



## Overview of Regional Centers

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## What are Regional Centers?

- 21 private, non-profit organizations in California contracting with the Department of Developmental Services (DDS)
- Fixed points of contact for people w/ developmental disabilities or delays – est. 386,000 in 2021-2022
- Provide case management, advocacy, and specialized services and supports
- Eligibility is not means-based or dependent upon immigration status
- 7 Regional Centers in Los Angeles County (serving about 120,000)

## What Programs Do Regional Centers Administer?

### Children UNDER 3

- Early Start Services (For children under 3) –

### Children/Adults OVER 3

- Lanterman Act Services (For children & adults over 3; certain children under 3 with DD)

## What Laws Apply to Regional Centers?

### Children UNDER 3

- IDEA, Part C (20 USC § 1400 et seq.); 34 CFR Part 303)
- California Early Intervention Services Act (Cal. Gov't. Code § 95000 et seq.)
- Title 17, Cal. Code of Regulations ( § 52000-52175)

### Children/Adults OVER 3

- Lanterman Act (Cal. Welfare & Institutions Code (WIC) § 4500 et seq.)
- Title 17, Cal. Code of Regulations ( § 50201-58882)

Laws available at: [www.dds.ca.gov](http://www.dds.ca.gov) (Laws & Regulations link)

Regulations available at: <http://ccr.oal.ca.gov>

RULA & SERR: at [www.disabilityrightsca.org](http://www.disabilityrightsca.org) (Publications & Resources link)

## Education Rights Holders (ERH) & Developmental Services Decision-makers (DSDM)

<b>What are they?</b>	Legal right to make education-related and developmental decisions for a child, youth, or non-minor dependent
<b>Why do you need them?</b>	Request records Consent to assess for eligibility and services Consent to receive services
<b>Who may hold them?</b>	Biological or adoptive parent; guardian Foster parent or caregiver Court-Appointed Special Advocate
<b>How might they change?</b>	Minute Order JV-535 Adoption

## Children Under 3 - Early Start

- The Early Start program is for children 0-3. It provides services and supports to maximize their potential.
- While the RC provides services in most cases, if the child has a low incidence disability (solely hearing, vision, or orthopedic), the local educational agency will be responsible for providing services.

## Who Qualifies for Early Start?

- Children with “**Developmental Delay**” (33% or greater) in one or more of the following five areas:
  - Cognitive, Physical and Motor, Communication, Social or Emotional, Adaptive
- Children with “**Established Risk Condition**” e.g.:
  - Down Syndrome, Epilepsy, Cerebral Palsy
  - Low Incidence Disability (e.g. blindness, deafness)
- Children considered “**High Risk**” due to biomedical factors, e.g.:
  - Prematurity, prenatal exposure to drugs/alcohol, parent with developmental disability, etc.

## Application Process

- Contact the appropriate RC
- RC will need CONSENT from parent or educational rights holder
- RC should do a complete developmental evaluation. If you are concerned about one area, you can also request specific assessments (speech, physical therapy)
- Under Early Start: RC has 45 days from date of referral to complete assessments and hold an IFSP, if consent is provided

## What Is an Individualized Family Service Plan?

- Contract between client and the RC
- Must list all of the services and supports.
- Must be held every 6 months.
- You can request an IFSP at any time. It must be held within 30 of your request.
- RCs must communicate w/ family in their native language during the IFSP process; family can request a translated copy of the IFSP (SB 555)

## What does an IFSP include ?

- Family Statement
- Present Levels of Functioning
- Expected Developmental Outcomes
- Expected Family Outcomes
- List of Services
  - Duration, Frequency, Location, Funding Source, and Projected Initiation Date
- Transition Information

## IFSP Services

- Service Coordination
- Social Work
- Family Training/Counseling
- Special Instruction
- Speech-Language Pathology
- Audiology
- Occupational Therapy (OT)
- Physical Therapy (PT)
- Psychological Services
- Medical Services (for diagnostic or evaluation Purposes only)
- Nursing Services
- Nutrition Services
- Transportation & Related Costs
- Assistive Technology
- Durable Medical Equipment (DME)
- Vision Services
- Health Services (to benefit from other services)

**Since 2009, respite/family supports no longer generally available through Early Start. Consider possible Lanterman Act eligibility.**

## The Lanterman Act

- Establishes the Regional Center system.
- Gives people with developmental disabilities the right to services and supports to allow them to live a more normal and independent life.
- Consumers have the right to decide what kind of support they want and need. They also have the right to make choices about their lives.

## What Is a Developmental Disability?

- Intellectual Disability
- Autism,
- Cerebral Palsy,
- Epilepsy, or
- The “Fifth Category”
  - A disabling condition found similar to intellectual disability *or*
  - requires treatment similar to that required for persons with intellectual disability
- Which...

## What Is a Developmental Disability? (continued)

- Is expected to continue indefinitely,
- Originates before age of 18, and
- Constitutes a “substantial disability.”
  
- Does not include conditions which are “*solely*” physical, learning disabling, or psychiatric in nature.

## Substantial Disability

- Significant functional limitations in *three* or more of the following areas:
  - Self-Care,
  - Receptive and Expressive Language,
  - Learning,
  - Mobility,
  - Self-Direction,
  - Capacity for Independent Living, and
  - Economic Self-Sufficiency.

## Terminations

### Termination of eligibility

A consumer shall remain eligible for services from RCs unless a RC, following a comprehensive reassessment concludes that the original determination that the person has a DD is “clearly erroneous.” [WIC 4643.5 (b)]



## Presumptive Eligibility

- COVID-19: DDS Directive 02-032520
- No in-person eligibility assessments
- If RC is “reasonably certain” applicant is eligible, but can’t make definitive determination, may grant “presumptive eligibility” during effective period
- If RC later determines ineligibility, the “clearly erroneous” standard doesn’t apply

## Provisional Eligibility

- Change in RC eligibility law (AB 136, 2021), effective immediately
- **For three and four year olds**
- Five statutory categories of DD not required
- Child must have *two of five* areas (first five areas) of substantial disability
- At least 90 days before child turns three and exits Early Start, RC must assess for traditional & provisional eligibility
- If provisionally eligible, RC must assess child at least 90 days before turning five for ongoing eligibility

## Application Process

- Contact the appropriate regional center (RC).
- RC will need consent from parent or developmental services decision-maker.
- RC must decide to evaluate within 15 working days, i.e., “initial intake.”
- The RC generally has 120 days to complete assessments, if needed, BUT
  - Must assess in 60 days if 120 days could cause significant further delay in development, risk to health & safety, or a more restrictive placement.
  - Los Angeles County MOU provides for 60-day timeline for Probation-involved children and youth.

## Individual Program Plan (IPP)

- Contract between consumer and the RC.
- Must list all of the services and supports.
- Must be held within 60 days of completion of the initial eligibility determination.
- Must be held every 3 years, with annual reviews.
- Consumer can request an IPP meeting at any time.  
It must be held within 30 days of the request.
- IPP must be a person-centered plan.
- RCs must communicate w/ family in their native language during the IPP process; family can request a translated copy of the IPP (SB 555)

## Individual Program Plan (IPP) (continued)

- Planning process to determine:
  - Life goals, based on needs and preferences, and current functional abilities.
  - Time-limited objectives in meeting those goals.
  - Schedule of the type and amount of services and supports to be purchased to meet the IPP goals and objectives.
  - Schedule for review and evaluation of the IPP.

## What Factors Determine the Services and Supports to be Included in the IPP?

- Need
  - To lessen the effects of the developmental disability
  - To enable the client to have a normal, independent, and productive life, or
  - To enable a client to learn new skills in an appropriate way
- Effectiveness
- Cost-Effectiveness

## Examples of Regional Center Services for Children & Youth

- Behavior training and behavior modification programs
- Special training for parents
- Adaptive equipment such as wheelchairs, hospital beds, etc.
- Community integration services
- Advocacy assistance
- Counseling
- Day Programs
- Work Services Programs
- Emergency and crisis intervention
- Infant stimulation programs and other early intervention programs
- Respite (in-home or out-of-home) for caregivers
- Sexuality training
- Social skills training
- Specialized medical and dental care
- Transportation services
- Independent Living Skills services

## Significant 2009-2011 Budget Cuts

- Respite Limits (*Restored 1/1/18*)
- Camping, Social Recreation, Non-Medical Therapies, Educational Services **suspended**
- Behavior Intervention Requirements
- Required use of Medi-Cal/Private Insurance
- Transportation Requirements
- Requirement to Access Certain Services through School for Youth 18-21

## Limits on Services for Youth 18-22

- For youth 18-22 eligible for special education who have not received a diploma or certificate of completion, these services from RC may be limited:
  - Day program
  - Vocational education
  - Work services
  - Independent living program
  - Mobility training and transportation services
- If IPP team determines school cannot provide the services, or the school's services are not appropriate, RC can purchase instead.
- Exemptions may apply (extraordinary circumstances)

## Restoration of Suspended Services

- Under Budget Bill of 2021 (AB 136), effective immediately, following services restored:
  - Social recreation services
  - Camping & associated travel
  - Educational services for 3 to 17 year olds
  - Non-medical therapies, including specialized recreation, art, dance, and music
- Prohibition against RC contracting for these services ended on 6/30/21

## Charge for Regional Center Services?

- 24-hour out of home care for minors – WIC 4782
- Day care – WIC 4685 (c)(6)
- Diapers – WIC 4685 (c)(7)
- Family Cost Participation Program (FCPP): Share of cost for day care, respite, and camping for children between ages 0 and 17. Medi-Cal children exempt – WIC 4783
- Annual Family Program Fee: Depending on income and household size, \$150 or \$200 fee. Medi-Cal children exempt. FCPP interplay. – WIC 4785
- Any other co-payment scheme violates the Lanterman Act
  - *Clemente v. Amundson*, 60 Cal.App.4th 1094 (1998)

## Purchase of Services (POS) Guidelines

- Help determine the types and amounts of services regional centers will fund
- Explain requirements for receiving services
- Vary from regional center to regional center
- DDS must approve POS policies – WIC § 4434(d)
- POS policies cannot violate the Lanterman Act entitlement to necessary services and supports  
*Williams v. Macomber*, 226 Cal.App.3d 225 (1990)
- POS guidelines required to be posted online, along with other key RC information, under WIC § 4629.5

## What is a Generic Agency?

- Any agency receiving public funds with legal responsibility to serve all members of the general public - 17 CCR § 54302(a)(31).
- Regional Center is the “payor of last resort.”
- BUT Regional Center is the generic Targeted Case Management provider— WIC § 14132.48; 42 USC 1396n(g).
- AND, Regional Center must “gap-fund” IPP services if necessary to implement the IPP – WIC § 4648(g); *Association for Retarded Citizens v. Department of Developmental Services*, 38 Cal. 3d 384 (1985).

## Behavioral Health Treatment (BHT)

- SB 946 – Private Insurance
  - Co-pays, co-insurance, deductibles
- Medi-Cal (up to age 21)
  - Transition of BHT services to Managed Care- first just Autism, now everyone
  - Managed Care vs. Fee For Services (FFS)
  - If FFS, RC still administers the BHT for consumer
  - Medi-Cal “medical necessary” standard applies, Parent participation not mandatory
  - Appeal with State Hearings Division, not RC/OAH

## Questions re: IPP & Services

- What does a "good" IPP look like?
- <http://www.publiccounsel.org/tools/publications/files/IPP-and-IFSP-Advocacy-Manual.pdf>
- AB 959 – List & Description of services available through RCs online: <https://www.dds.ca.gov/RC/RCSD.cfm>
- SB 853- RC's respite procedures & assessment tools used to determine amount must now be posted online
- SB 81: Standardized information packets; list of agreed-upon services at end of IPP; RCs to publish procedures & assessment tools used for personal assistance, transportation, independent/supportive living services

## Transfers (Generally)

### Transferring to another RC:

- If a consumer is found eligible for RC services, he/she is considered eligible by any other RC if he/she moves [WIC 4643.5 (a)]
- Services in IPP continue pending development of new IPP [WIC 4643.5 (c)]; DDS' Inter-RC Transfer Guidelines: <https://www.disabilityrightsca.org/system/files/file-attachments/506301SuppH.pdf>



## AB 1089 (2014): RC Transition Procedures for Foster Children/Youth

- Once RC is notified of child's move to another RC catchment area by child welfare agency or attorney, the sending RC must get services in place in new location within 30 days of notification
- The sending RC must report to the court if services not in place within 30 days, and continue to report every 30 days until all services are secured
- Case management transfers from sending RC to receiving RC after services are secured in new RC

## Inter-Agency Coordination

- Each regional center and county mental health (CMH) agency must have a memorandum of understanding (MOU) – WIC 4696.1.
- Regional Center must help advocate for services from CMH – WIC 4648(b).
- Los Angeles County MOU between the RCs, DCFS, Probation, and DMH outlining each agency's roles and responsibilities in serving the DD population.
- Quarterly MAAB meetings in LA
- Quarterly meetings in LA chaired by Judge
- Annual Partnership Conference at CSULA

## SB 1048 (2012): Joinder

- Authorizes the court, at any time after a petition has been filed, to:
  - Join in a juvenile court proceeding **any agency** that the court determines **has failed** to meet a legal obligation to provide services to a child who is the subject of a dependency proceeding, a minor who is the subject of a delinquency proceeding, a nonminor person over whom the juvenile court has retained dependency or delinquency jurisdiction, or a nonminor dependent, as defined.
- Definition of “Agency”
  - Any governmental agency **or any private service provider** or individual **that receives** federal, state, or local governmental **funding or reimbursement** for providing services.

## Resolving Disputes With the Regional Center

- Options include:
  - Filing for Fair Hearing
    - Claimant can participate in an Informal Meeting with the RC first to try to resolve
    - Parties may also participate in Mediation to try to resolve
  - Filing a Complaint
    - 4731 Complaints & Early Start Complaints

## Important Timelines

- RC has **15 calendar days** to decide to whether to include a service in the IPP after the request has been made.
- If the RC decides to deny, it has **5 working days** to send a NOA advising the consumer of its decision.
- The regional center must give you notice at least **30 days before** it changes the services in your IPP.
  - Unless change is necessary to protect health and safety—in which case, NOA must be sent no later than **10 days after** the change was made.

## What can you do if the regional center denies eligibility or services?

- Right to the Fair Hearing process, but the request must be made within 30 calendar days of receiving the Notice of Action (NOA).
- “Aid Paid Pending”
  - For reduction or cancellation of services, you must appeal within 10 calendar days of receiving the NOA for services to continue during the appeal.
  - The right to Aid Paid Pending is automatic in Early Start.

## Fair Hearing

- Must take place within 50 days of hearing request unless a delay is requested for good cause.
- Decision must be issued w/in 80 days from filing request.
- For Early Start hearings, decision must be issued within 30 days of filing request.
- 5 days before hearing, you and the regional center must send each other your exhibits and a list of witnesses.
- Direct & cross exam of witnesses, review of evidence, usually can submit written position statements afterward.
- Hearing is held before an Administrative Law Judge from the Office of Administrative Hearings.

## 4731 & Early Start Complaints

- When a “right has been abused, punitively withheld, or improperly or unreasonably denied” by the RC, use the 4731 complaint process.
- When a service or support has been denied or cancelled, or eligibility has been denied, it is appropriate to go to Fair Hearing.
  - **Examples of when to file a complaint:**
    - RC does not provide a copy of the IPP or IFSP
    - RC denies access to records
    - RC refuses to provide translation services
    - RC does not return phone calls
    - RC fails to follow statutory timelines
    - RC refuses request to change service coordinators
    - RC fails to send Notice of Action when required
- Early Start - Claimants can file for mediation, fair hearing, or a complaint to resolve any issue under Early Start.
- For more info re: Complaints:
  - <https://dds.ca.gov/Complaints/Home.cfm>

## Dual Agency Rate

- Statutory statewide rate for a dual agency child (in foster care or w/ “approved relatives” receiving ARC benefits; in Kin-GAP; in adoptive placement receiving AAP benefits, and RC eligible)
- “Inactive” RC cases are still eligible – ACL 16-54
- Currently \$2,771 (children over three) & \$1,241 (children under three) per month
- Automatic annual COLAs applied
- “Presumptively eligible” children qualify–ACIN I-19-21
- Clarifying eligibility for “provisionally eligible” children

## Supplement to the Dual Agency Rate

- Availability of a Supplement of up to \$1,000 for severe deficits in self-care, physical/mobility, medical/sensory, and/or behavior areas
- Supplement awarded in increments of \$250, \$500, \$750 and \$1,000, based on severity of condition or combination of conditions
- Request Supplement in writing (DCFS has 90 days to process)
- Appeal available if Supplement is denied

## Fair & Equal Access - Background

- Purchase of Services (POS)
- Per Capita Authorizations & Expenditures
- Utilization Rates
- Deprivation Rates (Consumers with no POS)
- Inter-Regional Center Disparities
- Intra-Regional Center Disparities

## Fair And Equal Access History

- Los Angeles Times article, 12/13/11:
  - <http://www.latimes.com/news/local/autism/la-me-autism-day-two-html,0,3900437.htmlstory>
- Senate Select Committee on Autism & Related Disorders, Equity Hearing, 4/30/12:
  - <http://autism.senate.ca.gov/informationalhearings>
- Senate Human Services Oversight Hearing, 3/14/17:
  - <http://shum.senate.ca.gov/content/hearings>
- DDS Disparity Measures (3/12/19):  
<https://www.dds.ca.gov/rc/disparities/data/dds-disparity-measures/>

## Key Legislative Efforts Since 2012

- **AB 1472** (2012): Enacted WIC 4519.5 (disparities data collection)
- **SB 555** (2013): RCs must communicate w/ family in native language during planning process; family can request translated copy of plan.
- **SB 1093** (2014): Greater transparency, accountability, data reporting, & participation by diverse communities; ILS changes.
- **SB 82** (2015): RCs must provide translated copy of plan into **threshold** language w/in 45 days of request.
  - RC must track & report # of instances translated IPP was requested in **non-threshold** language if not provided within 60 days of request.
  - Contracts with RCs must now measure progress in reducing disparities and improving equity in purchase of services expenditures.

## More Key Legislative Efforts

- **AB 2X1** (2016) - \$11 million annually to reduce disparities through grant projects, available to both RCs and Community Based Organizations (CBOs)
- **AB 107** (2017): Full restoration of respite services
- **AB 959** (2017) – Link to a list of services online & culturally and linguistically competent communication standards
- **SB 853** (2018): RCs must post online their procedures and assessment tools used to determine respite levels
- **SB 81** (2019): Standardized information packets; list of services agreed-upon at end of IPP; policies, guidelines, & assessment tools to be made publicly available
- **AB 136** (2021) – **Multiple significant changes!**

## Public Counsel Report (2020): Key Findings

- Auth. for Hispanic children at 69% compared to Whites in 2018-19. **Gap has grown by 63% in four years.**
- Disparities in auth. b/t White & Hispanic children decreased in only 3 RCs, grew in 18 RCs since 2015-16.
- Auth. for Asian children at 84% compared to Whites in 2018-2019. Asian children authorized slightly more than White children in 2015-16.
- Disparities between White & Black/African-American children have improved somewhat since 2015-16.
- Auth. for Spanish-speaking children at 82% compared to English in 2018-19. **Gap grew 69% in four years.**

## Public Counsel Report (2020): Key Findings

- Disparities in auth. between English & Spanish-speaking children reduced in only 4 RCs & grew in the other 17 RCs since 2015-16.
- 31% of children received no POS (\$0) throughout all years. In 2018-19, this rate of deprivation ranged among the RCs from 19% to 44%.
- DDS' Disparity Measures are flawed
- **Report & Other Info:**  
<http://www.publiccounsel.org/stories?id=0306>
- <https://www.facebook.com/publiccounsel/posts/10157340397205936>



## Public Counsel Recommendations

- Replace DDS' Budget Allocation Methodology
- Repeal suspension of suspended services and other service access restrictions of 2009 & 2011 (now repealed in 2021 under AB 136!)
- Require RCs to develop, maintain, and publish language access services plans (now required under AB 136!)

## Public Counsel Recommendations

- Commission an independent study to examine DDS' disparity reduction programs (now required under AB 136!)
- Enforce RCs' compliance with data reporting and other public disclosures duties by tying compliance to performance contracts with DDS
- Require RCs to review all cases where consumers are receiving no POS, classify reasons for deprivation, and publically report findings

## DCFS Regional Center Support

- RC Contact, Services, Case Management, Referral, Consent, Eligibility, etc.
- Payment Issues
  - Dual Agency/Supplement
  - Special Payment/Placement and SSI
- Placement Assistance
- Transition Age Planning
- RC Case Transfers
- Send an E-Mail to:
  - [regionalcentersupport@dcfs.lacounty.gov](mailto:regionalcentersupport@dcfs.lacounty.gov)

## Advocacy Resources

### **DISABILITY RIGHTS CALIFORNIA**

350 South Bixel Street, Suite 290  
Los Angeles, CA 90017

Ph: (213) 213 - 8000  
Fax: (213) 213 - 8001

### **OFFICE OF CLIENTS' RIGHTS ADVOCACY**

- East LA Regional Center – (626) 576-4437
- Harbor Regional Center – (562) 623-9911
- Lanterman Regional Center – (213) 213-8180
- North LA County Regional Center – (213) 213-8188
- San Gab/Pomona Regional Center - (909) 595-4755
- South Central Los Angeles Regional Center – (323) 292-9907
- Westside Regional Center – (310) 846-4949

## Advocacy Resources (continued)

- For dependency- & delinquency-linked children (including out of home or adoptive) ages 0-21 years: Public Counsel at (213) 385-2977.
- For dependency-linked children, including out of home, ages 0-3 (Early Start cases): The Alliance for Children's Rights at (213) 368-6010.
- State Council on Developmental Disabilities, Los Angeles Office (formerly Area Board 10), (818) 543-4631

Thank you!