

April 7, 2006

Dear Illinois Disability Advocates,

In 1989, legislation was passed that created the Illinois Family Assistance and Home-Based Support Services Programs. In the Veto Session of 1990 funding was appropriated and the first participants were enrolled in 1991.

These programs, which were designed to provide flexible, easy to use supports and services, were widely hailed as a national model of best practices in Family Support programs. Over the course of the next ten years enrollment in the combined programs grew to over 3,100. The combined budget is now at just over \$29 million.

In the fall of 2001, just before 9/11 and the first harbingers of the coming economic challenges of the state of Illinois, individuals and families in the Home-Based Support Services Program were asked to shoulder the first round of "waiverizations" of services for people with developmental disabilities. In the spring of 2002, over the course of only one month, new rules and definitions were written. Many compromises were made. They fell into three categories; those we knew we would have to live with, those we thought we could change in the future, and those we didn't anticipate. The Division of Developmental Disabilities agreed to create a committee to work on continually improving the program.

Originally referred to as the "Waiver Work Group", this committee became the "In-Home Supports Committee" when Director Jeri Johnson requested that it become a committee of the Developmental Disabilities Statewide Advisory Council. Director Johnson also asked the committee to expand its mission to provide guidance on all services supporting adults and children with disabilities receiving supports at home. While the primary focus has remained on the Home-Based Support Services Program, we've also considered ways to improve the overall service delivery system for people living in the community.

Since 2002, the State of Illinois has turned to the Division of Developmental Disabilities time and time again to help balance its budget by capturing federal funding through Medicaid Waivers. First the Home-Based Support Services Program was "waiverized", and then Developmental Training. Now the Division is also considering other programs such as Supported Employment.

This spring the Division of Developmental Disabilities begins its preparations for re-application of its Home and Community Based Supports Waiver. This is the waiver that includes Community Integrated Living Arrangements (CILA) and the Home-Based Support Services Program (HBSS). In addition, advocates, members of the General Assembly, DHS, and the Governor's office recently reached an agreement to pursue a Medicaid waiver for children.

At the same time, the In-Home Supports Committee has been frustrated in its ability to make necessary changes to the Home-Based Support Services Program. At the top of our list is our inability to provide a service definition that will allow participants in the program the opportunity to access activities and supports in the community along side people who don't have disabilities. We are also frustrated that many people who have very significant disabilities are unable to access adequate funding to continue living at home. These are just two of many issues.

Last year Director Johnson issued us this challenge: Analyze the Home-Based Support Services Program and make a recommendation as to whether the program should continue under the umbrella of the Home and Community Based Supports Waiver or become a separate waiver. Since September, our members have met monthly working on the following document. We looked at all aspects of the Home-Based Support Services program. **We have concluded that the Home-Based Support Services program will be strengthened and the lives of people with disabilities enhanced, if the Home-Based Support Services Program becomes a free standing waiver or if the entire Home and Community Based Supports Waiver is changed to accommodate these suggestions.**

We also believe that the work we have done can inform the work of many other active committees of the Division of Developmental Disabilities, including the Waiver Re-application Committee. Many of the challenges of the Home-Based Support Services program are universal.

In closing, I would like to thank Jeri Johnson, Connie Sims, and members of the In-Home Supports Committee for their hard work, many, many hours of meetings, and many, many hours of driving. Jeri and Connie have been incredibly supportive. Our members have persevered. Our work has been hard and often frustrating, but always filled with creativity, laughter and respect.

Our members include thirteen family members, two service facilitators, and three service providers -- some members fall into two categories. My big thanks to all the members: Anna Abdelrahman, Beth Lacey, Cathy Ficker Terrill, Deb LeCrone, Dorelia Rivera-Martinez, Eileen Bennin, Ellen Garber Bronfeld, Helen Kauffman, Julie Grounds, Margaret Tanenberg, Michele Westmaas, Pat Henningsen, Ruth Anne Sikora, Tom Hooper, and Tony Kramer.

Sincerely,

Charlotte Cronin
Chair, In-Home Supports Committee and Daniel's mom

The following values and principles were embraced by the In-Home Supports Committee as they began their deliberations.

Principles/Values of the In-Home Supports Committee

October 2005

Good Individual and Family Support Programs should:

- ✚ Focus on the entire family
- ✚ Promote individual and family stability by providing appropriate supports and services
- ✚ Treat people with disabilities and their families with respect and dignity
- ✚ Encourage individuals and families to use natural community resources
- ✚ Respect individual preferences and choices
- ✚ Encourage individuals and families to express their own needs and decide how their needs will be met
- ✚ Provide families and individuals with control of their dollars
- ✚ Provide individuals and families with equal access regardless of where they live.
- ✚ Acknowledge and respect cultural, economic, geographic, social and spiritual differences
- ✚ Provide supports and services that are easy to find, easy to access, and easy to use
- ✚ Provide supports and services that change as the individual's needs, role, and age change
- ✚ Provide equal access to supports and services regardless of whom you know
- ✚ Empower participants to be good stewards of resources

The work of the In-Home Supports Committee will be based on trust. The end results will be fair.

In addition, the In-Home Supports Committee embraced the Principles of the Alliance for Full Participation developed by 3,000 passionate advocates in Washington, D.C. in September of 2005.

Alliance for Full Participation Principles

- ✚ Reaffirm that eligible individuals with intellectual and other developmental disabilities are entitled to the full range of Medicaid health care and long-term services across their life span, including children's Early and Periodic Screening, Diagnosis and Treatment services.
- ✚ Embrace the principle that people with intellectual and other developmental disabilities must be supported to live regular lives in the community, experience a high quality of life and, as adults, achieve economic security and personal independence
- ✚ Affirm that all children belong with families and the family knows what is best for the child
- ✚ Support families in their efforts to achieve independence and community inclusion for their sons and daughters with disabilities
- ✚ Expand access for children with disabilities to vital Medicaid benefits by enacting the Family Opportunity Act and establish the goal of extending essential Medicaid health care benefits to adults with disabilities up to 100 percent of poverty
- ✚ Guarantee that every eligible individual who needs essential day-by-day home and community services receives them promptly and confirm that individuals have the authority to control how services are provided
- ✚ Redirect Medicaid spending from institutional to home and community services by doing away with current funding silos and providing that money follows the person from an institution to a community-based setting
- ✚ Establish positive incentives for the cost-effective delivery of services so that all eligible individuals have equal access to services
- ✚ Provide for the effective coordination of delivery of health care and long-term services

- ✦ Ensure that individuals are free from abuse, neglect and exploitation, enjoy their full rights as Medicaid beneficiaries and citizens, and experience quality of life through the operation of effective federal-state beneficiary protections, continuous oversight and quality monitoring/improvement systems
- ✦ Contribute to the quality and effectiveness of services through the development of a fairly compensated, well-trained, stable community workforce and a sufficient supply of qualified service providers
- ✦ Mandate that people with disabilities and families are co-equal partners in Medicaid policy making at the federal and state levels
- ✦ Ensure that individuals and families have understandable and easily obtainable information about Medicaid services and are supported in accessing the services that they need
- ✦ Recognize that the operation of effective and responsive service delivery systems requires state and local capacity to meet the needs of people in crisis, connect individuals to other public and private services, and continuously foster improved quality of life.

Services/Activities	Individual/Family Concern	Current Status	Potential Solution	Solution Possible in Current Waiver	Solution Possible in Separate Waiver
Transparency of Application Process					
Clear and Reasonable Time Frames with Regular & Reliable Communication	<p>Applications for service “disappear into PAS and DHS“. Individuals and families don’t know where they are in process. Process can go on for years with no answer.</p> <p>Eligible applicants do not receive letters that there is no capacity.</p>	<p>Network staff meets weekly to review pending applications.</p> <p>PAS and Network staff are available to provide information throughout process.</p> <p>Award letters are mailed when services are authorized.</p> <p>Though services may not be immediately available, eligible applicants continue to be considered as funding becomes available.</p>	<p>Tracking system with accountable, transparent time frames...“Within x weeks receipt of letter saying ‘expect award’ or ‘award denied’ or ‘pending funding’.” Intermediate steps to be tracked as well. Easy to understand appeal process.</p>	Yes	Yes
Minimal Red Tape - Simplified Application process with supports available when needed	<p>Packets should not have to be re-submitted over and over.</p> <p>Hard for individuals or family members to understand who is responsible for what – such as psychologicals.</p>	<p>Consistent requirements have been in place for some time.</p> <p>PAS is charged with providing support throughout application process.</p>	<p>Streamlined applications with check list for individual, PAS, & DHS responsibilities for use by individual or family... user friendly...with time frames.</p>	Yes	Yes
Clear & Easily Understood Eligibility Criteria	<p>Because of “crisis priority” even if an individual fits eligibility under the DHS contract, they may not get services. Where is the dividing line? The confusion of when services might be available creates incredible stress.</p>	<p>The eligibility and priority population criteria are contained in the DHS contract (attachment A) and Waiver manual.</p>	<p>Creation of an understandable point system. (This is an ugly solution fraught with ethical questions).</p> <p>Can a new waiver define this criterion?</p>	<p>Yes</p> <div data-bbox="2080 1182 2567 1317" style="border: 1px solid black; padding: 5px; width: fit-content;"> <p>Note: Point systems are at the discretion of person giving the points.</p> </div>	Yes

Services/Activities	Individual/Family Concern	Current Status	Potential Solution	Solution Possible in Current Waiver	Solution Possible in Separate Waiver
Access with Dignity					
<p>Services should be available while an individual & his/her family are still healthy & viable.</p> <p>Basic support services should be readily & uniformly available – not based on crisis.</p>	<p>Medical model promotes care for “sickest” person. People/families have to become needier to get “fixed”. Individuals and families must be in crisis or “broken” to receive services.</p>	<p>Waiver services are not an entitlement. Due to limited funding and limited program capacity, currently those with the greatest need get priority.</p> <p>A new system is being developed using PUNS to allocate services.</p> <p><i>Children aging out of the Family Assistance Program can continue into the Home-Based Support Services Program assuming they are eligible.</i></p>	<p>Reserved capacity for non-emergency services.</p> <p>Adequate funding!!!</p> <p>We know this is outside our venue but we also know this is what it takes.</p>	Yes	Yes
Equal Access regardless of Network	Individuals/families believe that differing attitudes or perceptions of individual Network Facilitators impact their ability to receive services.	All Network staff meet weekly as a group and consider ALL pending applications at once.	<p>An anonymous transparent system needs to be developed.</p> <p>A point system could be developed.</p> <p>As long as funding continues to be so inadequate, this will be a huge problem.</p>	Yes	Yes
Equal Access regardless of Connections	Individuals/families believe that “knowing the right person” (such as a legislator) increases their chances.	Like it or not, we have to acknowledge that all other eligibility factors being equal, legislative intervention may be helpful.	<p>An anonymous transparent system needs to be developed.</p> <p>A point system could be developed.</p> <p>When points are equal amongst applicants, random selection could be used.</p>	Yes	Yes

Services/Activities	Individual/Family Concern	Current Status	Potential Solution	Solution Possible in Current Waiver	Solution Possible in Separate Waiver
Equal Access regardless of Diagnosis	<p>A specific DD diagnosis such as Autism should not be a deterrent or an advantage nor should an IQ of over 70 if the person has significant deficits.</p> <p>Some people with significant disabilities fall through the cracks.</p>	The Illinois definition of developmental disability defines "Mental Retardation or a Related Condition," and allows for "related conditions" resulting in similar needs and similar impairments to those of mental retardation (IQ of 70 or below) as qualifications for services.	Education of the DD community on the Illinois definition, followed by extensive training of those performing assessments, is necessary.	Yes	Yes
Equal Access regardless of Age (Birth to Death Continuum)	Services should be available regardless of age and should not stop or start dependent on age. People should not drop out of services when they reach a certain age.	HCBS waiver currently serves adults aged 18 and over.	Add Children's Waiver	Yes	Yes

Services/Activities	Individual/Family Concern	Current Status	Potential Solution	Solution Possible in Current Waiver	Solution Possible in Separate Waiver
Access to Varying Degrees of Support					
<p>Participants should not be forced to move to residential (out-of-home) placement to receive more expensive supports.</p> <p>ISP's should be flexible to meet individual needs. Individuals should be able to determine amount of supports needed within a defined range.</p>	<p>Because of the \$\$ cap on HBSSP, people are forced to move into residential settings to receive expanded services.</p> <p>Most families do not perceive Family (Intermittent) CILA as an adequate substitute.</p>	<p><i>The monthly service allocation for the Home-Based Support Services Program is limited by statute. To receive more services, individuals must move to a different program.</i></p> <p><i>The only other non-residential program available is Family (Intermittent) CILA services.</i></p>	<p>Every person should have an assessment that determines the funding based on the person's abilities and challenges.</p> <p>Then the person should be able to choose from an array of services within the funding range. This should include his/her living arrangement.</p>	<p>Yes, by blending HBSS into CILA as one big program where individuals/families select home or residential setting after supports and services are determined.</p> <p>Or yes, with a Statute Revision of HBSS.</p> <p>This runs the risk of HBSS funding disappearing into CILA and being used for residential services.</p>	<p>Yes, with HBSS and a Statute Revision of HBSS to increase funding cap.</p>
<p>DHS agreed to create an "Exceptional Level of Care Criteria" when the HBSS was "waiverized". Because of the large fiscal note involved and the horrible economy the criteria was never finished. Unknown numbers of people living at home lost critical services because they were no longer able to access grant funded services such as respite. Many also had to reduce critical services, such as personal assistance because they had to pay the full cost of day services out of their monthly allotment.</p>					

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Robust Menu of Service Choices					
Access to Non-Disability Specific (Generic) Supports, Services, & Community Activities.	Participants should be able to access services where people who do not have disabilities access similar services, providing for integrated lives.	<p>These are not currently covered services in either HCBS or HBSS.</p> <p>The “Community Integration Definition” included at the end of this document was turned down by Federal CMS because of “accountability”. Another barrier to its implementation was the cost of providing the service across ALL HCBS programs.</p>	<p>Expand List of Covered Services.</p> <p>Get feds to approve “Community Integration Definition”.</p> <p>And/or</p> <p>Expand the definition of qualified providers to include providers of generic and non-disability specific services.</p>	<p>No – Community Integration Definition cannot be limited to just HBSS – services must be available across the whole waiver including CILA.</p> <p>If offered across all CILA services, fiscal note would be challenging.</p>	<p>Yes – Could do it in separate waiver... if the feds approved the Community Integration Definition.</p> <p>(The proposed Community Integration and Other Specialized Therapies Definitions can be reviewed on page 13 of this document.)</p>
Access to Disability Specific Supports, Services, & Community Activities	Supports and services are unavailable because of waiver structural issues, limited hours, and low rates.	The rates are so low that there are few providers of these services in Illinois. The service hours are also too limited.	<p>Hours should be determined by need.</p> <p>Build in flexibility around fee rates.</p>	No - rates are anchored in State Medical Plan.	Yes
Access to Behavioral Supports	<p>Behavioral supports are not available, accessible, consistent, effective, or usable in the community.</p> <p>Individuals are forced into emergency living arrangements often far from home because families become unable to support members at home.</p>	<p>“Behavior Intervention” is currently covered in the waiver if the provider is a licensed clinical psychologist.</p> <p>However, the rates are so low that there are virtually no providers of this service in Illinois.</p>	<p>Decent rates</p> <p>Trained professionals in every community.</p> <p>Quality training & information for family members, personal support workers, and agency staff.</p>	Yes	Yes

Services/Activities	Individual/Family Concern	Current Status	Potential Solution	Solution Possible in Current Waiver	Solution Possible in Separate Waiver
Access to a Variety of Life Crisis Intervention Services	Individuals often need intense short-term supports when family or other life crises occur. Individuals are too often forced into emergency premature out-of-home placements unnecessarily.	Unavailable	Access to more intensive supports during emergencies across the individual's lifespan through a new service definition to be billed outside of person's monthly cap.	Yes.	Yes
Access to Non-Disability Specific Technology	Common sense, everyday technology is often not available because it is not typically considered directly related to the disability.	Personal Emergency Response technology is covered.	A service definition could be expanded or modified to cover with Waiver \$\$\$. If not, General Revenue should be made available.	Yes	Yes
Access to Disability Specific Technology	Individual's ability to live in the community is often impacted by inability to access technology	Limited availability in State Plan Card. There is a \$15,000 maximum per individual per 5 year period for any combination of adaptive equipment, minor home modifications, and vehicle modifications.	Remove or increase limiting factors of defined dollar and time span. Continue to require prior approval of needed funds.	Yes	Yes
Access to Physical Modifications – Home, Transportation, etc.	Depending on the degree of the disability of the individual/family being served this is often not adequate to meet continued and/or changing needs.			Yes	Yes
Access to Respite and Caregiver Support through Family and Friends	Participants believe that this is a critical asset to HBSSP and should continue.	Yes, through the Home-Based Support Services Program	Don't change a thing	Yes	Yes
Access to Specialized Respite and Caregiver Support through local provider agencies	Families/individuals need to be able to purchase care through agencies if they want.	Yes	Don't change a thing	Yes	Yes
Access to Non-Disability Specific Transportation – Friends, Taxis, Buses, etc.	Transportation is under-funded, has unnecessary caps and difficult paperwork making community activities difficult.	Yes <i>Yes – for individuals in HBS</i>	Raise or eliminate caps.	Yes	Yes
Access to Specialized Transportation – No caps		Yes, MediCar /agency provided	Raise or eliminate caps.	Yes	Yes

Services/Activities	Individual/Family Concern	Current Status	Potential Solution	Solution Possible in Current Waiver	Solution Possible in Separate Waiver
Proactive Health, Welfare, and Safety					
Access to Preventative Health Care	Even if the service is covered, it is almost impossible to find a Doctor or other health care provider that will or can afford to accept Medicaid.	Covered in State Plan	State Plan Card Fee structures need to be re-examined.	Solution only available outside of waiver services.	Solution only available outside of waiver services.
Access to Preventative Dental Care		No			
Access to Preventative Mental Health Care	Individuals with DD find access difficult at the Community Mental Health Centers. It is also difficult to find mental health professionals that will accept Medicaid Waiver rates.	Available through State Plan Card in Community Mental Health Centers. Therapy and counseling, both group and individual, are covered in the waiver without prior approval up to 60 hours per year.	State Plan Card and Waiver Fee structures need to be re-examined.	Yes	Yes
Access to Family Counseling and Support	Parents and other immediate family members often experience serious stress and need counseling to strengthen the family.	Counseling is covered if individual is present and can benefit from counseling	Add family counseling as a covered service.	Yes	Yes
Effective and Valuable Administration					
Flexible Service Plans	Flexibility is being lost as plans are being perceived as more medical models.	Yes, currently available, but not necessarily practiced	Mandated training for ISSA, Service Facilitators, and also available to participants.	Yes	Yes
Number of yearly home visits is determined by needs of the individual.	Service Facilitators must visit 6 x's a yr. ISSA visits 4 x's a yr. Visits are expensive and perceived as intrusive.	Visits are required to assure Health, Welfare and Safety of Individual.	Allow for individual determination of the frequency of home visits within a required range.	We believe this is possible with established minimums and tied to an assessment. This needs to be explored more.	
Minimized, easily understood paperwork/red tape once enrolled in Waiver	Perception exists that extensive habilitation plans must be written.	Federal requirements and assurances must be met such as provider enrollment, annual waiver re-determinations, and individualized service plans, etc.	Training for ISSA, Service Facilitators and family members on simplified service plans.	Yes	Yes

Services/Activities	Individual/Family Concern	Current Status	Potential Solution	Solution Possible in Current Waiver	Solution Possible in Separate Waiver
Prompt payment for all support services	Providers of services are often not reimbursed for up to a month and a half and occasionally much longer.	Weekly billing was implemented in response to concerns. Even a small error in data entry can cause significant delays.	Fiscal intermediaries and/or web-based data entry for immediate data validation.	Yes	Yes
Service facilitation should be structured to allow for varying needs of individuals and families.	<p>When families are in crisis they need more service \$\$ and they also need more service facilitation that combined exceeds the HBSS cap.</p> <p>The cost of service facilitation takes away too many resources needed for direct services.</p>	Individuals and families are automatically billed for up to 3 hrs a month. Service facilitators can bill for more hours with agreement from the participant or family.	Service facilitation should be billed outside of HBSS cap.	Yes – currently possible	Yes – currently possible

Services/Activities	Individual/Family Concern	Current Status	Potential Solution	Solution Possible in Current Waiver	Solution Possible in Separate Waiver
Fosters Innovation & Vision					
<p>Consumer, Family, & Service Facilitator Education</p> <p>Opportunities for the promotion of creative practices and services.</p> <p>Service providers are encouraged to provide innovative services and practices that provide alternatives to or expand upon traditional practices.</p>	<p>Confusion exists about the philosophy and intent of HBSS. With ISSA oversight, services are becoming much more medical models and flexibility is being unnecessarily lost.</p>	<p>Specific service facilitation training is not offered by DHS at this time.</p> <p>However, many training opportunities exist for DD providers (see Training Catalog) For instance, sessions were offered on Person-Centered Planning.</p> <p>Available through various organizations with support from DHS (for example, Illinois Voices project, ARC of Ill., Institute on Public Policy, AAMR, etc.)</p>	<p>Communication of innovative practices through:</p> <ul style="list-style-type: none"> • Newsletters • Workshops • Trainings • Web letters • Web forums <p>Individual/family driven ISSA and Service Facilitator training.</p> <p>Communication to ISSA that service plans can be different in HBSS.</p> <p>Provide funding for individual/family member conference attendance.</p> <p>Monthly telemeetings</p> <p>Alternatives to traditional services are incentivized and supported.</p> <p>Expansion of covered services under the Waiver.</p>	<p>Yes</p>	<p>Yes</p>

When the Home-Based Support Services Program was “waiverized” participants lost the ability to use their service dollars to access community activities that are not only designed for people who do not have disabilities, but also allow participants to be real participants in their communities of non-disabled peers. The following are two definitions that were turned down by CMS.

X Home-Based Support Services - Community Integration Supports

Community Integration Supports provide assistance for individuals to participate in activities in integrated settings with individuals without developmental disabilities (other than those staff paid to support the individual). All Community Integration Supports are identified in the individual's service plan and are meaningful activities that contribute to specific identified outcomes. They may include instruction in skills an individual wishes to acquire, retain, or improve that enhance the individual's independence and/or maintain the individual's physical and mental skills.

Examples of Community Integration Supports include, but are not limited to, adult education classes (such as horticulture, cooking, etc.), special recreation programs, physical fitness programs, and summer camps. Excluded from community integration supports are costs associated with general entertainment pursuits such as movie tickets, tickets to sporting events, bowling fees, and restaurant meals.

For individuals between the ages of 18 and 22, Community Integration Supports which are educational in nature are provided to the extent to which they are not otherwise available under a program funded by the Individuals with Disabilities Education Act.

Community Living Supports are billed on an event basis. Claims under this category are limited to the coverage of registration and activity fees associated with group activities as defined above.

Qualified providers are limited to community college districts, local park districts, special recreation districts, and nationally accredited day or overnight camps. Reimbursements to family members are not allowed.

X Home-Based Support Services - Other Specialized Therapies

Other Specialized Therapies are individualized instruction designed to broaden the therapeutic service choices of individuals with developmental disabilities. All Community Integration Supports are identified in the individual's service plan and are meaningful activities that contribute to specific identified outcomes. They provide opportunities to develop and enhance general health and well-being as well as daily living and socialization skills. Other Specialized Therapies may be delivered on either a one-to-one or group basis.

Other Specialized Therapies are billed on an hourly basis. Claims under this category are limited to the actual number of minutes spent in direct service with the individual.

Qualified providers are limited to certified therapeutic recreation specialists, certified music therapists, and certified massage therapists. Certifications are those issued by the Illinois Department of Professional Regulation.

Separate Waiver - Yes or No?

After many months of work the In-Home Supports Committee met on March 3, 2006 to draw conclusions based on their deliberations. Following is a summary of our considerations.

Cons for a Separate Waiver:

1. We could lose flexibility for people moving between waivers, child to adult, in-home supports to residential or vice versa. This could be overcome by policy structure, knowing of course that, policy structures come and go with administrations and directors.

Pros for Separate Waiver:

1. A separate waiver could protect funding from migrating into residential settings, taking funding from in-home supports services.
2. A separate waiver would provide the ability to fund the Community Integration Code.
3. A separate waiver would provide the ability to fund an Exceptional Level of Care Criteria though the statute would have to be changed.
4. A separate waiver could create a new life crisis intervention service.
5. A separate waiver could more easily create a new service to fund everyday technology, and could use general revenue dollars.

The Recommendation of the In-Home Supports Committee

The In-Home Supports Committee of the Statewide Advisory Council recommends that the Home-Based Support Services Program becomes a free standing waiver or the whole Home and Community Based Services Waiver be changed to accommodate these suggestions.