



# Golden Gate Regional Center

*Supporting Lives of Liberty and Opportunity*

Updated September 4, 2020

## Home and Community Based Services (HCBS) Final Rule Self-Assessment Results

In accordance with [Welfare and Institutions Code section 4519.2\(b\)](#) and subsequent [extensions directives](#), Golden Gate Regional Center is posting the results of the Home and Community Based Services (HCBS) Final Rule Self-Assessments completed by GGRC vendored service providers between January and August 2020. The second page of this document includes GGRC's compliance information based on the HCBS Final Rule self-assessments completed by the close of the self-assessment on August 31<sup>th</sup> 2020. Moving forward GGRC will update HCBS Final Rule compliance information at least every 6 months.

Information included in the summary of self-assessment results includes:

- (A) The number of providers identified as needing assessment for HCBS compliance, broken down by provider type, as defined by the department.
- (B) The number of providers within each provider type that have been inspected or reviewed for HCBS compliance.
- (C) The number of providers within each provider type that have been determined to be HCBS compliant.
- (D) The number of providers within each provider type that have been determined not to be HCBS compliant and the reason for lack of compliance.
- (E) The number of providers, broken down by provider type, that have been identified as presumed to have the qualities of an institutional setting, as described in Sections 441.301(c)(5)(v) and 441.710(a)(2)(v) of Title 42 of the Code of Federal Regulations.

For additional information on the Home and Community Based Services Final Rule, see the Department of Developmental Services [HCBS Final Rule Informational Piece](#).

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## HCBS Final Rule Compliance Information - GGRC as of 8/31/20

Service Type	Completion			Overall Alignment		Other
	Number of Providers Needing Assessment (A)	Number & Percent of Providers Completed Assessment (B)		Percent Reporting to Meet (C)	Percent Reporting to Not / Partially Meet (D)	Percent Reporting Heightened Scrutiny (E)
Residential	207	196	95%	67%	33%	17%
Day Service	131	124	95%	55%	45%	20%
Employment - Supported	5	5	100%	60%	40%	0%
Employment - WAP	0	0	n/a	n/a	n/a	n/a
<b>Overall</b>	<b>343</b>	<b>325</b>	<b>95%</b>	<b>63%</b>	<b>38%</b>	<b>18%</b>

(A) Providers needing assessment is defined as providers that group individuals for services and are designed to serve individuals with developmental disabilities.

(B) Providers completed assessment defined as providers that have completed the self-assessment, and will later be updated as efforts continue to validate the self-assessments.

(C)\* Providers reporting to meet is defined as providers self-reporting to meet all federal requirements by answering "No" to question R1 in the self-assessment.

(D)\* Providers reporting to not meet / partially meet is defined as providers self-reporting to not meet at least one of the federal requirements by answering "Yes" to question R1 in the self-assessment.

(E)\* Number of providers responding on the self-assessment that they may meet heightened scrutiny requirements and require additional review.

\* Percentages in these fields are based on the total number of completed assessments (B).

### Reasons for Not Meeting Federal Requirements (D\* continued)

Service Type	All Providers Must Meet					Only Residential Providers Must Meet				
	Requirement 1	Requirement 2	Requirement 3	Requirement 4	Requirement 5	Requirement 6	Requirement 7	Requirement 8	Requirement 9	Requirement 10
	Access to the Community	Choice of Setting	Right to be treated well	Independence	Choice of Services and Supports	Residential Agreement	Privacy	Schedule and Access to Food	Right to Visitors	Accessibility
Residential	22	20	8	16	21	18	32	21	13	3
Day Service	16	34	16	24	15					
Employment - Supported	0	2	0	0	0					
Employment - WAP	0	0	0	0	0					

(D continued) Will show trends of how providers across service types responded to each federal requirement. The numbers are based on providers self-reporting to not meet or partially meet each of the applicable federal requirements.