



#### **PRESUMED COMPLIANCE ASSESSMENT EXAMPLE**

- \*Q1 Are you an IDD waiver Provider?
- \*Q2 Do you own, manage or operate one or more of the settings where 5125 personal care services are rendered?
- \*Q3 Does the provider render services in a facility?
- \*Q4 Does the provider render services at the waiver participant's private home?
- \*Q5 If the HCBS participant chose a new provider, would they likely have to find a new setting to receive these services?