Office of Senate Floor Analyses
(916) 651-1520 Fax: (916) 327-4478

THIRD READING

Bill No: AB 1099
Author: Bryan (D)
Amended: 8/13/26 in Senate
Vote: 21

SENATE HUMAN SERVICES COMMITTEE: 5-0, 6/30/25
AYES: Arreguín, Ochoa Bogh, Becker, Limón, Pérez

SENATE APPROPRIATIONS COMMITTEE: 7-0, 8/13/26
AYES: Cervantes, Seyarto, Cabaldon, Dahle, Grayson, Richardson, Wahab

ASSEMBLY FLOOR: 79-0, 6/3/25 - See last page for vote

SUBJECT: Developmental services: initial intake

SOURCE: Children's Law Center of California
Disability Rights California
Public Counsel

DIGEST: This bill (1) requires a regional center to facilitate a case conference within 15 working days following an initial request for assistance for intakes involving a child welfare involved child or youth; (2) prohibits a determination not to provide additional assessment from being solely based on the age of the person when they received a diagnosis of a qualifying condition; and (3) requires the Department of Developmental Services (DDS) to annually post on its website specified data related to initial intakes and assessment and eligibility determinations.

ANALYSIS:

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 Code Section (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))

This bill:

1) Requires initial intake to include a decision to provide an eligibility assessment.

2) Prohibits a decision not to provide assessment from being based solely on 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.

3) Requires a regional center, for an initial intake involving a child welfare involved child or youth, to facilitate a case conference within 15 working days following the initial request for assistance to include the county child welfare services agency, probation department, or tribal consortium, as applicable, and, if appropriate, the person's parents, legal guardian or conservator, Indian custodian, or authorized representative.

4) Specifies the case conference requirement shall not result in any delay to the child welfare involved child's or youth's right to a timely intake, assessment, or eligibility determination.

5) Requires DDS and the California Department of Social Services, by March 31, 2027, to issue joint guidance to operationalize the case conference requirement.

6) Requires a regional center, for a child welfare involved child or youth, when there is a lack of documentation provided, to work with the county child welfare services agency, probation department, or tribal consortium, as applicable, and, if appropriate, the person's parents, legal guardian or conservator, Indian custodian, or authorized representative to facilitate obtaining appropriate consents to release information and conduct necessary assessments, identify the sources and location of documents, and coordinate access to needed documentation, or directly procure other records which may be available and accessible and within the regional center's authority. Specifies documentation may include, but is not limited to, school, medical, or court records.

7) Requires DDS to consult with the California Department of Social Services and other Children and Youth System of Care partners and other community and representative organizations, as applicable, to develop joint guidance to align existing intake processes, roles, and responsibilities for child welfare involved child or youth.

8) Requires DDS, by January 30, 2027, to consult with the California Department of Social Services and obtain input from tribes, individuals with lived experience, and child welfare stakeholders to ensure consideration of child welfare involved children or youth in the development of the standardized intake processes, including, but not limited to, circumstances for which expedited intake processes would be required.

9) Requires a regional center to determine if the individual is provisionally eligible for regional center services by the end of the 15-day initial intake period.

10) Defines the following terms for purposes of this bill:

    a. "Child welfare involved child or youth" 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 inquiry from an individual, or a person acting on their behalf, on the individual's possible eligibility to receive services or supports available or provided by the regional center based on a potential developmental concern or disability.

11) 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 and consents for assessments.

12) Prohibits a regional center from requiring an individual to use their health benefits before it conducts an assessment.

13) Requires regional centers to report any additional data metrics developed pursuant to this bill. Requires DDS to annually post on its internet website annual statewide intake data collected, by regional center and on a statewide-aggregate basis, inclusive of intake data regarding child welfare involved children or youth pursuant to this bill.

14) Requires DDS, commencing January 31, 2028, to annually post on its internet website statewide intake data pursuant to these provisions, to the extent allowed by current data systems, by regional center, and on a statewide-aggregate basis inclusive of intake data regarding child welfare involved children or youth.

15) Requires the public reporting requirements to be developed in consultation with the community and representative organizations, including the California Department of Social Services and other Children and Youth System of Care partners, as applicable. Requires the public reporting requirements to include, but not be limited to, the number of intakes, the timeliness of assessment and eligibility determinations, and the percentage of assessments resulting in eligibility by program, disaggregated by demographic groups, including age, geography, and race.

16) Provides that the extent and specificity of the required data reporting under this bill shall keep pace with the capacity of DDS' data systems as they evolve.

Background

Purpose of the Bill. According to the author, "For children with intellectual and developmental disabilities 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."

Child Welfare Services. The child welfare services system is an essential component of the state's safety net. When a report of abuse or neglect is substantiated, a family is either provided with services to ensure the child's well-being and avoid court involvement, or the child is removed and placed into foster care. 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 487,114 individuals will receive developmental services in 2025–26, increasing to 526,848 in 2026–27.

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. 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.

Related/Prior Legislation

AB 1220 (Arambula) would have required DDS to compile and report data on denials of services and required 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. The bill was held on the Senate Appropriations Committee suspense file.

AB 1208 (Addis) would have required DDS, by July 1, 2026, to review and assess all established and pending regional center and vendored service provider quality, performance and outcome measures, and required 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. The bill was held on the Senate Appropriations Committee suspense file.

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 of certain 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 requiring a regional center to facilitate a case conference within 15 working days for intakes involving a child welfare involved child or youth. This bill would also require DDS and the California Department of Social Services, in consultation with other community organizations, to develop joint guidance to align existing intake processes for child welfare involved children or youth. This bill seeks to streamline and expedite the delivery of regional center services for children with an eligible diagnosis. Access to these services and supports can provide stability to both the foster child and caregivers.

[Note: See the Senate Human Services Committee analysis for additional background on this bill.]

FISCAL EFFECT: Appropriation: No Fiscal Com.: Yes Local: No

According to the Senate Appropriations Committee:

- Unknown ongoing General Fund costs, likely hundreds of thousands, for the Department of Developmental Services (DDS) for state administration.

- Unknown ongoing General Fund costs for increased workload for regional centers.

SUPPORT: (Verified 8/13/26)

Children's Law Center of California (Co-source)
Disability Rights California (Co-source)
Public Counsel (Co-source)
All of US or None Orange County
Alliance for Children's Rights
California Alliance for Retired Americans
California Alliance of Caregivers
Coalition of California Welfare Rights Organizations
County Welfare Directors Association of California
Dependency Legal Services
Disability Voices United
East Bay Children's Law Offices
Easterseals Northern California
Families Inspiring Reentry & Reunification 4 Everyone
Hand in Hand: the Domestic Employers Network
John Burton Advocates for Youth
Legal Aid Foundation of Los Angeles
Public Law Center
SCDD
Special Needs Network, INC.
Starting Over INC.
Starting Over Strong
Sycamores
The Arc California
Western Center on Law & Poverty, INC.

OPPOSITION: (Verified 8/13/26)

None received

ASSEMBLY FLOOR: 79-0, 6/3/25
AYES: Addis, Aguiar-Curry, Ahrens, Alanis, Alvarez, Arambula, Ávila Farías, Bains, Bauer-Kahan, Bennett, Berman, Boerner, Bonta, Bryan, Calderon, Caloza, Carrillo, Castillo, Chen, Connolly, Davies, DeMaio, Dixon, Elhawary, Ellis, Flora, Fong, Gabriel, Gallagher, Garcia, Gipson, Jeff Gonzalez, Mark González, Hadwick, Haney, Harabedian, Hart, Hoover, Irwin, Jackson, Kalra,

Krell, Lackey, Lee, Lowenthal, Macedo, McKinnor, Muratsuchi, Nguyen, Ortega, Pacheco, Papan, Patel, Patterson, Pellerin, Petrie-Norris, Quirk-Silva, Ramos, Ransom, Celeste Rodriguez, Michelle Rodriguez, Rogers, Blanca Rubio, Sanchez, Schiavo, Schultz, Sharp-Collins, Solache, Soria, Stefani, Ta, Tangipa, Valencia, Wallis, Ward, Wicks, Wilson, Zbur, Rivas

Prepared by: Diana Dominguez / Human Services / (916) 651-1524
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