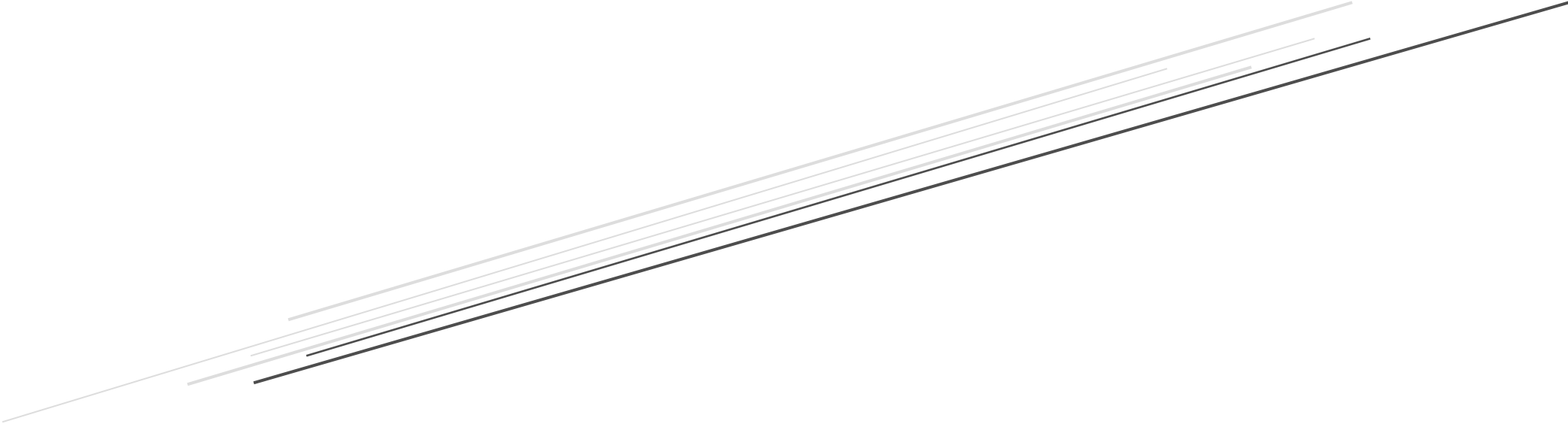


BUSINESS FUNCTION REPORT

Fiscal Year 2019/2020



Mission

Providing people with intellectual disabilities opportunities to achieve their personal goals

Vision

Link Associates will be the recognized leader in providing quality services to persons with intellectual disabilities

Values

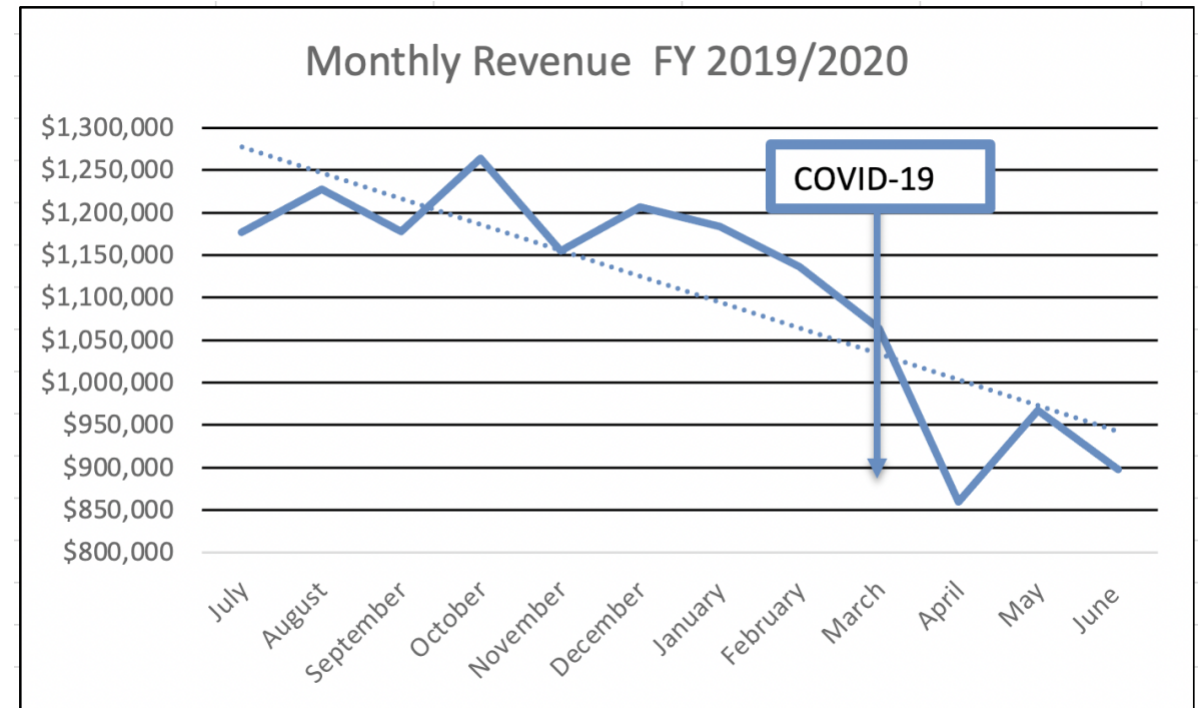
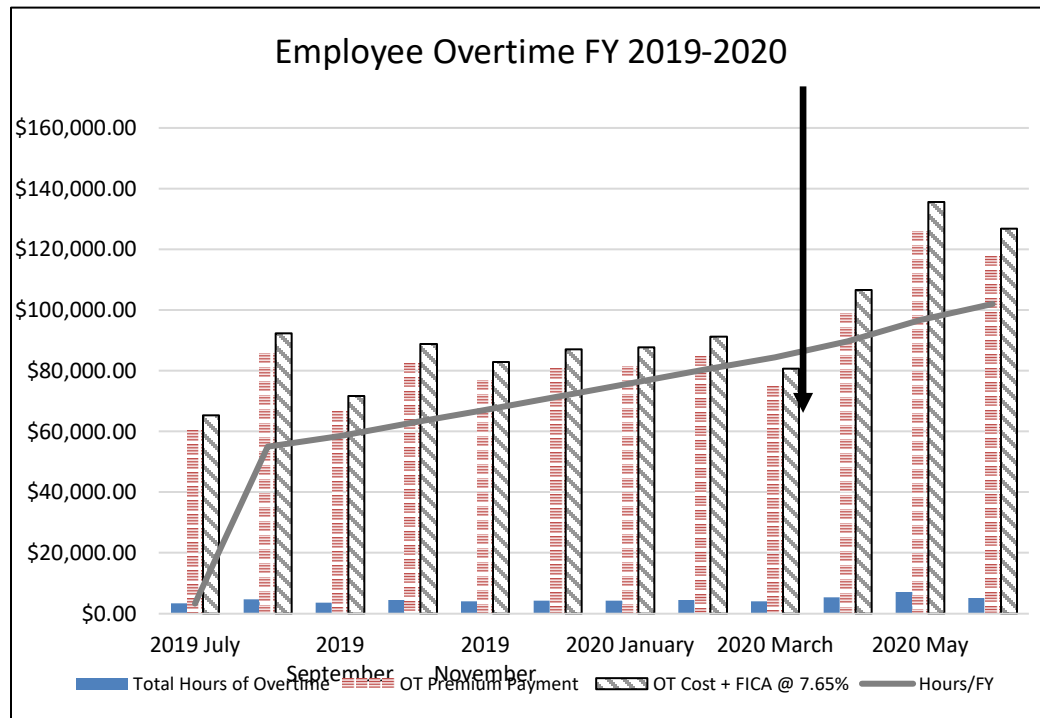
Dignity and Respect
Quality Services
Caring Environments
Personal Choice
Long Term Commitment

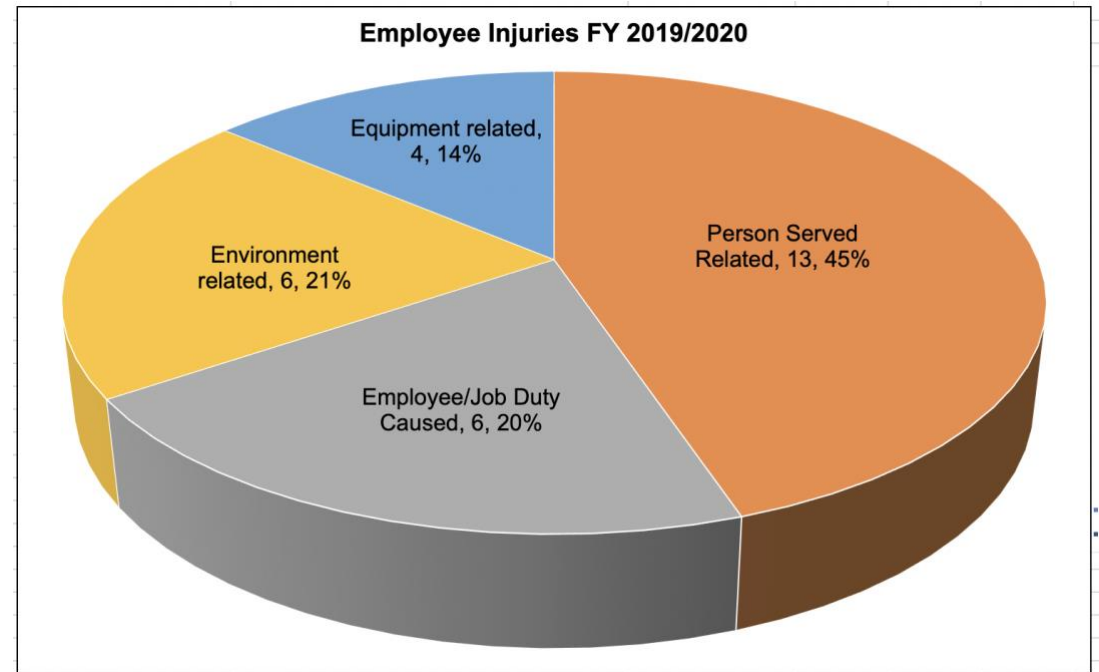
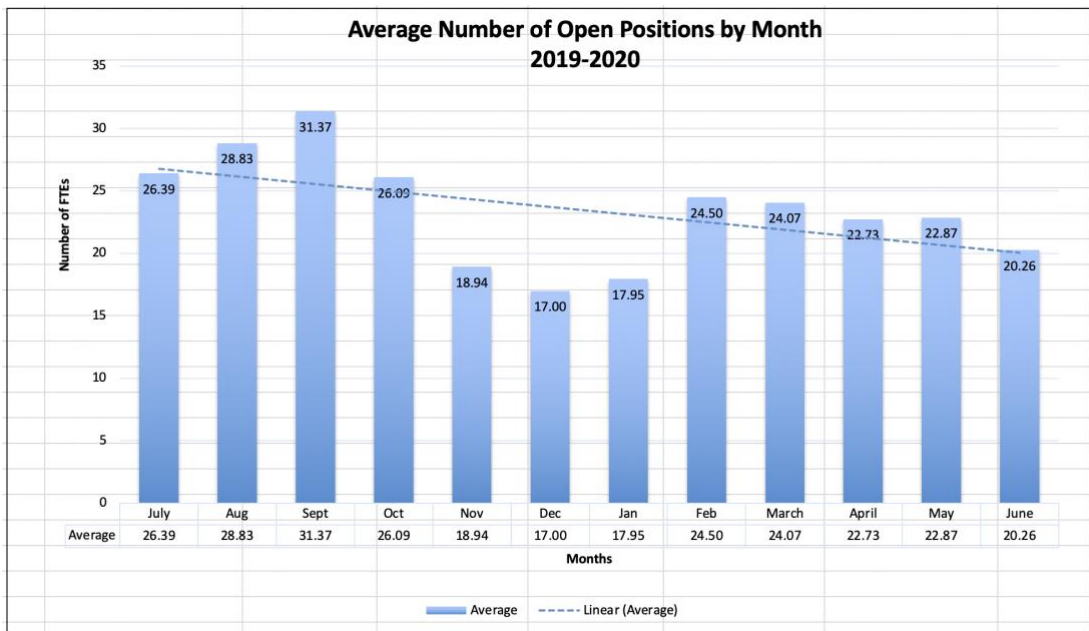
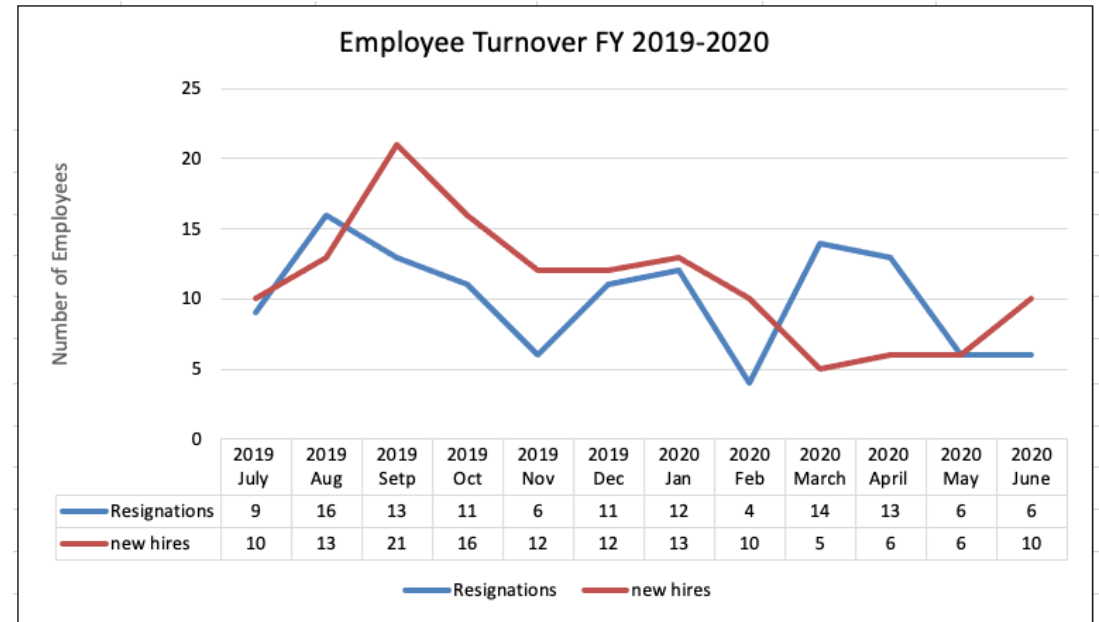
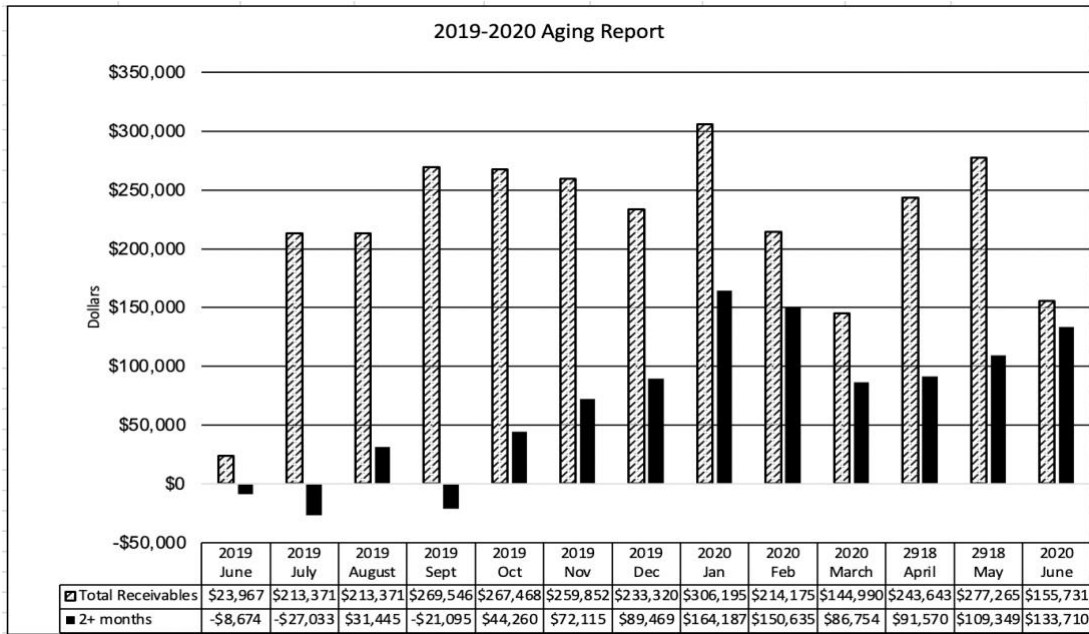
MISSION, VISION AND VALUES	2
DASHBOARD	4
FEEDBACK FROM THE BOARD OF DIRECTORS	6
	6
MEASURES OF ACHIEVEMENT	7
CORPORATE COMPLIANCE ANNUAL REPORT	14
CORPORATE COMPLIANCE RISK ASSESSMENT	21
FINANCIAL PLANNING AND MANAGEMENT	31
ACCESSIBILITY PLAN ANNUAL REPORT	34
CULTURAL COMPETENCY AND DIVERSITY PLAN 2018-2021	43
EXIT INTERVIEW YEAR END SUMMARY	51
INFORMATION TECHNOLOGY PLAN	53
20/21 IT Plan and Assessment	53
19/20 Goal Status	58
20/21 IT Goals	59
RISK MANAGEMENT ANNUAL REPORT	60
SERVICE ACCESS – REFERRALS & TRENDS ANNUAL REVIEW	82
STRATEGIC PLAN	85
PRIORITY SCALE: 1 = HIGH/IMMEDIATE, 2 = MODERATE/UPCOMING, 3 = LOW	86
TRAININGS - ANNUAL REVIEW	91

DASHBOARD

Major Impacts

OVERTIME in FY 2019/2020 cost \$1,116,959 - Arrow indicates start of COVID-19. Monthly **EARNED INCOME** & Impact of Covid-19 In March 2020





Feedback from the Board of Directors

The entire Business Function Plan was presented to all members of the Board of Directors in various modalities. It was distributed:

1. Posted to the Board of Director section of the Link Associates website
2. Attached to Committee agendas so the contents would be discussed at all applicable committee meetings
3. Presented in writing at committee meeting so members could review and make notes during the meetings.

The report was available to the Program, Personnel, Building and Grounds, Finance, and Executive Committees as well as presented to the full Board of Directors and the Board Members of the Link Foundation.

Following the various reviews, the following feedback was presented:

One member the foundation board contacted Linda Dunshee to ask questions about the inability to find 21 active members for the Link Associates Board of Directors. This foundation board member indicated she would be willing to do some outreach to see if she could locate people in Des Moines who may be interested in serving.

It was discussed at each committee meetings and no additional feedback was received from any members of the board.



MEASURES OF ACHIEVEMENT

BUSINESS FUNCTION MEASURES OF ACHIEVEMENT 2019- 2020																			
FINANCIAL																			
Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/19	8/19	9/19	10/19	11/19	12/19	1/20	2/20	3/20	4/20	5/20	6/20	
Improve Financial Solidity	Number of months the bank line of credit is paid in full by the end of the month	Finance Records	Finance Director	Finance Director	No more than 2 months that money is still owed to bank at the end of the month on the line of credit	Link Associates		1						0			0		0
Goal Outcome: <input checked="" type="checkbox"/> Goal Met <input type="checkbox"/> Goal Not Met	Previous FY goal recommendations (I.e. goal continuation and/or new action steps/plan) Change goal to no more than 2 months that money is still owed to bank at the end of the month on the line of credit Action Steps: NA Did Actions taken accomplish intended results. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA					Update on action step/plans and recommendations from last year (REPEAT FOR EACH ACTION STEP/PLAN or RECOMMENDATION. LIST) NA 1st QUARTER 2ND QUARTER 3RD QUARTER 4TH QUARTER										Completion Date NA			
ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (19/20):	1st Quarter The first month had a carry-over only due to the transition to a new CFO and the payment simply was not transferred	2nd Quarter	3rd Quarter It the 3 rd quarter Link Associates received \$1,950,000 (\$10,000 less as we received \$10,000 in SBA funding) in Paycheck Protection Program Money. This money has NOT been recognized and will not show up until we get confirmation that the amount has been forgiven. It must be used for payroll expenses to remain a forgiven loan.										4th Quarter It the 4 th quarter Link Associates received \$244,000 in state Retainer Payments for employment and day Hab programs and \$233,412 in Provider Relief funds.						
Comparison of last year's results (18/19) to this year (19/20): In fiscal year 18 -19 there were 9 months that that money was still owed on the line of credit and for this fiscal year (19/20) the target was changed to no more than 2 months that money is still owed to the bank at the end of the month from 5 months last fiscal year. And in fiscal year 19/20 we did not need to access the bank's line of credit except for the first quarter of the fiscal year.																			
Trends: <input checked="" type="checkbox"/> YES <input type="checkbox"/> No (if yes provide detail) our funding was covering our costs for the first 2 quarters of the year and then when COVID-19 hit we needed to regroup and face totally new fiscal challenges. Causes: <input checked="" type="checkbox"/> YES <input type="checkbox"/> Non-Applicable (if you feel there were causes for this outcome, please explain) COVID -19 immediately ceased funding for Day Programs and Transportation despite the fact that we needed 100% of our staff to maintain coverage of those served. Characteristics of persons served impact performance: <input type="checkbox"/> YES <input checked="" type="checkbox"/> No (if yes, please explain) Other extenuating or influencing factors <input type="checkbox"/> YES <input checked="" type="checkbox"/> No (if yes, please explain):																			
New Recommendations for Next Year (20/21): <input checked="" type="checkbox"/> Continue as written <input type="checkbox"/> Discontinue Goal <input type="checkbox"/> Continue Goal with modifications as outlined above Action Steps/Plan: NA			Expected Outcomes NA			Person Responsible NA									Timeframe				

RESOURCE ALLOCATION

Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/19	8/19	9/19	10/19	11/19	12/19	1/20	2/20	3/20	4/20	5/20	6/20
Decrease resources spent on overtime	Quarterly overtime cost (premium paid) for all hourly employees	Payroll records	Executive Director	Finance Director	Overtime payments under \$19,000 per month on average	Link Associates	Total Overtime= \$236,468 total with an average \$78,823/month		Total Overtime= \$258,843 with an average of \$86,281/month		Total Overtime= \$259,742 with an average of \$86,580/month		Total Overtime= \$368,994 with an average of \$122,998/month					
Goal Outcome: <input type="checkbox"/> Goal Met <input checked="" type="checkbox"/> Goal Not Met	Previous FY goal recommendations (I.e. goal continuation and/or new action steps/plan) Action Steps: Increase legislative work and state-wide initiatives for rate increases Did Actions taken accomplish intended results. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA		Update on action step/plans and recommendations from last year (REPEAT FOR EACH ACTION STEP/PLAN or RECOMMENDATION. LIST) 1st QUARTER: Individual work with elected officials as well as IACP for a clear narrative of the critical nature for increasing direct care wages for this industry. 2ND QUARTER Individual follow up with elected officials supporting the data provided by IACP and personalizing it to Link Associates was conducted. 3RD QUARTER: COVID-19 stopped the legislative process as well as the initiative for direct care wages as it was below other state wide initiatives and priorities. We continued to follow up with elected officials and thank them for all they're doing and the massive number of issues that have landed on their plates 4TH QUARTER: Despite the fact that Covid continues, reached out to elected officials regarding the critical work that DSPs are doing in the amount of cost they have saved by keeping so many people safe has been highlighted.													Completion Date 6/30/20		
ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (19/20):	1st Quarter July OT = \$65,232 Aug OT = \$92,414 Sep OT = \$71,734			2nd Quarter Oct OT = \$88,861 Nov OT = \$82,853 Dec OT = \$87,130			3rd Quarter Jan OT = \$87,709 Feb OT = \$91,241 Mar OT = \$80,792			4th Quarter Apr OT = \$106,661 May OT = \$135,588 June OT = \$126,745								
Comparison of last year's results (18/19) to this year (19/20): In 2018-2019 we had an average overtime cost per quarter of \$66,184 and in 2019-2020 we had a monthly average of \$93,670 per quarter.																		
Trends: <input checked="" type="checkbox"/> YES <input type="checkbox"/> No (if yes provide detail) The quarterly overtime continued throughout the entire fiscal year finishing in the final month at an all-time high. Causes: <input checked="" type="checkbox"/> YES <input type="checkbox"/> Non-Applicable (if you feel there were causes for this outcome, please explain) As the fear of COVID-19 expanded, staff resigned their positions and recruitment was virtually halted. Characteristics of persons served impact performance: <input type="checkbox"/> YES <input checked="" type="checkbox"/> No (if yes, please explain) Other extenuating or influencing factors <input checked="" type="checkbox"/> YES <input type="checkbox"/> No (if yes, please explain). Enhanced unemployment was a significant barrier to retracting and hiring new employees. COVID-19 and the need for social distancing made onboarding new staff incredibly difficult.																		
New Recommendations for Next Year (20/21): <input checked="" type="checkbox"/> Continue as written <input type="checkbox"/> Discontinue Goal <input type="checkbox"/> Continue Goal with modifications as outlined above Action Steps/Plan: NA			Expected Outcomes NA			Person Responsible NA						Timeframe NA						
Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	Annual											

Improve direct care wages	Base Hourly Pay	Fiscal Year Pay Grid	Executive Director	Corporate Operations Director	Increase base pay by 2% by July 1, 2020	Direct Support Professionals	½% in hiring wage 1.5% minimum for all direct care staff and up to 5.5% based on tenure at anniversary date.											
Goal Outcome: <input type="checkbox"/> Goal Met <input checked="" type="checkbox"/> Goal Not Met	Previous FY goal recommendations (i.e. goal continuation and/or new action steps/plan) Action Steps: Increased legislative work and state-wide initiatives to advocate for rates Did Actions taken accomplish intended results. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	Update on action step/plans and recommendations from last year (REPEAT FOR EACH ACTION STEP/PLAN or RECOMMENDATION. LIST) 1st QUARTER: Individual work with elected officials as well as IACP for a clear narrative of the critical nature for increasing direct care wages for this industry. 2ND QUARTER Individual follow up with elected officials supporting the data provided by IACP and personalizing it to Link Associates was conducted. 3RD QUARTER: COVID-19 stopped the legislative process as well as the initiative for direct care wages as it was below other state wide initiatives and priorities. We continued to follow up with elected officials and thank them for all they're doing and the massive number of issues that have landed on their plates 4TH QUARTER: Despite the fact that Covid continues, reached out to elected officials regarding the critical work that DSPs are doing in the amount of cost they have saved by keeping so many people safe has been highlighted.					Completion Date 6/30/20											
ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (19/20):	1st Quarter Wage increase given to staff retroactive to July 1 2019 and the starting wage for DSP's raised 1.5% and all other positions by 1%. In addition, at the annual anniversary an additional 1%, for each year of employment, up to 5 years was given to all employees	2nd Quarter Over the course of the 2nd quarter staff with anniversaries continued to receive their pay increases	3rd Quarter Over the course of the 3rd quarter staff with anniversaries continued to receive their pay increases Link Associates received Payroll Protection Plan funding and will evaluate if or how it can be attributed to those who worked the pandemic.	4th Quarter Link was able to continuing the wage increases throughout the fourth quarter of the fiscal year. By the end of the fiscal year all staff, employed for over a year had received a wage increase.														
Comparison of last year's results (18/19) to this year (19/20): In fiscal year 2018-2019 we were only able to give staff in employment, case management and residential a proportionate share of the incentive dollars. In 19/20 staff in employment, case management and residential received a proportionate share of the incentive dollars and Link Associates was able to give a wage increase to all employees, with an additional half percent for direct support professionals starting wage. Trends: <input type="checkbox"/> YES <input checked="" type="checkbox"/> No (if yes provide detail) Causes: <input checked="" type="checkbox"/> YES <input type="checkbox"/> Non-Applicable (if you feel there were causes for this outcome, please explain) Significant reductions in funding over the past four fiscal year's along with ever increasing standards all which add to non-DSP wage costs Characteristics of persons served impact performance: <input type="checkbox"/> YES <input checked="" type="checkbox"/> No (if yes, please explain) Other extenuating or influencing factors <input type="checkbox"/> YES <input checked="" type="checkbox"/> No (if yes, please explain)																		
New Recommendations for Next Year (20/21): <input type="checkbox"/> Continue as written <input checked="" type="checkbox"/> Discontinue Goal <input type="checkbox"/> Continue Goal with modifications as outlined above Action Steps/Plan:		Expected Outcomes Payroll changes are a routine part of business operations and not necessary for tracking on a monthly, quarterly or annual basis.		Person Responsible Linda Dunshee	Timeframe													
GOVERNANCE																		
Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/19	8/19	9/19	10/19	11/19	12/19	1/20	2/20	3/20	4/20	5/20	6/20

Improve Board of Directors education of our services	Number of persons served and Program Staff opportunities to interact with the Board	Meeting Minutes	Executive Director	Executive Director	12 opportunities or more per fiscal year	All Board meetings and committee meetings		11		5		5		4				
Goal Outcome: <input checked="" type="checkbox"/> Goal Met <input type="checkbox"/> Goal Not Met	Previous FY goal recommendations (i.e. goal continuation and/or new action steps/plan): NA Action Steps: NA Did Actions taken accomplish intended results. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA					Update on action step/plans and recommendations from last year (REPEAT FOR EACH ACTION STEP/PLAN or RECOMMENDATION. LIST) NA 1st QUARTER 2ND QUARTER 3RD QUARTER 4TH QUARTER					Completion Date NA							
ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (19/20):	1st Quarter July: Christensen at Finance-Board August: Bryon Christensen at Finance Jay at Personnel Kirts, Steenblock, Jones at Program Christensen and Wilkie and B&G/Foundation September: Bryon Christensen at Finance and Board			2nd Quarter October: Bryon Christensen at Finance and Board November: Bryon Christensen at Finance December: Bryon Christensen at Finance and Board			3rd Quarter Jan: Bryon Christensen at Finance Feb: Bryon Christensen at Finance and Board Bruns at Personnel March: Bryon Christensen at Finance			4th Quarter April: Bryon Christensen at Finance May: Bryon Christensen at Finance and Board Bruns at Personnel June: Bryon Christensen at Finance								
Comparison of last year's results (18/19) to this year (19/20): In fiscal year 18-19 we had 50 opportunities for persons served and staff to interact with the Board, in 19/20 we had staff to board engagements on at least 25 occasions. Tends: <input checked="" type="checkbox"/> YES <input type="checkbox"/> No (if yes provide detail) Trend shows that this is consistently done and is a part of board and committee meetings. Causes: <input type="checkbox"/> YES <input checked="" type="checkbox"/> Non-Applicable (if you feel there were causes for this outcome, please explain) Characteristics of persons served impact performance: <input type="checkbox"/> YES <input checked="" type="checkbox"/> No (if yes, please explain) Other extenuating or influencing factors <input type="checkbox"/> YES <input checked="" type="checkbox"/> No (if yes, please explain)																		
New Recommendations for Next Year (20/21): <input type="checkbox"/> Continue as written <input checked="" type="checkbox"/> Discontinue Goal <input type="checkbox"/> Continue Goal with modifications as outlined above Action Steps/Plan:				Expected Outcomes Regardless of an outcome measure, this interaction with staff and board of directors will continue.				Person Responsible Linda Dunshee				Timeframe						
Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/19	8/19	9/19	10/19	11/19	12/19	1/20	2/20	3/20	4/20	5/20	6/20

Improve Board member attendance at Board and Committee Meetings	Number in attendance	Sign in sheets	Executive Director	Executive Director	Average meeting participation of 67% or higher.	All board meetings and committee meetings	77%	70.13%	75.66%	50.68%
Goal Outcome: <input checked="" type="checkbox"/> Goal Met <input type="checkbox"/> Goal Not Met	Previous FY goal recommendations (i.e. goal continuation and/or new action steps/plan) Action Steps: The Executive Director will provide the calendar for the year at orientation for all Board and committee meetings. She will continue to send out materials a week prior to the meetings and will included the call-in number with each email and at the top of each agenda. In addition, the materials will be posted in advance of each meeting to the board member section of the website. Did Actions taken accomplish intended results. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA				Update on action step/plans and recommendations from last year (REPEAT FOR EACH ACTION STEP/PLAN or RECOMMENDATION. LIST) 1st QUARTER Provided Materials timely to each committee and to the Board of Directors each month. All materials were posted to the website for easy retrieval. 2ND QUARTER- Provided Materials timely to each committee and to the Board of Directors each month. All materials were posted to the website for easy retrieval. 3RD QUARTER Provided Materials timely to each committee and to the Board of Directors each month. All materials were posted to the website for easy retrieval. 4TH QUARTER Provided Materials timely to each committee and to the Board of Directors each month. All materials were posted to the website for easy retrieval.				Completion Date Accomplished as of 7/24/19	
ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (19/20):	1st Quarter During board orientation president Schmidt talk to all board members about the need for attendance and responding to invitations and agendas.	2nd Quarter Due to the number of holidays, the second quarter traditionally shows lower participation. No additional activities were taken.	3rd Quarter Due to the outbreak of Covid-19 all in person meetings ceased. Executive Director Dunshee sent out multiple emails to the full board weekly and held 8 conference calls as needed	4th Quarter Due to the outbreak of Covid-19 all in person meetings ceased. Executive Director Dunshee sent out multiple emails to the full board weekly and held 10 conference calls as needed						
Comparison of last year's results (18/19) to this year (19/20): In fiscal year 2018-2019 we averaged 53.66% attendance in all board and committee meetings and in 19/20 we averaged 68% attendance.										
Trends: <input checked="" type="checkbox"/> YES <input type="checkbox"/> No (if yes provide detail)-downward trend in both participation and the number of meetings held. Meetings, except for Finance, Executive and Board meetings during the month of April and May were canceled due to overwhelming amount of detail for staff dealing with the pandemic.										
Causes: <input checked="" type="checkbox"/> YES <input type="checkbox"/> Non-Applicable (if you feel there were causes for this outcome, please explain)-COVID-19 cost significant impact on the number of meetings and the attendance. Conference calls were supplemented in lieu of face-to-face meetings										
Characteristics of persons served impact performance: <input type="checkbox"/> YES <input checked="" type="checkbox"/> No (if yes, please explain)										
Other extenuating or influencing factors <input checked="" type="checkbox"/> YES <input type="checkbox"/> No (if yes, please explain). The need for social distancing resulted in the cancellation of all face-to-face meetings for the board and the committees.										
New Recommendations for Next Year (20/21): <input type="checkbox"/> Continue as written <input checked="" type="checkbox"/> Discontinue Goal <input type="checkbox"/> Continue Goal with modifications as outlined above Action Steps/Plan:	Expected Outcomes The executive director and the board president will continue to encourage participation and active engagement of members of the board				Person Responsible Linda Dunshee			Timeframe		

Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/19	8/19	9/19	10/19	11/19	12/19	1/20	2/20	3/20	4/20	5/20	6/20
Improve functionality of Board committees	Number of Board of Directors	Board of Directors meeting minutes	Board President	Executive Director	Board of Directors will have a minimum of 21 members	Board of Directors	18	18	19	18	18	18	18	18	17	17	17	17
Goal Outcome: <input type="checkbox"/> Goal Met <input checked="" type="checkbox"/> Goal Not Met	Previous FY goal recommendations (i.e. goal continuation and/or new action steps/plan) Action Steps: NA		Update on action step/plans and recommendations from last year (REPEAT FOR EACH ACTION STEP/PLAN or RECOMMENDATION. LIST) NA 1st QUARTER – 2ND QUARTER- 3RD QUARTER- 4TH QUARTER-													Completion Date NA		
ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (19/20):		1st Quarter • Ron Hanson resigned his position on the board in September • Rachel Delzell started her position on the board in September Board member participation in attracting and recruiting new board members with slight at the end of the fiscal year. The need for additional board members remained on agendas and in conversations throughout the quarter.			2nd Quarter The need for additional board members remained on agendas and in conversations throughout the quarter			3rd Quarter • Jeff Claves resigned his position from the board April Typically in the spring the nomination committee begins work on identifying new candidates for the board. This year with the onset of COVID-19 almost no response or participation occurred.			4th Quarter After black lives matters affected the nation, additional efforts were made by the executive director to reach out and identify candidates who could broaden our understanding and breath of diversity on our board. One new member was attracted for the next fiscal year.							
Comparison of last year's results (18/19) to this year (19/20): In fiscal year 18/19 we averaged 19 members in the fiscal year and in 19/20 we averaged only 17. Trends: <input type="checkbox"/> YES <input checked="" type="checkbox"/> No (if yes provide detail) Causes: <input type="checkbox"/> YES <input checked="" type="checkbox"/> Non-Applicable (if you feel there were causes for this outcome, please explain) Characteristics of persons served impact performance: <input type="checkbox"/> YES <input checked="" type="checkbox"/> No (if yes, please explain) Other extenuating or influencing factors <input type="checkbox"/> YES <input checked="" type="checkbox"/> No (if yes, please explain)																		
New Recommendations for Next Year (20/21): <input type="checkbox"/> Continue as written <input checked="" type="checkbox"/> Discontinue Goal <input type="checkbox"/> Continue Goal with modifications as outlined above Action Steps/Plan:				Expected Outcomes The executive director and the board president will continue to encourage participation and active engagement of members of the board											Person Responsible Linda Dunshee	Timeframe NA		
HUMAN RESOURCE																		
Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/19	8/19	9/19	10/19	11/19	12/19	1/20	2/20	3/20	4/20	5/20	6/20
To improve employee retention	Number of resignation or terminations/month	HR Records	Executive Director	Executive Director	Turnover average of less than 20%/year	All active employees	End of 1st quarter = 13.68% Annualized = 13.68%		End of 2nd quarter = 9.74% Annualized = 23.42%		End of 3rd quarter = 10.33% Annualized = 38.38%		End of 4th quarter = 8.87% Annualized = 42.62%					

<p>Goal Outcome: <input type="checkbox"/> Goal Met <input checked="" type="checkbox"/> Goal Not Met</p>	<p>Previous FY goal recommendations (I.e. goal continuation and/or new action steps/plan) Action Steps: Increase legislative work and state-wide initiatives for rate increases for providers Did Actions taken accomplish intended results. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA</p>	<p>Update on action step/plans and recommendations from last year (REPEAT FOR EACH ACTION STEP/PLAN or RECOMMENDATION. LIST) 1st QUARTER: Individual work with elected officials as well as IACP for a clear narrative of the critical nature for increasing direct care wages for this industry. 2ND QUARTER Individual follow up with elected officials supporting the data provided by IACP and personalizing it to Link Associates was conducted. 3RD QUARTER: COVID-19 stopped the legislative process as well as the initiative for direct care wages as it was below other state wide initiatives and priorities. We continued to follow up with elected officials and thank them for all they're doing and the massive number of issues that have landed on their plates 4TH QUARTER: Despite the fact that Covid continues, reached out to elected officials regarding the critical work that DSPs are doing in the amount of cost they have saved by keeping so many people safe has been highlighted.</p>				<p>Completion Date 6/30/20</p>
<p>ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (19/20):</p>	<p>1st Quarter In the first quarter of the fiscal year it remained difficult to retain staff as no wage increases had been given in years.</p>	<p>2nd Quarter In the second quarter Link was able to give an increase to all DSPs immediately and phase in raises across 100% of employees across the remainder of the fiscal year. This resulted in a slight reduction in turnover.</p>	<p>3rd Quarter As soon as Covid-19 was announced we had multiple employees resign or abandon their positions</p>	<p>4th Quarter Continued to see employee resignations due to Covid-19 Heroes pay incentive was paid to all staff who stayed throughout the pandemic.</p>		
<p>Comparison of last year's results (18/19) to this year (19/20): For fiscal year 18/19 the annualized turnover was 58.48% and in 19/20 it was slightly reduced to 42.62%. Trends: <input checked="" type="checkbox"/> YES <input type="checkbox"/> No (if yes provide detail)-nationally this industry continues to struggle to attract and retain employees as the reimbursements are so low. Causes: <input checked="" type="checkbox"/> YES <input type="checkbox"/> Non-Applicable (if you feel there were causes for this outcome, please explain)-Under-funded services by the state and the federal government. Characteristics of persons served impact performance: <input checked="" type="checkbox"/> YES <input type="checkbox"/> No (if yes, please explain)-the people served by Link Associates present significant challenges and it is difficult to find staff who are willing to work at such a low wage in very difficult situations. Other extenuating or influencing factors <input checked="" type="checkbox"/> YES <input type="checkbox"/> No (if yes, please explain)-fear of COVID-19 made this even more difficult throughout this year.</p>						
<p>New Recommendations for Next Year (20/21): <input checked="" type="checkbox"/> Continue as written <input type="checkbox"/> Discontinue Goal <input type="checkbox"/> Continue Goal with modifications as outlined above Action Steps/Plan: NA</p>	<p>Expected Outcomes NA</p>	<p>Person Responsible NA</p>	<p>Timeframe NA</p>			

CORPORATE COMPLIANCE ANNUAL REPORT

LINK ASSOCIATES
JULY 1, 2019 – JUNE 30, 2020
And
2020-2021 PLAN

SUBMITTED BY: Jay Bruns, Corporate Operations Director

POLICY

Link Associates is dedicated to the delivery of services in an environment characterized by strict conformance with the highest standards of accountability for administration, business, marketing and financial management. Link Associates leadership is fully committed to the need to prevent and detect fraud, fiscal mismanagement and misappropriation of funds and therefore, to the development of a formal corporate compliance program to ensure ongoing monitoring and conformance with all legal and regulatory requirements. Further, the organization is committed to the establishment, implementation and maintenance of a corporate compliance program that emphasizes (1) prevention of wrong doing, whether intentional or unintentional, (2) immediate reporting and investigation of questionable activities and practices without consequences to the reporting party and (3) timely correction of any situation which puts the organization, its leadership or staff, funding sources or persons served at risk.

The Link Associates Board of Directors has formally approved the Corporate Compliance Program and Jay Bruns; Corporate Operations Director (COD) is currently the designated Corporate Compliance Officer (CCO) for Link Associates. Pursuant to the Corporate Compliance Program, this is an annual summary.

EXECUTIVE SUMMARY

External Investigations – None

External Monitoring – 2 records, 0% error rate no corrective actions see page 5, item #7

Internal Monitoring – 0.01% error rate, see items #2, & #4 combined results pages 2-3

Recommendations – see pages 8

SUMMARY OF ALL ALLEGATIONS, INVESTIGATIONS, AND/OR COMPLAINTS PROCESSED

No complaints or investigations relating to fraud, fiscal mismanagement, or the misappropriation of funds occurred that resulted in notification to the Board of Directors or reporting to external authorities.

COMPLETE DESCRIPTION OF CORRECTIVE ACTION(S) TAKEN

Not applicable.

ON-GOING PREVENTION ACTIVITIES

1. Monthly reports are generated by the Corporate Operations Director to monitor current employees and board members on the Federal Health Care Program Exclusion List. No current employees or board members have appeared on either the Office of Inspector General (OIG) exclusion list or on the System for Award Management (SAM) government web sites. These are updated monthly by the federal government.

2. The Internal Review Committee is chaired by the Finance Director and Corporate Operations Director and is the third level of internal monitoring of our Medicaid billing processes for all programs except Case Management (see #3). The committee reviewed 3501 units of service this past fiscal year. No units were found to have documentation billing errors (0%) this year compared to 8 in fiscal year 18/19. 56 records (1.6%) had some documentation errors that did not have an impact on the integrity of the payment received, while 575 units (16.4%) had billing errors due mostly to MCO's paying incorrectly which typically were already known to exist by the accounting department prior to these reviews. Of those 575 units, 79% were in waiver transportation trips with the MCO's. The MCO's continue to struggle with their internal systems for rates such as these that are not set by state. The department not always billing at the highest rate and errors in system configuration of the E-Tran system were also identified as areas for improvement. Internal Review Committee results are disseminated to the Program Directors and Executive Director for remediation. No instances of billing errors were determined to be instances or indicators of waste, fraud, or misconduct. Training, as appropriate, is identified in the Committee's quarterly reports as well as trends, areas needing improvement, and actions to be taken to prevent further occurrences.

The COD discovered in January 2020 that the residential department had been "casual" in adherence to agency policy and procedures regarding Medicaid documentation in as such there was a permissive attitude that documenting time service entries before they occurred was acceptable, knowing that if it turned out to be wrong, they could fix it. This only was found to be occurring in 24-hour settings and was reported to be occurring in examples such as a DSP providing direct services from 3pm to 11pm and documenting that at 10:45 pm versus waiting until after 11pm per policy. This was addressed immediately with the leadership of the residential department and the COD further discussed this with our vendor for Medicaid documentation (E-doc) and on March 1, 2020 we activated a new option to prevent this from occurring for all time service entries.

In February 2020, the COD discovered a wrong name of an employee in E-doc which either must be a preferred name with legal name included (prior name section of the program) or simply the legal name of the employee. This is required as the E-doc program provides our monthly monitoring of federal exclusion lists (see Item 1). A complete audit of all employees and board members was conducted by the COD and found this to be an isolated occurrence caused by a previous employee who had access to such high-level controls within the E-doc program and once corrected the employee was not on any exclusion lists. However, there was inconsistency found on approximately 6 employees on the two acceptable ways to capture legal names (i.e. preferred name Bill, but legal name William) and it was decided to uniformly always use legal names going forward and all such records were changed to match this.

3. Case Management Department staff reviewed the billing records as follows:

At the start of the Fiscal year, there were a total of 31 people in the case management program at Link. During the year 5 people either discharged or lost their HIPP eligibility and transferred to an MCO for case management. All people who were still receiving case management services throughout the year had a billing audit. There were a total of 26 case management files reviewed for billing accuracy. Each file was reviewed for an entire 12 months of service for a total of approximately 312 months of service reviewed for accuracy. There were just 3 – 15 minute units of service found in question for the year. Of those, upon further review, 1 was determined as being billed appropriately and the other two units were paid back. There was no trend on the billing errors found. One was due to staff mistakenly billing for time spent doing authorizations for case management services. While time spend authorizing the person's served actual services is billable the authorization for case management is not. The other error was a documentation error. The errors were reviewed the with the staff involved and guidance given on the correct billable units. The discrepancies found were not determined to be instances or indicators of waste, fraud or misconduct and were primarily attributed to staff error. The overall error rate of units overbilled to the total number billed for the year was 0.1%, which is slightly higher than the previous year's 0.08%. There were 1881 billable units for the year.

Trends: There were no trends in the discrepancies detected.

Corrective Actions taken throughout the year: Individual staff were notified of the errors in allowable tasks to be billed and guide sheets provided to refer to if there were questions in the future. Staff were also trained on changes that were implemented to the case management services in mid- March 2020 to aid in correct billing activities.

Recommendations: There continues to be little growth available to the case management program due to the majority of clients being assigned to a Managed Care Organization (MCO) which does their own case management. Link is only able to serve people who receive HIPP and as a result the numbers will likely remain low. Several people have lost their HIPP status this year as well and fewer are coming new into the program. As of the end of the fiscal year, we are just serving 25 people. The department will continue to complete billing audits based on who was actively in case management as of July 1 of the fiscal year and will have a target goal of 100% for the next year. Administrative staff will continue to complete all the reviews to aid in consistency. Retraining of staff will occur as needs are identified during billing reviews or as rule/processes change during the year. If a larger trend is discovered staff will all be retrained during the monthly team meeting.

4. All other departments/programs are to conduct second level reviews of billing episodes each month and per agency policy target at least a 5% review of all records each month. Below is the overall summary of these results this past year.

	SE	Skills Training	Res	DayHab	Trans	Case Management
% Reviewed	6.6%	36.7%	5.6%	5.5%	5%	100%
*Units reviewed	438	11	2708	2284	2313	1881
Units paid back	0	0	0	0	0	2
Units under billed	0	0	0	0	0	0
Error rate	0%	0%	0%	0%	0%	0.1%

*represents 11 months for this report period

Overall this represents a 0.02% overall error rate for all programs combined review of 9,635 units. The 2 of units paid back represent 15 minute services in Case Management discovered during their audits. One unit was a documentation error and the other was not an allowable activity for payment (authorizing services). These discrepancies were not determined to be instances or indicators of waste, fraud, or misconduct. Departments all took appropriate corrective actions and identified trends for further evaluation and recommendations.

This second level review process continues to be extremely important. Through this process many departmental and agency corrective actions/recommendations were initiated that are summarized below.

Trends:

Residential:

- Identified that documentation was not being submitted/completed in accordance with agency policy and that supervisory staff were not upholding the policy
- Identified that the quality of documentation, especially on long weekend shifts was in need of improvement
- Discovered that the training documentation relating to persons served goals was outdated

Employment/Day:

- Supported Employment identified that JT-2's were not found in person served records
- ETS's were not consistently submitting/completing documentation in accordance with agency policies
- IVRS was the most delinquent in paying claims

Transportation:

- Approximately 39% of the units reviewed in transportation were either paid incorrectly by the MCO's (1158 units) that was not due to any billing errors by Link Associates, and that 261 units were billed by Link Associates at the incorrect rate

- Over 13,000 omissions by DSP's in documentation occurred for all transportation services (not just this 5% review) that had to be fixed by them before billing could occur.

Corrective Actions taken throughout the year:

Employment/Day

- Met with IVRS leadership to follow up on outstanding claim issues
- R-8 Training Binder completed to ensure all staff are trained on all components of their positions, including thorough and timely service documentation
- Developed processes and expectation of communication and training supervisory and DSP employees on the results of these reviews and timelines established to remedy errors
- Began extra oversight of the persons served database to ensure goal acknowledgment (signed C-22) were completed as well as the MCO Plan and Link Service Plan
- Weekly reviews of log auditing and analyze the date reports

Residential

- Combined the goal guide sheets and individual tip sheet to remove duplication of training materials relating to effective goal implementation for person served
- Encouraged Case Coordinators to meet to evaluate persons served goals in need of changes/updates
- Administrators worked with supervisors who struggle to complete documentation reviews timely and provided strategies for improvement
- Effectively used reports from the COD on unlocking E-doc to improve performance of supervisory staff and/or additional oversight

Transportation

- Worked with the accounting department monthly to address billing issues
- Worked with MCO's to reimburse Link at the contracted rates consistently

Recommendations:

Employment/Day programs

- Will continue to monitor the outstanding claims document to ensure accurate and consistent billing and work with accounting and/or IVRS as needed
- Will review persons served data base during second level reviews for; 1) MCO Plan, Link Service Plan, Goal acknowledgments (JT-2) and service authorizations
- Will collaborate with other departments to devise/update training for DSP's on service documentation

Residential services

- Will increase administrative oversight of training materials being complete and current
- Will consistently use "analyze the date" function to ensure supervisory personnel are log auditing per policy prior to billing
- Encourage teams to re-evaluate persons served goals and rewrite them as needed
- Consistency enforce documentation policies (timeframes)
- Work with DSP that struggle in documentation

Transportation

- Will address processes to ensure the correct payments are received by the accounting department for service units/rates billed

5. Policy and Procedures most related to corporate compliance include: Corporate Compliance, By-Laws, Internal Controls, Internal Billing Quality Control, Confidentiality and Management of Person served Records, Employee Handbook, Administration of Office/Communication Records and Prevention of Financial Waste Fraud and Abuse. All Link Associates Policies and Procedures are reviewed annually and updates/changes were approved by the Board of Directors in May 2020 most recently.
6. Internal controls/methods utilized by the Finance Department include; quarterly representative payee audits of persons served finances, four step accounts payable check and balance system, and close monitoring of variances in the agency financial reports. Our Finance Committee of the Board of Directors review the financial statements on a monthly basis for program results and variances. Our annual external audit addresses our waste, fraud, and abuse policies.
7. Iowa Medicaid Enterprise (IME).
 - a. IME conducts random desk reviews of waiver service records and associated paperwork found in our case management records that pertain to persons served eligibility for service. This fiscal year Link Associates received 1 preliminary report of a tentative overpayment for services provided back in December 2015. Both (2 persons served) records were for Supported Community Living and had rate changes implemented mid-month that initially had not been billed properly by the accounting department by reversing the rates for the two different date spans of time. However, IME had adjusted their payments accordingly and the records Link Associates produced resulted in this suspected overpayment to be incorrect.
 - b. The last IME, HCBS Quality Oversight On-site Periodic Review occurred on January 29, 2015. This regularly timed review (typically every 5 years due to our CARF Accreditation) is very comprehensive and references over 300 Iowa Administrative Code rules. See the 14-15 Corporate Compliance Annual Report for complete details. This review was scheduled to occur on March 27, 2020 and was initially rescheduled, then postponed again due to the pandemic with no set target date at this time.
8. IME did complete a focused review on October 5, 2017 with the primary focus being on the HCBS settings and person-centered planning processes that they are conducting for all agencies. This focused on 26 rules/standards relating to the settings in which our services are provided, the person-centered planning process, and selected outcome measures required in Iowa code. Link Associates received perfect results from this review.
The Centers for Medicare and Medicaid Services (CMS), in conjunction with the States, measures improper payments in the Medicaid programs under the Payment Error Rate Measurement (PERM) program. This oversight review is essentially a mechanism for CMS to measure and ensure that State level activities and oversight are effective in preventing Medicaid fraud. Any discoveries that occur would then be reported to the State of Iowa for remediation and potential recoupment of monies. These reviews occur on a rotating cycle with the States and Iowa's turn occurred last in 2018 and was without error.
9. Managed Care Organizations (MCO) - History
Managed Care began on April 1, 2016 in Iowa. Link Associates had contracts with AmeriHealth Caritas (AHC) and Amerigroup prior to changes in Iowa in November 2017 that saw AHC leave the state of Iowa. Link Associates quickly engaged and executed a contract with United Healthcare who was the primary MCO that represents the majority of persons served receiving services from Link in fiscal year 18-19. Then United and the State of Iowa announced in late March of 2019 that United was leaving the IA Health Link Program no earlier than June 30, 2019. Prior to that it was announced that Iowa Total Care would be joining as the third MCO (now only 2 again) and Link Associates began the credentialing/application process in December 2018 and is currently contracted with Iowa Total Care. The persons served by Link Associates are at this time evenly distributed. 140 persons served are enrolled with Amerigroup and 133 persons are enrolled with Iowa Total Care. Significant problems occurred as expected with this latest change in MCO's with persons served plans, authorizations and providers subsequent requests for payment that Link had prepared for as much as possible.
Oversight and auditing functions of the MCO's
Curiously, while the State of Iowa has an expectation of MCO's to request service records and plans from Link Associates for quality assurance purposes, none have ever been requested of Link from Amerigroup and nothing relating to payment for services has been received from Iowa Total Care. The first time something of this nature occurred was in May 2019. These were titled as "requests CMS audit" – Medical Records Request for Service Verification and were from United Healthcare shortly before they exited the IA Health Link Program. Two such requests were received

that asked for documentation for a one-month period in the past to support service provision as per IAC 79.3(2). It is presumed this review would be similar to the State’s Desk Audits and the levels of review conducted by Link Associates Internal Review Committee and 2nd Level Review processes. No results of this were ever received by Link Associates.

10. The Non-Emergency Medical Transportation (NEMT) service primarily provides medical appointment transportation for Link Associates residential, persons served at this time. The brokerage firms that coordinate and pay Link (via contracts they have with MCO’s) is Access2Care (A2C) for Iowa Total Care members and Logisicare for Amerigroup members. LogistiCare requires scanning and submission of daily log sheets to support the claims and is felt to perform 100% audits while A2C did not perform this additional oversight function at the beginning of the fiscal year and thus additional oversight activities were added to the Internal Review Committee of Link Associates to provide this. A2C has now added audit functions into their portal for submission of records and the Internal Review Committee will focus on Waiver trips in the next fiscal year.

PREVIOUS RECOMMENDATIONS FOR CHANGE AND STATUS

1. The Program Directors/designees (Supported Living, Employment/Day, and Transportation) will continue to strictly enforce and monitor the level and timeliness of reviews conducted by their departments that are to occur prior to billing for services. This will reduce the occurrences of having to complete billing adjustments. Any operational problem areas discovered will be communicated to the COD for subsequent evaluation of alternative practices.
 Time frame: Immediate
 STATUS: ONGOING. 49 entries were made by administrative staff this fiscal year into the Billing Adjustment Log for Services Previously Billed. This compares to approximately 90 entries in fiscal year 18/19, and 29 entries in 17/18. 94 % of these were attributed to NOD changes (tiers, changing MCO’s and authorizations) that were received late and/or administrative staff failing to update billing records in E-doc timely which causes errors in payments or non-payments. The causes are similar to last fiscal year. Errors were evenly split between the employment/day programs and the residential services. Two units were paid back in Case Management during the second level review process.
2. The Fleet and Facilities Director and Corporate Operations Director will assess the changes occurring with NEMT brokerage companies and identify appropriate and/or necessary oversight practices.
 Time frame: October 2019 after 3 months of service activity
 STATUS: COMPLETE. In October 2019 the Fleet and Facilities Director was still beta testing E-tran for the ability to upload into the Access to Care portal (broker for Iowa Total Care) as it was further discovered that Iowa Total Care demands that “waiver” trips also be paid through this portal versus direct submission to the MCO which has been the case since managed care began in April 2016. Systems were finalized by Link at the end of October so the Internal Review Committee began oversight activities only for Access to Care, NEMT trips during their next scheduled review in January 2020.
3. Employment/Day and Supported Living Programs will actively monitor occurrences where E-doc is unlocked that coincides with supervisory staff not performing assigned job duties timely for additional training and/or disciplinary action. The Corporate Operations Director (COD) will monitor this activity quarterly for compliance and improvement.
 Time frame: Immediate
 STATUS: ONGOING. A draft reporting tool was developed by the COD and distributed with data from the 4th quarter of 2018/2019 as baseline data on August 14, 2019. Quarterly data that shows instances of unlocking, by supervisor, and by program area began being disseminated quarterly thereafter. The number of occasions of unlocking is summarized below.

Total Summary	Unlock occurrences	Unlock occurrences	Unlock occurrences	Unlock occurrences
	1 st quarter 19/20	2 nd quarter 19/20	3 rd quarter 19/20	4 th quarter 19/20
Residential	61	28	30	84
Case Management	2	5	0	8

Vocational	31	75	6	6
Actual Total	94	116	38	101

The department leadership provided the COD with verification if supervisors had completed log auditing prior to billing or communicated barriers to them. This report then provided them with actionable opportunities if noncompliance or poor performance were indicated. Department leadership also identified broad corrective steps on monitoring the performance of their staff assigned these responsibilities. This included more systematic use of monitoring percentages of logs audited and analyze the date reports on a regular basis and focused training/meetings.

RISK ASSESSMENT

The CCO conducted a risk assessment on April 30, 2020 for this fiscal year (see separate report). And this, in conjunction with the recommendations worked on throughout the year, was used to evaluate our operational and organizational risks. Through this process, recommendations and action steps are identified below to continue to mitigate risk areas. The risk assessment will be repeated formally again in April 2021 and monitoring of new additional risks will continuously occur.

RECOMMENDATIONS FOR CHANGES FOR LINK ASSOCIATES POLICIES AND PROCEDURES

1. The Program Directors/designees (Supported Living, Employment/Day, and Transportation) will continue to strictly enforce and monitor the level and timeliness of reviews conducted by their departments that are to occur prior to billing for services. This will reduce the occurrences of having to complete billing adjustments. Any operational problem areas discovered will be communicated to the COD for subsequent evaluation of alternative practices.
Time frame: Immediate
2. Employment/Day and Supported Living Programs will actively monitor occurrences where E-doc is unlocked that coincides with supervisory staff not performing assigned job duties timely for additional training and/or disciplinary action. The Corporate Operations Director will monitor this activity quarterly for compliance and improvement.
Time frame: Immediate

CORPORATE COMPLIANCE RISK ASSESSMENT

LINK ASSOCIATES
July 1, 2020 – June 30, 2021

SUBMITTED BY: Jay Bruns, Corporate Operations Director

POLICY

Link Associates is dedicated to the delivery of services in an environment characterized by strict conformance with the highest standards of accountability for administration, business, marketing and financial management. Link Associates leadership is fully committed to the need to prevent and detect fraud, fiscal mismanagement and misappropriation of funds and therefore, to the development of a formal corporate compliance program to ensure ongoing monitoring and conformance with all legal and regulatory requirements. Further, the organization is committed to the establishment, implementation and maintenance of a corporate compliance program that emphasizes (1) prevention of wrong doing, whether intentional or unintentional, (2) immediate reporting and investigation of questionable activities and practices without consequences to the reporting party and (3) timely correction of any situation which puts the organization, its leadership or staff, funding sources or persons served at risk.

EXECUTIVE SUMMARY

It is often assumed that compliance elements focus exclusively on direct service records of the persons served and accounting practices that directly generate payment for our services. However, an effective compliance program also pays attention to other less common elements that can contribute to Medicaid waste, fraud, and abuse. Content of this Risk Assessment was derived from the Department of Health and Human Services, Office of the Inspector General (OIG) as published in the Federal Register. This Risk Assessment will not attempt to avoid any duplication of the Link Associates Risk Management Plan but will be compared to that document at its designed review/update processes to adjust that assessment accordingly.

Risk is defined as an event that has a probability of occurring, and could have either a positive or negative impact to Link Associates. Our risk assessment is the identification, measurement, and prioritization of likely relevant events or risks that may have a material consequence on Link Associates' ability to achieve its' objectives. Risk areas were assessed to ascertain the probability of occurrence, the degree of impact to the agency, and our preparedness.

Link Associates has appropriate policies and practices in place that monitor risk areas. The exemplary results of all external monitoring audits related to Medicaid funding, also support that our current practices are effective. The Corporate Operations Director solicited feedback on selected material on March 30, 2020 from Department Directors/designees to further discuss and review these items and to obtain additional feedback.

TOP RISKS (with highest threat measurement)	
1	Failure to administer and monitor prescription drug use. (risk #4)
2	Medical record documentation includes persons served eligibility to receive Medicaid services including a comprehensive plan. (risk #23)

RECOMMENDED ACTIONS TO REDUCE RISK

1. Risk #4: Failure to administer and monitor prescription drug use. Currently performance measures and targets are addressed in existing agency program evaluation measures of achievements and is reported on quarterly for improvement activities and will not be duplicated here. Further efforts to reduce errors is underway with trials of electronic MAR's.
2. Risk #23: Medical record documentation includes persons served eligibility to receive Medicaid services including a comprehensive plan. Continue utilizing the resources that are available to us to monitor person served eligibility and advocate for change for more reliable and timely information for persons losing eligibility.
3. All other risk areas that are identified to mitigate (reaction) have on-going efforts already well established that continue to mitigate the probability or impact of those associated risks.

The Risk Assessment assesses the following risk areas for Link Associates:

SPECIFIC RISK AREAS

QUALITY OF CARE

Components that can contribute to vulnerability include;

- the absence of a comprehensive CCSP that includes persons served measurable objectives,
- insufficient services to address the persons served condition,
- failure to accommodate individual persons served needs and preferences,
- failure to administer and monitor prescription drug usage,
- inadequate staffing levels or insufficiently trained or supervised staff to provide care,
- failure to report incidents of mistreatment, neglect, or abuse as required,
- difficulty attracting and maintaining direct support staff tenure.

RESIDENT RIGHTS

Components that can contribute to vulnerability include;

- discriminatory admission practices,
- verbal, mental, or physical abuse,
- inappropriate use of physical or chemical restraints,
- failure to ensure that persons served have personal privacy and access to their personal records upon request and that the privacy and confidentiality of those records are protected,
- denial of a person's served right to participate in care and treatment decisions,
- failure to safeguard persons served financial affairs.

BILLING AND COST REPORTING

Risks in this area include;

- billing for services not provided as claimed,
- failing to identify and refund credit balances,
- knowingly billing for inadequate or substandard care,
- altering documentation that verify services were provided,
- false cost reports.

EMPLOYEE SCREENING

Components of effective employee screening include;

- having employees certify on their application that they are not an excluded individual or entity on either the OIG or SAMS exclusion lists,
- requiring temporary employment agencies to ensure temporary staff have undergone background checks,

- checking the OIG List of excluded individuals/entities list to verify employees are not excluded from participating in Medicaid programs prior to hire,
- requiring current employees to report if they are convicted of an offense that would preclude their eligibility to work for us,
- periodically re-checking the OIG and SAM web sites to verify the participation/exclusion status,
- completing drug/alcohol screening for required positions.

CREATION AND RETENTION OF RECORDS

Components of effective records include;

- medical record documentation includes persons served eligibility to receive Medicaid services including a comprehensive care plan,
- corrective actions taken in response to surveys,
- records and audit data that support and explain cost reports and other financial activity,
- records of internal or external compliance monitoring activity,
- all records necessary to demonstrate integrity of Link Associates compliance efforts (reports of investigations, compliance activities, employee disciplinary actions),
- securing records in a safe place,
- maintaining hard copies of all electronic or database documentation,
- limiting access to documentation to avoid accidental or intentional fabrication or destruction of records,
- conformance to documentation and retention policies to applicable laws,
- encryption of computers/devices and secure e-mail for protected health information.

DEFINTIONS USED ON THE FOLLOWING GRID				Risk Reaction Planning	
<p style="text-align: center;">Threat</p> <ul style="list-style-type: none"> • High Greater than 70% probability of occurrence • Medium Between 30% and 70% probability of occurrence • Low Below 30% probability of occurrence <p style="text-align: center;">Preparedness</p> <ul style="list-style-type: none"> • High Best, Advanced capabilities to identify, measure, manage risk exposure within tolerance • Medium Clear vision of risk tolerance and overall risk profile, has process to identify and prepare for emerging risk • Low Inconsistent or limited capabilities to identify, measure or manage risk exposure. 				<p>Higher risks are those falling in the red & green zones that will be monitored and/or plans developed to mitigate the risk. One of the following approaches will be selected to address it:</p> <ul style="list-style-type: none"> Avoid Eliminate the threat by eliminating the cause Mitigate Identify ways to reduce the probability or the impact of the risk Accept Monitor, current practices continue, no additional actions Transfer Make another party responsible for the risk (buy insurance, outsourcing, etc.) 	
Risk Areas					
Quality of Care		Reaction	Current mitigation practices identified and risk exposures		
1	CCSP contains measurable objectives for services being funded	Accept	<ol style="list-style-type: none"> 1. CMD oversees audits 100% of persons served records annually per defined policies. 2. A centralized position designs the development of the persons served documentation requirements in e-doc for consistency and accuracy. Having one person helps ensure compliance. 3. Oversight agencies and reviews conducted evaluate the CCSP to the daily service notes, any deficiencies or suggestions noted are acted upon. 		

				<p>4. MCO's role and changes to the CCSP process exposes Link to non-conformance with standards (i.e. CARF, Medicaid) that internal processes and roles were developed for as well as the assessment of the additional costs due to the low-quality persons served plan the MCO's are producing that are not in conformance to regulatory standards.</p> <p>5. Occurrences of MCO's changing person served goals has occurred without any other team member involvement that puts agency supports provided out of compliance and must be closely monitored by Link Associates staff.</p>																						
2	Insufficient services provided to address the persons served condition	<table border="1"> <tr><td rowspan="4">Threat</td><td>H</td><td></td><td></td><td></td></tr> <tr><td>M</td><td></td><td></td><td></td></tr> <tr><td>L</td><td>X</td><td></td><td></td></tr> <tr><td></td><td>H</td><td>M</td><td>L</td></tr> <tr><td colspan="5">Preparedness</td></tr> </table>	Threat	H				M				L	X				H	M	L	Preparedness					Accept	<p>1. Internal assessments and CCSP development practices and policies ensure services provided are meeting the needs of the persons served with referrals made as needed. These procedures were updated February 2015 to address the weaknesses in the SIS implemented by the State of Iowa for long-term service recipients (Care Planning Tool Supplement).</p> <p>2. Admissions policies and committee format/decision making may include nursing evaluation and ability to serve.</p> <p>3. Incident Report trend reviews can be an identifier if services are not meeting the persons served condition and are monitored by PBS and Safety Committee. MCO designees are also following up on critical incident reports submitted to them as needed. Consistent administration/completion of the SIS has also been identified as a concern.</p> <p>4. SIS is being administered by staff of the MCO's (Telligen for FFS persons) and provider staff have not always been invited to provide the required input that compromises the integrity of this tool that also drives the reimbursement rates for Day Hab and SCL services.</p> <p>5. Link has revised the Link Service Plan to capture gaps and missing information in the persons served plans developed by the MCO's.</p>
Threat	H																									
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3	Failure to accommodate individual persons served needs and preferences	<table border="1"> <tr><td rowspan="4">Threat</td><td>H</td><td></td><td></td><td></td></tr> <tr><td>M</td><td>X</td><td></td><td></td></tr> <tr><td>L</td><td></td><td></td><td></td></tr> <tr><td></td><td>H</td><td>M</td><td>L</td></tr> <tr><td colspan="5">Preparedness</td></tr> </table>	Threat	H				M	X			L					H	M	L	Preparedness					Accept	<p>1. Care Planning Tool/Housing Checklist has been modified to ensure persons served have been involved in their life choices and preferences.</p> <p>2. Assessments and CCSP development practices and policies ensure services provided are meeting the needs of the persons served with referrals made as needed. These procedures were updated February 2015 to address the weaknesses in the SIS implemented by the State of Iowa for long-term service recipients.</p> <p>3. The SIS is now completed by representatives of the MCO's and communication/coordination have posed difficulties and concerns.</p> <p>4. Satisfaction of services is measured quarterly for all programs that inherently address persons served needs and preferences.</p> <p>5. MCO's have demonstrated a disregard for persons served choices, preferences, and needs that had been cultivated and enriched by the State of Iowa prior to MCO's in 4/1/16 (changing roommates, choices of where to live and with whom, selection of service providers, case coordinators, etc.) Link Associates continues to advocate and provides these core principals.</p> <p>6. Number 5. Has resulted in less choice and more persons served living together with no corresponding increase of staff support hours in most cases which leads to diminished ability to account for all individual preferences (number of people to live with, community engagement, etc.)</p> <p>7. Changes made by the State to eliminate transportation services to SCL Daily Providers with no corresponding rate increase contributes to the barrier already present for employment and community access.</p> <p>8. High case loads employed by MCO's for their CBCM's contribute to increased difficulty for their role in solving problems and performance (i.e. eligibility, housing, service plans).</p>
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4	Failure to administer and monitor prescription drug usage	<table border="1"> <tr><td rowspan="4">Threat</td><td>H</td><td></td><td>X</td><td></td></tr> <tr><td>M</td><td></td><td></td><td></td></tr> <tr><td>L</td><td></td><td></td><td></td></tr> <tr><td></td><td>H</td><td>M</td><td>L</td></tr> <tr><td colspan="5">Preparedness</td></tr> </table>	Threat	H		X		M				L					H	M	L	Preparedness					Mitigate	<p>1. This is currently measured in existing agency program evaluation measures, which monitor the number of documentation errors and medication incidents that require physician contact.</p> <p>2. The Program Committee of the Board additionally monitors the data relating to medication errors.</p> <p>3. Employee Handbook has specific disciplinary action and training requirements for staff making medication errors.</p> <p>4. In early 2019, exploration and trials of an E-MAR electronic system is being tested that would be anticipated to decrease errors made in the administration of medication. Medication error reports for the first two quarters of 19/20 indicate an approximate 50% reduction in reported errors (254) from the two quarters previous to this.</p> <p>5. Link Associates is developing a training curriculum to replace the state medication manager course that would increase the focus of what staff administering medications to persons served most need to know in efforts to reduce errors.</p>
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5	Inadequate staffing levels or insufficiently trained or supervised staff to provide care	<table border="1"> <tr><td rowspan="4">Threat</td><td>H</td><td></td><td></td><td></td></tr> <tr><td>M</td><td></td><td>X</td><td></td></tr> <tr><td>L</td><td></td><td></td><td></td></tr> <tr><td></td><td>H</td><td>M</td><td>L</td></tr> <tr><td colspan="5">Preparedness</td></tr> </table>	Threat	H				M		X		L					H	M	L	Preparedness					Mitigate	<ol style="list-style-type: none"> 1. Training requirements are well outlined in accordance with agency standards and state/CARF requirements that are monitored by supervisory staff. Failure to complete trainings may result in suspension from employment. 2. Incident reports are monitored for trends that could include insufficient training or new training needed. 3. Recruitment and retention of direct support professionals is being hampered by a decrease in applicants and barriers to implementing COLA's and increasing starting wages with current reimbursement rates. 4. Reimbursement methodologies (TIER Rates implemented 12/1/17) and associated changes made to SCL rules requiring transportation have impacted budgets and impacted ability to improve wages. Another surprise rate decrease for SCL tiers occurred March 15, 2019 which caused an additional \$140K decrease in annual revenue. 5. The creation of Link's on-line application in March 2018 has dramatically increased the applicant pool of candidates for DSP positions. The IT Director and E.D. worked to consolidate Link Associates Facebook presences and has begun to show benefits now that efforts can be better employed (and increased followers) for recruitment efforts. 6. The hiring process has been shortened for DSP positions and all trainings are now completed in the first week of employment. Nontraditional training hours have also been developed that has increased the number of employees and applicants for the 3 months since implemented. 7. Better Teams entered the on-line recruiting market this year and has thus far proven to be a better tool used by Link Human Resources for outreach to applicants.
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6	Failure to report incidents of mistreatment, neglect, or abuse as required	<table border="1"> <tr><td rowspan="4">Threat</td><td>H</td><td></td><td></td><td></td></tr> <tr><td>M</td><td></td><td></td><td></td></tr> <tr><td>L</td><td>X</td><td></td><td></td></tr> <tr><td></td><td>H</td><td>M</td><td>L</td></tr> <tr><td colspan="5">Preparedness</td></tr> </table>	Threat	H				M				L	X				H	M	L	Preparedness					Accept	<ol style="list-style-type: none"> 1. All employees required to take mandatory reporting, which includes reporting expectations to DHS. 2. MCO's have begun to request additional information that typically is centered on agency reports to them of critical incidents. 3. All agency Policy and Procedures have been updated on July 2019 (Iowa Total Care joins IA market) to encompass the reporting requirements to the MCO's. 4. Frequent engagement with persons served from internal Case Coordinators and Program Supervisors provide additional opportunities to minimize incidents. 5. Each MCO has different reporting processes that are addressed in agency policy and procedures, but the different protocols for each that differ from IME that increases the likelihood of a reporting error.
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Persons served Rights		Reaction Current mitigation practices identified and risk exposures																								
7	Discriminatory admission practices	<table border="1"> <tr><td rowspan="4">Threat</td><td>H</td><td></td><td></td><td></td></tr> <tr><td>M</td><td></td><td></td><td></td></tr> <tr><td>L</td><td>X</td><td></td><td></td></tr> <tr><td></td><td>H</td><td>M</td><td>L</td></tr> <tr><td colspan="5">Preparedness</td></tr> </table>	Threat	H				M				L	X				H	M	L	Preparedness					Accept	<ol style="list-style-type: none"> 1. Admissions policy and agency policy in persons served handbook contain specific non-discriminatory policy. 2. Appeal process disseminated to applicants for services who have been denied services. 3. Appeals/Grievances monitored by the ED and reported on annually by the COD.
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		H	M	L																						
Preparedness																										
8	Verbal, mental, or physical abuse	<table border="1"> <tr><td rowspan="4">Threat</td><td>H</td><td></td><td></td><td></td></tr> <tr><td>M</td><td>X</td><td></td><td></td></tr> <tr><td>L</td><td></td><td></td><td></td></tr> <tr><td></td><td>H</td><td>M</td><td>L</td></tr> <tr><td colspan="5">Preparedness</td></tr> </table>	Threat	H				M	X			L					H	M	L	Preparedness					Accept	<ol style="list-style-type: none"> 1. All employees receive training upon hire and every 5 years on mandatory reporting. 2. Core training on Intro to ID/DD and Rights/Responsibilities/Confidentiality also contain important components of persons served treatment. 3. Frequent engagement with persons served from internal Case Coordinators and Program Supervisors provide additional opportunities to minimize incidents. 4. Persons Served/Family Handbook provides comprehensive expectations of staff and persons served rights. 5. Employees in SCL typically work alone with no peer supervision present that inherently increases risks.
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9	Inappropriate use of physical or chemical restraints	<table border="1"> <tr><td rowspan="4">Threat</td><td>H</td><td></td><td></td><td></td></tr> <tr><td>M</td><td></td><td></td><td></td></tr> <tr><td>L</td><td>X</td><td></td><td></td></tr> <tr><td></td><td>H</td><td>M</td><td>L</td></tr> <tr><td colspan="5">Preparedness</td></tr> </table>	Threat	H				M				L	X				H	M	L	Preparedness					Accept	<ol style="list-style-type: none"> 1. Persons served Handbook provides extensive detail on persons served rights. 2. Positive Behavioral Support (PBS) Program Policy #11 provides guidelines that teams must follow. 3. All staff receive training on PBS Policies and philosophies. 4. Program Committee of the Board provides oversight of persons served plans with rights restrictions. 5. Program Policies #3, Medication Administration and # 11 Positive Behavioral Supports address any use of psychotropic medication use.
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				6. Additional clarity and communication provided via PBS Committee that additional oversight will occur for any PRN medication prescribed for the purpose of behavioral support occurred in 2019 along with updating such records in the person served data base.																
10	Failure to ensure persons served have personal privacy and access to their records upon request and that privacy of records are protected	Threat <table border="1"> <tr><td>H</td><td></td><td></td><td></td></tr> <tr><td>M</td><td></td><td></td><td></td></tr> <tr><td>L</td><td>X</td><td></td><td></td></tr> <tr><td></td><td>H</td><td>M</td><td>L</td></tr> </table> Preparedness	H				M				L	X				H	M	L	Accept	<ol style="list-style-type: none"> 1. Program Policy # 2, Confidentiality and Management of Persons served Records addressees the confidentiality practices and policies of persons served records. 2. The Care Planning Tool/Housing Checklist includes components to ensure that privacy is provided. 3. Persons served Handbook further explains that persons served can have access to their records at any time. 4. Case Coordinators individually assess each person's served personal privacy when completing the residential site assessment tool (CMS settings and State of Iowa Plan).
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11	Denial of persons served right to participate in care and treatment decisions	Threat <table border="1"> <tr><td>H</td><td></td><td></td><td></td></tr> <tr><td>M</td><td></td><td></td><td></td></tr> <tr><td>L</td><td>X</td><td></td><td></td></tr> <tr><td></td><td>H</td><td>M</td><td>L</td></tr> </table> Preparedness	H				M				L	X				H	M	L	Accept	<ol style="list-style-type: none"> 1. Persons served Handbook specifies rights and responsibilities of the persons served to lead and select the members of their team and make care and treatment decisions. 2. Persons served have the right to decline to sign/agree to their CCSP without any effect of their service delivery 3. Due process in place for any rights restrictions, which is on the CCSP template of required content. 4. MCO's have not provided notice of persons served meetings timely or at all sometimes and are now the primary entity responsible for completing and updating the SIS.
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12	Failure to safeguard financial affairs	Threat <table border="1"> <tr><td>H</td><td></td><td></td><td></td></tr> <tr><td>M</td><td></td><td></td><td></td></tr> <tr><td>L</td><td>X</td><td></td><td></td></tr> <tr><td></td><td>H</td><td>M</td><td>L</td></tr> </table> Preparedness	H				M				L	X				H	M	L	Accept	<ol style="list-style-type: none"> 1. Program Policy #14, Persons served Financial Support gives specific procedures to promote the safety of persons served finances for those who receive Representative Payee services from Link or for those who ask for assistance in money management. 2. Persons served Handbook updated to include more guidance to family members of their responsibilities that interact with Links support to SCL persons served with their finances. 3. Day Hab services developed processes for their handling of incoming money for activities for better accountability and record keeping in 2019. 4. Insurance coverage for crime (theft of money). 5. External audits by Social Security provide another review of agency practices. 6. Random, self-audits of 10% of records annually by the Finance Director or designee provide additional oversight to these functions. 7. Daily Cash Flow records (residential) are reviewed for appropriateness, accuracy and are filed with Representative Payee designee. 8. Financial records are available for review by persons served and legal representatives as requested and specified in the Persons served Handbook. 9. Persons served are provided with monthly account reconciliation reports. 10. Third party review occurred (2019) for Rep Payee internal processes by the CM Director aim to identify problem areas of communication/timeliness/reporting/eligibility to offer suggestions to the Leadership Team.
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Billing and Cost Reporting			Reaction	Current mitigation practices identified and risk exposures																
13	Billing for services not provided as claimed	Threat <table border="1"> <tr><td>H</td><td></td><td></td><td></td></tr> <tr><td>M</td><td></td><td></td><td></td></tr> <tr><td>L</td><td>X</td><td></td><td></td></tr> <tr><td></td><td>H</td><td>M</td><td>L</td></tr> </table> Preparedness	H				M				L	X				H	M	L	Accept	<ol style="list-style-type: none"> 1. Finance Policy #9, Internal Billing quality control provides strict expectations and automatic download of billable, Medicaid records for all services (except NEMT) 2. All records of service (those that support billing for Medicaid) are electronic and automatically calculate billable units for direct import into clearinghouses (PC-Ace, Change Health Care) except NEMT. 3. Falsification of entries mitigated by extensive employee training, and multiple layers of oversight and internal monitoring activities. 4. Targeted Case Management reviews all billable progress notes to ensure they contain billable content prior to billing with additional second level review audits annually. 5. NEMT services require manual entry of services provided and paper record keeping that increases likelihood of human error and antiquated methods that had all but been eliminated until this began in April 2016. In 2018 MTM began a process of doing 100% audits internally that would replicate any agency efforts. Iowa Total Care (7/1/19) is processing all waiver trips in a similar antiquated method as well as for NEMT and is included in the agency Internal Review Committee processes.
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14	Failure to identify and refund credit balances	<table border="1"> <tr><td>Threat</td><td>H</td><td></td><td></td><td></td></tr> <tr><td></td><td>M</td><td></td><td>X</td><td></td></tr> <tr><td></td><td>L</td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td>H</td><td>M</td><td>L</td></tr> <tr><td></td><td colspan="4">Preparedness</td></tr> </table>	Threat	H					M		X			L						H	M	L		Preparedness				Accept	<ol style="list-style-type: none"> 1. Finance Policy #9, Internal Billing Quality Controls specifies processes to report overpayments and timeframes that the accounting department has to refund overpayments. This policy further identifies the review timelines required prior to billing as well as the quality control methods by Departmental staff that is required. 2. Finance Policy #8, Internal Controls, provides a third level of review of the entire billing processes as well as the service documentation used to support billing. 3. A Billing Adjustment log triggers (and tracks) the Accounting Department by e-mail of any adjustments required. 4. Billing Drive created that increases communication and accountability of claims that need corrective action. 5. All outstanding claims are additionally monitored, reported on, and rectified on the Outstanding Claims (shared google document) and is provided to the Finance Committee of the Board.
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15	Knowingly billing for inadequate or substandard care	<table border="1"> <tr><td>Threat</td><td>H</td><td></td><td></td><td></td></tr> <tr><td></td><td>M</td><td></td><td>X</td><td></td></tr> <tr><td></td><td>L</td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td>H</td><td>M</td><td>L</td></tr> <tr><td></td><td colspan="4">Preparedness</td></tr> </table>	Threat	H					M		X			L						H	M	L		Preparedness				Mitigate	<ol style="list-style-type: none"> 1. Finance Policy #9, Internal Billing Quality Controls specifies the expectations and timeframes for all billable services to be reviewed prior to submission. This practice is supported by administrative 2nd level reviews 2. Department Directors identify trends, areas in need of improvement, and corrective action taken based on the results of their departmental 2nd Level reviews. 3. Adjustments to billing still is occurring after Medicaid records have been locked, which can indicate that Departments are not completing their reviews prior to billing timely. 4. Requests to unlock services that have previously been billed for are scrutinized closely by the COD and E/D Program Director with established record keeping and notification as needed to the Accounting Dept. Leadership in all programs are provide reports quarterly from the C.O.D. that show supervisory/DSP trends that can indicate noncompliance of completing reviews timely. 5. Supervisory review of all records prior to billing is required. SCL Administration will still uncover errors made upon their final reviews that are being addressed for mitigation. 6. Administration observed the DSP training provided by the Training Manager to all new employees in February/March 2020 and identified areas to improve training with a focus of required elements for billable units to have implemented.
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16	Altering documentation that verify services were provided	<table border="1"> <tr><td>Threat</td><td>H</td><td></td><td></td><td></td></tr> <tr><td></td><td>M</td><td></td><td></td><td></td></tr> <tr><td></td><td>L</td><td>X</td><td></td><td></td></tr> <tr><td></td><td></td><td>H</td><td>M</td><td>L</td></tr> <tr><td></td><td colspan="4">Preparedness</td></tr> </table>	Threat	H					M					L	X					H	M	L		Preparedness				Accept	<ol style="list-style-type: none"> 1. Finance Policy #9, Internal Billing Quality Controls and the associated worksheet capture any "Manager changed logs" to ensure that alterations are not being made for services recorded in E-doc. 2. E-Tran system was modified to limit "manager" ability to changes logs, likewise however, risk is associated with the Administrative log in that provides ability to alter records. 3. Electronic records are locked before billing and any unlock requires the supervisory presence of staff making any adjustments to services previously billed (Finance Policy #9, Internal Billing Quality Controls) and subsequent notifications of changes to supervisory and accounting personnel. 4. Ability to unlock (unsecure) Medicaid records is coordinated by the Corporate Compliance Officer and only 2 additional employees are given this access.
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17	False cost reports	<table border="1"> <tr><td>Threat</td><td>H</td><td></td><td></td><td></td></tr> <tr><td></td><td>M</td><td></td><td></td><td></td></tr> <tr><td></td><td>L</td><td></td><td>X</td><td></td></tr> <tr><td></td><td></td><td>H</td><td>M</td><td>L</td></tr> <tr><td></td><td colspan="4">Preparedness</td></tr> </table>	Threat	H					M					L		X				H	M	L		Preparedness				Accept	<ol style="list-style-type: none"> 1. Interpretations and challenges to our cost reports are reviewed and discussed for remediation strategies as they occur. 2. Link Associates has an independent audit every fiscal year to further review the proper allocations of expenses and revenues of the agency.
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Employee Screening			Reaction	current mitigation practices identified and risk exposures																									
18	Failure to have employees certify on their application that they have not been convicted of an offense that would preclude employment from	<table border="1"> <tr><td>Threat</td><td>H</td><td></td><td></td><td></td></tr> <tr><td></td><td>M</td><td></td><td></td><td></td></tr> <tr><td></td><td>L</td><td>X</td><td></td><td></td></tr> <tr><td></td><td></td><td>H</td><td>M</td><td>L</td></tr> <tr><td></td><td colspan="4">Preparedness</td></tr> </table>	Threat	H					M					L	X					H	M	L		Preparedness				Accept	<ol style="list-style-type: none"> 1. All applicants are required to complete agency form HR-1, OIG and SAMS Excluded Individuals Release Form that requires this certification as well as all former names.
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	participation in Medicaid programs.																			
19	Requiring temporary employment agencies to ensure their staff have undergone background checks.	Threat <table border="1"> <tr><td>H</td><td></td><td></td><td></td></tr> <tr><td>M</td><td></td><td></td><td></td></tr> <tr><td>L</td><td>X</td><td></td><td></td></tr> <tr><td></td><td>H</td><td>M</td><td>L</td></tr> </table> Preparedness	H				M				L	X				H	M	L	Accept	1. Link Associates used an employment agency for temporary employees in July 2016 and again in January 2018 and completed their own background checks before placement since the temp agency was not able to provide written verification of such.
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20	Checking the OIG list of excluded individuals/entities list to verify employees are not excluded from participation in Medicaid	Threat <table border="1"> <tr><td>H</td><td></td><td></td><td></td></tr> <tr><td>M</td><td></td><td></td><td></td></tr> <tr><td>L</td><td></td><td>X</td><td></td></tr> <tr><td></td><td>H</td><td>M</td><td>L</td></tr> </table> Preparedness	H				M				L		X			H	M	L	Accept	1. For employees, this occurs prior to hire in alignment with policies/procedures found in the Employee Handbook. Records are printed off for verification and become part of the employee file. 2. Business entities are identified by Department Directors and are checked for their presence on both OIG and SAM databases. This occurs after the fact in most cases, since most of the services provided are not a direct Medicaid expense and would only be a small part of indirect or excluded costs. This can include vendors for office supplies, furniture/equipment purchases, repair services, and banking and auditing firms.
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21	Requiring current employees to report if they are convicted of an offense that would preclude their ability to work for us	Threat <table border="1"> <tr><td>H</td><td></td><td></td><td></td></tr> <tr><td>M</td><td>X</td><td></td><td></td></tr> <tr><td>L</td><td></td><td></td><td></td></tr> <tr><td></td><td>H</td><td>M</td><td>L</td></tr> </table> Preparedness	H				M	X			L					H	M	L	Accept	1. This is identified as a requirement in the Employee Handbook that would result in a complete new record check evaluation/screening to determine eligibility to remain employed. Upon any credible report from other sources will likewise result in a record check as identified in State Law. 2. Link Associates application supplement form HR-1, OIG and SAMS Excluded Individuals Release Form further has employees acknowledgment that they must notify Link Associates if they become an excluded individual on either the OIG or SAMS exclusion lists.
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22	Periodically checking the OIG and SAM websites to verify the participation/exclusion status	Threat <table border="1"> <tr><td>H</td><td></td><td></td><td></td></tr> <tr><td>M</td><td></td><td></td><td></td></tr> <tr><td>L</td><td>X</td><td></td><td></td></tr> <tr><td></td><td>H</td><td>M</td><td>L</td></tr> </table> Preparedness	H				M				L	X				H	M	L	Accept	1. The COD runs reports on all employees and board members monthly to ensure no current employees have been added into the OIG and SAM exclusion lists since their hire. No employees or board members have been found to be on the exclusion list to date after their initial hire/election. 2. Business entities are identified by Department Directors and are checked for their presence on both OIG and SAM databases. This occurs at 6-month intervals for businesses with established federal contract numbers and annually for those without that distinction, due to the minimal risk associated with the nature of our business exposures. No business entities have even been identified to be on the exclusions lists to date.
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Record Keeping and Documentation			Reaction	Current mitigation practices identified and risk exposures																
23	Medical record documentation includes persons served eligibility to receive Medicaid services including a comprehensive care plan	Threat <table border="1"> <tr><td>H</td><td></td><td></td><td></td></tr> <tr><td>M</td><td>X</td><td></td><td></td></tr> <tr><td>L</td><td></td><td></td><td></td></tr> <tr><td></td><td>H</td><td>M</td><td>L</td></tr> </table> Preparedness	H				M	X			L					H	M	L	Accept	1. Persons served records are maintained by the CM Department and their quality assurance practices. 2. Current eligibility status procedures are implemented with the State resources available to us to account for continuing problems with the MCO's and their denial of services and/or persons served being deemed ineligible. 3. The Accounting Department checks the status of eligibility monthly via the state ELVS processes. Reports in March 2018 acknowledged that this system is not always being updated by State personnel timely that effects the reliance on this, but is our only line of defense for providing services to those who are ineligible. 4. Internal monitoring (Finance Policy #8, Internal Controls and Finance Policy #9, Internal Billing Quality Controls) provides further verification of proper payments. 5. Admission to services practices collects enrollment information and the Case Coordinator does the verification of eligibility for funding prior to the intake meeting. 6. Systems (MCO's) have delayed/denied payments when all preventive measures currently in place have been utilized by Link Associates.
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24	Corrective action taken in response to external monitoring and surveys	Threat <table border="1"> <tr><td>H</td><td></td><td></td><td></td></tr> <tr><td>M</td><td>X</td><td></td><td></td></tr> <tr><td>L</td><td></td><td></td><td></td></tr> <tr><td></td><td>H</td><td>M</td><td>L</td></tr> </table> Preparedness	H				M	X			L					H	M	L	Accept	1. The two most recent HCBS Periodic Reviews completed (2012, 2015) resulted in no recommendations or corrective action plans. The next Periodic Review is scheduled to occur in 2020. 2. A focused HCBS Review occurred in October 2017 with concentration made on the HCBS settings rules put out by CMS and implemented by the State. This also looked closed at the person-centered planning process in place. No corrective action was needed by Link Associates. 3. The most recent HCBS billing review (November 2014) resulted in no corrective actions or repayment of funds
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				<p>4. PERM has requested four complete persons served files/records in February 2015 and one in April 2015 with no results that indicate a positive outcome from this federal oversight function. The cycle for IA reviews began again in 2018 and only one record was requested in 2018 with no results that indicate a positive outcome from this federal oversight function.</p> <p>5. The COD is directly involved with external monitoring surveys and ensures corrective actions are taken as indicated.</p>																						
25	Records and audit data that support and explain cost report and other financial activity	<table border="1"> <tr><td rowspan="4">Threat</td><td>H</td><td></td><td></td><td></td></tr> <tr><td>M</td><td></td><td>X</td><td></td></tr> <tr><td>L</td><td></td><td></td><td></td></tr> <tr><td></td><td>H</td><td>M</td><td>L</td></tr> <tr><td colspan="5">Preparedness</td></tr> </table>	Threat	H				M		X		L					H	M	L	Preparedness					Accept	<p>1. Organizational Management Policy #3, Administration of Office/Communication records guides the record retention activities of Link Associates.</p> <p>2. Annual audit by external source.</p> <p>3. Cost audit training attended as offered.</p> <p>4. Inquiries and questions occur after submission of cost reports that raise concerns over the interpretation and practices of IME staff on previously accepted practices (i.e. staff wages, training, site specific costs, etc.)</p> <p>5. The leadership of Link Associates monitors provider Cost Audit and changing rules/interpretations.</p>
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Preparedness																										
26	All records maintained to demonstrate integrity of Link Associates compliance efforts	<table border="1"> <tr><td rowspan="4">Threat</td><td>H</td><td></td><td></td><td></td></tr> <tr><td>M</td><td></td><td></td><td></td></tr> <tr><td>L</td><td>X</td><td></td><td></td></tr> <tr><td></td><td>H</td><td>M</td><td>L</td></tr> <tr><td colspan="5">Preparedness</td></tr> </table>	Threat	H				M				L	X				H	M	L	Preparedness					Accept	<p>1. Corporate Compliance efforts and processes are documented. An annual summary is conducted at the end of each fiscal year.</p> <p>2. Objectives are identified in the Corporate Compliance Plan.</p> <p>3. External monitoring/survey results all filed in secure administrative files.</p>
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		H	M	L																						
Preparedness																										
27	Records are secure and in a safe place	<table border="1"> <tr><td rowspan="4">Threat</td><td>H</td><td></td><td></td><td></td></tr> <tr><td>M</td><td>X</td><td></td><td></td></tr> <tr><td>L</td><td></td><td></td><td></td></tr> <tr><td></td><td>H</td><td>M</td><td>L</td></tr> <tr><td colspan="5">Preparedness</td></tr> </table>	Threat	H				M	X			L					H	M	L	Preparedness					Accept	<p>1. Organizational Management Policy #3, Administration of Office/Communication records guides the record retention activities of Link Associates.</p> <p>2. Information Technology supports any records that are scanned by Link Associates (stored by server at main building) and are backed up on two additional servers.</p> <p>3. E-doc and E-Tran records comprise the bulk of the Medicaid documentation that support our billing, the replication and recovery protocols were reviewed and found to be very good.</p> <p>4. NEMT services require manual entry of services provided and paper record keeping which had been eliminated with electronic documentation.</p> <p>5. Computers and electronic work devices are encrypted and secure e-mail processes were established in May 2016.</p> <p>6. HIPAA policies and procedures were updated in December 2015 and are reviewed annually.</p>
Threat	H																									
	M	X																								
	L																									
		H	M	L																						
Preparedness																										
28	Maintaining hard copies of all electronic or database documentation	<table border="1"> <tr><td rowspan="4">Threat</td><td>H</td><td></td><td></td><td></td></tr> <tr><td>M</td><td></td><td>X</td><td></td></tr> <tr><td>L</td><td></td><td></td><td></td></tr> <tr><td></td><td>H</td><td>M</td><td>L</td></tr> <tr><td colspan="5">Preparedness</td></tr> </table>	Threat	H				M		X		L					H	M	L	Preparedness					Accept	<p>1. Secure scanning has reduced the dependency on having hard copies of records once they have been scanned. The "drives" and File Servers (i.e. persons served data base, HR data base) are backed up to one server and to the cloud and an additional server.</p> <p>2. Introduction of E-MAR's for medication records will provide electronic storage of what are now paper records being scanned.</p> <p>3. Turnover and associated errors (100% of Office Specialists during fiscal year 17-18 and also in the third quarter of FY 16-17) caused many administrative files that become part of data bases (i.e. Filemaker) to require time intensive resolution. This seems to have been stabilized during fiscal year 19/20.</p>
Threat	H																									
	M			X																						
	L																									
		H	M	L																						
Preparedness																										
29	Limiting access to documentation to avoid accidental or intentional fabrication or destruction of records	<table border="1"> <tr><td rowspan="4">Threat</td><td>H</td><td></td><td></td><td></td></tr> <tr><td>M</td><td>X</td><td></td><td></td></tr> <tr><td>L</td><td></td><td></td><td></td></tr> <tr><td></td><td>H</td><td>M</td><td>L</td></tr> <tr><td colspan="5">Preparedness</td></tr> </table>	Threat	H				M	X			L					H	M	L	Preparedness					Accept	<p>1. Finance Policy # 9, Internal Billing Quality Controls specify the locking and security of all records in E-Doc and E-Tran. Any time the system is unlocked, the reason, person responsible, are identified for corrective actions to be taken by Department Directors.</p> <p>2. Information Technology Director has restrictions and security designed that limits all access to backup systems.</p> <p>3. Passwords are changed and access removed promptly upon employees separation of employment.</p>
Threat	H																									
	M	X																								
	L																									
		H	M	L																						
Preparedness																										
30	Conformance to documentation an retention policies to applicable laws	<table border="1"> <tr><td rowspan="4">Threat</td><td>H</td><td></td><td></td><td></td></tr> <tr><td>M</td><td></td><td></td><td></td></tr> <tr><td>L</td><td>X</td><td></td><td></td></tr> <tr><td></td><td>H</td><td>M</td><td>L</td></tr> <tr><td colspan="5">Preparedness</td></tr> </table>	Threat	H				M				L	X				H	M	L	Preparedness					Accept	<p>1. State and Federal laws are incorporated into agency policy and procedures and any changes are promptly implemented.</p> <p>2. Organizational Management Policy #3, Administration of Office/Communication records guides the record retention activities of Link Associates.</p> <p>3. MCO requirements differ (i.e. 10 years instead of 5 years) from State laws and does not pose any additional risks and policies were updated in July 2016.</p>
Threat	H																									
	M																									
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		H	M	L																						
Preparedness																										

Financial Planning and Management

Link Associates
Preparing for Year End Report July 1, 2019 – June 30, 2020
SUBMITTED BY: Linda Dunshee, Executive Director

As a private not for profit organization, Link Associates strives to be financially responsible and solvent, conducting financial management in a manner that supports our mission, vision, values and performance objectives. Our fiscal practices adhere to energized accounting principles and business practices. Our financial management covers daily operational cost management and incorporates plans for long-term solvency.

It is the policy of Link Associates and the Board of Directors:

- To actively participate in the planning and development of current and new programs and ideas to ensure the continuing financial longevity and stability of the organization. All of the agencies financial records are kept in accordance to generally accepted accounting principles. All records meet the requirements of the funding sources of Link and all required reports are filed with those agencies.
- To follow established procedures to minimize the risk of financial and physical asset mismanagement and thus safeguard the organization's physical assets against either theft or error.
- Expect that all purchase/payments are accompanied by an approved purchase order except for purchases that have an approved mechanism to generate a payment.
- To maintain tax-exempt status by the Iowa Department of Revenue and the Internal Revenue Service. The assigned Federal Identification Number can be used as a tax exemption number for any purchases/expenditures of the Association.
- To make available Petty Cash for specific areas and departments to cover unforeseen expenses. Petty cash is defined as being for small, unexpected, and nonrecurring expenditures.
- Holds all funds of the organization as a fiduciary. Therefore, the corporation as a steward for the sake of carrying out its mission and purposes holds even the legally unrestricted funds of the organization. The primary investment objective of the organization is to preserve and protect its assets, by earning a total return for each fund.
- That contributions received by Link Associates shall be recorded and reported so that the financial statement shows their receipt and restrictions.
- That Link Associates shall maintain an effective system of internal accounting controls in order to maintain compliance with program accreditation standards and to ensure the accuracy of the claim and reimbursement methodologies being utilized.
- That as a proactive measure to help reduce or eliminate costly billing errors Link Associates has an implemented internal process to assure that billing statements match service information in the records of the persons served. This review focuses specifically on the appropriateness of billing and coding practices and shall be conducted by persons trained to compare the dates and service codes on the organization's billing system to the dates, units, and types of services provided to the persons served.
- That Link Associates prohibits any waste, abuse, and fraudulent practices, including but not limited to Medicaid funding. Federal and state laws prohibit waste, abuse, and fraud of Medicaid funds that Link Associates receives for services provision. These laws include the 2005 Deficit Reduction Act and False Claims Act. Link Associates receives Medicaid funds for Home and Community Based Waiver Services and Case Management. Link Associates may also receive Medicaid funds for other services.

As part of Link's planning and financial management, this report serves as an annual analysis, outlining trends, areas needing improvements, actions taken to address improvements needed, implementation of those actions and indication of whether those actions accomplished the intended results.

Analysis of Financial Results FY 2019 - 2020					
DATES OF ANALYSIS	TRENDS	AREAS OF IMPROVEMENT	ACTIONS TO ADDRESS THE IMPROVEMENTS NEEDED	IMPLEMENTATION OF ACTIONS	DID OUTCOME OF ACTIONS ACCOMPLISH INTENDED RESULTS

<ul style="list-style-type: none"> • July 22, 2019 • August 26, 2019 • September 24, 2019 • October 28, 2019 • November 25, 2019 • December 23, 2019 • January 20, 2020 • February 24, 2020 • March 23, 2020 • April 27, 2020 • May 26, 2020 • June 27, 2020 	<p>Presented at each of the meetings trend analysis on:</p> <ul style="list-style-type: none"> • Monthly bank reconciliation • Monthly checking account statement • Monthly bank statement • Monthly list of checks • Monthly financials compared to budget • YTD financials compared to budget and prior year • Monthly finance packet – graphs of OT, line of credit and accounts receivable • Annual detailed budget • Annual external audit 	7/22/19 committee asked staff to review the “undesignated”, “Due to Foundation” and “Notes Payable”, the negative “Leisure Activity Fees,” and the negative “CM/SM Liability,” “A/R Rental Homes,” and “A/R Transportation” categories and revise the names to better reflect them.	Review completed and presented to the Finance Committee	Chart of accounts and report titles were synced and updated.	Yes Chart of accounts match budget titles and categories
		On 7/22/19 the Committee asked for a summary breakdown for the separate departments and homes	New accounting system report written to pull and report the data on a monthly basis	Reports modified in new accounting system	Yes Monthly breakdowns presented to the Finance Committee and the Board
		8/26/19 Audit Report items reference for correction	8/26/19 – Post Audit on August 12 th – 16 th all invoices to Linda, initialed by Linda then passed on to an additional director for review and signature. A spread sheet with all loans and lines of credit is created and will be updated monthly and donations will be accepted by clerical -sent to Linda for listing, scanned into the donation database and send letter and donations will be crossed checked with receivables.	All phases implemented	Yes Continued as proposed and will be reevaluated in the 2020 audit.
		1/20/20 the committee suggested Link consider accruing for large expenses within the year	Bryon will account for this in the upcoming budget development	Chart of accounts and allocations have been aligned	Yes Each month the summary is presented and the outcome is being used in budget development
		2/24/20 - \$52,000 receivable from the Foundation on Link’s books has been accumulated for the last 14 or so years, at \$300 per month. Link Associate employees perform the accounting work for the Foundation and the \$300 per month is compensation although it was never recognized. The \$52,109 will be used to pay down the balance of the loan Link Associates has from the Foundation.	The research was completed, change made and notes added for clarification	Money was transferred and annually will be continued.	Yes Account cleared up and continued annual transactions will continue
		March 23-2020 – Over the course of many years the foundation was paying Link Associates \$300 a month for accounting fees for the foundation. This will continue through fiscal year end and starting fiscal year 20/21 there will be a one-time payment at the end of the fiscal year for the \$3600. This will minimize excessive repetitive entries in and out of both accounts	The research was completed and the process clarified and updated with both the foundation and the finance committee of the board of directors	The final \$300 per month payment will be made to Link Associates in June 2020. After that only in June of each fiscal year, a \$3600 one-time payment will be made from the foundation to Link Associates	Yes Clarity on account entries and how to book and report the transaction completed.
		April 27, 2020 – Plans to spend the PPP money efficiently and according to all legal requirements reviewed	Linda laid out her plan for how to utilize hero pay as part of the PPP to reinforce staff who have worked during the eight weeks that the PPP was active.	Plan was proposed, discussed and approved	Yes Part of the PPP money will be used for a hero pay for all staff for each hour they worked during the eight week PPP.

		<p>June 29-2020 - Not necessarily an area for improvement, but with COVID-19 Link applied for and received numerous funds from various sources to help sustain the organization through the pandemic.</p>	<ul style="list-style-type: none"> • The finance committee started discussing at each meeting the paycheck protection plan and how Link Associates is documenting and utilizing all of those funds. • The finance committee started discussing at each meeting the retainer payments from the state for Day Habilitation and employment services and the impact on sustainability • The finance committee started discussing at each meeting the Provider Relief and how Link Associates is documenting and utilizing all of those funds. 	<p>Agenda item added and details included</p>	<p>Yes Clarity and understanding for staff as well as members of the finance committee and the board of directors occurred.</p>
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ACCESSIBILITY PLAN ANNUAL REPORT

LINK ASSOCIATES
JULY 1, 2019 – JUNE 30, 2020
SUBMITTED BY, Jim Wilkie, Fleet & Facilities Director

EXECUTIVE SUMMARY

As Fleet & Facilities Director I have reviewed the data gathered over the past year and all changes made within the plan. Overall the agency completed 17 of the 36 identified barriers by the targeted completion date for a completion rate of 47%. This completion percentage is far short of the 90% goal, which can be attributed to the costs of removing the identified barriers, the Covid19 pandemic, as well as the reimbursement structure implemented with the Managed Care Organizations by the State of Iowa.

ANALYSIS

To ensure that Link Associates is actively promoting accessibility and the removal of barriers for the persons served and stakeholders, accessibility goals and objectives are established and data for performance are collected.

As an organization, it is Link's goal to identify and remove/modify all barriers including architectural, attitudinal, communication, community integration, employment, environmental, financial, technology, and transportation as identified by our persons served, staff, advocates and stakeholders. The removal of such barriers will enhance life quality for all stakeholders, effect employment practices of the community in relation to persons with disabilities, ensure our legal and regulatory requirements and improve consumer satisfaction.

Link Associates maintains an accessibility plan that addresses all of the above components. We continue to identify barriers including on-going barriers and add the barriers to our work order system or place them into our accessibility plan for future implementation. These barriers include items that may have significant cost and are not readily achievable due to financial constraints; however, their inclusion to this plan will ensure the barrier is not overlooked. The plan identifies not only the barrier, but also the time line for removal and the required actions.

I. Accessibility Planning

A. Persons Served

Annually all levels of stakeholders within the organization address the accessibility for persons served. The organization seeks information from at least the following: board committees, visioning and strategic planning, safety committee, capital expenditure plan, external and internal inspections, satisfaction surveys, consumer council, an accessibility survey, and staff training. The organization utilizes an interdisciplinary, person centered, management focus. Specifically, for each person served, their essential life plan assessment and their comprehensive consumer service plan addresses individual barriers. The organization provides short term, interest free loans for consumers to eliminate financial barriers. The organization is an active member of the state association for providers to ensure we obtain all critical local, state and national information.

B. Personnel

Annually all personnel policies and hiring standards are updated and modifications implemented. Our initial and on-going training not only addresses required components but also is expanded to address items identified in the accessibility plan, which result in barrier removal to integration and service. Our information to staff is presented in a variety of mediums to better

accommodate the vast learning styles of our employees. Link Associates recognizes that our strength of quality service is contingent upon the recruitment and retention of highly qualified and diverse staff. As a result, we have many committees that address and implement options to improve employee job satisfaction.

C. Other Stakeholders

To ensure stakeholder feedback is broad, Link Associates utilizes a wide diversity in the recruitment of Board, staff, employers, neighborhoods, vendors, etc. Stakeholders groups are surveyed for their satisfaction and the feedback obtained by all groups is incorporated into training, policy development and modification and strategic planning.

II. Barriers Addressed:

A. Barriers are identified through a variety of means. Our means of obtaining critical information include but are not limited to the following; requested feedback from stakeholders through the Association Newsletter, the Person Served Newsletter and the Employee Newsletter, through the web site, annual persons served and parent/family satisfaction surveys, and through an annual survey sent out to all staff. All staff and the persons served at all locations have access to maintenance requests and the training to complete them. Each person served has an individual essential life plan assessment and a comprehensive consumer service plan. A variety of survey/oversight bodies' complete reports and all feedback from these are reviewed, analyzed and implemented when applicable. All personnel are asked annually during their evaluation for any ideas that will assist with the removal of barriers for any stakeholder group. All staff has routine site meetings where they and their peers discuss with supervisory staff barriers and opportunities to remove them.

III. Progress Made in the Removal of Identified Barriers

A. Overall there were 36 total barriers identified for FY 2019-2020. Of those barrier's there are several identified barriers that are on-going barriers from previous years or are monitored at this time. Those identified as on going/monitor at this time barriers, may require a change in society, a change in government policy, etc., and they have become part of Link's work activity and will be considered as a completed identified barrier for this report. The identified barriers break down as follows:

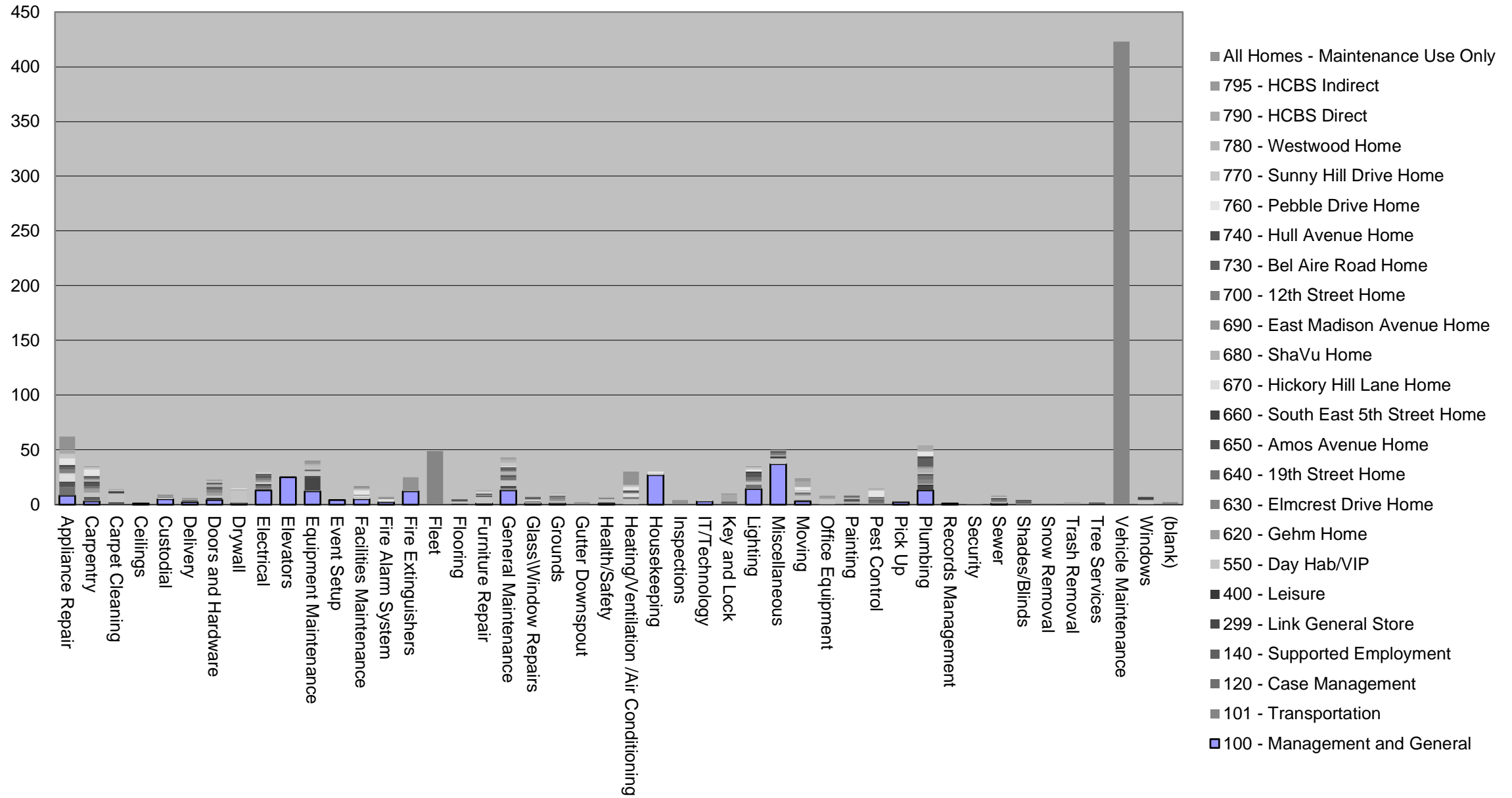
- (1) Architectural Barriers identified = 12. Of the 12 barriers 5 of them were completed or deleted for a 42% completion rate. This completion rate is lower due to the cost associated with the identified projects and the budgets constraints that the agency has been under since the introduction of Managed Care into the state of Iowa.
- (2) Attitudinal Barriers Identified = 0
- (3) Communication Barriers identified = 0.
- (4) Community Integration Barriers identified = 0.
- (5) Employment Barriers identified = 0
- (6) Environmental Barriers identified =10. Of the 10 barriers 4 of them were completed or ongoing for a 40% completion rate. The barriers not met have been placed on hold due to budget constraints and Link was unsuccessful in obtaining a grant for 6 of the barriers identified.
- (7) Financial Barriers identified = 2. Of the 2 barriers all of them were completed for a 100% completion rate e.
- (8) Technology Barriers identified = 3. Of the 3 barriers 2 of them were completed for a 33% completion rate. One barrier that was identified was completed, but the solution was not compatible with Link's software systems.
- (9) Transportation Barriers identified = 9. Of the 9 barriers 4 of them were completed for a 44% completion rate.

IV. Areas needing improvement

- A. Areas needing the most improvement continue to be having the necessary funding to make improvements to the physical plant as well as the agencies fleet of vehicles. Progress has been made with the establishment of a Capital Improvement line item in the budget for capital improvements and the leasing agreement with Ruan is assisting with updating the fleet. With the capital improvement line item in the budget it will take time for this account to accumulate monies for big ticket repair items. It is estimated that Link will be able to complete one to two \$15,000 improvement projects for FY 20/21.

Link continues to identify capital improvement needs and budgets accordingly with the guidance from the accounting department and staff input. Should an item be identified that is critical the plan and funds are adjusted accordingly to ensure the removal of the critical need as soon as possible. There are also several barriers identified throughout the year that were completed as part of Link's normal work order process, that were not captured as part of the Accessibility plan. Examples of this are, a tripping hazard at the admin offices in room 111. For FY 2019/2020 a total of 1227 work orders were identified and completed. Of the 1227 work orders 489 of them involved the agency's fleet. The chart below represents the work order category's completed during FY 2019/2020 for each budget code. The barrier's identified and completed for FY 2019/2020 are outlined below in the accessibility plans:

FY 19/20 Completed Work Orders



ARCHITECTURAL PLAN 2019-2020						
DATE	DEFICIENCY	PLAN OF ACTION	COST	PERSON REASONABLE	DATE TO BE COMPLETED	DATE COMPLETED
7/1/19	Pebble driveway is heaving and causing potential trip hazards	Remove existing concrete driveway and install new	\$10,000	Linda Dunshee Jim Wilkie		
7/1/19	Link – interior hallway doors are held open with door stops. Doors should be closed to prevent spread of fire/smoke	Install new magnetic door release holders that re tied into the fire alarm system on 6 doors	\$600 each	Jim Wilkie Linda Dunshee	June 2020	
7/1/19	SE 5 th Driveway is heaving/cracking and causing potential trip hazards	Remove existing concrete and install new	\$14,000	Jim Wilkie Linda Dunshee		
7/1/17	Hard for wheelchairs to enter Link Admin Building with only 1 automatic door opener	Install another automatic door opener on all entrance doors so both doors open at the same time	\$28,000	Linda Dunshee Jim Wilkie	Upon Securing funding	
ARCHITECTURAL PLAN 2019-2020						
DATE	DEFICIENCY	PLAN OF ACTION	COST	PERSON REASONABLE	DATE TO BE COMPLETED	DATE COMPLETED
2/14/19	Boston Ave home only has stairs. Person served are getting older and could use a ramp	Assist person served renting the home to work with the Landlord of the home to install a ramp	?	Jim Wilkie Sheena Wendel	FY 19/20	
2/14/19	When opening staff break room door, you can't see out into the hallway and the potential is there to hit people with the door	Install a window in the door	\$800	Jim Wilkie	June 2020	
9/18/19	Amos sidewalk has sections sinking and crumbling creating a trip hazard	Remove and replace the sidewalk	\$2,029.19	Jim Wilkie	January 2019	10/31/19
7/1/19	East Madison Front steps are uneven and are a potential fall hazard	Remove and install new front steps into the home to remove fall risk	PCHS	Jim Wilkie PCHS	1 st Quarter of FY 19/20	PCHS contracted with Stone Cross & BT enterprise to complete work 1 st Quarter FY 19/20
ARCHITECTURAL PLAN 2019-2020						
DATE	DEFICIENCY	PLAN OF ACTION	COST	PERSON REASONABLE	DATE TO BE COMPLETED	DATE COMPLETED
7/1/19	Carpet in room 111 is fraying and becoming a trip hazard for persons served	Replace floor covering in Room 111	\$1,300	Jim Wilkie Linda Dunshee	December 2019	10/19/19
10/1/19	12th Street deck has a potential fall hazard with the removal of the bushes	Install new railing on deck	PCHS	Jim Wilkie	December 2019	

2/28/20	12 th St Side door hand rails are unstable and potential fall hazard	Replace Handrails	\$132.25	Jim Wilkie	March 2020	3/23/20
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**ATTITUDINAL PLAN
2019-2020**

DATE	DEFICIENCY	PLAN OF ACTION	COST	PERSON REASONABLE	DATE TO BE COMPLETED	DATE COMPLETED

**COMMUNICATION PLAN
2019-2020**

DATE	DEFICIENCY	PLAN OF ACTION	COST	PERSON REASONABLE	DATE TO BE COMPLETED	DATE COMPLETED

**COMMUNITY INTERGRATION PLAN
2019 - 2020**

DATE	DEFICIENCY	PLAN OF ACTION	COST	PERSON REASONABLE	DATE TO BE COMPLETED	DATE COMPLETED

**EMPLOYMENT PLAN
2019-2020**

DATE	DEFICIENCY	PLAN OF ACTION	COST	PERSON RESPONSABLE	DATE TO BE COMPLETED	DATE COMPLETED

**ENVIRONMENTAL PLAN
2019-2020**

DATE	DEFICIENCY	PLAN OF ACTION	COST	PERSON REASONABLE	DATE TO BE COMPLETED	DATE COMPLETED
7/1/19	Tree is split in backyard at Bel Aire and is a potential fall hazard	Remove Tree	\$2,700	Jim Wilkie	August 2019	8/23/19
7/1/18	Floor covering is a Trip hazard in room 111	Replace floor covering in room 111	\$1,300	Jim Wilkie	December 2019	10/19/19
7/1/18	BelAire – Does not have a radon mitigation system to reduce/eliminate possible radon gases	Install Radon Mitigation System	\$1,500	Jim Wilkie Linda Dunshee	June 2020	
7/1/18	Amos - Does not have a radon mitigation system to	Install Radon Mitigation System	\$1,500	Jim Wilkie Linda Dunshee	June 2020	

ENVIRONMENTAL PLAN 2019-2020						
DATE	DEFICIENCY	PLAN OF ACTION	COST	PERSON REASONABLE	DATE TO BE COMPLETED	DATE COMPLETED
	reduce/eliminate possible radon gases					
7/1/18	Pebble - Does not have a radon mitigation system to reduce/eliminate possible radon gases	Install Radon Mitigation System	\$1,500	Jim Wilkie Linda Dunshee	June 2020	
7/1/18	Sunnyhill - Does not have a radon mitigation system to reduce/eliminate possible radon gases	Install Radon Mitigation System	\$1,500	Jim Wilkie Linda Dunshee	June 2020	
7/1/18	Westwood - Does not have a radon mitigation system to reduce/eliminate possible radon gases	Install Radon Mitigation System	\$1,500	Jim Wilkie Linda Dunshee	June 2020	
7/1/18	SE 5 th St- Does not have a radon mitigation system to reduce/eliminate possible radon gases	Install Radon Mitigation System	\$1,500	Jim Wilkie Linda Dunshee	June 2020	
7/1/19	Tree is split in backyard at Bel Aire and is a potential fall hazard	Remove Tree	\$2,700	Jim Wilkie	August 2019	8/23/19
7/1/19	12 th St. Basement backs up when heavy rains occur causing potential health risk (i.e. mold/mildew, raw sewage)	Install new backflow preventer valve to reduce/eliminate the risk of the basement flooding.	PCHs	Jim Wilkie PCHS	Fall 2019	PCHS completed work 1 st Quarter of FY 19/20

FINANCIAL PLAN 2019-2020						
DATE	DEFICIENCY	PLAN OF ACTION	COST	PERSON RESPONSIBLE	DATE TO BE COMPLETED	DATE COMPLETED
2/1/19	Lack of CIP Budget	Develop capital improvement budget within the foundation for the properties, using the rent payments of the homes that are paid off		Linda Dunshee Bryon Christenson Jim Wilkie	June 2019	8/1/19

5/1/19	Link's rental property rent is well below Section 8 guidelines	Increase Link's rental property rates to meet the maximum Section 8 rental rate guidelines		Jim Wilkie Linda Dunshee	10/1/19	8/1/19

**TECHNOLOGY PLAN
2019-2020**

DATE	DEFICIENCY	PLAN OF ACTION	COST	PERSON REASONABLE	DATE TO BE COMPLETED	DATE COMPLETED
7/1/19	The non-traditional staff training materials/video's need updated	Develop non-traditional training material/video's	\$0	David Spencer	February 2020	
7/1/19	NEMT Documentation is not electronic	Work with Williams & Associates & the MCO's to develop an electronic system for documenting NEMT trips	\$2,191.00	Jim Wilkie Bob Munger	January 2020	3/30/20
7/1/19	Iowa Total Care contracted with Access2Care for waiver trips and bulk upload of trips for payment is not available	Work with Williams & Associates and Access2Care to develop a bulk upload process with Edoc Trans to interface with A2C system for payments of wavier trips	?	Jim Wilkie Bob Munger	December 209	Systems not compatible.

**TRANSPORTATION PLAN
2019-2020**

DATE	DEFICIENCY	PLAN OF ACTION	COST	PERSON RESPONSIBLE	DATE TO BE COMPLETED	DATE COMPLETED
7/1/19	Bus 1 has high mileage of 187,000 is breaking down, and becoming too costly to utilize to transport persons served	Work with Ruan on Leasing to order a new vehicle	\$62,889	Jim Wilkie	12/1/19	12/27/20 New Bus through Ruan
7/1/19	Bus 36 has high mileage of 180,000 is breaking down, and becoming too costly to utilize to transport persons served	Work with Ruan on Leasing to order a new vehicle	\$63,861	Jim Wilkie	5/1/20	12/27/20 New Bus through Ruan

**TRANSPORTATION PLAN
2019-2020**

DATE	DEFICIENCY	PLAN OF ACTION	COST	PERSON RESPONSIBLE	DATE TO BE COMPLETED	DATE COMPLETED
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7/1/19	Van 11 has high mileage of 168,000 is breaking down, and becoming too costly to utilize to transport persons served	Work with Ruan on Leasing to order a new vehicle		Jim Wilkie		
7/1/19	Bus 13 has high mileage of 180,000 is breaking down, and becoming too costly to utilize to transport persons served	Work with Ruan on Leasing to order a new vehicle		Jim Wilkie		
TRANSPORTATION PLAN 2019-2020						
DATE	DEFICIENCY	PLAN OF ACTION	COST	PERSON RESPONSIBLE	DATE TO BE COMPLETED	DATE COMPLETED
7/1/19	Bus 32 has high mileage of 141,000 is breaking down, and becoming too costly to utilize to transport persons served	Work with Ruan on Leasing to order a new vehicle		Jim Wilkie		
7/1/19	Lack of early Sunday morning transportation services to get to work	Work with Transportation Brokers to develop early Sunday morning routes		Jim Wilkie		
1/20/20	Lack of Transportation for Fountains A	Purchas/Lease Van for Site (Van 4)	\$24,139	Jim Wilkie	2/1/20	1/28/20 Lease Van through Ruan

Cultural Competency and Diversity Plan 2018-2021

Link Associates
Annual Review and Updates 2020
SUBMITTED BY Jay Bruns, Corporate Compliance Director

INTRODUCTION

Link Associates embraces the opportunities of multi-culturalism and inclusion in all aspects of business operations. This includes not only the direct provision of services to our consumers and their families, but also to our employees and stakeholders. The intent of this plan is to address how Link Associates responds to the diversity of its stakeholders as well as how the knowledge, skills, and behaviors will enable personnel to work effectively cross culturally by understanding, appreciating, and respecting differences and similarities in beliefs, values, and practices within and between cultures. This plan is based on the consideration of the following areas; culture, age, gender, sexual orientation, spiritual beliefs, socioeconomic status, language, and other factors, as relevant.

We define diversity as; The mosaic of people who bring a variety of backgrounds, styles, perspectives, values, and beliefs as assets to the groups and organizations with which they interact.

We define culture as; The shared set of belief systems, values, practices, and assumptions which determine how people interact with each other and interpret the world.

Although it is not expected that personnel know everything about all cultures, it is necessary to develop some understanding of the major values and beliefs of those cultures represented in those served by the organization. Such knowledge and response are important components in providing person-centered, respectful, and individualized quality services to the persons served. Cultural competency is an ongoing learning process that fosters inclusion, understanding, and respect for diverse cultures of all types.

Link Associates assesses and has awareness and knowledge of the diversity of its stakeholders. Link Associates will look at the diversity of its community, internal and external stakeholders and potential changes in demographics to be proactive in education and training in its service delivery. Such actions will facilitate a culturally knowledgeable organization and a plan that will include areas such as; modification of educational materials for persons served and family support systems, support for training and education of personnel, and incorporation of cultural beliefs into service delivery options.

This plan describes our current initiatives toward creating an environment that welcomes and embraces diversity in its many forms and identifies a set of objectives that will enhance the cultural diversity of Link Associates.

PURPOSE OF CULTURAL COMPETENCY AND DIVERISTY PLAN

1. To ensure Link Associates staff will have a greater awareness/knowledge and then be able to successfully respond to the diversity of our stakeholders including areas such as; spiritual beliefs, holidays, dietary preferences, clothing, attitudes, language, etc. The enhanced knowledge, skills, and behaviors from the implementation of this plan will enable Link staff to work more effectively cross culturally by

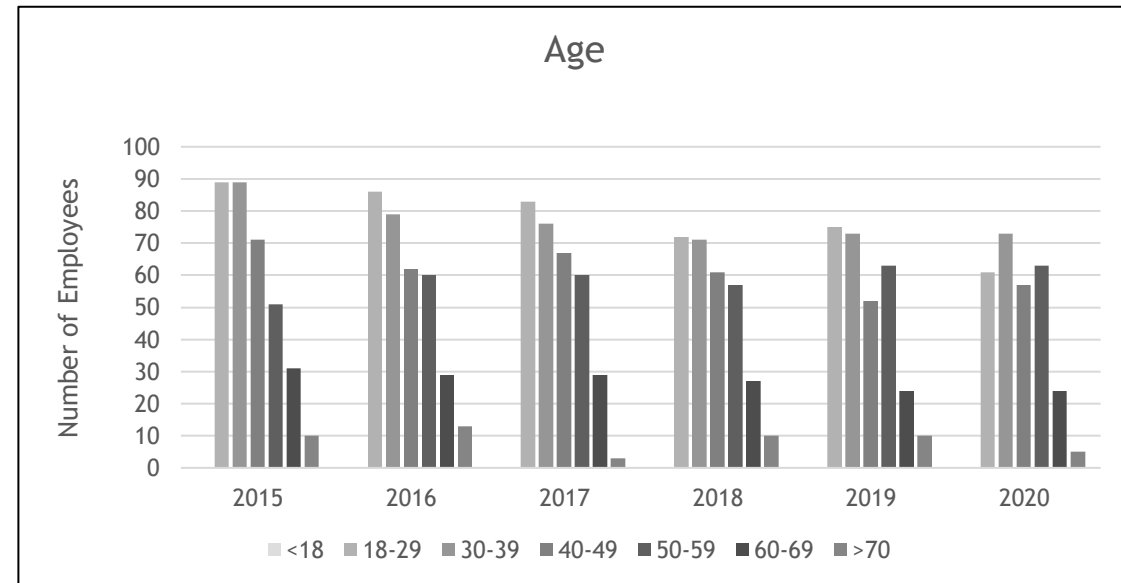
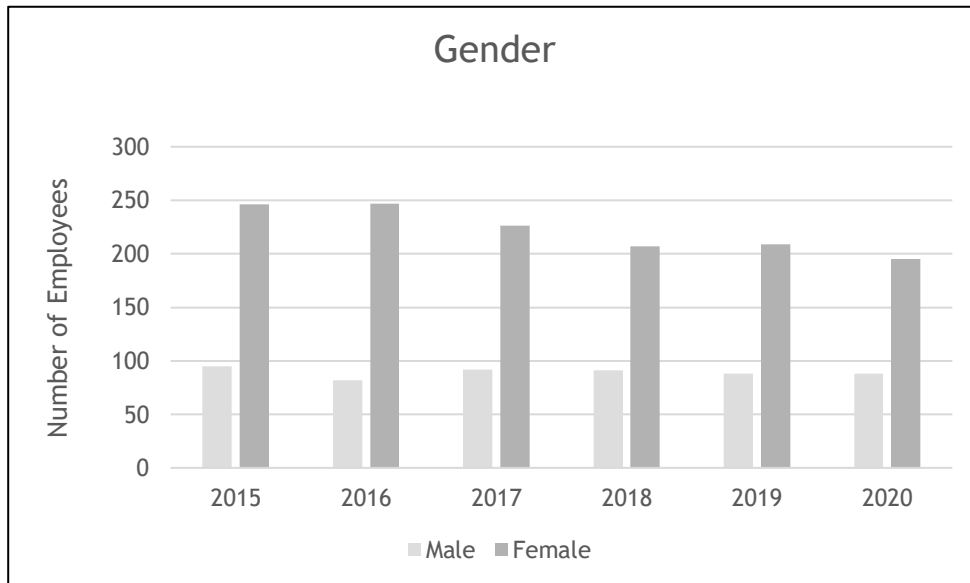
understanding, appreciating, and respecting differences and similarities in beliefs, value, and practices within and between cultures.

2. To treat persons served, employees, and all stakeholders with respect.
3. To maintain and achieve the continuous satisfaction of persons served and stakeholders.
4. To provide a positive and dynamic work environment that is committed to maximizing the potential of persons served and employees while supporting them and having an awareness of and sensitivity to their beliefs and culture.
5. To provide enhanced resources and training for staff, persons served, and stakeholders.

DIVERSITY AT LINK ASSOCIATES

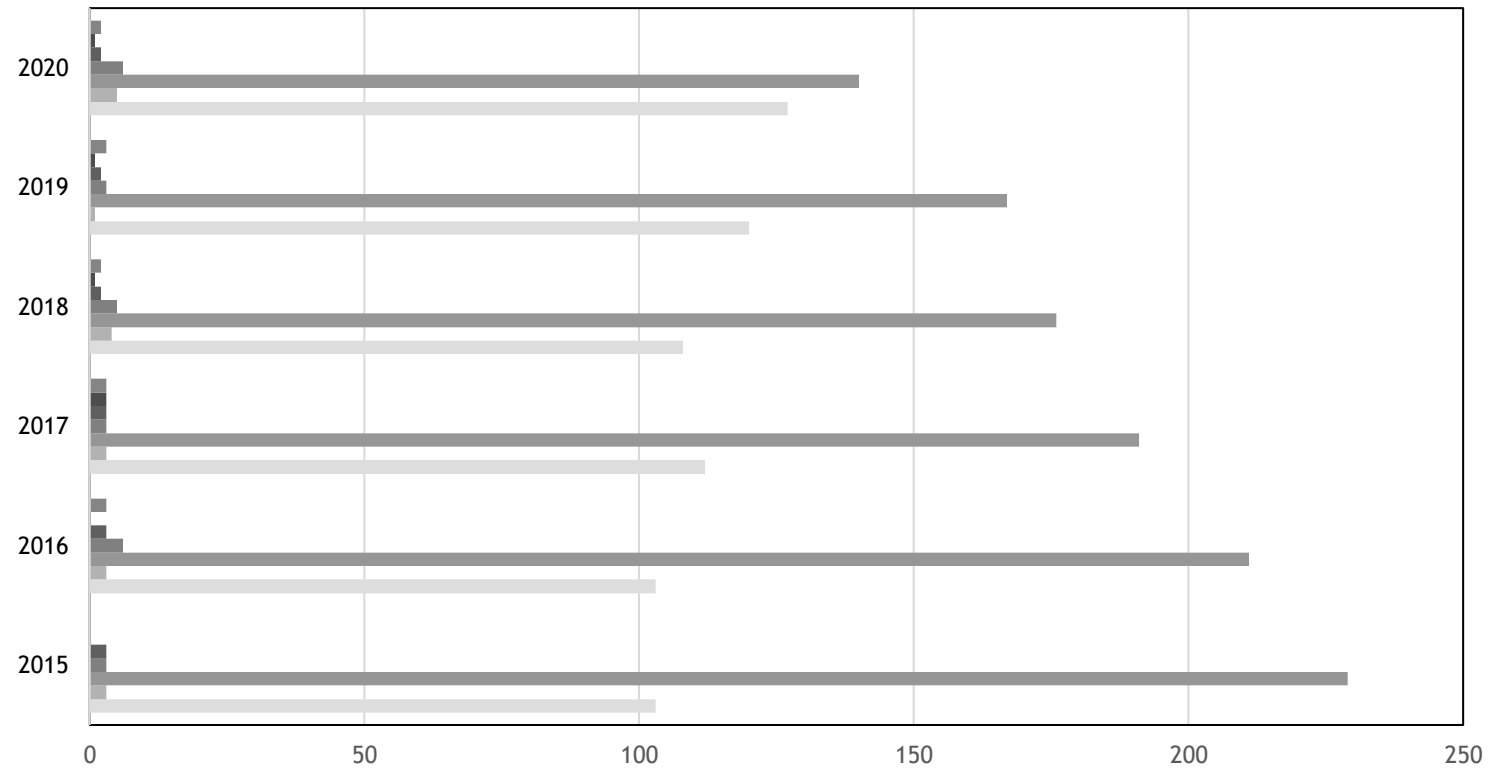
Demographic information on applicants hired and current employment is represented below.

EMPLOYEE DATA



Ethnicity

Number of Employees



	2015	2016	2017	2018	2019	2020
Two or more races	0	3	3	2	3	2
Native Hawaiian or Other Pacific Islander	0	0	3	1	1	1
Native American/Alaska Native	3	3	3	2	2	2
Latino	3	6	3	5	3	6
Caucasian	229	211	191	176	167	140
Asian	3	3	3	4	1	5
African American or Black	103	103	112	108	120	127

PERSON SERVED DEMOGRAPHIC DATA

Demographic information of those served in the following table is based on the data and available information on consumers receiving services in CARF accredited programs at the time of application for CARF accreditation (typically November of the year referenced).

DEMOGRAPHICS	2011 People Served N=529	2014 People Served N= 614	2017 People Served N= 62	2020 People Served N=
GENDER				
Male	55%	57%	57%	61%
Female	45%	43%	43%	39%
AGE				
0-5	0%	2%	0%	0%
6-17	12%	10%	8%	1%
18-40	45%	56%	60%	55%
41-65	40%	29%	27%	35%
66-85	3%	3%	5%	9%
86 and over	0%	0%	0%	0%
ETHNICITY				
African American/Black	8%	9%	9%	9%
Asian	1%	2%	2%	2%
White	86%	84%	84%	83%
Latino/Hispanic	3%	3%	2%	3%
Native (American or Alaskan)	0%	.2%	.3%	.1%
Native Hawaiian or other Pacific Islander	0%	.3%	.5%	.1%
Others/Unknown	2%	1.5%	2%	2%

DIVERISTY OF OUR COMMUNITY

In Polk County Iowa, the 2020 population estimates from the United States Census Bureau was 481,086. 51% are female and 49% are male. The table below reflects the ethnicity estimates of the region in which Link Associates provides services. Categories of less than 1% are not included in this summary.

ETHNICITY	
African American or Black alone	7%
Asian alone	5%
White alone	84%
Latino or Hispanic*	6%
Two or more races	3%

*Hispanics may be of any race, so also are included in applicable ethnicity categories.

LINK ASSOCIATES CULTURAL COMPETENCY AND DIVERSITY PLAN OBJECTIVES

Identified Objectives/Considerations	Who is responsible	Timeline	Completion Date	Status 2019	Status 2020	Status 2021
LEADERSHIP AND WORKFORCE						

1. Recruit, promote, and support a culturally diverse workforce that are responsive to the population(s) in service areas	Management	Ongoing		Good Standing	Ongoing	
2. Continue to increase diversity at the leadership level	Executive Director	Ongoing		Ongoing	Ongoing	
3. Board membership focus on recruiting new members who bring diverse perspectives and represent the communities we serve	Board President, Nominating Committee with Executive Director support	Ongoing		Ongoing	Ongoing	
4. All employees of Link Associates treat others with dignity and respect	Management	Ongoing		Good Standing	Good Standing	
5. Work/Life balance through flexible work schedules to accommodate employees' varying needs	Management	Ongoing		Good Standing	Good Standing	
6. Employees know and can report any activity that they believe they may have been subjected to that could be the basis of discrimination or harassment	Management	Upon hire		Good Standing	Good Standing	
7. Policies and practices on recruitment, selection, compensation, professional development, promotions, transfers, and terminations are built on the premise of gender and diversity equity.	Management	Ongoing		Good Standing	Good Standing	
Identified Objectives/Considerations	Who is responsible	Timeline	Completion Date	Status 2019	Status 2020	Status 2021
8. Create a workplace that is respectful of staff diversities and cultural backgrounds	Management	Ongoing		Good Standing	Ongoing	
COMMUNICATION AND LANGUAGE						
9. Ensure that events do not conflict with observance days/times of represented religious denominations	Management	Ongoing		Good Standing	Good Standing	

10. Communicate with persons served, parents/guardians in their own language	Management	Ongoing		Good Standing	Good Standing	
11. Offer language assistance to individuals who have limited English proficiency and/or other communication needs	Management	Ongoing		Good Standing	Good Standing	
12. Inform persons served of the availability of language assistance services verbally and in writing	Management	At intake meeting and at annual staffing's		Good Standing	Good Standing	
CONTINUOUS IMPROVEMENT ACTIVITIES						
13. Conduct ongoing assessments of the "diversity climate" at Link Associates. Results that indicate continuous quality improvement activities will be included in Business Function Measures of Achievement	Corporate Operations Director	February 2019 January 2021	1.28.2019 and will do again January 2021	Ongoing	Ongoing	
Identified Objectives/Considerations	Who is responsible	Timeline	Completion Date	Status 2019	Status 2020	Status 2021
14. Collect and report demographic data of persons served, employees, and the community	Corporate Operations Director	Annually	5.20.19 6.16.20	Up to Date	Up to Date	
15. Provide respectful services that empower persons served and that are centered on the person first, rather than the disability	Management	Ongoing		Good Standing	Good Standing	
16. Individual cultural differences are recognized in person-centered CCSP's	Case Management Director	At intake and annual staffing's		Up to Date	Up to Date	
17. Involve persons served in the community appropriate to each person's cultural characteristics	Management	Ongoing		Ongoing	Ongoing	
TRAINING						
18. Broaden required cultural competency training content	Training Facilitator	June 2019	Ongoing	Ongoing	Ongoing	
19. All employees attend Link Associates New Employee Orientation which includes cultural diversity training	Management	Upon hire		Ongoing	Good Standing	

20. All employees receive regular training (i.e. classroom, articles in Link Ink, e-mail, etc.) of cultural competency	Executive Director	Ongoing	7.18, 11.18, 1.3.19, 8.19, 2.20, 4.20, 5.20, 6.20	Ongoing	Ongoing	

NOTES

June 2020 - The status of objectives/considerations for #1 and #8 were identified as “on-going” during this review which is a change from “good standing” last year.

Link Associates recruitment and promotion of personnel to support a culturally diverse workforce (#1) was identified as a concern from an employee group that developed to express concerns during the heightened Black Lives Matter movement in June 2020 that noted no Department Directors are black. While no bias or discrimination are implied or found (very few openings/opportunities and long tenure of existing Directors) it none the less is an important factor to denote. In 2015 employees who are black represented approximately 30% of the workforce which has increased to over 45% this review year. Many employees identifying as black, are in leadership positions as well.

Creating a workplace that is respectful of staff diversities and cultural backgrounds (#8) was also something Link Associates felt was in good standing until this same employee group met to address their views. While numerous articles, e-mails, activities, etc. promote this, additional efforts may be necessary.

The current training provided to employees is also an area for further evaluation in conjunction with these topics that includes persons served who use racist comments in violation of Link’s standards.

Action Steps:

1. The Executive Director immediately engaged an outside professional (Linda Carter Lewis) to meet with the employee group and Department Directors to begin a process of learning and further development of areas for improvement on June 11, 2020.
2. Subsequent steps include meeting with Clarence Hudson (external professional specializing in the empowerment of people of color with pride and confidence) will continue to be made to address these areas.
3. Invitation to all staff to submit items for general leaning into the Link Ink, the agency newsletter for overall employee growth.
4. The insertion of cultural diversity videoclips into the Link Ink to provide those interested in opportunities to broaden their horizons.
5. Evaluating the development and offering of an industry specific English as a Second Language class for staff and potential applicants to better support their success,

Exit Interview Year End Summary

Link Associates
July 1, 2019- June 30, 2020
Angela Pierce, Human Resources Assistant Manager

Executive Summary:

37 exit interviews were received between July 1, 2019 and June 30, 2020. All 37 responses were for voluntary resignations. The completion and receipt of 37 exit interviews represents a 33% completion rate for employees that resigned their positions. This compares to a 46% return the previous year and a 50% return in 2018. Records indicate that 112 people voluntarily resigned their positions and 9 were involuntarily discharged during this fiscal year.

The return rate by program area was:	<u>Current</u>	<u>Previous year</u>
Case Management - 0 of 0 returned	NA	100%
Outreach - 1 of 2 returned	50%	50%
Employment - 15 of 33 returned	45%	44%
Residential - 17 of 67 returned	25%	47%
Accounting - 0 of 0 returned	NA	0%
Fleet/Facilities - 4 of 9 returned	44%	25%
Clerical-0 of 1 returned	0%	NA

The majority of exit interviews were completed in person with their immediate supervisor.

A cursory overview reflects that 62% of respondents separated within the first 2 years of their employment and that 41% separated in less than 1 year with 24% of those occurring within 6 months. 94% indicate that they would work for Link Associates again in the future and 94% stated they would recommend employment at Link Associates to a friend. The top reasons for separation are career opportunities (43%), salary/wage (32%), family reasons (19%) and various reasons captured in the category labeled "other" (32%). The "other" category comments showed various reasons, the most common of which is school. Other reasons include health and schedule conflicts. The "other" option is often selected in combination with other standard choices, as multiple reasons/selections are possible. Although many did not complete exit interviews we had many resignations due to the COVID pandemic.

In the specific sections rating work experiences, the biggest single reason for dissatisfaction was Salary at 31% followed by Benefits at 13%. Last year these categories were also the highest reasons provided with Salary at 24% and Benefits 12%. Although pay raises were received this year, salary still remains to be the biggest reason for job dissatisfaction. All the specific questions and responses are contained in the attached report.

Action Steps Taken during 2019/2020:

The Department Directors and Executive Director review exit interviews after they are completed. This provides for prompt, individual action that sometimes may be warranted. The overall data continues to be useful to evaluate feedback from this demographic group.

Update on Previous (2018-2019 report) Recommendations/Results from Action Steps: N/A

Recommendations/Action Steps:

Because of the close parallel to the Link Associates Employee Satisfaction results, the detailed responses from the exit interviews are reviewed and worked on in concert with that report and recommendations and action steps are not duplicated here.

INFORMATION TECHNOLOGY PLAN

LINK ASSOCIATES

July 1, 2020 – June 30, 2021

SUBMITTED BY: Bob Munger, Information Technology Director

20/21 IT Plan and Assessment

To carry out its mission and strategic plan (as applicable), Link Associates utilizes information technology (IT) to support our business processes and promote efficient operations. IT supports persons served access to services, assistive technology, the delivery of effective services, and the protection of sensitive data. The IT plan further identifies gaps and opportunities in the use of technology and develops performance improvement action steps. It is the goal of Link Associates to maintain an efficient and effective IT system that are operated in a secure and HIPAA compliant network.

ASSESSMENT OF CURRENT USE OF TECHNOLOGY AND DATA

HARDWARE

All workstations are Apple iMac desktops with the High Sierra or Catalina (10.13, 10.15) operating system. MacOS Big Sur (11) is due in late 2020 with a goal of transitioning all possible machines to this version by the end of the fiscal year 2020-2021. All other models that are incompatible will be transitioned to a new replacement machine as budgeting allows so that they can maintain all security updates. Laptop computers are assigned to certain staff/positions. All licensing, physical media, and records for software are located in a centralized area on the premises. Each staff has an individual password for their computer and phone. Computer servers are kept in a locked, standalone room which is not accessible to staff. An on-site RAID array is used for backups in conjunction with removable storage and online backups. This ensures data is recoverable in the event of a disaster. These assets are tracked in the JAMF management system.

JAMF, a mobile device management solution was previously purchased for Case Management, Residential, and Transportation departments. It is currently being implemented to all others as budget allows. This will remain ongoing until all devices are covered. This system allows the IT Director to maintain an inventory/asset management list in the JAMF management system. Any equipment not in the system is maintained in a spreadsheet by the IT Director.

All workstation upgrades and replacements are based on need and budget availability. The IT Director is constantly assessing models, systems, software and other alternatives as technology needs grow. If the machine is still viable, it will be transitioned elsewhere in the agency until it is retired.

The Link Associates Windows 2008 R2 Terminal Server has been transitioned to a virtual machine and is available for staff who need to run specific Windows applications not available on the macOS platform. The previous cloud accounting system, Sage, has been transitioned to Microsoft Dynamics 365 Business Central. The previous on premises accounting system (Microsoft Dynamics SL) backup runs inside a Windows Server 2012 virtual machine on a Mac server. This server will be maintained as an old historical record as the current system only holds two years of historical data and the current fiscal year.

Agency cellular phones used by staff have an option to upgrade every one to two years, depending on the type of plan and contract selected. Currently two providers are used, Verizon Wireless and US Cellular. Verizon Wireless is mainly used for Directors and US Cellular for other agency staff and sites. Upgrades are based on need and budget availability.

The JAMF management system provides a comprehensive overview of the electronic device infrastructure. Asset lists can be produced from this system at any time.

Sites have iPads with a data plan. This allows for staff to work on progress review with the persons served at their location as well as mobile. Directors have laptops, tablets, or cell phones that can access VPN to ensure access to all documents for hours away from the office. All desktop machines in the main building are capable using built in voice dictation for staff use.

In 2019, new iPads were leased to replace the previous lease models to better meet the needs of staff, as well as a cost savings. This lease continues for the next two years. The previous iPads not on lease have been transitioned down for other department and persons served use.

See attached network diagram.

SOFTWARE

Link Associates utilizes various software and subscriptions that require regular update and renewal. The IT Director is always evaluating these options and evaluating cost and alternatives.

Operating system, application, virus and malware patching and security updates are evaluated, tested and distributed by the IT Director in an ongoing basis. Meraki switches and security appliances are used for network equipment and always have the latest firmware. Cisco Umbrella is utilized to help eliminate/block spyware and malware.

A transition to Sage online for cloud-based accounting software was started in May 2018 by the Finance Director with a goal of starting operations in the 2018-2019 fiscal year. This project ultimately failed and a new system was selected by the IT Director, Microsoft Dynamics 365, to be implemented immediately with a go live date of July 1st, 2019. This transition was completed successfully and the agency is currently on the Microsoft Dynamics 365 Business Central cloud accounting software system.

A cloud backup provider, BackBlaze has been implemented as an online storage option for file server backups weekly. Backups are locally completed daily on all servers. Daily backups are stored on site on a RAID array. Online backup is also used for weekly backups to ensure information is recoverable in the event of a disaster. The servers are set up as mirrored servers for operating systems and RAID 5 arrays for data stability and reliability.

Link Associates purchases virus protection licenses through TechSoup, a non-profit corporation and is updated regularly. Link Associates contracts with CenturyLink, a technology expert, to maintain our external connections to ensure they are appropriate for the business of Link. Google Apps provides SPAM blocking e-mail services to provide better external screening prior to e-mail coming into Link's computer and server systems.

All systems have two login levels. One level is to access the computer and a second one for e-mail/application/database/web portal. Annually, all staff received copies of the policies regarding confidential management of documents and information and the policy of use of organization equipment. Each staff signs a statement indicating they have received and understand the expectations. Staff phone and iPads are mandated to be locked/encrypted with a passcode and are enforced via Mobile Device Management (MDM) policy. Encrypted email is in place to allow designated staff members to send encrypted email externally. Email encryption provider, Zix, ended support for the GAME email encryption system. A transition was then completed to the next closest comparable product they offered to retain email encryption with our existing system.

COMMUNICATION TECHNOLOGIES

The Link Associates website provides 24-hour access to information about the agency and its services, as well as donation information and online training for staff. Online training continues to expand on the Link Associates website. Users can watch training classes, receive documentation, and take competency tests on several classes as an option if the individual is not available to attend the live session. Atypical training now occurs and specific online versions of some classes have been created to be accessed by specific staff to meet training needs.

Link Associates conducts much of its communications by traditional means, including the use of telephone, fax, and paper mailings. Currently, paper mailings are done by hand, including the annual fundraising appeal. The agency publishes a quarterly newsletter for the parents/guardians/public as well a monthly employee newsletter. These both are updated on the Link Associates website when updated.

The Link Associates HR department and Executive Director maintains both an agency Facebook and Twitter account to publish information, job postings, events, and any other relevant information.

SENSITIVE DATA

Link Associates uses a FileMaker database to track constituents and donations and persons served and employee records. These databases are located on an internal network server that is only accessible via the internal network or through the VPN for security. Databases are password protected, encrypted and access is on a permission-based level. The previous FriendsWare software is retained to keep a history of the previous constituent database. A scanning initiative to move to electronic documentation is still currently underway. Most documents have been transitioned to digital storage. With the ability to scan documents and destroy the paper copies, a FileMaker database was created for internal access to these files.

FileMaker employee and persons served databases have been created to maintain all electronic records. Adjustments and modifications are made to these as needed to meet the needs of the agency. Adjustments and modifications are made to these as needed to meet the needs of the agency.

Refinements continue to both the HR and Persons Served Databases based on need and evolving changes. Electronic E8's are now re-implemented and updated in the HR database. A new program evaluation section has been added as well to help calculate and track staff training, evaluations and employee file compliance. Changes and refinements to these sections continue to be made.

To ensure the confidentiality of our staff and persons served, all electronic devices are wiped of their information before warranty service or replacement.

SERVICES PURCHASED OR CONTRACTED

Currently, the agency receives internal technical support from the IT Director.

There is no service contract with a vendor for ongoing technical support. All maintenance or repair is paid per job and on an hourly basis. Link Associates maintains a relationship with several local technology companies that can be utilized if needed for assistance.

ASSISTIVE TECHNOLOGY

Persons served sites all have iPads with a data plan. It allows for staff to work on progress review with the persons served at their location as well as in mobile locations. If added to the individuals goal/plan, the iPad can also be utilized for specific tasks with persons served. Day Habilitation rooms have iPads available for persons served use during day programs. Adaptive equipment is purchased when identified for both personnel and persons served unless additional financial considerations are needed. Our goals will be updated when that occurs. All desktop machines in the main building are capable using built in voice dictation for assistance.

INPUT ON USE OF TECHNOLOGY FROM PERSONS SERVED, PERSONNEL, AND OTHER STAKEHOLDERS

The IT Director has made accessible televisions, streaming devices and trainings available in multiple locations through the main agency building.

The IT Director reviews the annual accessibility survey for suggestions and implements them when possible.

The IT Director worked to help provide information that resulted in a \$20,000 assistive technology grant and will be helping to implement devices purchased through that grant.

The IT Director works with staff and persons served when technology needs are implemented in their plans and assists with any technology support when possible.

Employees are asked at least annually if they have sufficient equipment to perform their jobs as well as formal surveys and regular meetings to share their input.

GAPS AND OPPORTUNITIES IN USE OF TECHNOLOGY

Currently, Link Associates requires no technology training for its staff. Computer skills were added to the list of hiring qualifications but have been removed due to lack of applicants. Overall, there is a lower level of computer literacy through most of the staff. Although Link Associates uses the Microsoft Office suite software (Excel, PowerPoint and Word), many staff are not proficient in the applications.

As a result of a lack of formal, standardized training, there is a heavy reliance on the IT Director's technical knowledge. This reliance causes the IT Director to spend an increasing amount of time providing support to the other staff members, resulting in a loss of time spent on job-specific tasks.

Staff members have requested technology training to maximize their efficiency in performing daily tasks. The IT Director holds several In-Services during the fiscal year as well as supervisor training to help better staff computer literacy. Training is provided initially and on-going in the use of technology in the performance of personnel's job responsibilities as well as on cybersecurity. However, there is no comprehensive orientation or training for new staff relative to the organization's technology resources who lack basic proficiencies. The Training Facilitator is evaluating and has started to implement more training into new employee orientation.

TECHNOLOGY ACQUISITION, MAINTENANCE, AND REPLACEMENT

Currently, the agency receives internal technical support from the IT Director. No one else has extensive knowledge of the system aside from technical consultants that have been used in the past.

There is no service contract with a vendor for ongoing technical support. All maintenance or repair is paid per job and on an hourly basis.

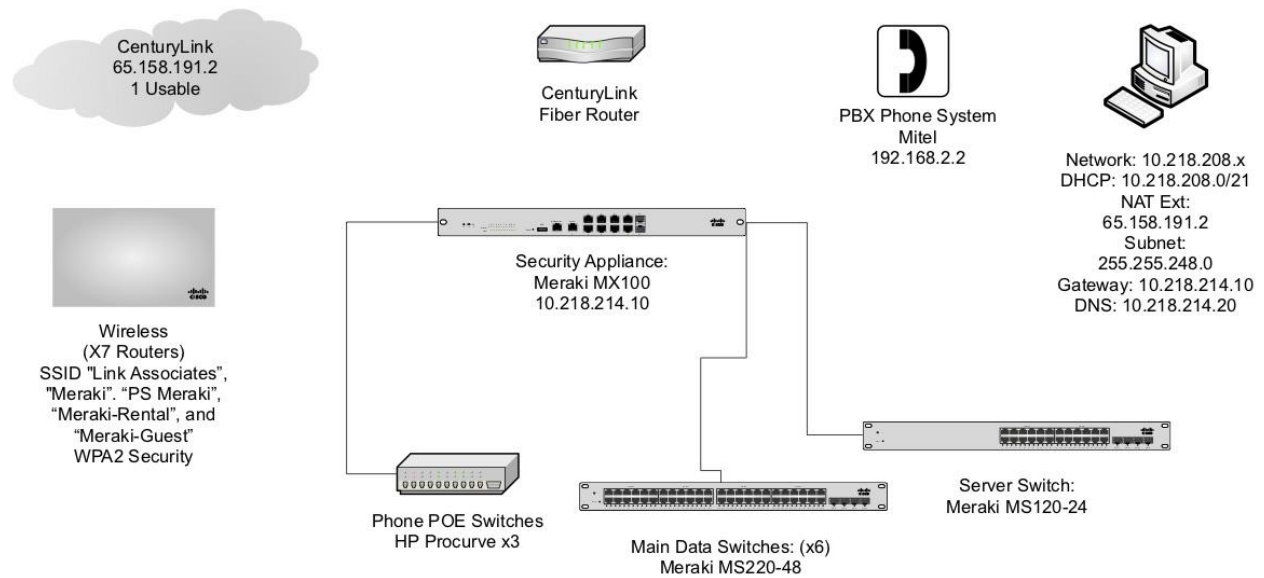
Link Associates policies govern network administration, use of email and the Internet, and other computer technology.

Link Associates contracts with one of several technology firms to provide technical support when the IT Director cannot fix a technology issue.

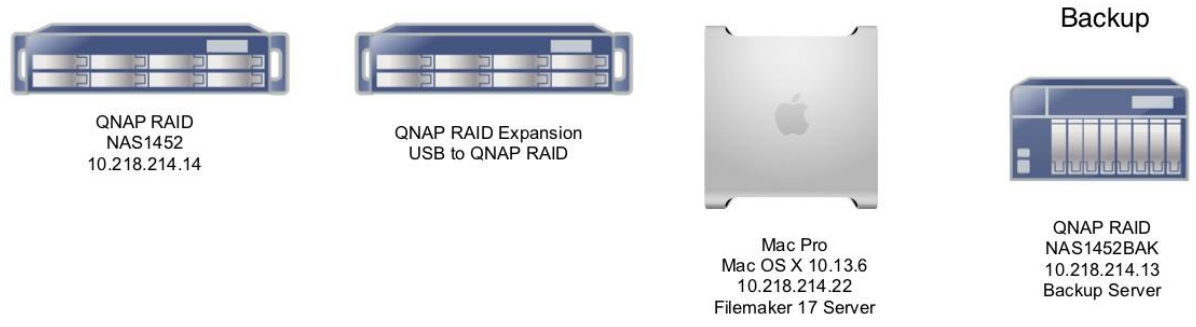
Link Associates may need to define technical support responsibilities for additional staff members and the IT Director will provide training where necessary.

GOALS, PRIORITIES, RESOURCES, AND TIMEFRAMES

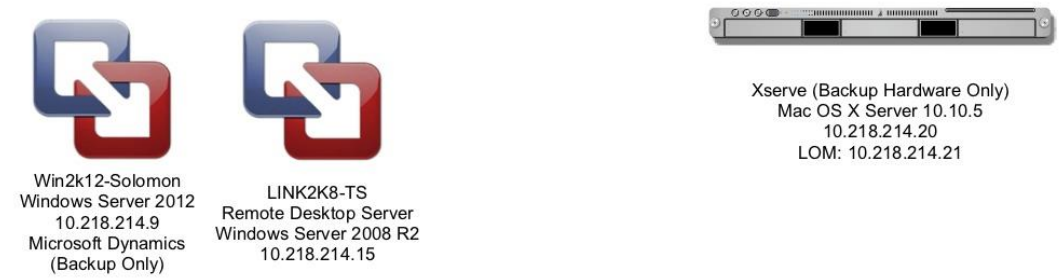
See Information Technology Goals



Main Servers



Virtual Machines



19/20 Goal Status
Link Associates
Information Technology Goals for FY 2019 – 2020 Year End Status

Timeframe Scale: 1 = High/Immediate, 2 = Moderate/upcoming, 3 = low

Goal	Action Steps	Time-Frame	Resource Allocation	Staff Time Cost	Person(s) Responsible	Date Completed
1. Replace all pre-2012 desktop Apple iMac computers	a. Replace computers as budget allows	2	Medium	\$100,000	Bob Munger	On-going
	b.					
2. Expand FileMaker use and capabilities	a. Evaluate new FileMaker platform in cloud	3	Medium	\$Unknown	Bob Munger	March 2020 (too expensive)
	b. Attend FileMaker Developers Conference	3	Medium	\$6000	Bob Munger	Cancelled due to COVID
3. Implement Technology Grant Funds	a. Identify assistive technology to purchase with \$20,000 grant	3	Medium	\$20,000	Bob Munger	April 2020 utilized for adaptive equipment
	b.					
4. Upgrade Network Equipment	a. Purchase/implement additional wireless routers	3	Medium	\$4,000	Bob Munger	Moved to 2021
	b. Purchase/implement additional network switches	3	Medium	\$4,000	Bob Munger	Moved to 2021
4. Expand JAMF coverage on equipment	a. Day Habilitation	2	Medium	\$3,000	Bob Munger	3/31/20
	b. Outreach/Misc.	2	Medium	\$1500	Bob Munger	3/31/20

20/21 IT Goals

1. Replace all pre-2012 desktop Apple iMac computers	a. Replace computers as budget allows	2	Medium	\$50,000	Bob Munger	
	b.					
2. Expand FileMaker knowledge, use and capabilities	a. Attend FileMaker Developers Conference	3	Medium	\$6000	Bob Munger	
4. Upgrade Network Equipment/Infrastructure	a. Purchase/implement additional wireless routers	3	Medium	\$4,000	Bob Munger	
	b. Purchase/implement additional network switches, cabling, and redundant power	3	Medium	\$15,000	Bob Munger	
4. Upgrade Phone and Internet Service	a. Internet Service	2	Medium	\$775/mo	Bob Munger	
	b. Phone Service	2	Medium	\$500/mo	Bob Munger	

RISK MANAGEMENT ANNUAL REPORT

LINK ASSOCIATES

Preparing for Year End Report July 1, 2019 – June 30, 2020

SUBMITTED BY: Linda Dunshee, Executive Director

POLICY

Link Associates is committed to protecting its human, financial, and tangible real estate, and good will assets and resources through the practice of effective risk management. A risk is defined as an uncertainty that is affiliated with a particular circumstance that could render Link Associates inoperable or cause financial insecurities for our company. Risk assessments are preventive strategic tools that can help Link stay on top of adverse situations. It is designed to plan for, and respond to, risks. Our risk scoring system is intended to help us identify mild or moderate risks from severe ones by developing a process to weigh the severity of the risk. Link's board and management are dedicated to safeguarding the safety and dignity of its paid and volunteer staff, its persons served, and anyone who has contact with the organization. To this end, the board shall ensure that the organization has a comprehensive risk management plan for the organization that is reviewed and updated on a regular basis.

EXECUTIVE SUMMARY

The ability to anticipate opportunities and effectively respond to threats is critical for Link Associates to prepare for continuation of a solid service system. Fact based insights are the best way to ensure optimal decision-making. Link Associates' Risk Management Survey Report is only part of this process, capturing the latest risk trends and priorities facing our organization. Conducted throughout fiscal year 2019/2020, input was gathered from persons served, staff, and administration throughout the organization. These shared views, as well as industry specific facts allowed us to benchmark our risk management practices to help identify processes or approaches that may improve the effectiveness of our risk management strategies.

TOP RISKS

Fiscal Year Report 2019-2020	
1	Natural Disasters, Pandemic and Acts of Terrorism
2	Significant employee reduction
3	Knowledgeable Well-Trained Workforce
4	Overtime Cost
5	Staff Retention
6	System Expects More with Less Funding
7	Lack of Control on Rules and Interpretations
8	Service and Funding Reduction Risk
9	Accidents

Risk is defined as an event that has a probability of occurring, and could have either a positive or negative impact to Link Associates. Our risk management analysis is an ongoing process that is routinely reviewed and updated including planning, identification, analysis, monitoring and control. It's the objective of our risk management plan to decrease the probability and impact of events averse to the agency, or on the other hand, any event that could have a positive impact should be further developed.

Identified risks are assessed to ascertain the probability of occurring, the degree of impact to the agency, and then the scope, cost, and quality were prioritized. Some risk events may impact only one department or program while others may impact the entire organization. The probability of occurrence, number of services impacted and

the degree (high, medium, low) to which they impact the organization will be the basis for assigning the risk priority.

Multiple Board Committees review and address Link Associates risk management plan:

- The Finance Committee is charged with assisting management in and review of:
 - Risk Management Insurance
 - Lines of Credit Utilization
 - Bank Covenants

- Organizational Financial management
- Accounts Receivable
- The Building and Grounds Committee reviews:
 - Workers accidents and trending
 - Workers compensation ratings
 - Vehicle accidents
 - Evacuation times and trends
- The Program Committee of the board reviews:
 - Survey outcomes
 - Plans of Correction
 - Medication Administration Records
 - Tier Rating Trends for Persons Served
- Each year, a comprehensive review of all components of the risk management plan is completed by Link Associates leadership and is presented to each appropriate board committee and then to the full Board of Directors for review. This report is also available for the insurance broker and the audit companies as necessary.

STRUCTURE AND PROCESS

Link Associates recognizes that solid risk management requires a focus on seven interrelated areas:

- Leadership
- Strategy and planning
- Persons served focus
- Financial management
- People
- Innovation, quality and improvement
- Facilities/Grounds/Fleet Together these areas provide a comprehensive view of the organization's current situation, preferred future state, and gap identification in relation to risk and the controls that need to be in place to manage that risk. In order for Link Associates to develop from their current state to a state featuring improved quality of life for people with intellectual disabilities, ongoing improvements need to be made. Each criterion will be measured and assigned a score as defined below. The highest scores that we have the opportunity to reduce will be identified as a priority and recommendations for changes are at the end of this report.

SUMMARY OF ACTIONS TAKEN TO REDUCE RISK TAKEN IN FY2019 / 2020:

1. To address the continued excess of overtime, three new positions were developed to attract and better utilize full-time employees. These positions will have a slightly enhanced rate to attract and retain people in these positions and will provide supervisor support and exposure to supervisory duties to create a supervisory tract for employees.
 - a. DSP Flex has two distinct components:
 - 1) Primary role to float to a variety of shifts and locations to minimize overtime cost.
 - 2) Designated for sites where significant healthcare needs and intense maladaptive behavior are present.
 - b. The Residential Home Lead is responsible to oversee day-to-day operations of their assigned location and caseloads of persons served. This includes programming for persons served, coordination of staff coverage, organization of home maintenance and operation. The Home Lead will report directly to the Residential Supervisor, and will work closely with the team of Residential Counselors.
2. All policies reviewed by the Corporate Operations Director, management, and then recommended changes were reviewed and approved by the Board of Directors.

3. Eligibility for persons served and continued multiple review on billing and receivables has increased to minimize loss and delay in payments.
4. Accident investigation teams for both persons served and staff accidents/injuries were formed and continue to be utilized. The Safety Committee continues to implement changes to the structure and review process to ensure efficiency.
5. Both the Safety Committee and the Positive Behavioral Supports (PBS) committees review all incidents for trends and to engage the appropriate teams in planning. The PBS Committee is reformatting their incident report review to ensure the reviews are done after a shorter time period to ensure rapid intervention is verified.
6. The Building and Grounds Committee of the Board of Directors review routine organizational data at each meeting for the identification and analysis of any trends.
7. Additional video cameras have been added to monitor portions of the 2nd floor and parts of the parking lot to provide additional data for incident report and investigating.
8. A summary of usage of the line of credit is provided monthly to members of the Finance Committee and the Link Foundation.
9. Information on Link's ability to meet the Bank's debt covenant ratio is provided to the Finance Committee and the Link Foundation.
10. Information on medication administration errors is provided to the Program Committee on a bi-monthly basis.
11. Policies were reviewed and modified and submitted to the Board of Directors for approval.
12. A new Pandemic Policy was written with the onset of COVID-19.
13. Following a large employee theft, Link worked with the auditor and banker to revise and modify practices to minimize risk.

RECOMMENDED ACTIONS TO REDUCE RISK:

1. Staff Turnover – Staff turnover has remained a significant concern for Link Associates. Until the state of Iowa recognizes and respects the role of those who directly care for lowans with Intellectual Disabilities this will remain an issue. Reimbursement rates do not take into account COLA, rising costs of health care or any additional mandates on a provider since managed care was implemented in Iowa. Good legislative progress was being made during this legislative session, until Covid-19 hit, reducing this issue behind hundreds of others. Relentless advocacy and communicating with elected officials is essential to eventually make this issue clear. On-going ED
2. Overtime Cost –overtime has been a chronic problem for Link Associates as well as within this industry due to the lack of funding to respectfully pay for the intense work required. In fiscal year 2019/2020 and the COVID-19 pandemic the cost of overtime skyrocketed. Sites where there had been an exposure or where people had tested positive required staff to move in and remain on duty for 14 days at a time. The annual expenditure in overtime last fiscal year was \$458,456 with FICA at 7.65% included. This would have covered the cost and benefits of an additional 16 direct support professionals. This will be monitored on a monthly basis for remedial action as necessary. On-going ED, SCLD, EDPD
 - a. 16/17 average of 3,365 hours/month
 - b. 17/18 average of 3,221 hours/month
 - c. 18/19 average of 3,010/hours/month
 - d. 19/20 average of 4586 with the total cost with FICA included at \$1,116,959

Medication Administration Management –Medication Error Reports are provided on a monthly basis to the members of the program committee. Link Associates implemented an electronic medication delivery system which was intended to minimize medication errors. This system has sustained numerous systematic errors that the provider is working to correct. This will continue to be a focus. ED, OD,

FEEDBACK FROM THE BOARD OF DIRECTORS

1. Members of the Board of Directors and the Board of the Link Foundation reviewed the contents of the Risk Management Plan. They concurred with the contents and recommendations proposed by Executive Director Linda Dunshee.

THREAT	RISK RESPONSE PLANNING
<ul style="list-style-type: none"> • Very High Greater than 85% probability of occurrence • High Between 70% - 85% probability of occurrence • Medium Between 30% and 70% probability of occurrence • Low Between 10%-30% probability of occurrence 	<p>Major Risks are those falling in the Red & Green zones, will be monitored to ensure that the risk will not “fall through the cracks”. One of the following approaches will be selected to address it:</p> <ul style="list-style-type: none"> • Avoid Eliminate the threat by eliminating the cause • Mitigate Identify ways to reduce the probability or the impact of the risk

- Very Low Below 10% probability of occurrence

PREPAREDNESS

- Very High Advanced capabilities to identify, measure, manage risk exposure within tolerance
- High Solid capabilities to identify, measure, and manage risk exposure within tolerance
- Medium Clear vision of risk tolerance & risk profile and have process to identify and prepare for emerging risk
- Low Inconsistent or limited capabilities to identify, measure, or manage risk exposure.
- Very Low Minimal capabilities to identify, measure, or manage risk exposure.

- Accept Nothing will be done
- Transfer Make another party responsible for the risk (buy insurance, outsourcing, etc.)

GRID CODE- Likelihood/Threat level (L) and Preparedness (P)

External Threats

Leadership		Preparedness (P)					Reaction		
Policies describing roles and responsibilities of board, management and staff			Very High	High	Medium	Low	Very Low	Accept	<ol style="list-style-type: none"> 1. Assignment for the on-going review of policies for identification of changes in employee law and regulatory change. On-Going-Corporate Operations Director (COD) 2. Policies reviewed by management and their teams, recommendations submitted to appropriate board committee for approval. Board committee submits to the full Board for acceptance. Annually – Executive Director (ED) 3. The board of Directors has 2 members who are attorneys, 3 Human Resources Specialists, 3 insurance professionals, 4 financial people and 2 medically based members. 4. Employee handbook is updated annually in the same manner as #2. Annually – ED 5. Monitoring all changes in CARF, the international accreditation body to propose modifications to policy to ensure we remain compliant. (COD) 6. A new policy on Pandemic-COVID-19 was submitted and approved.
	Likelihood/Threat (L)	Very Low	LP						
		Low							
		Medium							
		High							
		Very High							
Risk management system for identifying, assessing, monitoring, and managing			Very High	High	Medium	Low	Very Low	Mitigate	<ol style="list-style-type: none"> 1. Plan reviewed annually by management and various committees of the board for recommend additions and/or changes. Highest scoring items are ranked priority. Annually – ED 2. Annual summary of progress is compiled into a Risk Management Plan Report. -ED 3. Annual summary included in the Business Function Improvement Plan. – ED
	Likelihood/Threat (L)	Very Low							
		Low							
		Medium		LP					
		High							
		Very High							

Safety committee	<table border="1"> <thead> <tr> <th colspan="2"></th> <th colspan="5">Preparedness (P)</th> </tr> <tr> <th colspan="2"></th> <th>Very High</th> <th>High</th> <th>Medium</th> <th>Low</th> <th>Very Low</th> </tr> </thead> <tbody> <tr> <th rowspan="5">Likelihood/Threat (L)</th> <th>Very Low</th> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <th>Low</th> <td></td> <td></td> <td style="background-color: #cccccc;"></td> <td style="background-color: #cccccc;"></td> <td></td> </tr> <tr> <th>Medium</th> <td></td> <td style="background-color: #cccccc;">LP</td> <td style="background-color: #cccccc;"></td> <td></td> <td></td> </tr> <tr> <th>High</th> <td></td> <td style="background-color: #cccccc;"></td> <td style="background-color: #cccccc;"></td> <td></td> <td></td> </tr> <tr> <th>Very High</th> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Preparedness (P)							Very High	High	Medium	Low	Very Low	Likelihood/Threat (L)	Very Low						Low						Medium		LP				High						Very High						Mitigate	<ol style="list-style-type: none"> 1. F&FD chairs the safety committee according to the Safety Committee policy. Quarterly – (F&FD) 2. Trends reviews done by safety and PBS Committees- OD and F&FD -ongoing 3. Implementation of accident investigation teams for both persons served and staff injury. Ongoing - F&FD 4. OD & F&FD attend SAFE Training with IACP– Annually – F&FD and Outreach Director (OD) 5. Following 3 or more falls for the same person the safety committee will be solicited for recommendations. Ongoing - F&FD 6. A summary of incidents and trends is presented quarterly to the members of the Program Committee for review and oversight. (ED)
		Preparedness (P)																																														
		Very High	High	Medium	Low	Very Low																																										
Likelihood/Threat (L)	Very Low																																															
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Drills	<table border="1"> <thead> <tr> <th colspan="2"></th> <th colspan="5">Preparedness (P)</th> </tr> <tr> <th colspan="2"></th> <th>Very High</th> <th>High</th> <th>Medium</th> <th>Low</th> <th>Very Low</th> </tr> </thead> <tbody> <tr> <th rowspan="5">Likelihood/Threat (L)</th> <th>Very Low</th> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <th>Low</th> <td></td> <td></td> <td style="background-color: #cccccc;"></td> <td style="background-color: #cccccc;"></td> <td></td> </tr> <tr> <th>Medium</th> <td style="background-color: #cccccc;">LP</td> <td></td> <td style="background-color: #cccccc;"></td> <td></td> <td></td> </tr> <tr> <th>High</th> <td></td> <td style="background-color: #cccccc;"></td> <td style="background-color: #cccccc;"></td> <td></td> <td></td> </tr> <tr> <th>Very High</th> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Preparedness (P)							Very High	High	Medium	Low	Very Low	Likelihood/Threat (L)	Very Low						Low						Medium	LP					High						Very High						Mitigate	<ol style="list-style-type: none"> 1. Drills are conducted according to the Crisis Management Policy. Monthly – F&FD 2. Video monitoring of premise for visual during off hour emergencies 3. Building and Grounds Committee reviews employee injury trends and Work Compensation Safety Modification Reports –Semi-monthly (F&FD) 4. Building and Grounds Committee reviews data of all evacuations –Semi-monthly (F&FD)
		Preparedness (P)																																														
		Very High	High	Medium	Low	Very Low																																										
Likelihood/Threat (L)	Very Low																																															
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Insurance and Risk Funding																																																
Property insurance	<table border="1"> <thead> <tr> <th colspan="2"></th> <th colspan="5">Preparedness (P)</th> </tr> <tr> <th colspan="2"></th> <th>Very High</th> <th>High</th> <th>Medium</th> <th>Low</th> <th>Very Low</th> </tr> </thead> <tbody> <tr> <th rowspan="4">Likelihood/Threat (L)</th> <th>Very Low</th> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <th>Low</th> <td></td> <td></td> <td style="background-color: #cccccc;"></td> <td style="background-color: #cccccc;"></td> <td></td> </tr> <tr> <th>Medium</th> <td style="background-color: #cccccc;">LP</td> <td></td> <td style="background-color: #cccccc;"></td> <td></td> <td></td> </tr> <tr> <th>High</th> <td></td> <td style="background-color: #cccccc;"></td> <td style="background-color: #cccccc;"></td> <td></td> <td></td> </tr> </tbody> </table>			Preparedness (P)							Very High	High	Medium	Low	Very Low	Likelihood/Threat (L)	Very Low						Low						Medium	LP					High						Accept and transfer	<ol style="list-style-type: none"> 1. Annual review of coverage conducted and presented to the Executive and Finance Committees of the board. Annually – ED and FD 2. Summary of coverage is presented to all members of the board in the orientation meeting. Annually – ED 						
		Preparedness (P)																																														
		Very High	High	Medium	Low	Very Low																																										
Likelihood/Threat (L)	Very Low																																															
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		Very High									
Directors and officers, errors, omissions, and fiduciary liability	Preparedness (P)							Accept and transfer	<ol style="list-style-type: none"> Annual review of coverage conducted and presented to the Executive and Finance Committees of the board. Annually – ED and FD Summary of coverage is presented to all members of the board in the orientation meeting. Annually – ED 		
		Very High	High	Medium	Low	Very Low					
	Likelihood/Threat (L)	Very Low									
		Low	LP								
		Medium									
		High									
Very High											
Worker's Compensation	Preparedness (P)							Accept and transfer	<ol style="list-style-type: none"> Annual review of coverage conducted and presented to the Executive and Finance Committees of the board. Annually – ED and FD Monthly monitoring of all accidents at Building and Grounds Committee meeting. Safety Committee and PBS Committee review of all incidents and trends. Building and Grounds Committee reviews employee injury trends and Work Compensation Safety Modification Reports –Semi-monthly (ED) 		
		Very High	High	Medium	Low	Very Low					
	Likelihood/Threat (L)	Very Low									
		Low									
		Medium									
		High		LP							
Very High											
Special coverage	Preparedness (P)							Accept and transfer	<ol style="list-style-type: none"> Annual review of coverage conducted and presented to the Executive and Finance Committees of the board. Annually – ED and FD Summary of coverage is presented to all members of the board in the orientation meeting. Annually - ED 		
		Very High	High	Medium	Low	Very Low					
	Likelihood/Threat (L)	Very Low	LP								
		Low									
		Medium									
High											

		Very High								
Crisis management	Preparedness (P)							Accept	<ol style="list-style-type: none"> 1. Crisis Communication Plan is updated and presented to the full board in Board Orientation. Annually – ED 2. Annual review and update of Crisis Management Policy by management with recommendations made by the Board. Their recommendations for update and change presented to the full board of Directors. Annually – ED and COD 	
		Very High	High	Medium	Low	Very Low				
	Likelihood/Threat (L)	Very Low	LP							
		Low								
		Medium								
		High								
Very High										
Theft	Preparedness (P)							Accept and transfer	<ol style="list-style-type: none"> 1. Employee handbook is inclusive of theft from organization and persons served. Presented annually to employees. Ongoing – ED 2. Incidents of organizational theft are reported to law enforcement as appropriate. Ongoing – ED 3. Electronic devices were updated to include GPS tracking and reports returned via the Internet. Information Technology Director On-going – (ITD) 4. Incidents of theft from persons served are reported to law enforcement, Social Security Insurance and the Department of Human Services. Ongoing – ED 1. Persons served are encouraged to obtain renters insurance. 2. New employee orientation addresses theft and the outcome of theft for all employees. Ongoing – ED 3. Insurance plan is updated annually to ensure coverage for theft and to adjust coverage based on history or change in threat level. Ongoing – ED and FD 4. Link Associates has a waste, fraud and abuse policy and is presented to Board and Staff. Annually – ED 5. External audit is conducted annually to review all accounting practices and money handling. Annually – ED and FD 6. Additional security cameras have been added to the 2nd floor and parking lot of the main facility to provide better oversight and monitoring of persons served, guests and employees. (ITD) 7. In FY 19/20 theft from an employee was identified and reported. Following the examination of process and the outcome of the annual extremal audit additional preventative steps were put into place. Modifications to the finance policies were made and approved by the Board. 	
		Very High	High	Medium	Low	Very Low				
	Likelihood/Threat (L)	Very Low								
		Low								
		Medium		LP						
		High								
Very High										
Strategy and Planning								Reaction		
Legislative Relationships and impact	Preparedness (P)							Mitigate	<ol style="list-style-type: none"> 1. Executive Director meets annually with at least 20 elected officials. When meetings take place at Link employees are included and elected officials meet the persons served to understand our business. Ongoing – ED 2. Persons served elected to the Link Council coordinate assisting persons served communicate with elected officials. Ongoing – ED 	
		Very High	High	Medium	Low	Very Low				
	Likelihood	Very Low								

	<table border="1"> <tr> <td></td> <td>Low</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Medium</td> <td></td> <td>LP</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>High</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Very High</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		Low								Medium		LP						High								Very High								<ul style="list-style-type: none"> 3. Internal strategic plans recognize importance of legislative importance. Ongoing – ED 4. Relationships with key House and Senate members have been built and maintained throughout the implementation of managed care. Ongoing – ED 5. Education, advocacy and provision of information continues to the elected officials on topics associated with managed care and the impact on those served. (ED) 													
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Donors and support	<table border="1"> <tr> <td></td> <td colspan="6">Preparedness (P)</td> </tr> <tr> <td></td> <td></td> <td>Very High</td> <td>High</td> <td>Medium</td> <td>Low</td> <td>Very Low</td> </tr> <tr> <td rowspan="5">Likelihood/Threat (L)</td> <td>Very Low</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Low</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Medium</td> <td></td> <td>LP</td> <td></td> <td></td> <td></td> </tr> <tr> <td>High</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Very High</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		Preparedness (P)								Very High	High	Medium	Low	Very Low	Likelihood/Threat (L)	Very Low						Low						Medium		LP				High						Very High						Mitigate	<ul style="list-style-type: none"> 1. Donors receive regular updates and acknowledgements from Link Associates by the Executive Director. Ongoing – ED 2. Relationship maintenance with donors and supporters to continue. On-going (ED) 3. Annual letter of support continued to increase in response and will continue. (OT and ED) 4. Throughout the COVID-19 pandemic fundraising events and support from families and advocates has shown a positive increase and has helped offset additional cost of PPE.
	Preparedness (P)																																															
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Community knowledge of Link Associates	<table border="1"> <tr> <td></td> <td colspan="6">Preparedness (P)</td> </tr> <tr> <td></td> <td></td> <td>Very High</td> <td>High</td> <td>Medium</td> <td>Low</td> <td>Very Low</td> </tr> <tr> <td rowspan="5">Likelihood/Threat (L)</td> <td>Very Low</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Low</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Medium</td> <td></td> <td></td> <td>LP</td> <td></td> <td></td> </tr> <tr> <td>High</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Very High</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		Preparedness (P)								Very High	High	Medium	Low	Very Low	Likelihood/Threat (L)	Very Low						Low						Medium			LP			High						Very High						Mitigate	<ul style="list-style-type: none"> 1. Vehicles present name and logo throughout the community. Ongoing – F & FD 2. Presence and continued participation in job, career and service fairs in schools and community venues. 3. Staff lanyards visible in public. Ongoing – Management 4. Facebook and website presence is aggressively updated to provide easier access to information and resources. (ED) 5. Executive Directors advocacy has made Link a more common name in the press and at the legislature. (ED) 6. Significant coverage for the Bankers Trust/Gehm home was planned, however when COVID-19 hit all plans were changed and media events cancelled. 7. Despite all of the negatives with COVID-19, Link leisure services immediately went into live broadcasting to support those served by Link. However, over the course of the past months, this virtual service has gone International
	Preparedness (P)																																															
		Very High	High	Medium	Low	Very Low																																										
Likelihood/Threat (L)	Very Low																																															
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	Preparedness (P)																																															
		Very High	High	Medium	Low	Very Low																																										
Likelihood	Very Low	LP																																														

		Low							
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		High							
		Very High							
Information technology structure to meet industry needs		Preparedness (P)						Mitigate	<ol style="list-style-type: none"> 1. Many applicants do not have the skills necessary to utilize technology efficiently. On-going training identification – ITD and Training Facilitator 2. Currently only one IT professional is employed at Link. This poses significant risk to on-going systems support. (ED) 3. Software has been purchased and implemented to push updates and settings out to all organizational devices. – Ongoing (ITD and ED) 4. Encryption accomplished in 2016 5. With the onset of COVID-19, immediate changes to technology and devices to ensure staff in person served had communication and documentation opportunities occurred. ITD 6. In July 2020 the IT Director did a massive system update which allowed for better virtual meetings to be held. ITD
		Very High	High	Medium	Low	Very Low			
	Very Low		LP						
	Low								
	Medium								
	High								
	Very High								
Minimize computer downtime		Preparedness (P)						Mitigate	<ol style="list-style-type: none"> 1. Many employees do not have the skills necessary to utilize technology efficiently. On-going training identification – ITD and Training Facilitator 2. Currently only one IT professional is employed at Link. This poses significant risk to on-going systems support. (ED) 3. Software has been purchased and implemented to push updates and settings out to all organizational devices. – Ongoing (ITD and ED) 4. Encryption accomplished in 2016 5. With the onset of COVID-19, immediate changes to technology and devices to ensure staff in person served had communication and documentation opportunities occurred. ITD
		Very High	High	Medium	Low	Very Low			
	Very Low		LP						
	Low								
	Medium								
	High								
	Very High								
Payroll Personnel systems		Preparedness (P)						Mitigate	<ol style="list-style-type: none"> 3. Payroll and ACA has been implemented with ADP moving all data off the Link Associates servers. ITD, FD 4. Link Employees are 100% signed up with ADP time and attendance to log in and out of time tracking. FD 5. In Fiscal Year 2018-2019 all staff are required to have direct deposit to minimize risk of check loss and replacement. (FD)
		Very High	High	Medium	Low	Very Low			

			Very Low		LP							
	Likelihood/Threat (L)		Low									
			Medium									
			High									
			Very High									
Maintenance and inventory		Preparedness (P)									Mitigate	<ol style="list-style-type: none"> Maintenance and inventory records are entered and tracked in Facility Dude – 12-31-15 (F &FD) Access to the information on Globally Harmonized Systems (GHS) are on line so all staff and sites have access. 12-21-15 (F&FD) The COVID-19 pandemic shed new light on preparedness for inventory. Management staff is evaluating what our emergency PPE looked like at the start of Covid-19 and what we were utilizing throughout Covid-19 and will make determinations on what we need to have in stock and on hand in the event of another pandemic. ED
			Very High	High	Medium	Low	Very Low					
	Likelihood/Threat (L)		Very Low		LP							
			Low									
			Medium									
			High									
			Very High									
E – Documentation training		Preparedness (P)									Mitigate	<ol style="list-style-type: none"> Incident reports processed in e-doc. On-going SLPD, CM, EDPD Initial agency training followed by intra-departmental training on documentation to start gives staff full training prior to being asked to submit electronic documentation. (ED, OD, SLPD, EDPD) Documentation rules and regulations were added into the Employee Handbook to ensure we can implement process. (COD)
			Very High	High	Medium	Low	Very Low					
	Likelihood/Threat (L)		Very Low									
			Low									
			Medium		LP							
			High									
			Very High									
Persons served Focus										Reaction		
Service and funding reduction risk		Preparedness (P)									Mitigate	<ol style="list-style-type: none"> Managed Care (MCO) officially started on 4-1-2016. Link has contract with AmeriGroup and Iowa Total Care Ongoing – ED

			Very High	High	Medium	Low	Very Low			<ul style="list-style-type: none"> 2. Contract with IVRS is in place. On-going – ED, EDPD 3. Contract with Polk County Health Services is signed and in place. Ongoing – ED 4. Contract with the United Way of Central Iowa is signed and in place. Ongoing – ED 	
	Likelihood/Threat (L)	Very Low									
		Low									
		Medium									
		High									
		Very High			LP						
Reduce risk persons served are exposed to (of abuse, neglect, lack of oversight, etc.)		Preparedness (P)								Mitigate	<ul style="list-style-type: none"> 1. Implementations of team concept to ensure decisions are made by a team versus one person. Ongoing – Management Team 2. Continued staff training to provide oversight to any risk Ongoing – OD 3. Positive Behavioral Support agency wide to encourage and promote persons served self-protection- Ongoing – SCLD 4. Continue Program Committee of the Board oversight. Ongoing – ED 5. Added “call in sites” as needed to ensure staff on-site for those needing 24-hour supports. SCLD. F&FD 6. Mandatory Reporter Training available on line for easy access to all staff. 11-1-15 (OD) 7. Drivers make phone contact with on-site caregiver prior to letting persons served off transportation. F&FD
	Likelihood/Threat (L)	Very Low									
		Low									
		Medium		LP							
		High									
		Very High									
Inspections and program review		Preparedness (P)								Mitigate	<ul style="list-style-type: none"> 1. Implemented Corporate Compliance Director position to oversee accreditation, compliance, state, federal, and local regulations, managed care contracts and potential litigation. – ED 2. Team review of all inspections and outcomes. Ongoing – CMD, PD, ED 3. Outcomes and plans of action to be submitted to the appropriate committee of the board for oversight. Ongoing – ED 4. On-going review of changes to ensure implementation is prepared for in advance of start date. Ongoing – (COD)
	Likelihood/Threat (L)	Very Low	LP								
		Low									
		Medium									
		High									
		Very High									
Reduce risk of persons served initiated (sexuality, elopement, etc.) problems.		Preparedness (P)								Mitigate	<ul style="list-style-type: none"> 1. Ensure materials and training curriculums purchased and available for persons served sexuality support and training. Ongoing – OD 2. Individual team identification and sexuality goal setting. Ongoing –CMD, PD, ED 3. Individual sexuality supports as needed. Ongoing – CMD, ED 4. Individual team identification and goal setting process to ensure oversight and identification of elopement potential. Ongoing – CMD, PD
	Likelihood/Threat (L)	Very Low									

		Low								5. Code Red implemented for elopement response team. Ongoing – F&FD 6. Video monitoring of doors at the main facility to assist in immediately identifying which door a person has exited and the exact time they left. New and ongoing F&FD
		Medium		LP						
		High								
		Very High								
Positive behavioral support		Preparedness (P)							Mitigate	1. Continued active participation in PCHS positive Behavior academy. Ongoing – PD, OD 2. Send additional staff to the leadership academy to bring back and support the information and techniques. Ongoing – PD 3. Ensure integration in all individual teams. Ongoing – CMD, PD 4. Continue Persons served Council to ensure persons served participation in organizational processes and advocacy On-Going (ED) 5. Added in “Front Line Supervisor” training to better prepare supervisory staff to lead with PBS philosophy. On-going – E/DD
			Very High	High	Medium	Low	Very Low			
	Likelihood/Threat (L)	Very Low		LP						
		Low								
		Medium								
		High								
		Very High								
Financial Management										Reaction
Decrease Accounts Receivable compared to monthly billing		Preparedness (P)							Mitigate	1. A detailed directive has been developed for the billing, submission and review process to ensure all Department Directors and the accountant doing the billing will have immediate and consistent oversight. Each Department Director is responsible to ensure the timeline and duties are consistently followed. (ED) 2. Significant progress has been made by the Finance Director and his team an Link’s status in accounts receivable is at a commendable level. (FD) and (ED)
			Very High	High	Medium	Low	Very Low			
	Likelihood/Threat (L)	Very Low								
		Low								
		Medium								
		High			LP					
	Very High									
Documentation billing errors		Preparedness (P)								1. Internal Review Committee functions as outlined in Internal Billing Quality Controls Policy. Ongoing – FD and COD 2. Maintain E-doc implementation across all program sites and transportation to ensure completion and consistency. Ongoing – ITD
			Very High	High	Medium	Low	Very Low			
	Likelihood	Very Low								

		Low											4. Attracting and retaining the workforce has become more and more difficult. In FY 19/20 a small raise was finally given following four years without increases left employees are frustrated. – ED, FD, OD, COD, EDPD 5. If you answered of pandemic Covid-19 significant number of staff resigned their positions to shelter in place. The continued enhanced unemployment payments have kept people from seeking employment.	
		Medium												
		High												
		Very High									LP			
Overtime costs		Preparedness (P)								Reduce				1. Creation of new enhanced direct support professional job to create full time float positions. On-going ED 2. Attracting and retaining the workforce has become more and more difficult. – ED, FD, OD, COD, EDPD 3. COVID-19 caused massive increase in overtime hours and payments bringing FY 19/22/ OT costs over \$1,000,000. When person served tested positive to staff moved into a site and remained for 14 days to ensure safety and minimize transfer of the pandemic however the overtime cost was significant.
			Very High	High	Medium	Low	Very Low							
	Likelihood/Threat (L)	Very Low												
		Low												
		Medium												
		High												
		Very High										LP		
Occupational Health & Safety		Preparedness (P)								Reduce			1. Safety booklet at all sites and for new employee orientation. Ongoing –F & FD 2. Continue to investigate all staff injuries /accidents. Ongoing –F & FD 3. Building and Grounds Committee monitors employee accidents and insurance ratings – ongoing ED 4. GHS available online for all sites and all staff 11-30-15 F&FD	
			Very High	High	Medium	Low	Very Low							
	Likelihood/Threat (L)	Very Low	LP											
		Low												
		Medium												
		High												
		Very High												
Staff retention		Preparedness (P)								Reduce			1. Annual staff satisfaction survey completed. Goal areas will be addressed and goals for improvement established. Ongoing –ED 2. Advocate legislatively for respectable pay for direct support professionals. Ongoing –ED 3. During COVID-19 #LinkStrong was born bringing great unity and cohesiveness to the staff- on-going ED	
			Very High	High	Medium	Low	Very Low							
	Likelihood/Threat (L)	Very Low												
		Low												
		Medium												
		High												
		Very High										LP		

Hiring and supervision compliance	<table border="1"> <thead> <tr> <th colspan="2"></th> <th colspan="5">Preparedness (P)</th> </tr> <tr> <th colspan="2"></th> <th>Very High</th> <th>High</th> <th>Medium</th> <th>Low</th> <th>Very Low</th> </tr> </thead> <tbody> <tr> <th rowspan="5">Likelihood/Threat (L)</th> <th>Very Low</th> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <th>Low</th> <td>LP</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <th>Medium</th> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <th>High</th> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <th>Very High</th> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Preparedness (P)							Very High	High	Medium	Low	Very Low	Likelihood/Threat (L)	Very Low						Low	LP					Medium						High						Very High						Mitigate	<ol style="list-style-type: none"> Annual review and update of the employee handbook to ensure accuracy with Iowa law. Ongoing –ED Consistency in the implementation and documentation of the disciplinary process. Ongoing – COD Pre-employment checks on dependent Adult Abuse, Child Abuse, Criminal History, Driving Record and run all staff monthly against the Office of the Inspector General list for Medicaid Fraud parties. Ongoing COD Implementation of some positions with Drug and Alcohol testing. On-going COD, F&FD
		Preparedness (P)																																														
		Very High	High	Medium	Low	Very Low																																										
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Board Members	<table border="1"> <thead> <tr> <th colspan="2"></th> <th colspan="5">Preparedness (P)</th> </tr> <tr> <th colspan="2"></th> <th>Very High</th> <th>High</th> <th>Medium</th> <th>Low</th> <th>Very Low</th> </tr> </thead> <tbody> <tr> <th rowspan="5">Likelihood/Threat (L)</th> <th>Very Low</th> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <th>Low</th> <td>LP</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <th>Medium</th> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <th>High</th> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <th>Very High</th> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Preparedness (P)							Very High	High	Medium	Low	Very Low	Likelihood/Threat (L)	Very Low						Low	LP					Medium						High						Very High						Reduce	<ol style="list-style-type: none"> Link Associates has a heterogeneous board composed of individuals with a variety of skills, perspectives, backgrounds, and resources. Historically this has promoted creativity and innovation. Increasing diversity has been an important role in accomplishing Link's mission and increasing understanding of Link Associates within our community. Ongoing Nomination Committee The identification and recruitment of new board members fell significantly in fiscal year 19/20 and Link currently has four open positions on his board of directors. Ongoing - Nomination Committee
		Preparedness (P)																																														
		Very High	High	Medium	Low	Very Low																																										
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Loss of key staff	<table border="1"> <thead> <tr> <th colspan="2"></th> <th colspan="5">Preparedness (P)</th> </tr> <tr> <th colspan="2"></th> <th>Very High</th> <th>High</th> <th>Medium</th> <th>Low</th> <th>Very Low</th> </tr> </thead> <tbody> <tr> <th rowspan="5">Likelihood/Threat (L)</th> <th>Very Low</th> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <th>Low</th> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <th>Medium</th> <td></td> <td>LP</td> <td></td> <td></td> <td></td> </tr> <tr> <th>High</th> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <th>Very High</th> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Preparedness (P)							Very High	High	Medium	Low	Very Low	Likelihood/Threat (L)	Very Low						Low						Medium		LP				High						Very High						Mitigate	<ol style="list-style-type: none"> Succession plan in place, annually updated and presented to the Executive Committee of the board. Ongoing – ED Succession plan presented to all members of the board during orientation. Ongoing – ED Department Heads begin formalized departmental succession plans. Ongoing – ED Every employee has a career path and established goals on an annual basis to ensure potential key employees are identified and engaged. Ongoing –ED Computer systems are under the direction of one employee. – On-going ED Pay increase given to keep wages more competitive in FY19/20. Ongoing-ED.
		Preparedness (P)																																														
		Very High	High	Medium	Low	Very Low																																										
Likelihood/Threat (L)	Very Low																																															
	Low																																															
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	High																																															
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Innovation, quality and improvement		Reaction																																														
Regulatory Compliance	<table border="1"> <thead> <tr> <th colspan="2"></th> <th colspan="5">Preparedness (P)</th> </tr> <tr> <th colspan="2"></th> <th>Very High</th> <th>High</th> <th>Medium</th> <th>Low</th> <th>Very Low</th> </tr> </thead> <tbody> <tr> <th>Likelihood/Threat (L)</th> <th>Very Low</th> <td>LP</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Preparedness (P)							Very High	High	Medium	Low	Very Low	Likelihood/Threat (L)	Very Low	LP					Mitigate	<ol style="list-style-type: none"> CMS, OIG, DIA, IME, MCO's and their regulations drive how Link conducts business. Link constantly updates and monitors policies and procedures to be in compliance and avoid missteps. COD, ED Link Associates has a Corporate Compliance Officer (COD) that oversees compliance from an oversight perspective. On-going COD, ED 																								
		Preparedness (P)																																														
		Very High	High	Medium	Low	Very Low																																										
Likelihood/Threat (L)	Very Low	LP																																														

		Low													3. Link Associates is CARF accredited and the last survey had glowing comments from the surveyors. CARF standards put a spotlight on all procedural benchmarks and compliance requirements. On-going COD, ED	
Utilization of program evaluation data	Preparedness (P)							Mitigate								<ul style="list-style-type: none"> 1. Organization guided by mission, vision and values which drives Program Evaluation. Ongoing – COD, ED 2. Staff e-mail allows for updates and feedback from all employees for incorporation into program evaluation. Ongoing – ED, ITD 3. Program Evaluation broken down and presented to Persons served Council – ED –Ongoing 4. Program Evaluation outcomes are shared with all stakeholder groups annually. COD, ED
			Very High	High	Medium	Low	Very Low									
	Likelihood/Threat (L)	Very Low	LP													
		Low														
		Medium														
		High														
	Very High															
Current Trends and Issues												Reaction				
Iowa Association of Community Providers (IACP)	Preparedness (P)							Accept							<ul style="list-style-type: none"> 1. Continue to send a variety of key staff to forums. Ongoing – ED 2. IACP has expanded to a vast membership and focusing on our specific industry issues has become less impactful. The Executive Director works closely with three other larger ID providers across the state and together we attach legislative problems specific to our organizations. Ongoing-ED 	
			Very High	High	Medium	Low	Very Low									
	Likelihood/Threat (L)	Very Low														
		Low			LP											
		Medium														
		High														
	Very High															
Polk County Health Services (PCHS)	Preparedness (P)							Accept							<ul style="list-style-type: none"> 1. Continue Executive Director and Department Heads participation in meetings and trainings. Ongoing –ED, SLPD, CMD, EDPD 2. Continue participation in Positive Behavioral Supports. Ongoing – ED, SLPD, EDPD, OD, CMD 3. Developed relationship to fund innovative programs. On-going ED 4. Since the implementation of managed care, the role of PCHS at Link is minimized. Link still works very closely with them in regards to PBS and establishment and evaluation of goals key to our population. 	
			Very High	High	Medium	Low	Very Low									
	Likelihood/Threat	Very Low		LP												
		Low														
		Medium														
		High														

		Very High								
Metropolitan Planning Organization (MPO)	Preparedness (P)							Accept	1. Continue Fleet and Facilities Director participation in the MPO. Ongoing – F&FD	
		Very High	High	Medium	Low	Very Low				
	Likelihood/Threat (L)	Very Low		LP						
		Low								
		Medium								
		High								
Very High										
Polk County Emergency Management	Preparedness (P)							Accept	<ol style="list-style-type: none"> 1. Continue Fleet and Facilities Director participation in the Polk County Emergency Management. Ongoing – F&FD 2. During COVID-19 participation of the F&FD with Paul county emergency management approved incredibly helpful in obtaining essential testing and PPE supplies. Ongoing F&FD 	
		Very High	High	Medium	Low	Very Low				
	Likelihood/Threat (L)	Very Low		LP						
		Low								
		Medium								
		High								
Very High										
Facilities / Fleet								Reaction		
Physical plant operating efficiency	Preparedness (P)							Mitigate	<ol style="list-style-type: none"> 1. Maintenance and inventory records conversion to new system. IDT and F&FD 2. Establish building preventative maintenance schedule (Capital Improvement Plan). On-going– F&FD 3. Introduced automated maintenance and supply records ongoing F&FD 4. Foundation has begun reserving replacement and repair funds from rentals on homes that have been paid off. On-going– F&FD 	
		Very High	High	Medium	Low	Very Low				
	Likelihood/Threat (L)	Very Low		LP						
		Low								
		Medium								
		High								
Very High										
Accidents	Preparedness (P)							Mitigate	<ol style="list-style-type: none"> 1. Staff training during orientation and Transportation Class- Ongoing – F&FD 2. Monitor all accidents and report any trends that arise and make changes as necessary. Ongoing – F&FD 3. Attend MPO meetings. Ongoing – F&FD 4. All staff trained annually on MSDS and Fire Extinguishers. On-going F&FD 5. Annual reviews of insurance coverage, on-going. FD, F&FD, ED 	
		Very High	High	Medium	Low	Very Low				

	Likelihood/Threat (L)	Very Low								
		Low								
		Medium								
		High								
		Very High		LP						

Preventative maintenance on vehicles and properties	Preparedness (P)							Mitigate	<ol style="list-style-type: none"> Contract with Baker group for HVAC preventative maintenance. F&FD. Follow all manufacturer guidelines for vehicle maintenance. Ongoing – F&FD Have lifts inspected 2x a year Ongoing – F&FD Contract with OTIS for elevator preventative maintenance. Ongoing – F&FD Vehicles are now being leased from Ruan with the goal to minimize costs. Azuga, a GPS fleet tracking device are now on agency vehicles to capture data and track vehicle locations, to allow monitoring of the fleet on a real-time basis, as well as driver behavior and fleet productivity
			Very High	High	Medium	Low	Very Low		
	Likelihood/Threat (L)	Very Low		LP					
		Low							
		Medium							
		High							
Very High									

GRID CODE- Likelihood/Threat level (L) and Preparedness (P)

External Threats

Leadership								Reaction	
Law Suits/Legal Fees	Preparedness (P)							Accept	<ol style="list-style-type: none"> Staff training –ongoing – all department Directors Proper hiring. HR, COD – ongoing Background checks. HR, COD, - ongoing Meeting notes identifying additional areas of training. All department Directors – ongoing Ensure full coverage in Link’s insurance packages. Ongoing – ED, FD
			Very High	High	Medium	Low	Very Low		
	Likelihood/Threat (L)	Very Low							
		Low		LP					
	Medium								

		High								
		Very High								
Damages	Preparedness (P)							Mitigate	<ol style="list-style-type: none"> Continue to ensure full coverage in our insurance package. Ongoing – ED, FD Evaluate Covenant coverage for property/causality and liability – ED 	
		Very High	High	Medium	Low	Very Low				
	Likelihood/Threat (L)	Very Low								
		Low		LP						
		Medium								
		High								
		Very High								
Reputation / Credibility	Preparedness (P)							Mitigate	<ol style="list-style-type: none"> Ensure consistency in training and expectations - Ongoing – ED, OD Ensure policies on ethical behavior and conflict of interest are strongly monitored and maintained. Ongoing – ED Board Orientation – Ongoing – ED Extensive progress has been made in direct relationships between Link and many elected officials, especially those in the Health and Human Services Committees as well as the Health Policy Oversight Committee (ED) 	
		Very High	High	Medium	Low	Very Low				
	Likelihood/Threat (L)	Very Low								
		Low								
		Medium	LP							
		High								
		Very High								
Legislation	Preparedness (P)							Mitigate	<ol style="list-style-type: none"> Advocate legislatively for respectable pay for direct support professionals. Ongoing – ED Build and maintain relationships with elected officials. On-going ED Continue to send a variety of key staff to forums, conventions and trainings. Ongoing – ED 	
		Very High	High	Medium	Low	Very Low				
	Likelihood/Threat (L)	Very Low								
		Low								
		Medium	LP							
		High								
		Very High								
Maintain MCO outcomes and regulations	Preparedness (P)							Mitigate	<ol style="list-style-type: none"> Continue to function under the contracts on behalf of Link Associates. Ongoing – ED Engage personally with all MCO's to negotiate rates that will allow Link to continue service provision. ED Advocate for funding Leisure services as an MCO outcome – OD and ED 	
		Very High	High	Medium	Low	Very Low				
	Likelihood	Very Low								

		Low									
		Medium	LP								
		High									
		Very High									
Dissatisfaction with employment and services	Preparedness (P)							Mitigate	<ol style="list-style-type: none"> 1. Open door policy of administrative level staff to families and persons served to support problems prior to grievance stage. Ongoing – ED 2. Consistent implementation of policy and practice. Ongoing – Management Team 3. Persons served Handbooks updated annually to address previous concerns. On-going – Management 4. Employee Handbooks updated annually to address previous concerns. Ongoing – Management 5. Policies and forms for persons served and families on the Link Associates web site. 		
			Very High	High	Medium	Low	Very Low				
	Likelihood/Threat (L)	Very Low									
		Low									
		Medium	LP								
		High									
		Very High									
Compliance with Affordable Care Act	Preparedness (P)							Reduce	<ol style="list-style-type: none"> 1. Attend trainings and workshops to learn implementation and compliance. Ongoing ED & FD 2. Work with insurance broker to ensure compliance. Ongoing ED 3. Changed to ADP payroll so ACA requirements are part of the system. ED and FD 		
			Very High	High	Medium	Low	Very Low				
	Likelihood/Threat (L)	Very Low									
		Low	LP								
		Medium									
		High									
		Very High									
Lack of Control on Funding											
Competing network of funders	Preparedness (P)							Mitigate	<ol style="list-style-type: none"> 1. Continue to be the first agency to step up and try new services. Ongoing – Management Team 2. Ensure continued high compliance and participation in all audits and outcomes. Ongoing – Management Team 3. Maintain high satisfaction outcomes. Ongoing –Management Team 4. Maintain efforts to remain competitive in wages for direct support professionals. Ongoing - Management 5. Continue relationship with PCHS. Ongoing - Management 		
			Very High	High	Medium	Low	Very Low				
	Likelihood/Threat (L)	Very Low									
		Low									
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		High		LP							
		Very High									

System expects more with less funding	<table border="1"> <thead> <tr> <th colspan="2"></th> <th colspan="5">Preparedness (P)</th> </tr> <tr> <th colspan="2"></th> <th>Very High</th> <th>High</th> <th>Medium</th> <th>Low</th> <th>Very Low</th> </tr> </thead> <tbody> <tr> <th rowspan="5">Likelihood/Threat (L)</th> <th>Very Low</th> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <th>Low</th> <td></td> <td></td> <td style="background-color: #cccccc;"></td> <td style="background-color: #cccccc;"></td> <td></td> </tr> <tr> <th>Medium</th> <td></td> <td></td> <td style="background-color: #cccccc;"></td> <td style="background-color: #cccccc;"></td> <td></td> </tr> <tr> <th>High</th> <td></td> <td style="background-color: #cccccc;"></td> <td style="background-color: #cccccc;"></td> <td style="background-color: #cccccc;"></td> <td></td> </tr> <tr> <th>Very High</th> <td style="background-color: #cccccc;"></td> <td style="background-color: #cccccc;"></td> <td style="background-color: #cccccc;"></td> <td style="background-color: #cccccc;"></td> <td style="background-color: #cccccc;"></td> </tr> </tbody> </table>			Preparedness (P)							Very High	High	Medium	Low	Very Low	Likelihood/Threat (L)	Very Low						Low						Medium						High						Very High						Mitigate	<ol style="list-style-type: none"> 1. Maintain team directed funding to ensure all departments and all areas of expertise are included before taking action. Ongoing – ED, FD 2. Continue practice of spending conservatively to ensure system stability. Ongoing – ED 3. Modify services and programs as needed to meet MCO's expectations. Management – Ongoing 4. COVID-19 stressed overburdened systems even further with the forced closures of some programs yet the need to provide care 24/7 with less income. Ongoing – ED 5. Retainer payments were made by the state of lowa for day habilitation however Transportation was not refunded in any capacity for its loss of income. Ongoing – ED
		Preparedness (P)																																														
		Very High	High	Medium	Low	Very Low																																										
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IT infrastructure configuration and back up	<table border="1"> <thead> <tr> <th colspan="2"></th> <th colspan="5">Preparedness (P)</th> </tr> <tr> <th colspan="2"></th> <th>Very High</th> <th>High</th> <th>Medium</th> <th>Low</th> <th>Very Low</th> </tr> </thead> <tbody> <tr> <th rowspan="5">Likelihood/Threat (L)</th> <th>Very Low</th> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <th>Low</th> <td></td> <td></td> <td style="background-color: #cccccc;"></td> <td style="background-color: #cccccc;"></td> <td></td> </tr> <tr> <th>Medium</th> <td></td> <td></td> <td style="background-color: #cccccc;"></td> <td style="background-color: #cccccc;"></td> <td></td> </tr> <tr> <th>High</th> <td></td> <td style="background-color: #cccccc;"></td> <td style="background-color: #cccccc;"></td> <td style="background-color: #cccccc;"></td> <td></td> </tr> <tr> <th>Very High</th> <td style="background-color: #cccccc;"></td> <td style="background-color: #cccccc;"></td> <td style="background-color: #cccccc;"></td> <td style="background-color: #cccccc;"></td> <td style="background-color: #cccccc;"></td> </tr> </tbody> </table>			Preparedness (P)							Very High	High	Medium	Low	Very Low	Likelihood/Threat (L)	Very Low						Low						Medium						High						Very High						Mitigate	<ol style="list-style-type: none"> 1. Full time IT Director in place to sustain and advance systems. Ongoing – ED, ITD 2. Provide industry-based opportunities for ITD to ensure full knowledge of needed services, applications, etc. Ongoing – ED, ITD 3. Ensure computer systems will meet the needs established by the MCO's IT and ED 4. Maintain encryption – Ongoing ED, ITD 5. The quality of the IT Director has made navigating the data management sustainable. More services moved to the cloud and secondary backup server for internal records added. Ongoing (ITD) 6. Expansion of policy to Information Technology Business Contingency and Disaster Recovery Testing 6/2019. Ongoing ITD 7. In 2020 all new infrastructure was replaced - ITD
		Preparedness (P)																																														
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System, servers, hardware, documentation and software	<table border="1"> <thead> <tr> <th colspan="2"></th> <th colspan="5">Preparedness (P)</th> </tr> <tr> <th colspan="2"></th> <th>Very High</th> <th>High</th> <th>Medium</th> <th>Low</th> <th>Very Low</th> </tr> </thead> <tbody> <tr> <th rowspan="5">Likelihood/Threat (L)</th> <th>Very Low</th> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <th>Low</th> <td></td> <td></td> <td style="background-color: #cccccc;"></td> <td style="background-color: #cccccc;"></td> <td></td> </tr> <tr> <th>Medium</th> <td style="background-color: #cccccc;"></td> <td style="background-color: #cccccc;"></td> <td style="background-color: #cccccc;"></td> <td style="background-color: #cccccc;"></td> <td></td> </tr> <tr> <th>High</th> <td></td> <td style="background-color: #cccccc;"></td> <td style="background-color: #cccccc;"></td> <td style="background-color: #cccccc;"></td> <td></td> </tr> <tr> <th>Very High</th> <td style="background-color: #cccccc;"></td> <td style="background-color: #cccccc;"></td> <td style="background-color: #cccccc;"></td> <td style="background-color: #cccccc;"></td> <td style="background-color: #cccccc;"></td> </tr> </tbody> </table>			Preparedness (P)							Very High	High	Medium	Low	Very Low	Likelihood/Threat (L)	Very Low						Low						Medium						High						Very High						Mitigate	<ol style="list-style-type: none"> 1. Ensure policies and procedures on document retention that are strongly monitored and maintained. Ongoing – ITD 2. Continued scanning and external storage practices. Ongoing – ITD 3. Annual external IT plan review. ITD-Ongoing 4. Incorporate systems to minimize ITD' hands on need to update system wide computers. Ongoing ITD and ED 5. Back-up to the back-up server to ensure data protection. Ongoing - ITD
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SERVICE ACCESS – REFERRALS & TRENDS ANNUAL REVIEW

LINK ASSOCIATES

July 1, 2018 – June 2019

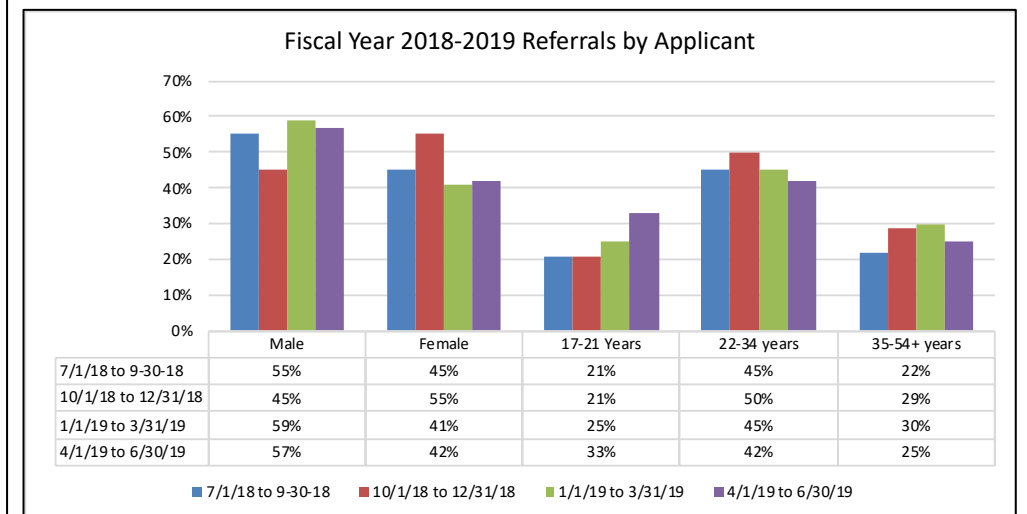
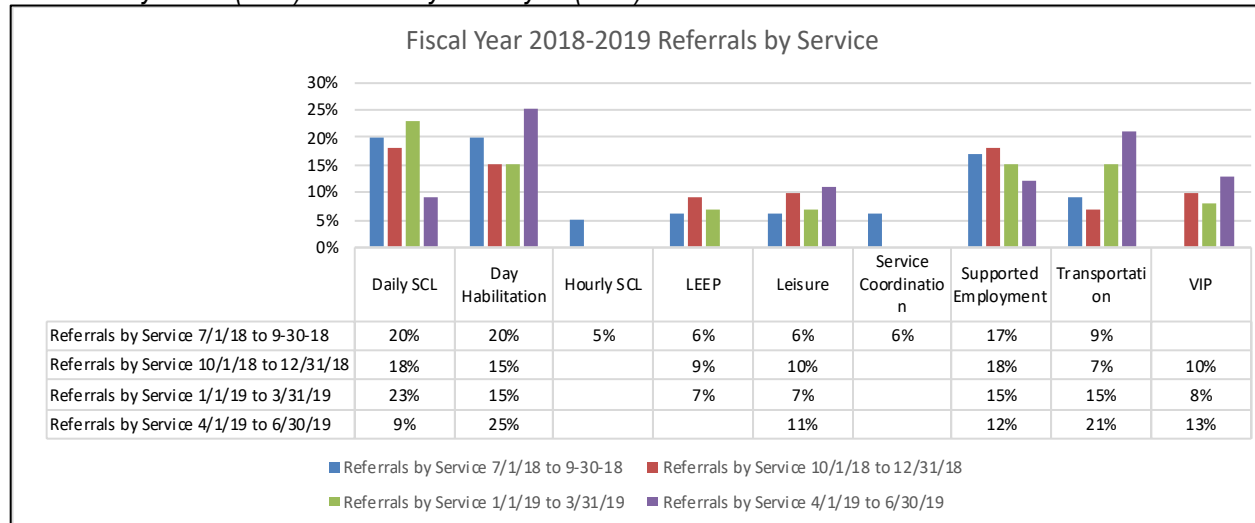
SUBMITTED BY, JESSICA KIRTS, ASSISTANT OUTREACH DIRECTOR

I. ANALYSIS

A. REVIEW OF REFERRAL CALLS

An annual review of referral calls for the period of:

- July 1, 2018 to June 30, 2019 was completed documenting receipt of 424 calls (an increase of 40 from the previous year). The review reveals during the first quarter, Daily SCL services and Day Habilitation were in greatest demand with 20%, followed by Supported Employment with 17%, Transportation with 9%, LEEP, Service Coordination & Leisure were next with 6%, Hourly SCL had 5% and remaining services ranged between 3%-4%; total calls received were 107. Fifty-five percent (55%) of calls were Male and 45% Female with the highest percentage of calls for people 22-34 yrs. (45%) and 35-54 yrs. (22%) & 17-21 yrs. old (21%).
- Of the 97 calls received in the second quarter, Daily SCL and Supported Employment were in the highest demand at 18%, followed by Day Habilitation with 15%, VIP & Leisure had 10% each, LEEP had 9% and Transportation had 7%; remaining services ranged from 1%-5%. Forty-five percent (45%) of calls were Male and 55% Female with the highest percentage of calls for people 22-34 yrs. old (49%), 17-21 yrs. old (21%) and 35-54 yrs. old (19%).
- During the third quarter, 110 calls were received with Daily SCL reporting the highest with 23%, Day Habilitation, Supported Employment and Transportation were next with 15% each, VIP 8%, LEEP & Leisure were next with 7%; remaining services ranged between 2-3%. Fifty-nine percent (59%) of calls were Male and 41% Female with the highest percentage of calls for people 22-34 yrs. old (45%) and 17-21 yrs. old (25%).
- The fourth quarter received 110 calls; Day Habilitation had the highest demand with 25%; Transportation was next with 21% then VIP with 13% and Supported Employment with 12%, Leisure with 11% and Daily SCL 9%; remaining services ranged between 1%-4%. Fifty-seven percent (57%) of calls were Male and 43% Female with the highest percentage of calls for people 22-34 yrs. old (42%) followed by 17-21 yrs. (33%).



Calls requesting services that Link does not provide (i.e. mental illness, physical disabilities, brain injury, financial support, etc.) ranged from 0% to 3%; averaging 2% per quarter. Alternatives were offered in all situations. Callers were directed elsewhere due to the referral not meeting Link's admission criteria.

Emergency calls ranged between 1%-2% and urgent/non-emergent calls ranged from 0% to 1%.

Trends continue to show an increase in total number of calls each year. Link's Day Habilitation program was very popular this year with individuals of all ages. Day Habilitation consists of Day Habilitation and VIP services. Many inquiries were made for Supported Employment and Daily SCL services as well. Transportation calls are on the rise. The formal tracking and reporting system capture the necessary information needed for reporting. The tracking record, known as "Admissions Referral Tracking", is shared with other departments via Google sheets.

Management team members routinely review referral calls at the time a significant impact is noticed and act if necessary. Service needs, if identified are assessed and acted upon immediately, or included in the organization's strategic planning process for future emphasis.

Results of referral calls are summarized quarterly and distributed to management team. Results are also analyzed on an annual, more global basis for Board review and recommendations.

Formal Denials for services are tracked and for 2018-19 there were (4) denials. There were no trends noted with regards to race/ethnicity, gender, language, age or religion for reasons to deny services. All denials were given recommendations to work on skills to re-apply for Day Habilitation services in the future.

B. TRENDS IN REFERRAL CALLS:

Referral sources vary throughout the year; however, the majority of referral calls during each quarter came from a Case Manager, Case Coordinators or service workers with calls ranging from 58% to 64%. The second major referral source was calls placed by a family member, ranging from 20% to 29%. The remainder of referral calls received came from self-referrals (average 4% per quarter for the year) and calls placed by "others" (average 9.5% per quarter for the year).

As noted above, there appears to be an increase in calls over the past six years. Trends in services requested include the routine and primary services offered along with new programs provided; Daily SCL services, Day Habilitation Services, Supported Employment (Job Development & Job Coaching), the VIP program, the LEEP program, Transportation and new Leisure events & travel programs. It continues to appear Link's services are in high demand; the smaller ratio program areas in Day Habilitation are a high need area and referrals are being taken. Link began Day Habilitation admissions for part-time openings in April, 2018 and opened full-time admissions in May, 2018. With the news of Day Habilitation openings there has been a steady stream of calls, tours and referrals. The Supported Employment and LEEP programs remain popular and consistent with transition age individuals receiving IVRS funding. Residential services continue to grow and change; still adjusting (moving persons served to optimal living situations) since the change from 1 to 2-person sites into 3 to 4-person sites and assisting others with finding accessible places to live to utilize their section 8 vouchers. Taking over a 3-person Daily SCL site from another agency and purchasing land to build a new Link home. Transportation self-monitors and tracks the need for any expansion of its services.

The Admissions Committee reviewed and updated its policy and procedures to provide best practices for admissions meetings. The Admissions Coordinator holds the meetings and reports information to the team for final decisions on services. Day Habilitation will open 4 additional rooms this upcoming year.

II. ADMINISTRATIVE FEEDBACK

- Update on Previous Recommendations/Results from Action Steps: No recommendations were reported.

Action Step: N/A

Status of Action Steps: N/A

Completion date: N/A

Recommendations/Action Steps: No recommendations are forthcoming for additional changes to agency policy on referral calls. It is important to continually review and monitor trends in referral calls at the time a significant impact is noticed and overall for the year. The tracking form is reviewed and modified as needed to ensure the data needed for analysis is captured and processed effectively and efficiently.

- Action Step: N/A

Timeframe for completion: N/A

Person Responsible: N/A

Expected Outcome: N/A

STRATEGIC PLAN

**LINK ASSOCIATES
FOR FISCAL YEARS 2020-2024
Compiled by, Linda Dunshee, Executive Director**

DEVELOPMENT OF THIS STRATEGIC PLAN

The purpose of the strategic plan is to advance Link Associates' vision to be the recognized leader in providing quality services to persons with intellectual disabilities. Link Associates was scheduled to conduct a full strategic planning session with the Board of Directors and staff in the spring of 2020. Because of the COVID-19 pandemic, these plans were modified.

Below is the final updated previous strategic plan for the years 2016 – 2019.

Link Associates
Strategic Plan Goals for FY 2016 – 2019

DATE	ITEM	IMMEDIATE GOALS
3-17-20	#1	Covid-19 Pandemic dramatically changed funding and service delivery. Ability to coordinate a redo of the strategic plan must be delayed.
1-13-20	#1	Distributed ground work on strategic planning material gathered from staff and persons served with the request to determine a plan
5/2019	#1	Prepare for exit of United Health Care and in-coming Iowa Total Care
3/1/19	#1	Evaluate the effects of the rate reduction in daily Supported Community Living
1/1/19	#1	Make application with the 3 rd MCO in Iowa – Iowa Total Care
10/28/18	#1	Board give extra oversight on segregation of duties until the accounting department has checks and balances on financial review
9/27/18	#1	Evaluate monthly efficiency of changes made in previous month and project impact by month/year.
	#2	Evaluate RFP from The Federal Transit Administration (FTA) Access and Mobility Partnership Grants . Both Innovative Coordinated Access and Mobility (ICAM) Pilot Program will bring in \$3,903,715. <ul style="list-style-type: none"> • If Iowa chooses to pursue a grant, it would be under the ICAM Pilot Program. • The goals are to: (1) Increase access to care; (2) improve health outcomes; and (3) reduce healthcare costs.
	#3	Continue to evaluate 4-person settings to increase funding stability
	#4	Continue to educate and evaluate the Governor's Race to prepare for upcoming changes/opportunities.
7/2018	#1	With the receipt of new rate numbers <ul style="list-style-type: none"> • Evaluate the sustainability of each program with the cost savings removed in the last fiscal year. • Evaluate the need and the ability to refill some positions
	#2	Complete closure of all residential 1 and 2-person sites – Done –
	#3	Continue new admissions for all programs
	#4	Finalize rental vs lease decision for anticipated transportation savings – Done and on-going
4/2018	#1	Solidify Program Manager funding within program services.
	#2	Expand services in both Residential and Day Program <ul style="list-style-type: none"> • Open more day habilitation rooms

		<ul style="list-style-type: none"> Eliminate all 1 and 2-person settings – evaluate all options for 4 person settings
	#3	Reduce all duplication and streamline internal process as money savings

Priority Scale: 1 = High/Immediate, 2 = Moderate/upcoming, 3 = low

Goal	Action Steps	Priority	Resource Allocation Staff Cost		Person(s) Responsible	Date Completed
1. Enhance employment opportunities for those served (LEEP/VIP)	a. Develop assessment of IVRS payment of \$9000 versus model created at \$16,000 b. Create a decal for LEEP and ask businesses to display in their window	1	Low	\$0	Tiffany	
		2	Medium	\$500	Tiffany	
2. Maintain Costs and Evaluate Financial Needs	a. For SCL – draft budget with \$208.03 blended rate to determine impact-no longer applicable as tier rates have been established. b. Evaluate establishing a leisure-based day habilitation program c. Ensure NEMT is separated from waiver transportation in budget and financial reports d. Fundraise for NEMT e. Review legal relationship between the Link Foundation and Link Associates f. Share the Connie Isaacson fundraising plan with the Board of Directors-presented to all board members g. Evaluate COA and CQL accreditation for State acceptance and costs h. Provide Program Committee with admission list of referrals to services-included in each meeting agenda i. Brainstorm on Low Cost – no cost ideas	1	Low	\$0		
		2	High	\$0	a) Tiffany, Linda, Cristy	
		1	Medium	\$0	b) Jeremiah	
		2	High	\$0	c) Linda	
		2	Medium	\$0	d) Jeremiah - Linda	
		2	Low	\$0	e) Linda	12/7/16
		3	Medium	\$0	f) Jay	
		2	Low	\$0	g) Linda	12/7/16
		2	Low	\$0	h) Linda	Effective 4/1/17 extensive cost savings options integrated
		3. Engagement with legislature on priority issues	a. Address transportation b. Establish benchmarking for small group of peer providers Update – the topic is being addressed on an on-going basis with media, elected officials and staff of the department of Human Services and the governor’s office.	1	Medium	\$0
2	High			\$0	a) Linda	On-going
4. Improve retention and recruitment of personnel	a. Evaluate the hiring of more part-time positions without benefits-being included in all job postings b. Conduct a sensitivity analysis comparing wages/benefits to turnover costs 1) Where is the break-even point 2) Determine the threshold of what wage is sustainable 3) Evaluate benefits staff are eligible for externally c. Evaluate an endowed position permanently paid for with the revenue from an endowment fund	2	Medium	\$0	a) Dept. Directors	
		3	High	TBD	Jeremiah, Jay	
		3	High	\$0	b1) Jeremiah, Jay	
		3	High	\$0	b2) Jeremiah, Jay	

d. Provide information to the Personnel Committee on how long it takes to hire-the process has been shortened to one visit and an immediate offer e. Evaluate speed hiring, also known as real-time hiring-the process has been shortened to one visit and an immediate offer	3	High	\$0	b3) Jeremiah, Jay	
	3	High	\$0	c) Linda	
	3	High	\$0	b) Linda	7/1/17
	3	High	\$0	c) Dept.	10/1/17

Despite Covid-19, the new strategic plan was initiated and information obtained in multiple approaches. Survey Monkey was used to obtain the feedback of all staff, stakeholders and Board of Directors of Link Associates and staff interviews with those we support added additional information. From the time we were originally planning to hold our Strategic Plan Process, our world underwent an international pandemic, a social crisis and a once-in-a-lifetime derecho storm here in Iowa. As we have seen across many of the reports included in this Business Function Improvement Plan, these three factors made significant impacts across all phases of operation including our strategic plan.

Mission, Vision and Values

Link Associates’ Mission statement is: “Providing opportunities for people with intellectual disabilities to achieve their personal goals”. At the core of our mission is the commitment to the development and personal empowerment of all those we serve. Link has maintained the same mission statement for numerous years, so as a part of this strategic plan development it was important to reach out to all stakeholders to obtain information on how successful and accurate, they feel the mission, vision and values statements still are.

The feedback on the next pages represents information received from the stakeholders regarding Link Associates current strengths, weaknesses, opportunities and threats. Utilizing this information, leadership will create specific objectives and activities and assign person responsible, due dates and resource allocations., Based on feedback obtained, the next pages outline identified initiatives in six major areas. These will continue to be developed with progress and new targets established on a regular basis. These updates will be reviewed by leadership and presented to the Board of Directors for review and discussion.

S
STRENGTHS

- Variety of services
- Longevity of employees
- Unity of staff
- Seriousness of mission
- Commitment to persons served
- Caring and professional staff
- Support of co-workers
- Forward thinking leadership
- Diversity of staff
- Family friendly workplace
- Our building & vehicles
- The Executive Director & leadership integrity
- Training
- Whole organization focus
- Open door
- Fun environment
- Advocacy for those served
- PBS
- Adaptable and flexible
- Family friendly schedules
- Kindness & respect
- Love and care of those served
- it's people - ability to innovate and change with the changing landscapes
- communications with families/guardians
- a sense of caring
- working to fulfill the various needs of those served
- leisure activities
- attention to the rights of those served
- Diversity of staff
- identification of the right goals for those served
- Integrated program of learning and socialization in an environment of caring and compassion
- Ease of access

W
WEAKNESSES

- taff turnover
- Communication
- Continuing educations
- Not enough teamwork
- Funding limitations
- Wages
- More truly committed staff
- Overworked supervisors
- New eMAR system
- Staff recognition
- Recognition of leadership
- Seeing more MI in those served
- Lack of support from Iowa
- PTO
- Lost matching 401K
- Call ins on Fridays and Mondays
- Adequate funding to attract and maintain staff
- Medicaid reimbursement
- At times may have a waiting list for specific services
- English as a second language support
- Case managers and residential supervisors should provide at least quarterly update/report to guardian
- Timely follow through
- Staff to person served ratio
- Accessible housing for those served
- More behavioral redirection training
- Inconsistent discipline
- More training at residential sites
- Lack of resources has removed opportunities from those served

O OPPORTUNITIES

- Skilled level for persons with ID/DD or age in place
- Organizational advancement opportunities
- Fundraisers
- Pass down the knowledge of long-term staff
- Explore service opportunities – collaboration with non-medical programs
- Finding new and better ways to support people
- Overtime at 37 hours
- Expand coverage area
- School aged youth programs
- Benefit planning for persons served
- Links response to the pandemic included exploring ways to provide virtual programming. Link should explore opportunities to expand online programming. Maybe even as a way to expand volunteer opportunities especially during the public health emergency.
- Those served appear to have greater opportunities for activities out in the public and thus I have observed greater public acceptance and actual employment
- As an industry leader elected officials listen to the needs of Link
- Community awareness of people with disabilities, they really are no different, just need help to accomplish things
- Expanding to provide more individuals with service.
- Fundraisers.
- Expanding housing and they habilitation opportunities.
- Using new technology to help people serve learn in rooms or remotely at their homes by zoom or other providers.
- Advertising.
- Community integration.

T THREATS

- Persistent staff openings
- Government/health care system
- MOCs
- Figuring out the responsibilities of external CM
- Aging population
- Increasing aggression
- Constant changes due to MCO
- Ignorance of the general public
- Stretching people too thin
- Government officials who do not understand
- Other business exceed what we can pay
- PTO
- Turnover rate
- Lack of interdepartmental support
- Difficult to serve families
- Lack of adequate funding
- The funding required seems to be massive particularly as a result of governmental requirements
- Do United States administration's threats to disability and Social Security
- COVID-19
- Health in germ control
- Strangers entering buildings and lack of staff understanding of person served verbal requests
-

M
MISSION

- Add in providing opportunities that we provide to support and encouragement to reach their desired goals
- Needs a positive spin for more pizzazz
- The mission statement should be providing people with disabilities opportunities to achieve their personal goals
- At a sentimental peace about how we really care for the people we serve
- Change the word people to adults
- Should include something like been a prepare place to work yet people served should always be the focus
- Maybe something about being part of the community
- Maybe add something about helping each person be as independent as they can be
- It says achieve personal goals through what means?
- Change personal goals to achieve a meaningful life
- Underline Medicaid goals equal employment I think real goals equal happy, enjoying life
- This should pertain to all levels of disability not just higher functioning
- I would say intellectual and social goals
- There is more to life than personal goals. Mental, physical, spiritual well-being is very important and different for all in subtle certain ways

V
VISION

- Emphasizing people centered focus
- It sounds like we are focusing on ourselves not the people we serve I would suggest want to be the best not want to provide the best
- Adults versus people
- You cannot provide quality services without quality employees so something in that regard
- It would be great to be recognized as the leader in the field
- Link Associates continues to be the recognized leader in providing quality services to people with intellectual disabilities
- Add something about getting more involved in the community
- How can you involve the community
- Dare we use "is known as "rather than "will be"
- I would say intellectual and social goals
- Providers in care and well-being. Being a leader is comes off a little arrogant. Lead by example and good work
-
-

V
VALUES

- Quantifying training and investing in our staff and developing professional goals
- Done on personal choice
- Any way to include consumers and employees so employees feel as well cared for as consumers appreciation would be a good one too
- A caring environment means being caring and warm and welcoming it does not mean ignoring or being rude it includes actually spending time with those served
- Look at the community, job opportunities, more Goodwill Stores, let people know that many people care about others who do contribute to society in their own way
- Passion.
- Personal growth.
- Community.

TRAININGS - ANNUAL REVIEW

ANNUAL REVIEW OF TRAINING
July 1, 2019 – June 30, 2020
Compiled by, Dave Spencer, Training Manager

I. ANALYSIS

STAFF TRAINING:

An annual review of training for the period of July 1, 2019 through June 30, 2020 was completed. This review includes training that was completed by new employees within their initial 30/90 days of employment as well as recertification of core requirements by veteran staff.

120 new employees participated in New Employee Orientation.

2048 submissions for new or recertification of core requirements.

- 165 First Aid
- 140 CPR
- 265 Documentation
- 303 Fire Extinguisher
- 297 GHS
- 299 Rights Responsibility & Confidentiality
- 298 Universal Precautions
- 274 Mandatory Reporter
- 7 Ethics

In addition to core required training new employee's complete coursework including

- Department Agency Orientation
- Link History
- Introduction to ID/DD
- Positive Behavior Supports
- Information Technology
- Respect / Fish
- Transportation Safety
- Workplace Safety
- Lifting Devices

Annual recertification as per program specifications were offered through Online Training as well as through departmental/house staff meetings. Courses that require interaction with the instructor or peers and/or skill demonstration were, and will continue to be, offered “live” as needed.

Additional training arranged by Department Leadership outside the parameters of the Training Department and are not included in this report.

II. NAVIGATING CHANGE IN 2019/2020

A. MANDATORY REPORTER CERTIFICATION

The State of Iowa changed the requirements for obtaining Mandatory Reporter Certification. Beginning July 1 2019 all certification is to take place via a website operated by the Department of Human Services. The new regulation also changed renewal from 5 years to 3 years. In order to address these changes, the decision was made to proactively change our recertification date to be consistent with the new standard.

B. CHALLENGING BEHAVIOR INJURY REDUCTION PROGRAM

In October 2019 we identified the opportunity to implement a process offered through our Workers Compensation Carrier. CBIR is a process using Sensory Processing interventions to better serve persons served addressing behaviors that have sensory related origins. Over the next several months a Sensory Processing Team was identified and 10 people went through a Train the Trainer program to pilot the program.

C. COVID19

Due to the safety concerns related to group training and COVID 19 restrictions, live classes were suspended in March 2020. People beginning employment during these restrictions utilized the online training process to complete their New Employee Onboarding. The Training Manager worked with each person to navigate the process.

ZOOM meetings were implemented to conduct Group R8 sessions and PBS Committee meetings.

III. NEW EMPLOYEE ORIENTATION AND R8 ONBOARDING TRAINING

A. NEW EMPLOYEE ORIENTATION

New Employee Orientation continues to be presented in a one-week live class format.

Through this process we focus on “Creating an environment where the person you support can be successful.” We explore soft skills of meeting people at their level of ability and creating opportunities for them to be successful. Each class builds upon another approaching these skills from different angles and adding tools staff can use to create the desired environment. We also address workplace culture and diversity from the standpoint that we are all responsible for making our workplace what we want it to be – together we shape the culture at Link. These classes are interactive and class participation builds value in the material and supports learning.

Our goal by the end of the week is that people are confident and have tools and understand their role in the organization; we want people to be prepared and confident in their choice to join the Link family. This goal is introduced at the beginning of the week and the “how did we do” question asked at the end of the week.

New Employee Orientation is conducted 2 weeks per month.

B. R8 ONBOARDING TRAINING

The R8 Onboarding and Training process is designed to guide the Supervisor in effectively bringing a new employee, or transfer, on-board within their role and team. This sequence and corresponding materials provide employees consistent training messages and instructions connecting class room time during New Employee Orientation, and immersion into the respective program department and individual roles. Group classes and individual instruction are led by program department staff.

IV. ADDITIONAL TRAINING

POSITIVE BEHAVIORAL SUPPORT

Link continues to support the internal Positive Behavioral Support (PBS) Committee. Training opportunities for members occur multiple times throughout the year with 15 other Polk County providers. One of Link's PBS Committee members serves on the Leadership team of the PBS Polk County Network, and attends monthly meetings as well as additional trainings. Employees throughout the organization are able to attend many of these training opportunities without cost to the agency, as they are included in our annual PBS fee. The Training Manager also sits on the Academy committee for the PBS Network, which is responsible for facilitating training and programming.

The PBS committee continues to meet monthly to further enhance the PBS "culture" within Link Associates. The PBS team is also responsible for the review of all Behavior Intervention Plans (BIP) both prior to their implementation and quarterly. Committee review is designed to ensure that all the required BIP components are included and to offer suggestions or alternate approaches that should be considered prior to implementing restrictions. This review process also meets HCBS quality indicators standards and will be tracked and evaluated as a separate agency goal.

In July 2019 the PBS Committee spearheaded the Link GEM program. This initiative is an employee recognition program targeted to recognize staff who go above and beyond in support of persons served. Each month the PBS Committee Members review the submissions from the weekly "Well Done at Link Associates" and nominates people who exemplify PBS philosophy in their actions. From this list one person is voted to receive the GEM of the Month. All nominees receive recognition in the Link Ink, and a GEM lapel pin. The GEM of the month also receives a certificate, GEM logo tote bag and water bottle, choice of day of PTO or Link General Store Certificate, and their picture on the GEM Clock in the main lobby. This program has been very well received.

TRAINER DEVELOPMENT

The Training Manager participates in webinars related to course development and technology use as well as Human Services industry topics for content information.

The Training Manager is a member of the local ATD chapter (Association for Talent Development).

The Training Manager recertified as a CPR Instructor.

The Training Manager participated in the Polk County PBS Simulation.