote that the request for transportation was denied because there are generic resources that will provide transportation. IRC contended that, "typically," Kaiser and Medi-Cal fund transportation to and from medical appointments. IRC noted, further, that claimant receives 260 hours per month of IHSS that may include hours for transportation, and he receives \$930 in Social Security benefits that he can use to pay for transportation.

The Request for Hearing

9. In order to appeal the denial of transportation services, claimant's mother filed a Request for Hearing. It is dated June 22, 2019, and is in Spanish. As the reason for filing it, claimant's mother wrote: "I am not in agreement with the denial of the transportation services to the medical and therapy appointments that I asked for. Everything that private medical insurance does not cover should be covered by the Regional Center." As a description of what would be required to resolve claimant's claim, his mother wrote, "The Regional Center cover the cost of transportation for the medical and therapy appointments"

10. In an opening statement, Ms. Neal represented that claimant's mother was asking that the regional center be required to fund Uber. Ms. Neal represented that claimant's mother was also seeking reimbursement for payments she had made to Uber in the past. Ms. Neal said the regional center would prove that the payments claimant's mother had made were not for an emergency within the terms of California Code of Regulations, title 17, section 50612, and therefore, retroactive reimbursement was not permitted. Further, Ms. Neal said the regional center would prove that Uber was not vendored.

11. Later in the hearing, claimant's mother said she was not necessarily seeking funding for Uber; any appropriate provider would do. Also, she said she was not seeking retroactive reimbursement; she simply wants the regional center to provide transportation in the future.

The Regional Center Contends that the NPA and the Request for Hearing Limit the Issue to *Transportation*

12. In an opening statement, claimant's mother said her appeal was about the regional center's failing to help her with everything. She said she asked the regional center to help her with everything – including straightening out things with Medi-Cal. Ms. Neal objected that the hearing was limited to the subject of the NPA and the Request for Hearing, which she characterized as *transportation only*.

13. The hearing is limited to the issue of the regional center's obligation to fund transportation to and from medical and therapy appointments. However, the regional center is the provider of last resort. If claimant needs transportation in order to meet the goals stated in his IPP and if no other provider will provide transportation, the regional center must provide it. Claimant's mother may contend that this is a case in which the regional center's role as provider of last resort comes into play – either because no other provider will provide transportation or because other providers do not provide sufficient transportation. Also, claimant's consumer service coordinator is required to secure and coordinate services and supports, so if claimant's mother needs help in securing transportation services from another provider, the service coordinator must help.

14. Welfare and Institutions Code section 4640.6, subdivision (d), provides:

For purposes of this section, "service coordinator" means a regional center employee whose primary responsibility includes preparing, implementing, and monitoring consumers' individual program plans, securing and

coordinating consumer services and supports, and providing placement and monitoring activities.

15. Welfare and Institutions Code section 4648, subdivision (b), provides that, among the activities a regional center is required to conduct is advocacy for, and protection of, the civil, legal, and service rights of persons with developmental disabilities. Welfare and Institutions Code section 4640.7, subdivision (b), provides that a regional center is to provide each consumer with a designated service coordinator who is responsible for providing services or for ensuring that needed services and supports are available. The work of the service coordinator shall include securing services and supports. Welfare and Institutions Code section 4647, subdivision (a), provides that generic agencies are among the sources from which a service coordinator is to secure services and supports.

16. Neither the doctrine of *provider of last resort* nor the role of the service coordinator is a matter that had to be asserted in the Request for Hearing.

There is a Dispute as to Whether Claimant's Sister Drives; However, it is Not Necessary to Resolve that Dispute

17. Claimant's mother testified that claimant's sister does not drive.

18. Ms. Arriaga's recollection is that, in a meeting, claimant's sister said she does not want to transport claimant because he is physically aggressive.

19. Also, Ms. Neal attended an informal meeting with claimant's mother regarding this appeal and wrote a July 24, 2019, letter to claimant's mother concerning that meeting. Ms. Neal wrote, in part, "You explained that your daughter does not

want to transport [claimant] to and from therapy/medical appointments because [claimant] has behavioral problems.”

20. Everyone acknowledges that claimant is physically aggressive. The dispute has to do with whether claimant’s sister does not drive or does drive but is afraid to drive with claimant in the car. Either way, for good reason, his sister is not available to transport him.

How Much Transportation Does Claimant Need?

21. Claimant receives physical therapy once or twice a week. Other than that, there was little evidence as to how frequently claimant needs transportation. He has not seen his primary care physician or his dentist within the past year, but there was evidence that he sees them once a year. He has not seen the endocrinologist recently. The only evidence as to how frequently he sees his psychiatrist was Ms. Arriaga’s testimony: “I’m not sure – perhaps every three months.”

22. From this evidence it is found that claimant needs transportation to and from therapy appointments approximately eight times per month and to and from medical appointments approximately once per month, for a total of approximately nine times per month.

Generic Resources for Transportation

23. In a Notice of a Change in Services dated April 1, 2019, the San Bernardino County IHSS office notified claimant that he would receive 10 minutes per week of transportation to go to and return from medical appointments. Ten minutes per week is approximately 40 minutes per month, and services are funded at a rate of \$12 per hour. Thus, claimant receives \$8 per month for transportation to and from

Medical appointments. Ms. Arriaga should help claimant 's mother arrange for the IHSS office to reevaluate claimant's transportation needs. Does he need more than \$8 per month? Can IHSS provide transportation funds for physical and speech therapy as well as medical appointments?

24. Claimant receives \$930 per month in SSI. Housing, utilities, food, and medical care are at the top of the list of things one is permitted to purchase with SSI benefits. Claimant can use SSI benefits to pay for transportation to and from medical appointments so long as it does not leave him with inadequate funds for housing, utilities, and food.

25. Claimant is certified pursuant to the Americans with Disabilities Act, so he can use ACCESS, a public curb-to-curb transportation service. In Ms. Neal's July 24, 2019, letter to claimant's mother concerning their informal meeting, Ms. Neal wrote that claimant's mother may ride with him for free. The implication from the letter is that neither claimant nor his mother has to pay. Claimant and his mother have used ACCESS. Claimant's mother testified that ACCESS charges \$4.50 per person. Assuming that is correct, and assuming both claimant and his mother must pay, the cost for a round trip is \$18. For nine appointments per month, that comes to \$162. After applying the \$8 per month IHSS allowance, that leaves \$154 per month to be paid with claimant's SSI benefits. Using \$154 per month out of claimant's \$930 in SSI will leave \$776 for claimant's housing, utilities, and food. Claimant's mother offered no evidence that that would be insufficient. Once the regional center proved that claimant receives \$930 in SSI, the burden shifted to claimant's mother to prove that paying for transportation out of the SSI funds would leave insufficient SSI funds to provide claimant with housing, utilities, and food.

26. Ms. Arriaga should get reliable information regarding whether ACCESS charges a fee and whether there is a lower rate for a monthly pass. Also, Ms. Arriaga should help claimant's mother determine whether she qualifies as a personal care attendant and whether she can ride for free.

27. There is a question as to how much time it takes for claimant to get to an appointment using ACCESS. In Ms. Neal's July 24, 2019, letter to claimant's mother concerning their informal meeting, Ms. Neal wrote that one must be ready to be picked up two hours before one's appointment. In claimant's mother's testimony, however, she said that it can be more than two hours – sometimes as long as four hours. That is a substantial difference; in assessing whether ACCESS is a viable choice, the regional center needs to know whether it is two hours or four. Ms. Arriaga should find out.

28. Uber is much more convenient. With Uber, it takes only 10 minutes for claimant and his mother to get to a medical or therapy appointment. For at least two reasons, four hours to go one way is unacceptable. First, claimant is in school. Second, and more important, claimant's mother must take care of his younger brother, too. And he also is developmentally disabled. And the fact that claimant's sister provides respite care is not an answer. The purpose of respite care is to give parents a break from their caretaking chores; the purpose is not to facilitate their caretaking. Ms. Arriaga should get reliable information regarding when one must be ready to depart when using ACCESS. But Uber is private transportation, and the regional center cannot provide it.

29. There is a question as to whether Medi-Cal will pay for the cost of transportation to and from medical and therapy appointments. The California Department of Health Care Services (DHCS) administers Medi-Cal. In July and August

2019, Ms. Arriaga corresponded by e-mail with DHCS. Medi-Cal distinguishes between Nonemergency Medical Transportation (NEMT) and Nonmedical Transportation (NMT). Based on the information Ms. Arriaga received in the e-mails, she called 30 Medi-Cal transportation providers. Each time, when she said the appointment was with Kaiser, the provider said they could not provide transportation. But Ms. Arriaga testified that she was inquiring about NEMT, and she now thinks that was a mistake, i.e., she now thinks she should have been inquiring about NMT. She thinks it is possible the transportation providers would have responded differently if she had inquired about NMT. One possibility is that Medi-Cal transportation providers never provide medical transportation for Kaiser appointments. Another possibility, however, is that they do provide NMT but not NEMT. Ms. Arriaga should get further information to resolve this question, and if possible, get Medi-Cal transportation for claimant.

30. Claimant's Kaiser plan covers nonemergency transportation only when a Kaiser physician determines that the member's condition requires the use of a licensed ambulance or psychiatric transport van and that other means of transportation would endanger the member's health.

31. In Ms. Arriaga's testimony, she observed that claimant's sister and parents are natural supports; she did not elaborate, but the implication was that they have an obligation to provide transportation services for claimant, and in Ms. Neal's summation, she argued that claimant's father can take time off from work. Natural supports are not obligated to provide services for an adult. Claimant's father is concerned that, if he continues to take time off from work, he may lose his job. Thus, he is not available to provide transportation to and from appointments.

LEGAL CONCLUSIONS

Burden and Standard of Proof

1. Claimant has the burden of proof. (Evid. Code, § 115 & § 500.) Claimant is seeking an order requiring the regional center to provide a service that is not provided for in claimant's IPP and that is not currently being provided.

2. The standard of proof is proof by a preponderance of the evidence. (Evid. Code, § 115.)

Overview of a Regional Center's Obligation to Provide Services

3. The Lanterman Developmental Disabilities Services Act, (Welf. & Inst. Code, § 4500, et seq.) (Lanterman Act) is an entitlement act. People who qualify under it are entitled to services and supports. (*Association for Retarded Citizens v. Department of Developmental Services* (1985) 38 Cal.3d 384.)

4. The purpose of the statutory scheme is twofold: to prevent or minimize the institutionalization of developmentally disabled persons and their dislocation from family and community (citations) and to enable them to approximate the pattern of everyday living of nondisabled persons of the same age and to lead more independent and productive lives in the community. (*Association for Retarded Citizens, supra*, 38 Cal.3d at p. 388.)

5. Persons with developmental disabilities have "a right to dignity, privacy, and humane care," and services and supports, when possible, should be provided in natural community settings. (Welf. & Inst. Code, § 4502, subd. (b).) Persons with

developmental disabilities have “a right to make choices in their own lives” concerning “where and with whom they live. (Welf. & Inst. Code, § 4502, subd. (j).)

6. Regional centers should assist “persons with developmental disabilities and their families in securing those services and supports ... [that] maximize opportunities and choices for living, working, learning, and recreating in the community. (Welf. & Inst. Code, § 4640.7, subd. (a).) Regional centers should assist “individuals with developmental disabilities in achieving the greatest self-sufficiency possible and in exercising personal choices.” (Welf. & Inst. Code, § 4648, subd. (a)(1).)

7. In *Williams v. Macomber* (1990) 226 Cal.App.3d 225, 232-233), the court of appeal addressed the Lanterman Act and said:

In order for the state to carry out many of its responsibilities as established in this division,” the Act directs the State Department of Developmental Services to contract with “appropriate private nonprofit corporations for the establishment of” a “network of regional centers.” (§§ 4620, 4621.) Regional centers are authorized to “[p]urchase . . . needed services . . . which regional center determines will best” satisfy the client's needs. (§ 4648.) The Act declares: “It is the intent of the Legislature to encourage regional centers to find innovative and economical methods” of serving their clients. (§ 4651.) The Act directs that: “A regional center shall investigate every appropriate and economically feasible alternative for care of a developmentally disabled person available within the region. (§ 4652.)

[¶] . . . [¶]

[T]he Regional Center's reliance on a fixed policy is inconsistent with the Act's stated purpose of providing services "sufficiently complete to meet the needs of each person with developmental disabilities." (§ 4501.) The Act clearly contemplates that the services to be provided each client will be selected "on an individual basis." (*Association for Retarded Citizens v. Department of Developmental Services, supra*, 38 Cal.3d 384, 388.)

A primary purpose of the Act is "to prevent or minimize the institutionalization of developmentally disabled persons and their dislocation from family." (*Association for Retarded Citizens v. Department of Developmental Services, supra*, 38 Cal.3d 384, 388.) In strong terms, the Act declares: "The Legislature places a high priority on providing opportunities for children with developmental disabilities to live with their families" requiring the state to "give a very high priority to the development and expansion of programs designed to assist families in caring for their children at home." (§ 4685, subd. (a).) In language directly applicable to the present case, section 4685, subdivision (b), states that "regional centers shall consider every possible way to assist families in maintaining their children at home, when living at home will be in the best interest of the child." (§ 4685, subd. (b).)

The Lanterman Act "grants the developmentally disabled person the right to be provided at state expense with only such services as are consistent with its purpose."

(Association for Retarded Citizens v. Department of Developmental Services, supra, 38 Cal.3d 384, 393.) As noted previously, a primary purpose of the Act is to "minimize the institutionalization of developmentally disabled persons and their dislocation from family."

8. The Act provides examples of services and supports that should be considered.

Services and supports for persons with developmental disabilities" means specialized services and supports or special adaptations of generic services and supports directed toward the alleviation of a developmental disability or toward the social, personal, physical, or economic habilitation or rehabilitation of an individual with a developmental disability, or toward the achievement and maintenance of independent, productive, normal lives. The determination of which services and supports are necessary for each consumer shall be made through the individual program plan process. The determination shall be made on the basis of the needs and preferences of the consumer or, when appropriate, the consumer's family, and shall include consideration of a range of service options proposed by individual program plan participants, the effectiveness of

each option in meeting the goals stated in the individual program plan, and the cost-effectiveness of each option. Services and supports listed in the individual program plan may include, but are not limited to, diagnosis, evaluation, treatment, personal care, day care, domiciliary care, special living arrangements, physical, occupational, and speech therapy, training, education, supported and sheltered employment, mental health services, recreation, counseling of the individual with a developmental disability and of his or her family, protective and other social and sociolegal services, information and referral services, follow-along services, adaptive equipment and supplies, advocacy assistance, including self-advocacy training, facilitation and peer advocates, assessment, assistance in locating a home, child care, behavior training and behavior modification programs, camping, community integration services, community support, daily living skills training, emergency and crisis intervention, facilitating circles of support, habilitation, homemaker services, infant stimulation programs, paid roommates, paid neighbors, respite, short-term out-of-home care, social skills training, specialized medical and dental care, supported living arrangements, technical and financial assistance, travel training, training for parents of children with developmental disabilities, training for parents with developmental disabilities, vouchers, and *transportation services necessary to ensure*

delivery of services to persons with developmental disabilities. (Welf. & Inst. Code, § 4512, subd. (b).) (Italics added.)

9. Welfare and Institutions Code section 4648.35, subdivisions (a) and (b), provide:

(a) A regional center shall not fund private, specialized transportation services for an adult consumer who can safely access and utilize public transportation, when that transportation is available.

(b) A regional center shall fund the least expensive transportation modality that meets the consumer's needs, as set forth in the consumer's IPP or IFSP.

Requirement that Regional Centers be Cost Conscious

10. While the Lanterman Act emphasizes the services and supports to which consumers are entitled, the act also requires regional centers to be cost conscious.

11. It is the intent of the Legislature to ensure that the provision of services to consumers and their families be effective in meeting the goals stated in the individual program plan, reflect the preferences and choices of the consumer, and reflect the cost-effective use of public resources. (Welf. & Inst. Code, § 4646, subd. (a).)

12. When selecting a provider of consumer services and supports, the regional center, the consumer, or where appropriate, his or her parents, legal guardian, conservator, or authorized representative shall consider, "the cost of providing services

or supports of comparable quality by different providers, if available.” (Welf. & Inst. Code, § 4648, subd. (a)(6)(D).)

13. The Lanterman Act requires regional centers to do a number of things to conserve state resources. For example, it requires regional centers to “recognize and build on . . . existing community resources.” (Welf. & Inst. Code, § 4685, subd. (b).)

14. None of these provisions concerning cost-effectiveness detracts from the fact that eligible consumers are entitled to the services and supports provided for in the Lanterman Act. These provisions concerning cost-effectiveness do teach us, however, that cost-effectiveness is an appropriate concern in choosing how services and supports will be provided. There is a tension between the requirement that services and supports be cost effective and the proposition that entitlement is determined by what is needed to implement a consumer’s individual program plan. The cost-effectiveness of a particular service or support must be measured against the extent to which it will advance the goal specified in the IPP, and consideration must be given to alternative means of advancing the goals.

A Regional Center is the Provider of Last Resort

15. If a needed service or support cannot be obtained from another source, a regional center must provide it. (*Association for Retarded Citizens, supra*, 38 Cal.3d at p. 390.) A regional center is the provider of last resort.

16. In drafting an individual program plan, a regional center is to include all services the consumer needs in order to achieve the goals set forth in the Lanterman Act. A regional center is to include services it hopes to obtain from generic sources. It is to include services it hopes will be forthcoming from natural supports. It is to include services it hopes will be provided through other resources. And the IPP is to

specify from whom regional center hopes to obtain each service. (Welf. & Inst. Code, §§ 4646, subd. (d); 4646.5, subd. (a)(4)) If a service is needed to achieve the goals specified in the Lanterman Act, however, it is a Lanterman act service even though regional center hopes to obtain it from a generic agency.

17. If a regional center is unable to obtain a service from the source from which it hoped to obtain it, the regional center must obtain it from some other source. When a generic agency or natural support fails to provide a service that a regional center had hoped it would provide, that does not mean the regional center may just let the consumer go without. It is the responsibility of a regional center to *implement* the IPP. If a regional center cannot *obtain* the service from any other source, it still must *implement* the IPP. It still must *secure* the service. If all else fails, it must *purchase* the service. "[E]ach consumer shall have a designated service coordinator who is responsible for providing or ensuring that needed services . . . are available to the consumer. (Welf. & Inst. Code, § 4640.7, subd. (b).)

[S]ervice coordination shall include those activities necessary to implement an individual program plan, including but not limited to . . . securing, thorough purchasing or by obtaining from generic agencies or other resources, services and supports specified in the person's individual program plan. (Welf. & Inst. Code, § 4647, subd. (a).)

In order to achieve the stated objectives of a consumer's individual program plan, regional center shall conduct activities including, but not limited to ... securing needed services (Welf. & Inst. Code, § 4648, subd. (a).)

Natural Supports are Not Required to Provide Services for Adult Children

18. Nothing in the Lanterman Act suggests that the parent of an adult child is required to provide services for his or her child.

19. The Lanterman Act defines “natural supports” to mean personal associations and relationships typically developed in the community that enhance the quality and security of life for people, including, but not limited to, family relationships. (Welf. & Inst. Code, § 4512, subd. (e).) In order to achieve the stated objectives of a consumer's IPP, the regional center shall develop unpaid natural supports when possible. (Welf. & Inst. Code, § 4648, subd. (a)(13)(C).) The IPP planning process shall include a schedule of the type and amount of services and supports to be purchased by the regional center or obtained from generic agencies or other resources, including natural supports. (Welf. & Inst. Code, § 4646.5, subd. (a)(4).) A regional center may use creative and innovative service delivery models, including, natural supports. (Welf. & Inst. Code, § 4648, subd. (e)(3).) Regional centers should provide or secure family support services that recognize and build on family strengths and natural supports. (Welf. & Inst. Code, § 4685, subd. (b)(3).) Regional centers shall be responsible for expanding opportunities for the full and equal participation of persons with developmental disabilities in their local communities through, activities, that may include developing and facilitating the use of natural supports to enhance community participation. (Welf. & Inst. Code, § 4688, subd. (b)(5).) In order to provide opportunities for adults to live in their own homes, the range of supported living services and supports available include facilitating circles of support to encourage the development of unpaid and natural supports in the community. (Welf. & Inst. Code, § 4689, subd. (c).)

20. Thus, while the Lanterman Act provides that regional centers should take advantage of the resources that natural supports agree to provide and should encourage such supports, nothing requires natural supports to provide services for an adult. Claimant's father is not required to take time off from work to transport claimant to appointments.

ORDER

1. Claimant's request for an order requiring the regional center to provide transportation for medical and therapy appointments is denied.

2. Claimant's consumer services coordinator shall assist claimant's mother in doing a few things to ensure that claimant is receiving all of the transportation benefits to which he is entitled. Claimant's consumer services coordinator shall assist claimant's mother in: determining precisely what claimant's transportation needs are; seeking an IHSS reevaluation of claimant's transportation needs; determining what fees ACCESS charges and whether there is a monthly pass; determining how early one must be ready to depart when using ACCESS; and determining whether Medi-Cal will provide transportation to Kaiser appointments.

DATE: August 20, 2019

ROBERT WALKER
Administrative Law Judge
Office of Administrative Hearings

NOTICE

This is the final administrative decision. Both parties are bound by this decision. If a party chooses to appeal, an appeal must be made to a court of competent jurisdiction within 90 days of receipt of this decision. (Welf. & Code Inst Code, § 4712.5, subd. (a)).