
SENATE COMMITTEE ON HUMAN SERVICES

Senator Arreguín, Chair

2025 - 2026 Regular

Bill No: AB 1099

Author: Bryan

Version: April 22, 2025

Urgency: No

Consultant: Diana Dominguez

Hearing Date: June 30, 2025

Fiscal: Yes

Subject: Developmental services: initial intake: assessment

SUMMARY

This bill would require a regional center to conduct an eligibility assessment following the 15-day initial intake period for a foster child, as defined. This bill would require an assessment conducted for a foster child to take no more than 60 days, irrespective of whether the person requesting the eligibility determination possesses supporting documentation. This bill would require the Department of Developmental Services (DDS) to annually post on its website specified statewide data on the number of initial intakes and assessments and the frequency of eligibility determinations and denials.

ABSTRACT

Existing Law:

- 1) Establishes the Lanterman Developmental Disabilities Services Act (Lanterman Act), which states that California is responsible for providing a range of services and supports sufficiently complete to meet the needs and choices of each person with developmental disabilities, regardless of age or degree of disability, and at each stage of life, and to support their integration into the mainstream life of the community. (*Welfare and Institutions (WIC 4500 et seq.)*)
- 2) Establishes a system of nonprofit regional centers, overseen by DDS, to provide fixed points of contact in the community for all persons with developmental disabilities and their families, to coordinate services and supports best suited to them throughout their lifetime. (*WIC 4620*)
- 3) Defines “developmental disability” to mean 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. As defined by the Director of DDS, in consultation with the Superintendent of Public Instruction, provides that this term shall include intellectual disability, cerebral palsy, epilepsy, and autism. Provides that 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. (*WIC 4512(a)*)

- 4) Makes any person believed to have a developmental disability, and any person believed to have a high risk of parenting a developmentally disabled infant, eligible for initial intake and assessment services in the regional centers. In addition, provides that any infant having a high risk, as defined, of becoming developmentally disabled may be eligible for intake and assessment services in the regional centers. (*WIC 4642(a)(1)*)
- 5) Requires initial intake to be performed within 15 working days following request for assistance. Requires initial intake to include, but not be limited to, information and advice about the nature and availability of services provided by the regional center and by other agencies in the community, including guardianship, conservatorship, income maintenance, mental health, housing, education, work activity and vocational training, medical, dental, recreational, and other services or programs that may be useful to persons with developmental disabilities or their families. Requires intake to also include a decision to provide assessment. (*WIC 4642(a)(2)*)
- 6) Requires, commencing on January 1, 2025, the regional center to take the following actions by the end of the 15-day initial intake period:
 - a. Either of the following actions:
 - i. Determine if the individual is eligible for regional center services.
 - ii. Determine if the regional center will initiate the assessment specified in (7) below.
 - b. Inform the individual requesting intake of the regional center's action.
 - c. If the regional center determines that the individual is not eligible for regional center services, or that the regional center is not initiating the assessment specified in (7) below, provide the individual requesting intake and, if appropriate, the individuals' parents, legal guardian or conservator, or authorized representative, with adequate notice, as specified. (*WIC 4642(a)(3)*)
- 7) Requires, if assessment is needed, the assessment to be performed within 120 days following initial intake. Requires assessment to be performed as soon as possible and in no event more than 60 days following initial intake where any delay would expose the client to unnecessary risk to their health and safety or to significant further delay in mental or physical development, or the client would be at imminent risk of placement in a more restrictive environment. Provides that assessment may include collection and review of available historical diagnostic data, provision or procurement of necessary tests and evaluations, and summarization of developmental levels and service needs and is conditional upon receipt of the release of information specified in (8) below. (*WIC 4643(a)*)
- 8) Authorizes the regional center, in determining if an individual meets the definition of developmental disability, the regional center may consider evaluations and tests,

including, but not limited to, intelligence tests, adaptive functioning tests, neurological and neuropsychological tests, diagnostic tests performed by a physician, psychiatric tests, and other tests or evaluations that have been performed by, and are available from, other sources. (*WIC 4643(b)*)

- 9) Requires at the time of assessment, the individual, or, where appropriate, the parents, legal guardian, or conservator, to provide copies of any health benefit cards under which the consumer is eligible to receive health benefits, including, but not limited to, private health insurance, a health care service plan, Medi-Cal, Medicare, and TRICARE. If the individual, or, where appropriate, the parents, legal guardians, or conservators, have no such benefits, prohibits the regional center from using that fact to negatively impact the services that the individual may or may not receive from the regional center. (*WIC 4643(c)*)
- 10) Provides that an eligible infant or toddler shall have an individualized family service plan, which shall be used in place of an individual program plan. For an infant or toddler who has been evaluated for the first time, requires a meeting to share the results of the evaluation, to determine eligibility, and, for children who are eligible, to develop the initial individualized family service plan to be conducted within 45 calendar days of receipt of the written referral. (*Government Code 95020*)
- 11) Requires a case plan for a child in foster care to be based upon the Integrated Practice-Child and Adolescent Needs and Strengths (IP-CANS) assessment and input from the child and family team. Requires a written case plan to be completed within a maximum of 60 days of the initial removal of the child. (*WIC 16501.1*)
- 12) Allows a parent to request a mediation conference and/or a due process hearing under certain circumstances, as specified, including if a regional center or local education agency proposes to initiate or change, or refuses to initiate or change, the identification, evaluation, assessment, placement or provision of appropriate early intervention services. Allows a parent to request a mediation conference at any time to resolve disagreements involving any matter related to the Individuals with Disabilities Education Act, Part C. (*17 CCR 52172*)
- 13) Requires a social worker, upon delivery of a child who has been taken into temporary custody, to immediately release the child to the custody of the child's parent, guardian, Indian custodian, unless certain conditions exist. (*WIC 309*)
- 14) Provides that a child who has suffered, or is at substantial risk of suffering, abuse or neglect, as provided, by the child's parent or guardian is within the jurisdiction of the juvenile court, which may adjudge the child a dependent child. (*WIC 300*)
- 15) Provides that, for any minor who is between 12 and 17 years of age, inclusive, is within the jurisdiction of the juvenile court, which may adjudge the minor to be a ward of the court for violating any law, as specified. (*WIC 602*)
- 16) Defines "voluntary placement agreement" to mean a written agreement between either the county welfare department, probation department, or Indian tribe, as specified, licensed public or private adoption agency, or the department acting as an adoption

agency, and the parents or guardians of a child that specifies, at a minimum, the following:

- a. The legal status of the child.
 - b. The rights and obligations of the parents or guardians, the child, and the agency in which the child is placed. (*WIC 11400(p)*)
- 17) Defines “nonminor dependent” to mean, on and after January 1, 2012, a foster child who is a current dependent child or ward of the juvenile court, or who is a nonminor under the transition jurisdiction of the juvenile court, and who satisfies additional age and placement criteria, as specified. (*WIC 11400(v)*)

This Bill:

- 1) Requires initial intake to include a decision to provide an eligibility assessment. Provides that initial intake may include a determination that the person is eligible or provisionally eligible for regional center services. For initial intakes involving a foster child who has not been determined to be eligible or provisionally eligible for regional center services by the end of the 15-working-day initial intake period, requires the regional center to conduct the assessment.
- 2) Prohibits a decision not to provide assessment from being based solely on either of the following:
 - a. The lack of documentation, including, but not limited to, school, medical, or court records, provided by the person requesting assistance or, if appropriate, by the person’s parents, legal guardian or conservator, or authorized representative.
 - b. The age of the person when they received diagnosis of a qualifying condition, as long as the qualifying condition originated before the person was 18 years of age, as determined through the assessment process.
- 3) Requires, in the case of a foster child, the regional center to take either of the following actions by the end of the 15-day initial intake period:
 - a. Determine if the foster child is eligible or provisionally eligible for regional center services.
 - b. Refer the foster child for assessment.
- 4) Defines the following terms for purposes of this bill:
 - a. “Foster child” means any of the following:
 - i. A child who has been removed from their home by a county child welfare services agency.

- ii. A child who is the subject of a juvenile court petition, as specified, whether or not the child has been removed from their home.
 - iii. A dependent child of the court of an Indian tribe, consortium of tribes, or tribal organization who is the subject of a petition filed in the tribal court pursuant to the tribal court's jurisdiction in accordance with the tribe's law.
 - iv. A child who is the subject of a voluntary placement agreement.
 - v. A nonminor dependent.
- b. "Request for assistance" means any initial contact or inquiry from an individual, or a person acting on their behalf, on the nature of services or supports available or provided by the regional center, or the individual's possible eligibility to receive them based on a potential developmental concern or disability.
- 5) Requires assessment to be performed as soon as possible and in no event more than 60 days following initial intake when the client is a foster child.
- 6) Provides collection and review of available historical data, tests and evaluations, and summarization of developmental levels and service needs, as specified, may be obtained upon, rather than be conditional upon, receipt of the release of information. Requires the regional center to assist in collecting and procuring this documentation to ensure that assessment is conducted as soon as possible. Requires assessment to be conducted within required timelines irrespective of whether the person, or a person acting on their behalf, possesses that documentation.
- 7) Requires the regional center, in determining if an individual meets the definition of developmental disability, to make its determination within the required timelines irrespective of whether the person, or a person acting on their behalf, possesses specified documentation.
- 8) Prohibits a regional center from requiring an individual to use their health benefits before it conducts an assessment.
- 9) Requires DDS to annually post on its internet website all of the following annual statewide data, by regional center, and on a statewide-aggregate basis:
- a. The number of initial intakes, and, separately, the number of initial intakes involving foster children, received by regional centers.
 - b. The percentage of initial intakes, and, separately, the percentage of initial intakes involving foster children, that resulted in eligibility and provisional eligibility determinations, respectively, during the initial intake period.
 - c. The percentage of initial intakes, and, separately, the percentage of initial intakes involving foster children that occurred more than 15 working days following a request for assistance.

- d. The number of assessments conducted by regional centers and the percentage of cases that resulted in an assessment after the initial intake.
- e. The total number of individuals, and, separately, the total number of foster children, who qualified for an expedited assessment within 60 days following initial intake.
- f. The percentage of individuals, and, separately, the percentage of foster children, who qualified for an expedited assessment following initial intake but whose assessment occurred more than 60 days following initial intake.
- g. The percentage of assessments that occurred more than 120 days following initial intake.
- h. The percentage of individuals, and, separately, the percentage of foster children, whose applications for services under the California Early Intervention Services Act took longer than the 45-day timeline required for an individualized family service plan.
- i. The average number of days that elapsed between a request for assistance and an initial intake for applicants, and, separately, for foster children applicants, who received an initial intake.
- j. The average number of days that elapsed between an initial intake and an assessment for applicants, and, separately, for foster children applicants, who received an assessment following initial intake.
- k. The number of instances, age, race or ethnicity, and preferred language for all of the following:
 - i. Individuals, and, separately, foster children, who were denied an initial intake following a request for assistance.
 - ii. Individuals, and, separately, foster children, who were denied eligibility for services pursuant to the definition of “developmental disability” following an assessment.
 - iii. Individuals, and, separately, foster children, who, following an assessment, were denied eligibility for services under the California Early Intervention Services Act.
 - iv. Individuals, and, separately, foster children, who challenged an initial intake denial or eligibility denial through the appeals process or a mediation conference or due process hearing, as applicable.

FISCAL IMPACT

According to the Assembly Appropriations Committee, “This bill requires DDS to annually publish specified data on its public website including the number of initial intakes conducted by regional centers, the number of initial intakes involving foster children, and other intake, assessment, and reporting metrics. Additionally, this bill requires regional centers to refer and conduct additional assessments for foster children within 60 days. To fulfill these requirements, DDS estimates the following:

- 1) General Fund (GF) costs of \$411,000 in fiscal year (FY) 2025-26, \$818,000 in FY 2026-27 and annually ongoing for six staff positions for administrative, oversight, and implementation support, as well as IT specialists to support the creation of a standardized intake system across all 21 regional centers to facilitate request tracking and ensure cases involving foster youth are accurately identified.
- 2) GF costs of an unknown amount for additional workload to regional center intake staff to accommodate the reduction in the assessment period for children and youth in foster care, from 120 to 60 days. California has approximately 40,000 children and youth in foster care. Recent data indicates approximately 3% of foster youth (1,170 individuals for FY 2023-24) are referred to DDS for evaluation. Additionally, there may be costs due to the time necessary to obtain educational and medical records for foster children who frequently move between homes, which sometimes results in gaps in record retention and inconsistent information.”

BACKGROUND AND DISCUSSION

Purpose of the Bill:

According to the author, “For children with intellectual and developmental disabilities (I/DD) and their families, getting the supports and training provided by the state’s regional centers in a timely manner is critical to reducing child maltreatment, family disruption, and unnecessary institutionalization. Yet, foster youth routinely face significant delay in accessing these services due to the regional center’s overly burdensome application process. AB 1099 removes administrative barriers from the process by ensuring that applicants are not denied purely on the basis of a lack of formal diagnosis or documentation, which many system-involved youth lack for reasons beyond their control. Additionally, the bill ensures that the existing expedited 60-day timeline for people who are at risk of a more restrictive placement also applies to foster youth. AB 1099 will promote access to critical regional center services for foster youth with I/DD, reduce placement instability and support family reunification for system-involved families.”

Child Welfare Services

The child welfare services system is an essential component of the state’s safety net. Once a county social worker receives a report of abuse or neglect they work to investigate and resolve the report. When a case is substantiated, a family is either provided with services to ensure a child’s well-being and avoid court involvement, or a child is removed and placed into foster care. In 2024, the state’s child welfare agencies received 417,513 reports of abuse or neglect. Of these,

46,457 reports contained allegations that were substantiated and 17,390 children were removed from their homes and placed into foster care via the child welfare services system. After the county child welfare department becomes involved with families, approximately 12 months of services are provided to children who are able to remain safely in their home while the family receives services. This is considered family preservation services and the child does not come under the jurisdiction of the juvenile dependency court during this time. If it is determined that a child cannot remain in the home, even with family preservation and support services, the child comes under the jurisdiction of the county's juvenile dependency court while the family is served by a child welfare services system social worker.

Studies have shown that while the child welfare system tends to err on the side of removal, removal itself can cause irreparable harm. According to research by the American Academy of Pediatrics, removal from parents can disrupt a child's brain architecture and negatively impact their health. The research goes on to note that not only are there psychological traumas at the time of removal, those can occur long after reunification. These children can experience post-traumatic stress disorder, anxiety, depression, suicidal ideation, and developmental delays.

Lanterman Act

In 1969, the Lanterman Act established that individuals with developmental disabilities and their families have a right to receive the necessary supports and services required to live independently in the community. The Lanterman Act enumerates the rights of individuals with developmental disabilities, as well as the rights of their families, what services and supports are available to these individuals, and how regional centers and service providers work together to provide these supports and services. The term "developmental disability" is defined as a disability that originates before a person reaches 18 years of age, is expected to continue indefinitely, and is a significant disability for the individual; such disabilities include, among others: epilepsy, autism spectrum disorder, intellectual disability, and cerebral palsy. As there are no income-related eligibility criteria, Lanterman Act services are considered an entitlement program. The Department of Finance estimates that approximately 465,165 individuals will receive developmental services in 2024–25, increasing to 504,905 in 2025–26.¹

Regional Centers

Direct responsibility for implementation of the Lanterman Act's service system is shared by DDS and a statewide network of 21 regional centers, which are private, community-based nonprofit entities that contract with DDS to carry out many of the state's responsibilities. Regional center services may include diagnosis, evaluation, treatment, and care coordination of services such as personal care, day care, special living arrangements, and physical, occupational, and speech therapy. Additional services include, but are not limited to: mental health services, recreation, counseling for the individual served and their family, assistance locating a home, behavior training and modification programs, emergency and crisis intervention, respite for family caregivers, short-term out-of-home care, social skills training, specialized medical and dental care, telehealth services and supports, training for parents of children with developmental disabilities, and transportation services.

¹ https://www.dds.ca.gov/wp-content/uploads/2025/01/GovernorsBudgetHighlights_20250110.pdf

Regional center contracts include specific and measurable performance objectives. Every year, DDS reviews each regional center's performance data for compliance with their contracts and posts them on their website. Regional center services are not consistent across the state. One often-cited strength of the regional center system is each regional center's local control and flexibility, while one challenge is the system's lack of uniformity.

Two-Step Eligibility Process

State law establishes a two-step process to determine whether an individual is eligible for regional center services. The first step is the initial 15-day intake period, where the individual with a suspected diagnosis first gets in touch with a regional center. Regional centers are required to provide information and advice about services provided by the regional center and other community agencies. Regional centers are also required to make a decision on whether they will provide assessment of the individual requesting services. If the regional center determines the individual is not eligible for regional center services, it must provide a notice of action regarding the denial.

If a regional center decides to move on to assessment, the second of the two-step eligibility process, it must perform an assessment within 120 days following the initial intake. For more vulnerable individuals at risk of harm to their health and safety or further developmental delays, or individuals at imminent risk of placement in a more restrictive environment, the regional center must perform an assessment within 60 days following the initial intake. All assessments may utilize available data and information, including medical evaluations, contingent upon release of such information.

This bill would add a foster child to the list of vulnerable individuals for whom a 60-day assessment period is required, rather than the extended 120-day period. This bill would additionally specify, for all assessments, regardless of child welfare involvement, that a decision not to provide an assessment shall not be based solely on a lack of documentation or the age of the person when they received a diagnosis of a qualifying condition, as long as that condition originated before the person turned 18 years old.

IP-CANS Assessment

The IP-CANS assessment is a multi-purpose communication tool developed to assess well-being; identify a range of social and behavioral healthcare needs; support care coordination and collaborative decision making; monitor outcomes of individuals, providers, and systems; and facilitate the linkage between the assessment process and the design of individualized service plans. The assessment covers behavioral and emotional needs, life functioning, risk behaviors, cultural factors, strengths, caregiver resources and needs, potentially traumatic and adverse childhood experiences, and an early childhood section for children birth to five years old.

All County Letter No. 25-10² provides updated requirements for placing agencies to complete the IP-CANS tool for children, youth, and nonminor dependents. Beginning July 1, 2025, all placing agencies are required to complete the IP-CANS assessment for family maintenance and

² <https://www.cdss.ca.gov/Portals/9/Additional-Resources/Letters-and-Notices/ACLs/2025/25-10.pdf?ver=JdkUMJq6Mi0Gjgu7ii638w%3d%3d>

foster care cases within a maximum of 60 days of the initial removal of the child. Placing agencies may enter into formal agreements with community-based organizations or county mental health plans for the completion of the assessment. This bill would similarly require a maximum of 60 days for a regional center to conduct an eligibility assessment for a child who has been removed from their home, a child who is the subject of a juvenile court petition, a dependent child of the court of an Indian tribe, a child who is the subject of a voluntary placement agreement, or a nonminor dependent. This bill would additionally require, for all assessments, regardless of child welfare involvement, a regional center to assist in collecting and procuring supporting documentation to ensure the eligibility assessment is conducted as soon as possible, and would require a regional center to make its determination within the required timelines, regardless of whether the person requesting the assessment possesses documentation.

Data Reporting Requirements

In December 2011, the Los Angeles Times published a six-part series entitled *Discovering Autism*³. The series of articles described the rise in prevalence of autism and examined how families navigated the state's developmental services system. The second article in the series highlighted disparities in DDS spending per child, citing "an average of \$11,723 per child on whites, compared with \$11,063 on Asians, \$7,634 on Latinos and \$6,593 on blacks."⁴ Using purchase of service expenditures broken out by demographic characteristics became a lasting measurement of inequity in the developmental disability system.

SB 138, a trailer bill to the Budget Act of 2023, required DDS to establish a standardized intake process by January 1, 2025. SB 138 additionally required, beginning June 30, 2025, regional centers to report the following every three months: how many individuals went through the intake process and how long the process took. According to a January 2025 implementation update⁵ from DDS, the development of a standardized intake process is expected to take at least one more year.

This bill would require DDS to annually post on its website annual statewide data, by regional center, on a statewide-aggregate basis. The bill includes requests for data points on the number of initial intakes and assessments conducted, the timeliness of initial intakes and assessments, and the demographics of individuals who were denied an initial intake or assessment, including separate data points for foster children.

Related/Prior Legislation:

AB 1220 (Arambula) would require DDS to compile and report data on denials of services, and requires a regional center to document in each consumer's individual program plan all of the consumer's denials of services, notices of actions, and appeals. AB 1220 is set to be heard in the Senate Appropriations Committee on June 30, 2025.

AB 1208 (Addis) would require DDS, by July 1, 2026, to review and assess all established and pending regional center and vendored service provider quality, performance and outcome

³ <https://www.latimes.com/local/datedesk/la-discovering-autism-20140408-storygallery.html>

⁴ <https://www.latimes.com/local/autism/la-me-autism-day-two-html-htmlstory.html>

⁵ <https://www.dds.ca.gov/wp-content/uploads/2025/01/SB-138-Initiatives-Summary-January-2025.pdf>

measures, and require DDS to consult with stakeholders and subject matter experts to develop a uniform set of measures, a mechanism to track measures over time, and performance indicators and benchmarks for regional centers. AB 1208 is set to be heard in the Senate Human Services Committee on June 30, 2025.

SB 138 (Committee on Budget and Fiscal Review, Chapter 192, Statutes of 2023), a budget trailer bill, among other things, required DDS to establish a standardized intake process for individuals to learn if they are eligible for regional center services, and required regional centers to report how many individuals went through the intake process and how long the process took.

AB 2083 (Cooley, Chapter 815, Statutes of 2018) required each county to develop an MOU to describe the roles and responsibilities certain of entities that serve foster youth who have experienced severe trauma, and instructs the secretary of CalHHS and the Superintendent of Public Instruction to implement and review aspects of the MOUs.

COMMENTS

The two-step intake and eligibility determination process disproportionately impacts foster children, who often do not have a formal medical diagnosis readily available and who experience frequent placement changes across city and county lines. According to the sponsors of this bill, it can take many months, or even years, to get an assessment, and even longer to establish eligibility, simply based on their status as a foster child. These delays commonly lead to placement instability and increased risk of institutionalization.

This bill seeks to ensure children in the foster care system receive a timely assessment for regional center services by making a foster child, youth, or nonminor dependent eligible for an expedited 60-day assessment by a regional center. In doing so, this bill seeks to guarantee the delivery of regional center services for children with an eligible diagnosis—services they are entitled to receive. Access to these services and supports can provide stability to both the foster child and caregivers. The 60-day timeline in this bill would match the 60-day timeline required of county welfare departments to conduct the IP-CANS assessment for children in foster care.

PRIOR VOTES

Assembly Floor:	79 - 0
Assembly Appropriations Committee:	14 - 0
Assembly Human Services Committee:	7 - 0

POSITIONS

Support:

Disability Rights California (Sponsor)
Children's Law Center of California (Co-Sponsor)
Public Counsel (Co-Sponsor)

All of US or None Orange County
California Alliance of Caregivers
Coalition of California Welfare Rights Organizations
County Welfare Directors Association of California
Disability Voices United (DVU)
Families Inspiring Reentry & Reunification 4 Everyone (FIR4E)
Legal Aid Foundation of Los Angeles
Public Law Center
SCDD
Special Needs Network, INC.
Starting Over INC.
The Arc California
Western Center on Law & Poverty, INC.

Oppose:

None received

-- END --