

LINK ASSOCIATES

BUSINESS FUNCTION REPORT

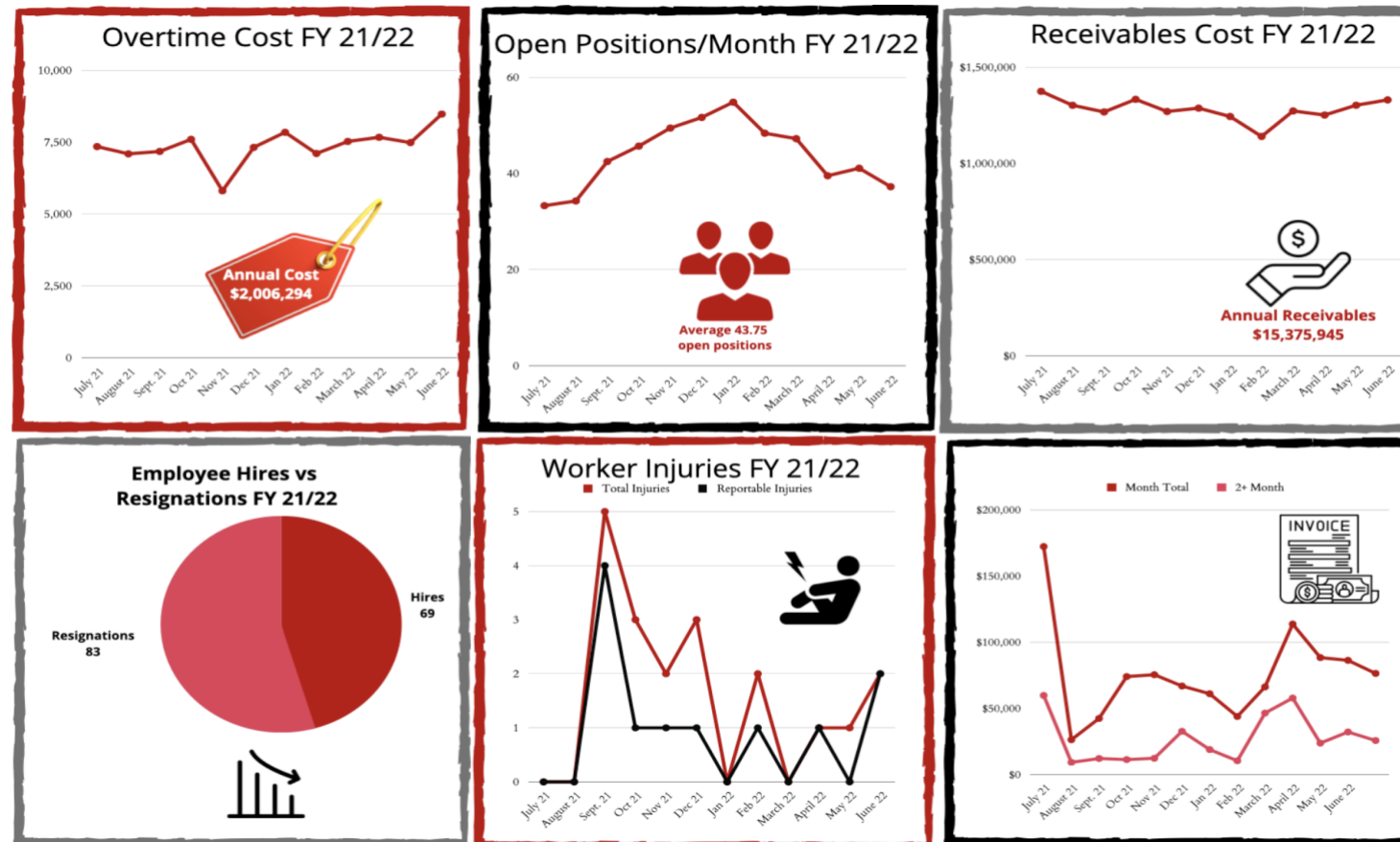
2021/2022

Mission, Vision, and Values



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Major Impacts



Feedback from the Board of Directors

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

1. Sent to all members of the Link Associates Board of Directors and the Link Foundation Board via email.
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:

MEASURES OF ACHIEVEMENT

BUSINESS FUNCTION MEASURES OF ACHIEVEMENT 2021-- 2022																		
FINANCIAL																		
Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/21	8/21	9/21	10/21	11/21	12/21	1/22	2/22	3/22	4/22	5/22	6/22
Improve Financial Solidity	# of months the bank line of credit is paid in full by month end	Finance Records	Finance Director	Finance Director	No more than 2 months money is owed to bank at month end on LOC	Link Associates		3			3			3				3
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 (21/22):	1st Quarter None			2nd Quarter None			3rd Quarter None			4th Quarter None								
Comparison of last year's results (20/21) to this year (21/22): In fiscal year 20/21 all debt on both lines of credit was paid in full and Link ended of the fiscal year with nothing out on either line of credit. In fiscal year 21/22 we were able to go the entire year without using the line of credit to cover operations. 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) Because of the amount of unearned income throughout the COVID pandemic and the American Recovery Act Link had funds for operations. 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 (22/23): <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:			Expected Outcomes NA						Person Responsible NA						Timeframe NA			
RESOURCE ALLOCATION																		
Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/21	8/21	9/21	10/21	11/21	12/21	1/22	2/22	3/22	4/22	5/22	6/22

Decrease resources spent on overtime	Quarterly overtime cost (premium paid) for all hourly employees	Payroll records	Executive Director	Finance Director	Overtime payments under \$70,000 per month on average	Link Associates	Total Overtime= \$481,299 total with an average \$160,432/month	Total Overtime= \$440,587 with an average of \$146,862/month	Total Overtime= \$478,249 with an average of \$159,416/month	Total Overtime= \$535,869 with an average of \$178,662/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): Because of the ongoing staff shortage across our state, it is recommended to change the goal to overtime payments under \$70,000 per month on average. Action Steps: NA 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) NA <ul style="list-style-type: none">1st QUARTER: NA2nd QUARTER: NA3RD QUARTER: NA4TH QUARTER: NA				Completion Date NA	
ACTIONS TAKEN / CHANGES MADE THROUGH THE YEAR (21/22):	1st Quarter July OT = \$154,138 Aug OT = \$163,415 Sep OT = \$163,746 We increased direct support wages by 10% with hopes to recruit – paying staff \$1,000 referral bonus, paying new employees a \$1,000 hiring bonus	2nd Quarter Oct OT = \$174,150 Nov OT = \$133,923 Dec OT = \$166,219 Created an insurance plan that is very inexpensive for the staff and gave all staff a Link ❤️ DSP shirts. Created a Quick App to make applying fast and easy. Created QR code for application	3rd Quarter Jan OT = \$179,468 Feb OT = \$163,907 Mar OT = \$171,461 Hosted Iowa Workforce Development to brainstorm ways to recruit staff. Gave staff a \$2,000 Wage advancement to maintain existing staff. Hosted staff appreciation day with gifts for all staff. Raised sign on bonus to \$3,000	4th Quarter Apr OT = \$175,710 May OT = \$170,125 June OT = \$190,035 Bumped sign on bonus to \$5,000, allowed immediate access to PTO. Created a commercial for DSP's on TV						
Comparison of last year's results (20/21) to this year (21/22): In 2020-2021 we had a monthly average of \$126,239 and in 2021-2022 we had a monthly average of \$167,191 per month. This is an increase of \$40,952 more per month than the last fiscal year. To be more accurate with the nation's current state I recommend changing this goal to no more than \$90,000/month.										
Trends: <input checked="" type="checkbox"/> YES <input type="checkbox"/> No (if yes provide detail). Nationwide the shortage of direct care professionals has increased, and the pandemic has complicated attraction of employees to all industries and specifically ours as we cannot raise our rates as a traditional business can.										
Causes: <input checked="" type="checkbox"/> YES <input type="checkbox"/> non-Applicable (if you feel there were causes for this outcome, please explain). This industry does not receive routine cost of living increases, constantly hindering our ability to make competitive pay increases for those we employ.										
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). Legislative work is being done at the state federal and local levels to impact the rates paid to providers so they can compete for staff committed to working with the population served.										
New Recommendations for Next Year (22/23): <input type="checkbox"/> Continue as written <input type="checkbox"/> Discontinue Goal <input checked="" type="checkbox"/> Continue Goal with modifications as outlined above Action Steps/Plan:	Expected Outcomes NA	Person Responsible: NA							Timeframe NA	

HUMAN RESOURCE																						
Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/21	8/21	9/21	10/21	11/21	12/21	1/22	2/22	3/22	4/22	5/22	6/22				
To improve employee retention	Number of resignation/terminations/months	HR Records	Executive Director	Executive Director	Turnover average of less than 20%/year	All active employees	End of 1 st quarter = 9.06%		End of 2 nd quarter = 18.31%		End of 3 rd quarter = 25.93%		End of 4 th quarter = 33.88%		Annualized = 36.23%		Annualized = 36.62%		Annualized = 34.57%		Annualized = 33.88%	
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) 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: NA • 2ND QUARTER: NA • 3RD QUARTER: NA • 4TH QUARTER: NA												Completion Date NA						
ACTIONS TAKEN / CHANGES MADE THROUGH OUT THE YEAR (21/22):	1st Quarter We increased direct support wages by 10% with hopes to recruit – paying staff \$1,000 referral bonus, paying new employees a \$1,000 hiring bonus			2nd Quarter Created an insurance plan that is very inexpensive for the staff and gave all staff a Link ❤️ DSP shirts. Created a Quick App to make applying fast and easy. Created QR code for application			3rd Quarter Hosted Iowa Workforce Development to brainstorm ways to recruit staff. Gave staff a \$2,000 Wage advancement to maintain existing staff. Hosted staff appreciation day with gifts for all staff. Raised sign on bonus to \$3,000			4 th Quarter Bumped sign on bonus to \$5,000, allowed immediate access to PTO and created a TV add to attract DSPs.												
Comparison of last year's results (20/21) to this year (21/22). In 2020 – 2021 the annualized turnover rate was 38.48% and in 2021 – 2022 the annualized turnover rate was 33.88%. While turnover remains a concern, this did decrease by 4.6% this year.																						
Trends: <input checked="" type="checkbox"/> YES <input type="checkbox"/> No (if yes provide detail). There continues to be a trend across the nation of lack of employees, especially in this industry where the pay is low, the work is hard, and the recognition is minimal. Causes: <input checked="" type="checkbox"/> YES <input type="checkbox"/> non-Applicable (if you feel there were causes for this outcome, please explain). Underfunded providers and overly complicated regulations make this a very challenging job especially for individuals with English as a second language or with limited computer skills. 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). Legislative work is being done at the state federal and local levels to impact the rates paid to providers so they can compete for staff committed to working with the population served.																						
New Recommendations for Next Year (22/23): <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:			Expected Outcomes NA			Person Responsible NA						Timeframe NA										

CORPORATE COMPLIANCE ANNUAL REPORT-21/22

**LINK ASSOCIATES
CORPORATE COMPLIANCE ANNUAL REPORT
JULY 1, 2021 – JUNE 30, 2022
And
2022-2023 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 wrongdoing, 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, no results received/provided (0% error rate), no corrective actions see page 6, item #7 and page 7, item #9
- Internal Monitoring – 11,450 units of service reviewed - 0.3% error rate, see items #2, & #4 combined results pages 2-4
- Recommendations – see page 9

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 3324 units of service this past fiscal year. No units were found to have documentation billing errors this year (0%) which is now 3 years in a row for this measure. 58 records (.02%) had some documentation errors that did not have an impact on the integrity of the payment received, and 342 units (10%) were found with billing errors relating to MCO's paying incorrectly in these samples. These mostly were attributed to Amerigroup not paying transportation correctly and MCO's not paying the 15-minute rate correctly in Supported Community Living services which typically were already known to exist by the accounting department prior to these reviews. Internal Review Committee results are disseminated to the Program Directors for remediation. No instances of billing or documentation 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.
3. Case Management Department staff reviewed the billing records as follows:

At the start of the Fiscal year, there were a total of 23 people in the case management program at Link. During the year, 5 people 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 as well as 4 of the people who were later discharged. One person had discharged early in the fiscal year before their file was reviewed. There was a total of 22 case management files reviewed for billing accuracy. Each file was reviewed for an entire 12 months of service for a total of approximately 264 months of service reviewed for accuracy. There were no billing errors detected during these reviews or any instances or indicators of waste, fraud, or misconduct. The overall error rate of units overbilled to the total number billed for the year was 0% which is an improvement from the prior year rate of 0.2%. There were 1084 billable units for the year.

Trends: There were no trends discovered during the year.

Corrective Actions taken throughout the year: There were no billing errors detected during the year, but on two occasions staff were asked for clarification on some entries and guidance given in specifying what is billed. In one instance a date with information that was billable wasn't marked as such, however it had been discovered and corrected prior to billing but the corrected note wasn't filled in the right place. In another, guidance was given to clearly separate out in the notes when something is done but not a billable activity from the actual billable entry – entering service plans is billable but time spent doing QAs to correct service plans is not. This was billed correctly but not clearly spelled out.

Recommendations: There continues to be little growth available to the case management program due to the majority of persons served 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. Five people lost their HIPP status this year and at least one other will transfer in the next few months to an MCO. There were no new admissions coming into the case management program in the last fiscal year. As of the end of the fiscal year, we are just serving 18 people with the expectation that will be 17 as of September 1, 2022. 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 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. The state is beginning the process for the unwinding of flexibilities that were put in place during the Federal Public Health Emergency (PHE) and case managers will need to ensure that the requirements are being followed as they adjust during this time. Case Managers have currently been following the rules put in place before the flexibilities when families are comfortable with this. There are still a few families requesting to use some of the flexibilities instead of in person visits at this time, but they have been made aware of the rule requirements for services once the PHE ends.

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%	18%	5.3%	5.3%	5%	100%
*Units reviewed	388	11	2812	1092	2739	1084
Units paid back	0	0	34	0	0	0
Units under billed	0	0	0	0	0	0
Error rate	0%	0%	1.2%	0%	0%	0%

*Represents 11 months for this report period

Overall, this represents a 0.4% overall error rate for all programs combined review of 8126 units. The 34 units paid back represent daily services in the residential program discovered during these second level review that typically lacked the content and documentation on supports and goals provided during the day that otherwise persons served were present and receiving services for. These discrepancies were not determined to be instances or indicators of waste, fraud, or misconduct but rather poor documentation by DSP's and lack of oversight by the supervisors assigned to review these prior to billing. 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 completed within 72 hours of service delivery and 54 DSP were followed up with (20 on more than one occasion).
- Residential identified that C-23's (persons served tip sheets) were not current in person served records for 53 of the 70 reviews.
- Residential identified that goal acknowledgements were not found in person served records for 63 of the 70 records reviewed.
- Residential identified 42 of the 70 records were missing some of the documentation on all goals and service steps as expected during the month.
- Residential identified that 40% of the units' records reviewed didn't have narratives that would fully explain the time service entries for when absent from services (i.e. attending day hab, on a home visit, at camp, etc.).
- The quality of documentation suggest DSPs do not understand the intent of the person served goals as they lack details in their narrative or don't run/address goals correctly.
- End of month % of logs audited show not all sites meet compliance of 95% or above for reviews conducted before billing lockdown periods.

Employment/Day:

- Identified that documentation was not being completed within 72 hours of service delivery and 5 DSP-ETS were followed up with.
- Supported Employment identified that current JT-2's (task analysis) were not found in person served records for 13 of the 44 reviews.
- Supported Employment identified that goal acknowledgements were not found in person served records for 21 of the 44 reviews.
- Address location (location services are provided) was incomplete in some records for the LEEP shadow locations (non-Medicaid funded)

- Identified that documentation was not being completed within 72 hours of service delivery and 13 DSPs were followed up with.
- Day Habilitation saw a small increase of staff not including details in their daily narrative and goals not being person centered.

Transportation:

- MCO's (mainly Amerigroup) continue to reimburse at different rates each billing cycle, as they do not follow the contracted rate

Corrective Actions taken throughout the year:

Residential

- Tip sheets are expected to be updated at least quarterly and reminders added to all supervisors' calendars. Residential Administrative Specialists were also provided access to assist with keeping these documents current.
- Training materials covering the Medicaid Rules governing documentation were created and all staff were trained on these materials.
- Completed oversight of the persons served database to ensure all corresponding documents are present and updated (NOD's, MCO Plan, Link Service Plan, C-23s and goal acknowledgment sheets)

Employment/Day

- Met with IVRS leadership with bi-monthly zoom meetings to follow up on outstanding claim issues
- An employment file review form (O-2) was used to incorporate all required paperwork into systematic reviews
- Stricter enforcement of ETS/DSP who are found to be completing documentation late
- Continued extra oversight of the persons served database to ensure all corresponding documents are present and updated (NOD's, MCO Plan, Link Service Plan, JT-2, C-22s and goal acknowledgment sheets)
- Weekly reviews of log auditing and analyze the date reports and follow up to individual supervisors who are not in compliance
- Training materials covering the Medicaid Rules governing documentation were created and all staff were trained on these materials.

Transportation

- Began working with Link's Finance Director and Amerigroup's liaison to fix the payments from Amerigroup. We looked back at payments from the time Amerigroup started working in the state of Iowa (2016). This project continues at this time as we discovered that their software system is showing the correct rates and units billed, however it is not calculating correctly and paying the correct amount billed. This work continues to this day as they are still not reimbursing Link correctly for the transportation serviced billed.
- Before each billing period all corrections are completed in Edoc Transportation to ensure proper billing.
- For the period of 7/1/21 – 5/31/22 there were 12,695 items that were corrected to ensure proper billing. Part of these corrections are staff having multiple corrections for the same error as they may have recorded an am time vs a pm time when completing the correction.

Recommendations:

Residential services

- Will continue to complete oversight of the persons served database to ensure all corresponding documents are present and updated (MCO Plan, Link Service Plan, C-23s and goal acknowledgment sheets)
- Clearly outline how to ensure goal C-23s are being created, updated, and saved to the database for person served in a timely fashion.
- Clearly outline how to ensure goal acknowledgment sheets are being trained on and assigned staff sign off on these reviews.
- Collaborate with other department leadership to devise/update training for DSPs on service documentation which can include; new employee orientation, Relias training, etc.
- Quality Assurance Administrator (QA) will send monthly emails to department supervisors and administrators, including information on changed logs.
- Residential Administrator's (RA) will add 2nd level review summary findings to their 1:1 meeting with supervisors.
- RA' will complete weekly reviews of log auditing (ensuring 95% completion before lockdown and 100% afterwards each month).

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 continue to complete oversight of the persons served database to ensure all corresponding documents are present and updated (MCO Plan, Link Service Plan, C-22s/JT-2s and goal acknowledgment sheets)
- Clearly outline how to ensure goal JT-2s are being created, updated, and saved to the database for person served in a timely fashion.
- Clearly outline how to ensure goal acknowledgment sheets are being trained on and assigned staff sign off on these reviews.
- Collaborate with other department leadership to devise/update training for DSPs on service documentation which can include new employee orientation, Relias training, etc.
- QAA send monthly emails to department supervisors and administrators, including information on changed logs.
- Day Program Administrator will add 2nd level review summary findings to their 1:1 meeting with supervisors.
- Employment Administrator will audit all Job Development documentation

Transportation

- Continue billing as is with the Edoc Trans System and escalate the payment reimbursement problems to Amerigroup's Iowa President to clean up the billing errors.
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 2022 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. In 2022 a new policy and procedures for payroll management was put into effect as a result of an internal investigation that discovered wrongdoing had occurred in payroll administration by a previous staff member. 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 can conduct 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 1 request for 6 months of service documentation for one person served was reviewed and submitted. However, no results have been provided at the time of this report (submission was in September 2021).

- b. The last IME, HCBS Quality Oversight On-site Periodic Review occurred on October 13, 2021, that had been delayed due to the pandemic since March 2020. This regularly timed review (typically every 5 years due to our CARF Accreditation) is very comprehensive and references over 300 Iowa Administrative Code (IAC) rules. One corrective action plan was needed from this review that related to documenting the quarterly reviews required by IAC for persons served who have plans that contain restrictive interventions. By IAC interpretations, literally all persons served by Link Associates have restrictive interventions as they include such things already addressed in each persons served plans such as; persons served having a guardian, having staff members assist with medications, or having staff assist with persons served money. However, since these are often viewed as long term support needs, were only reviewed annually or upon request by Link Associates versus quarterly (and documented) as interpreted by IAC.

IME also completed 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.

- 8. 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 with Iowa's turn beginning again in 2021, since the last had occurred in 2018 and that was without error. No requests were made of Link, so this is not expected again until 2024.
- 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 remaining MCO that would have persons served assigned to them proportionately from AHC's exit. Link Associates had the majority of persons served who had chosen AHC as their MCO. 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. 109 active persons served are enrolled with Amerigroup and 119 persons are enrolled with Iowa Total Care that represents no significant swings in enrollment this past year.

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, Amerigroup for the first time in 5 years had two such requests last fiscal year in July and September of 2020 and no results or outcomes were ever provided. They requested; service logs (E-doc records), remittance advice reports, service plans, and authorizations for services previously provided during a one-month period. One similar record request from Amerigroup was received and responded to in June 2022 with no response. No requests have ever been made from Iowa Total Care.

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. 37 entries were made by administrative staff this fiscal year into the Billing Adjustment Log for Services Previously Billed. This compares to approximately 81 entries in fiscal year 20/21 and 55 in 19/20. 16 or 43 % of these were attributed to NOD changes (tiers, changing MCO's and authorizations) that were received late. The other primary cause of these billing adjustments were discoveries made during Link Associates 2nd level review processes that were improved this fiscal year by having the Quality Assurance Administrator perform these for both the residential and vocational programs. 17 entries or 46% were errors made in the original billing that were all attributed to the residential department.

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 (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 for the past fiscal year.

Total Summary	Unlock occurrences	Unlock occurrences	Unlock occurrences	Unlock occurrences
	1 st quarter 21/22	2 nd quarter 21/22	3 rd quarter 21/22	4 th quarter 21/22
Residential	95	93	54	43
Case Management	1	0	0	1
Vocational	40	23	44	17
Actual Total	136	116	98	61

The department leadership are asked to provide the COD with verification if supervisors had completed log auditing prior to billing or communicated barriers to them as well as their action steps for improvement. The report provides them with actionable opportunities if noncompliance or poor performance were indicated.

The Quality Assurance Administrator also began providing department leadership with reports that show them the service locations that were not audited prior to billing as yet another tool for their enforcement of agency expectations with their staff assigned to these important duties.

3. Improvements to be made for the monitoring, updating, and reporting of persons served reimbursement rates and the changes that occur. A number of entries in the: Billing Adjustment Log for Services Previously Billed, where due to poor or delayed administrative oversights that can cause incorrect payments or no payments at all. The Quality Assurance Administrator position has begun providing oversight and operational duties for both the employment/day/residential programs to centralize this responsibility in efforts to reduce errors of this nature.

Time frame: Immediate

STATUS: Accomplished, NOD issues with billing were not attributed to personnel at Link Associates but all caused by the MCO's not providing timely notice of changes.

4. Consistency of applying E-doc documentation standards has been identified by the Quality Assurance Administrator between the residential and employment/day program areas. While some variables are unique to the types of services (i.e. 24 hours a day versus 5 ½ hours a day) the development and education of direct support professionals to uniformly address persons served goals will be worked on for existing staff and new employees.

Timeframe: Complete by 1/1/22

STATUS: Completed on 1/10/22 and began training supervisory staff on consistency with subsequent changes and improvements for new and existing direct support professionals.

RISK ASSESSMENT

The CCO conducted a risk assessment on April 4, 2022, 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 2023 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.
 - a. 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.
 - a. Time frame: Immediate
3. Checkbox documentation has been introduced by Iowa Medicaid again and is anticipated that these proposed changes could become effective by October 1, 2022. Meetings have already occurred with Link leadership to access the current persons served goal language for adapting to this methodology and the Corporate Operations Director will monitor the status and lead the changes and training activities for this upon State approvals.
 - a. Time frame: As information is obtained for prompt implementation
4. In June 2022, Link received notification that E-doc and E-tran would be discontinued and no longer available after July 1, 2023. These programs have stored and documented our Medicaid funded services since implemented in October 2010. This will have significant impacts on Links processes for daily documentation, training, levels of review, billing, and overall implementation strategies for a replacement service. The Corporate Operations Director will work with Link leadership on the selection and implementation of replacement technology.
 - a. Time frame: Complete by June 30, 2023

CORPORATE COMPLIANCE RISK ASSESSMENT-22/23

LINK ASSOCIATES
CORPORATE COMPLIANCE PROGRAM
RISK ASSESSMENT
July 1, 2022 – June 30, 2023
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 wrongdoing, 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 31, 2022, from Department Directors/designees to further discuss and review these items and to obtain additional feedback.

TOP RISKS (with highest threat measurement)	
1	Inadequate staffing levels or insufficiently trained or supervised staff to provide care. (risk #5)
2	

RECOMMENDED ACTIONS TO REDUCE RISK (MITIGATE)

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.

2. Risk #5: Inadequate staffing levels or insufficiently trained or supervised staff to provide care. DSP openings increased dramatically during the pandemic. Targeted efforts are contained in the agency strategic plan and will not be duplicated here.
3. Risk #15: Knowingly billing for inadequate or substandard care. Systems to mitigate described will continue with increased educational and/or disciplinary measures by the Quality Assurance Administrator and Corporate Operations Director.
4. 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 complete and accurate 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.

PERSONS SERVED 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.

DEFINITIONS 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	<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. CMD oversees audits 100% (Case Management) and 20% (Program Management) 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. 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 missing content in persons served plans the MCO's are producing that are not in conformance to regulatory standards.
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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	<ol style="list-style-type: none"> 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). 2. Admissions policies and committee format/decision making may include nursing evaluation and ability to serve. 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. 4. SIS is being administered by staff of the MCO's (Telliger 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. 5. Link has revised the Link Service Plan to capture gaps and missing information in the persons served plans developed by the MCO's.
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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	<ol style="list-style-type: none"> 1. Care Planning Tool/Housing Checklist has been modified to ensure persons served have been involved in their life choices and preferences. 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. 3. The SIS is now completed by representatives of the MCO's, and communication/coordination have posed difficulties and concerns. 4. Satisfaction of services is measured quarterly for all programs that inherently address persons served needs and preferences. 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. 6. The MCO's disregard to person served choices 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.) 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. 8. High caseloads 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).
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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></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					Mitigate	<ol style="list-style-type: none"> 1. This is currently measured in existing agency program evaluation measures, which monitor the number of documentation errors. 2. The Program Committee of the Board additionally monitors the data relating to medication errors. 3. Employee Handbook has specific disciplinary action and training requirements for staff making medication errors. 4. Annual skill assessment is required of all agency medication managers. 5. In early 2019, exploration and trials of an E-MAR electronic system was being tested that is now fully implemented that was anticipated to decrease errors made in the administration of medication.
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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>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	<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. Openings for DSP's is at a record high.
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				<ol style="list-style-type: none"> 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. The hiring process has been shortened for DSP positions and core 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. Online applications and "text" to apply features are widely utilized. Better Teams entered the on-line recruiting market last year and has thus far proven to be a better tool used by Link Human Resources for outreach to applicants, while current employee referral programs are vibrant and providing results. Legislative lobbying is more unified in 2022 across both the state (IACP) and federal (ANCOR) memberships to address the critical shortage and inadequate wages for DSP's. Although local, state, and federal funding has been received, they have all been one time funds which do not allow for changes in wages. To attract and retain good staff, this has to be acknowledged and addressed. 																						
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"> All employees required to take mandatory reporting, which includes reporting expectations to DHS. MCO's have begun to request additional information that typically is centered on agency reports to them of critical incidents. Agency Policy and Procedures encompass the reporting requirements to the MCO's. Frequent engagement with persons served from internal Case Coordinators and Program Supervisors provide additional opportunities to minimize incidents. Each MCO has different reporting processes that are addressed in agency policy and procedures, but the different protocols for each that differ from IME 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"> Admissions policy and agency policy in persons served handbook contain specific non-discriminatory policy. Appeal process disseminated to applicants for services who have been denied services. Appeals/Grievances monitored by the ED and reported on annually by the COD.
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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"> All employees receive training upon hire and every 3 years on mandatory reporting. Core training on Intro to ID/DD and Rights/Responsibilities/Confidentiality also contain important components of persons served treatment. Frequent engagement with persons served from internal Case Coordinators and Program Supervisors provide additional opportunities to minimize incidents. Persons Served/Family Handbook provides comprehensive expectations of staff and persons served rights. 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"> Persons served Handbook provides extensive detail on persons served rights. Positive Behavioral Support (PBS)Program Policy #11 provides guidelines that teams must follow. All staff receive training on PBS Policies and philosophies. Program Committee of the Board provides oversight of persons served plans with rights restrictions. Program Policies #3, Medication Administration and # 11 Positive Behavioral Supports address any use of psychotropic medication use. 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.
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10	Failure to ensure persons served have personal privacy and access to their records upon request and that privacy of records are protected	<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"> Program Policy # 2, Confidentiality and Management of Persons served Records addressees the confidentiality practices and policies of persons served records. The CCSP includes components (previously separate documents: Care Planning Tool/Housing Checklist) to ensure that privacy is provided. Persons served Handbook further explains that persons served can have access to their records at any time. 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	H					Accept	<ol style="list-style-type: none"> 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. Persons served have the right to decline to sign/agree to their CCSP without any effect of their service delivery Due process in place for any rights restrictions, which is on the CCSP template of required content. MCO's have not always provided notice of persons served meetings timely and are the primary entity responsible for coordinating the completion and updating the SIS. Most time Link staff are now involved in this now. The off-year assessments are not being done by the CBCM for Amerigroup while the CBCM still does them for Iowa Total Care.
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12	Failure to safeguard financial affairs	Threat	H					Accept	<ol style="list-style-type: none"> 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. 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. Day Hab services developed processes for their handling of incoming money for activities for better accountability and record keeping in 2019. Insurance coverage for crime (theft of money). External audits by Social Security provide another review of agency practices. This occurred in 2019 with a report in 2020 that identified policy and procedural errors that were corrected that did not constitute any misappropriation or misconduct concerns. Random, self-audits of 10% of records annually by the Finance Director or designee provide additional oversight to these functions. Daily Cash Flow records (residential) are reviewed for appropriateness, accuracy and are filed with Representative Payee designee. Financial records are available for review by persons served and legal representatives as requested and specified in the Persons served Handbook. Persons served are provided with monthly account reconciliation reports.
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			Preparedness						
Billing and Cost Reporting								Reaction	Current mitigation practices identified and risk exposures
13	Billing for services not provided as claimed	Threat	H					Accept	<ol style="list-style-type: none"> Finance Policy #9, Internal Billing quality control provides strict expectations and automatic download of billable, Medicaid records for all services (except NEMT) All records of service (those that support billing for Medicaid) are electronic and automatically calculate billable units for direct import into clearinghouses (Change Health Care) except NEMT. Falsification of entries mitigated by extensive employee training, and multiple layers of oversight and internal monitoring activities. Targeted Case Management reviews all billable progress notes to ensure they contain billable content prior to billing with additional second level review audits annually. NEMT services are all electronic through Passio Technologies Para Plan program. All records are now stored electronically in the Para Plan program. In 2020 MTM (NEMT broker for Iowa Total Care) was let go and now both Iowa Total Care and Amerigroup use Access 2 Care (A2C) as the transportation broker for NEMT which provides Link with more consistency. The risk is how trip numbers are assigned from A2C and uploaded in the Para Plan program which is out of Links control and compatibility issues on how documentation is shared and uploaded.
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			L						
				H	M	L			
			Preparedness						
14	Failure to identify and refund credit balances	Threat	H					Accept	<ol style="list-style-type: none"> 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. 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. A Billing Adjustment log triggers (and tracks) the Accounting Department by e-mail of any adjustments required. Billing Drive created that increases communication and accountability of claims that need corrective action. 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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			Preparedness						
15	Knowingly billing for inadequate or substandard care	Threat	H					Mitigate	<ol style="list-style-type: none"> 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 The Quality Assurance Administrator identifies trends, areas in need of improvement, and corrective action taken based on the results of 2nd Level reviews in conjunction with the Department Directors. 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.
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			Preparedness						

				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 provided reports quarterly from the COD 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.																						
16	Altering documentation that verify services were provided	<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	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.
Threat	H																									
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		H	M	L																						
Preparedness																										
17	False cost reports	<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></td><td>X</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	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.
Threat	H																									
	M																									
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Preparedness																										
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 participation in Medicaid programs.	<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	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.
Threat	H																									
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		H	M	L																						
Preparedness																										
19	Requiring temporary employment agencies to ensure their staff have undergone background checks.	<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	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.
Threat	H																									
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		H	M	L																						
Preparedness																										
20	Checking the OIG list of excluded individuals/entities list to verify employees are not excluded from participation in Medicaid	<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></td><td>X</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	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.
Threat	H																									
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Preparedness																										
21	Requiring current employees to report if	<table border="1"> <tr><td rowspan="2">Th</td><td>H</td><td></td><td></td><td></td></tr> <tr><td>M</td><td>X</td><td></td><td></td></tr> </table>	Th	H				M	X			Accept	1. This is identified as a requirement in the Employee Handbook that would result in a completely 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.													
Th	H																									
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	they are convicted of an offense that would preclude their ability to work for us	<table border="1"> <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="4">Preparedness</td></tr> </table>	L					H	M	L	Preparedness					<ol style="list-style-type: none"> Weekly monitoring of Polk County arrests is conducted to provide additional assurances that employees are notifying us of any arrests as required. Link Associates application supplement form HR-1, OIG and SAMS Excluded Individuals Release Form further has employee's acknowledgment that they must notify Link Associates it they become an excluded individual on either the OIG or SAMS exclusion lists. 								
L																								
	H	M	L																					
Preparedness																								
22	Periodically checking the OIG and SAM websites to verify the participation/exclusion status	<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> <tr><td colspan="4">Preparedness</td></tr> </table>	H				M				L	X				H	M	L	Preparedness				Accept	<ol style="list-style-type: none"> 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/election. 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 working with Link Associates have even been identified to be on the exclusions lists to date.
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Preparedness																								
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	<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> <tr><td colspan="4">Preparedness</td></tr> </table>	H				M	X			L					H	M	L	Preparedness				Accept	<ol style="list-style-type: none"> Persons served records are maintained by the CM Department and their quality assurance practices. 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. 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. Internal monitoring (Finance Policy #8, Internal Controls and Finance Policy #9, Internal Billing Quality Controls) provides further verification of proper payments. Admission to services practices collects enrollment information and the Case Coordinator does the verification of eligibility for funding prior to the intake meeting. Systems (MCO's) have delayed/denied payments when all preventive measures currently in place have been utilized by Link Associates. MCO's don't track psych evals for eligibility renewal and is the responsibility of DHS who also are not monitoring this, so our Link Case Coordinators do this and can schedule for residential based persons served, but employment/day hab persons aren't always updated possibly causing them an eligibility issue which rests with the MCO's.
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Preparedness																								
24	Corrective action taken in response to external monitoring and surveys	<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> <tr><td colspan="4">Preparedness</td></tr> </table>	H				M	X			L					H	M	L	Preparedness				Accept	<ol style="list-style-type: none"> HCBS Periodic Reviews completed (2012, 2015) resulted in no recommendations or corrective action plans. The Periodic Review scheduled to occur in April 2020 was postponed by the State due to the pandemic and occurred in October 2021. One corrective action was required from that survey that was minor and was subsequently accepted timely by the State. 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 closely at the person-centered planning process in place. No corrective action was needed by Link Associates. The most recent HCBS billing review (November 2014) resulted in no corrective actions or repayment of funds 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. The IA review occurred again in 2021 with no record requests made of Link. The COD is directly involved with external monitoring surveys and ensures corrective actions are taken as indicated.
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	H	M	L																					
Preparedness																								
25	Records and audit data that support and explain cost report and other financial activity	<table border="1"> <tr><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="4">Preparedness</td></tr> </table>	H				M		X		L					H	M	L	Preparedness				Accept	<ol style="list-style-type: none"> Organizational Management Policy #3, Administration of Office/Communication records guides the record retention activities of Link Associates. Annual audit by external source. Cost audit training attended as offered. 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.) The leadership of Link Associates monitors provider Cost Audit and changing rules/interpretations. Link received many forms of governmental assistance during the pandemic and the myriad of reporting requirements, different uses, time periods, portals, and timeframes are providing a challenge to all organizations to provide responses. The annual external audit includes "Single Audit" oversight based on the type of funding.
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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	<ol style="list-style-type: none"> Corporate Compliance efforts and processes are documented. An annual summary is conducted at the end of each fiscal year. Objectives are identified in the Corporate Compliance Plan. External monitoring/survey results all filed in secure administrative files.
Threat	H																									
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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	<ol style="list-style-type: none"> Organizational Management Policy #3, Administration of Office/Communication records guides the record retention activities of Link Associates. 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, one locally and one in the cloud. 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. NEMT services in May of 2020 are now documented electronically through Passio Technologies Para Plan program and are stored electronically. Computers and electronic work devices are encrypted, and secure e-mail processes were established in May 2016. HIPAA policies and procedures were updated in December 2015 and are reviewed annually.
Threat	H																									
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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	<ol style="list-style-type: none"> Secure scanning has reduced the dependency on having hard copies of records once they have been scanned. The "drives" (File Servers) and databases (i.e. persons served data base, HR data base) are backed up on two additional servers, one locally and one in the cloud. Introduction of E-MARs for medication records will provide electronic storage of what are now paper records being scanned. Periodic discoveries of human error continue with the electronic records for persons served and personnel. Systems in place permit the retroactive corrections necessary when problems occur.
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	M			X																						
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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></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"> 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. Information Technology Director has restrictions and security designed that limits all access to backup systems. Passwords are changed and access removed promptly upon employee's separation of employment.
Threat	H																									
	M																									
	L	X																								
		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	<ol style="list-style-type: none"> State and Federal laws are incorporated into agency policy and procedures and any changes are promptly implemented. Organizational Management Policy #3, Administration of Office/Communication records guides the record retention activities of Link Associates. 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.
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ORGANIZATIONAL RISK ASSESSMENT

LINK ASSOCIATES
RISK MANAGEMENT ANNUAL REPORT
 Preparing for Year End Report July 1, 2021 – June 30, 2022
 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 2021/2022, input was gathered from persons served, staff, administration throughout the organization and the Boards of Directors. These shared views, as well as industry specific facts allowed us to benchmark our risk management practices helping identify processes or approaches that may improve the effectiveness of our risk management strategies.

TOP RISKS

Fiscal Year Report 2021-2022	
1	Natural Disasters, Pandemic and Acts of Terrorism
2	Significant employee reduction
3	Knowledgeable Well-Trained Workforce
4	Overtime Cost
5	Staff Retention
6	Accidents
7	System Expects More with Less Funding
8	Lack of Control on Rules and Interpretations
9	Service and Funding Reduction Risk

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
- Monthly Bank Reconciliations
- Organizational Financial management
- Accounts Receivable
- Outstanding Debt
- The Building and Grounds Committee, in conjunction with the Link Foundation reviews:
 - Worker's accidents and trending
 - Workers' compensation ratings
 - Vehicle accidents
 - Evacuation times and trends
 - Outstanding Debt
- The Program Committee of the board reviews:
 - Survey outcomes
 - Program Evaluation for all services
 - 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

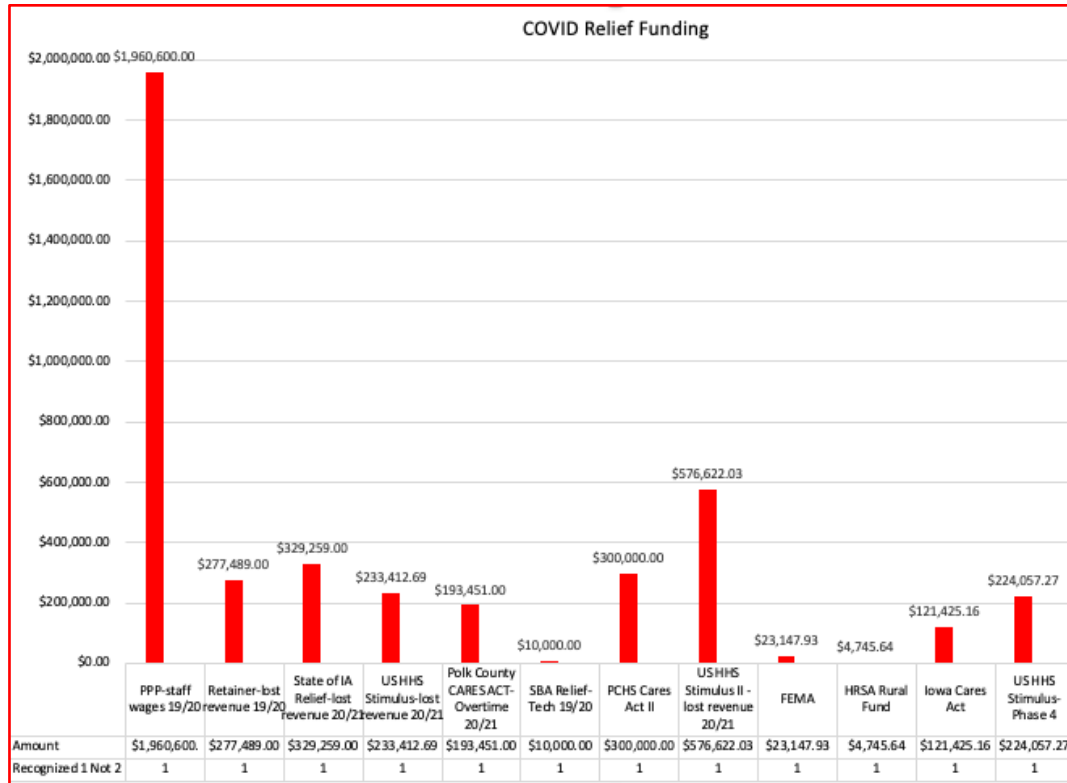
Link Associates recognizes that solid risk management requires a focus on eight interrelated areas:

- | | |
|---|---|
| <ul style="list-style-type: none"> • Leadership • Insurance and Risk Funding • Strategy and planning • Persons served focus | <ul style="list-style-type: none"> • 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. 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 could 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 IN FY2021 / 2022:

1. With the COVID 19 pandemic, to minimize the financial risk to the organization, Link Associates aggressively pursued all opportunities for local, state, federal and private funding sources to offset excessive costs, and reduced income. In total, between 3.15.20 to 4.1.2022, Link Associates received \$4,254,209.72 in relief funding.



- a. Link Associates is down 100 employees since managed care started in Iowa. When the pandemic hit Iowa, we immediately suffered a significant loss of employees and this loss has continued and is staggering. In June of 2015 Link had 336 staff and are now at 232. As businesses reopened and faced a staff shortage, those who could change their rates of pay did. For businesses like Link Associates, we are locked by government funding with no ability to make such a change. As competition for employees grew, so did other hiring wage and bonus incentives. In addition to not being able to attract employees, Link also suffered greatly from staff leaving this industry for more pay and better benefits.
- b. The Day Habilitation experienced another three-week shut down due to both massive open positions and staff illness. After the three week closure the day program wasn't able to open fully and 26 additional person served were placed on a leave of absence. We were simply not able to staff the service.
- c. All staff of Link Associates, regardless of position are now assisting to cover direct care coverage. Although this is very appreciated and mission centered, it also leads to burn out and lack of job satisfaction by not being able to do the job you had worked hard to earn.

- d. Exempt staff are covering so many open positions without the financial ability to even earn overtime pay. Link Associates created for these staff, a second wage to do direct care in programs outside of the one they are working exempt in to attempt to compensate them and also fill shifts.
2. Link Associates has moved back to a combination of in person and Zoom meetings to keep all members of the Board of Directors and members of the Link Foundation Board connected. Our meetings remain on course and attendance continues to be high.
3. With the critical shortage of direct care professionals on a national basis, advocacy is more important than ever. Link engaged the services of a lobbyist for weekly updates, questions and front-line advocacy, and as Executive Director I have joined the Government Relations Committee of Ancor, the national Association for our industry.
4. Although the Link Foundation purchased two fully accessible homes, due to the continued need for affordable and accessible housing the Foundation purchased a ranch style home on 75th Street which is now a home to three gentlemen. The list of Link and Foundation owned residential properties now include:
 - a. Foundation -Amos-3 person fully paid for
 - b. Foundation-BelAire-3 person fully paid for
 - c. Foundation -Sunny Hill-3 person fully paid for
 - d. Foundation -SE 5th St-3 person fully paid for
 - e. Foundation-BT Gehm Home-4-person site fully paid for
 - f. Foundation-E25th St-5-person site fully paid for
 - g. Foundation-75th St-3-person site fully paid for
 - h. Link-Westwood-4-person site fully paid for
5. Policies reviewed by the Corporate Operations Director, leadership staff, and all recommended changes are presented to and reviewed and approved by the Board of Directors. This includes a new Pandemic Policy and revised By-Laws.
6. By-Laws for the Board of Directors have been modified to allow committed and dedicated board members to remain in service longer than the previous 12 years maximum.
7. Eligibility for persons served and continued multiple reviews on billing and receivables has increased to minimize loss and delay in payments.
8. Accident investigation teams for both persons served and staff accidents/injuries continue to be utilized. The Safety Committee continues to implement changes to the structure and review process to ensure efficiency.
9. 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 reformatted their incident report review from quarterly to monthly to ensure rapid intervention is verified.
10. 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. They meet in conjunction with the Link Foundation to ensure consistency in the planning and management of all properties.
11. Additional video cameras have been added to monitor more common areas of the interior and along with the exterior and parking lot after several thefts of catalytic converters from the fleet. Due to these cameras, video footage obtained resulted in an arrest.

RECOMMENDED ACTIONS TO REDUCE RISK:

- Staff Turnover – Staff has moved to an extremely critical concern for Link Associates. Until the state of Iowa and our nation recognizes and respects the role of those who directly care for citizens with Intellectual Disabilities this will remain a crisis. I have again worked very hard this year with elected officials and Iowa Medicaid Enterprise to ensure they understand the crisis community-based service providers are in. On-going ED
- Increasing our reimbursement rates so our staff can be paid a respectful living wage is a critical goal. Last year Link received a 3.5% increase for residential, day habilitation and employment. 100% was invested in wages, giving 10% increase to direct support staff, 6% to advanced support that work directly with persons served, 1.5 to administrative and supervisory and 1% to Department Directors. Although a wonderful increase, it only brought the starting wage to \$12.50. This has been a legislative focus for years; however, both the nation and the state of Iowa seem this year to be more willing to evaluate and shift money toward our segment of the budget. Ongoing communication with all of our elected officials and engage in those we serve, our staff, and the families is essential and making our voices heard. Ongoing - ED
 - This year individual meetings with the Medicaid Director and Managed Care leadership were held with the Executive Director and Corporate Operations Director to ensure they understand how their providers have been locked in a payment method with no cost-of-living increases and over 6 years only a 4.2% increase in some programs averaging less than a .7% adjustment/year.
- Overtime Cost –overtime costs, in line with the shortage of staff have also become a catastrophic problem for Link Associates. Without the relief funding, Link Associates could have not absorbed the costs to continue care for those we support. In this fiscal year, Link is averaging \$159,265 hours of overtime/month. In the first 6 months Link spent \$955,591 in overtime. The chart below shows the overtime history and cost YTD thus far. On-going ED, Residential Administrator’s RA’s, and EDPD

Employee Turnover by Percentage of Total Staff-Fiscal Year 2021/2022					
		Turnover Monthly %	% Turnover/Fiscal Year	Resignations	Average # Employees
	2016-2017	2.99%	226.93%	134	328
	2018-2019	5.56%	207.12%	138	272.5
	2019-2020	5.56%	397.40%	138	272.5
	2020-2021	3.44%	259.00%	93	241
	Goal for FY21-22	4.39%	200.00%	100.00	278.50
Fiscal Year 2021-2022	2021 July	3.98%	3.98%	10	251
	2021 August	2.01%	2.01%	5	249
	2021 Sept	3.17%	3.17%	8	252
	2021 October	2.80%	2.80%	7	250
	2021 November	4.88%	4.88%	12	246
	2021 December	1.69%	1.69%	4	237
	2022 January	3.40%	3.40%	8	235
	2022 February	#DIV/0!	#DIV/0!	0	0
	2022 March	0.00%	0.00%	0	0
	2022 April	0.00%	0.00%	0	0
	2022 May	0.00%	0.00%	0	0
	2022 June	0.00%	0.00%	0	0
	Total	#DIV/0!	#DIV/0!	54	
	Average	3.13%	3.13%	7.71	250

Employee Overtime					
Employee Overtime		Hours/Month	Premium /Month	Hours/FY	Cost/FY with FICA
	2016-2017	3,365	\$24,000	262,173	\$240,191
	2017-2018	3,221	\$19,870	238,652	\$243,145
	2018-2019	3,010	\$17,849	207,292	\$257,767
	2019-2020	4,586	\$86,465	847,555	\$1,116,959
	2020-2021	5,738	\$111,132	456,552	\$1,514,920
	Goal for FY21-22	4,500	\$90,000.00	300,000	\$1,000,000.00
Fiscal Year 2021-2022	Jul-21	7,347	\$143,184	7,347	\$154,138
	Aug-21	7,094	\$151,802	7,094	\$163,415
	Sep-21	7,178	\$152,110	7,178	\$163,746
	Oct-21	7,598	\$161,774	7,598	\$174,150
	Nov-21	5,807	\$124,406	5,807	\$133,923
	Dec-21	7,320	\$154,407	7,320	\$166,219
	Jan-22	0	\$0	0	\$0
	Feb-22	0	\$0	0	\$0
	Mar-22	0	\$0	0	\$0
	Apr-22	0	\$0	0	\$0
	May-22	0	\$0	0	\$0
	Jun-22	0	\$0	0	\$0
	Total	42,344	887,683	42,344	955,591
	Average	7,057	147,947	7,057	159,265

FEEDBACK FROM THE BOARD OF DIRECTORS

Members of the Board of Directors and the Board of the Link Foundation reviewed the contents of the Risk Management Plan. They have made the following suggestions:

<p style="text-align: center;">THREAT</p> <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 • Very Low Below 10% probability of occurrence <p style="text-align: center;">PREPAREDNESS</p> <ul style="list-style-type: none"> • Very High tolerance Advanced capabilities to identify, measure, manage risk exposure within • High tolerance Solid capabilities to identify, measure, and manage risk exposure within • Medium Clear vision of risk tolerance and overall risk profile and have to identify and prepare for emerging risk process • Low Inconsistent or limited capabilities to identify, measure, or risk exposure. manage • Very Low Minimal capabilities to identify, measure, or manage risk exposure. 	<p style="text-align: center;">RISK RESPONSE PLANNING</p> <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 • Accept Nothing will be done • Transfer Make another party responsible for the risk (buy insurance, outsourcing, etc.)
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GRID CODE- Likelihood/Threat level (L) and Preparedness (P)

Internal Threats

Leadership							Reaction	
Policies describing roles and responsibilities of board, management and staff	Preparedness (P)						Accept	
			Very High	High	Medium	Low		Very Low
	Likelihood/Threat (L)	Very Low	L P					
	Low							
	Medium							
	High							
Very High								
Risk management system for identifying,	Preparedness (P)						Mitigate	
			Very High	High	Medium	Low		Very Low
							9. Plan reviewed annually by department directors and various committees of the board for recommend additions and/or changes. Highest scoring items are ranked priority. Annually – ED 10. Annual summary of progress is compiled into a Risk Management Plan Report. -ED	

<p>assessing, monitoring, and managing</p>	<table border="1"> <tr> <td rowspan="5">Likelihood/Threat (L)</td> <td>Very Low</td> <td>LP</td> <td></td> <td></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> <td></td> <td></td> <td></td> </tr> <tr> <td>Medium</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>High</td> <td></td> <td></td> <td></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> <td></td> <td></td> <td></td> </tr> </table>	Likelihood/Threat (L)	Very Low	LP								Low									Medium									High									Very High										<p>11. Annual summary included in the Business Function Improvement Plan. – ED</p>													
Likelihood/Threat (L)	Very Low		LP																																																											
	Low																																																													
	Medium																																																													
	High																																																													
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		Preparedness (P)																																																												
		Very High	High	Medium	Low	Very Low																																																								
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		Preparedness (P)																																																												
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		High								
		Very High								
Directors and officers, errors, omissions, and fiduciary liability	Preparedness (P)							Accept and transfer	6. Annual review of coverage conducted and presented to the Executive and Finance Committees of the board. Annually – ED and FD 7. 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	7. Annual review of coverage conducted and presented to the Executive and Finance Committees of the board. Annually – ED and FD 8. Bi-Monthly monitoring of all accidents at Building and Grounds Committee meeting. 9. Safety Committee and PBS Committee review of all incidents and trends. 10. Building and Grounds Committee reviews employee injury trends and Work Compensation Safety Modification Reports –Semi-monthly (ED) 11. The Link Foundation's completion of two homes with ceiling lifts to help move dependent adults with physical disabilities is a great step toward protecting more of our staff. – Ongoing ED and F&FD	
		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	5. Annual review of coverage conducted and presented to the Executive and Finance Committees of the board. Annually – ED and FD 6. 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	5. Crisis Communication Plan is updated and presented to the full board in Board Orientation. Annually – ED	
		Very High	High	Medium	Low	Very Low				

	Likelihood/Threat (L)	Very Low	LP								6. 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	
		Low										
		Medium										
		High										
		Very High										
Theft		Preparedness (P)									Accept and transfer	10. Employee handbook is inclusive of theft from organization and persons served. Presented annually to employees. Ongoing – ED 11. Incidents of organizational theft are reported to law enforcement as appropriate. Ongoing – ED 12. Electronic devices were updated to include GPS tracking and reports returned via the Internet. Information Technology Director On-going – (ITD) 13. Incidents of theft from persons served are reported to law enforcement, Social Security Insurance and the Department of Human Services. Ongoing – ED 14. Persons served are encouraged to obtain renters insurance. Ongoing - ED 15. New employee orientation addresses theft and the outcome of theft for all employees. Ongoing – ED 16. 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 17. Link Associates' Waste, Fraud and Abuse policy and is presented to Board and Staff. Annually – ED 18. External audit is conducted annually to review all accounting practices and money handling. Annually – ED and FD 19. Additional security cameras have been added to the 2 nd and 3 rd floor and parking lot of the main facility to provide better oversight and monitoring of persons served, guests and employees. (ITD) 20. In FY 19/20 theft from an employee was identified and reported. Following the examination of process and the outcome of the annual external audit additional preventative steps were put into place. Modifications to the finance policies were made and approved by the Board. FD and ED
		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	7. Executive Director communicates with all elected officials with supports to the Greater Polk County area and meets with or hosts as many as possible annually. When meetings take place at Link employees are included and elected officials meet the persons served to understand our business. In the year of COVID, ZOOM Meetings connected Link to elected officials. Ongoing – ED 8. Persons served elected to the Link Council coordinate assisting persons served communicate with elected officials. Ongoing – ED 9. Internal strategic plans recognize importance of legislative importance. Ongoing – ED 10. Relationships with key House and Senate members have been built and maintained throughout the implementation of managed care. Ongoing – ED
		Very High	High	Medium	Low	Very Low						
	Likelihood/Threat (L)	Very Low										
		Low										
		Medium	LP									
		High										
		Very High										

								11. Education, advocacy and provision of information continues to the elected officials on topics associated with managed care and the impact on those served. (ED) 12. In light of the worker crisis in the HCBS industry Link engaged the services of a lobbyist to meet with ED at least monthly and provide updates, connections and recommendations. – On Going ED		
Donors and support		Preparedness (P)						Mitigate	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. (OD 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. -OD and ED 5. A new donor database was created to ensure an efficient method to store, sort and acknowledge all donations. ITD 6. Additional efforts give to the Annual Appeal, giving Tuesday and specific web-based fund raisers. On-going ED 7. Personalized thank you notes from the Executive Director along with the tax letter started to encourage long term commitment. On-Going ED	
			Very High	High	Medium	Low	Very Low			
	Likelihood/Threat (L)	Very Low								
		Low								
		Medium		LP						
		High								
Very High										
Community knowledge of Link Associates		Preparedness (P)						Mitigate	6. Vehicles present name and logo throughout the community. Ongoing – F & FD 7. Presence and continued participation in job, career and service fairs in schools and community venues. 8. Staff lanyards visible in public. Ongoing – Management 9. Facebook and website presence are aggressively updated to provide easier access to information and resources. (ED) 10. Executive Directors advocacy has made Link a more common name in the press and at the legislature. (ED) 11. Significant coverage for the Bankers Trust/Gehm home was planned, however when COVID-19 hit all plans were changed and media events cancelled. 12. 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 13. Executive Director posts information on Facebook and Twitter, the Facebook following is growing. (ED)	
			Very High	High	Medium	Low	Very Low			
	Likelihood/Threat (L)	Very Low								
		Low								
		Medium								
		High								
Very High										
IME allowances for leasing		Preparedness (P)						Accept and transfer	1. Request for exception to policy was granted consistently since FY 11/12. On-going ED 2. Annual increase to lease cost to the Foundation to bring the lease closer to fair market value. – Ongoing – FD & ED 3. System changes with Managed Care may significantly change previous initiatives such as this. Monitor and prepare for implementation and on-going (ED)	
			Very High	High	Medium	Low	Very Low			
	Likelihood/Threat (L)	Very Low	LP							
		Low								
		Medium								
		High								
Very High										

Information technology structure to meet industry needs	<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>LP</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></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		LP				Low						Medium						High						Very High						Accept and transfer	<ol style="list-style-type: none"> Many applicants do not have the skills necessary to utilize technology efficiently. On-going training identification – ITD and Training Facilitator Currently only one IT professional is employed at Link. This poses significant risk to on-going systems support. (ED) Software has been purchased and implemented to push updates and settings out to all organizational devices. – Ongoing (ITD and ED) Encryption accomplished in 2016 – Ongoing ITD With the onset of COVID-19, immediate changes to technology and devices to ensure staff and persons served had communication and documentation opportunities occurred. ITD In July 2020 the IT Director did a massive system update which allowed for better virtual meetings to be held. ITD In FY 20/21 the ITD created one new donor database and made significant changes to two other databases to improve the efficiency and effectiveness of entering and pulling summary data. – Ongoing ITD In 21/22 the ITD made many changes to the databases to make calculations more efficient and accurate for many program evaluation standards. – On-going IDT
		Preparedness (P)																																														
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		Preparedness (P)																																														
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Maintenance and inventory	<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></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						High						Very High						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)
		Preparedness (P)																																														
		Very High	High	Medium	Low	Very Low																																										
Likelihood/Threat (L)	Very Low																																															
	Low																																															
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	Very High																																															

	Likelihood/Threat (L)	Very Low		LP						3. 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 4. A database for the creation and storage of Purchase Requests was made and houses the invoice for paperless retention. ITD
E – Documentation training		Preparedness (P)							Mitigate	1. Incident reports processed in e-doc. On-going ED, CM, EDPD 2. 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, EDPD) 3. Documentation rules and regulations were added into the Employee Handbook to ensure we can implement process. (COD)
	Likelihood/Threat (L)	Very Low	Very High	High	Medium	Low	Very Low			
	Likelihood/Threat (L)	Very Low								
	Likelihood/Threat (L)	Low								
	Likelihood/Threat (L)	Medium		LP						
	Likelihood/Threat (L)	High								
	Likelihood/Threat (L)	Very High								
Persons served Focus										Reaction
Service and funding reduction risk		Preparedness (P)							Mitigate	2. Managed Care (MCO) officially started on 4-1-2016. Link has contract with AmeriGroup and Iowa Total Care Ongoing – ED 3. Contract with IVRS is in place. On-going – ED, EDPD 4. Contract with Polk County Health Services is signed and in place. Ongoing – ED 5. Contract with the United Way of Central Iowa is signed and in place. Ongoing – ED 6. Throughout the Covid pandemic, federal, state and local focus has been on the necessity for direct support professional's and the lack of pay in our current system. Continuing aggressive work to increase the rates to support our workforce is on a positive upswing. On-going ED 7. Post-Covid workforce crisis affecting everyone has allowed businesses that can be flexible in their rates to raise wages and hire a workforce more competitively than our industry. The open positions we currently have and the ability to attract and retain is critical. On-Going (ED, COD, EDP) 8. Strong advocacy in 21/22 to received increased rates as we have only received a less than .7%/year for 6 years. Ongoing-ED
	Likelihood/Threat (L)	Very Low	Very High	High	Medium	Low	Very Low			
	Likelihood/Threat (L)	Low								
	Likelihood/Threat (L)	Medium								
	Likelihood/Threat (L)	High								
	Likelihood/Threat (L)	Very High			LP					
Reduce risk persons served are exposed to (of abuse, neglect, lack of oversight, etc.)		Preparedness (P)							Mitigate	2. Continued staff training to provide oversight to any risk Ongoing – TF 3. Positive Behavioral Support agency wide to encourage and promote persons served self-protection- Ongoing – ED 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. -On-Going - ED 6. Mandatory Reporter Training available on line for easy access to all staff. 11-1-15 (TF) 7. Drivers make phone contact with on-site caregiver prior to letting persons served off transportation. F&FD
	Likelihood/Threat (L)	Very Low	Very High	High	Medium	Low	Very Low			
	Likelihood/Threat (L)	Very Low								

Financial Management							Reaction		
Decrease Accounts Receivable compared to monthly billing	Preparedness (P)						Mitigate	<ol style="list-style-type: none"> 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 and 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			LP				
		High							
Very High									
Documentation billing errors	Preparedness (P)						Mitigate	<ol style="list-style-type: none"> 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 – COD 3. Training classes offered for all employees to learn e-doc for successful integration. Ongoing – Training Manager (TM) 4. The Training Manager is now going out to sites across the community to provide direct support to staff struggling with documentation. Ongoing – Training Manager (TM) 5. With many staff having English as a second language and difficulty writing narratives, requests made at both the federal and state level to modify the documentation requirements to include checkbox versus narrative documentation. Ongoing – ED 	
		Very High	High	Medium	Low	Very Low			
	Likelihood/Threat (L)	Very Low							
		Low							
		Medium			LP				
		High							
Very High									
Cash flow management	Preparedness (P)						Mitigate	<ol style="list-style-type: none"> 1. Ensure timely cost report submission to IME-Rate Setting as soon as possible as long as it is required. On-going FD 2. Analysis of additional expenditures and pay grid implementation. (ED) 3. 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) 4. The line of credit utilization is submitted monthly to the Finance Committee and to the Foundation for review and oversight. – FD, FD – Ongoing 5. Debt tracking is submitted monthly to the Finance Committee and the Foundation for review and oversight. FD, ED – Ongoing 6. Throughout fiscal year 2021/2022, Link Associates has remained off the line of credit for both bankers trust and the Link foundation. This allows us to retain both of those lines of credit in the event of emergency need. Ongoing oversight – Ongoing FD, ED 	
		Very High	High	Medium	Low	Very Low			
	Likelihood/Threat (L)	Very Low							
		Low							
		Medium			LP				
		High							
Very High									
Post survey payback	Preparedness (P)						Mitigate	<ol style="list-style-type: none"> 1. Electronic documentation implemented. With introduction of Managed Care E-doc is modifying its systems for better billing ease out of the program. Ongoing-COD, EDPD 2. Internal Controls committee review of all service records. Ongoing – FD and COD 	
		Very High	High	Medium	Low	Very Low			

		Very High								
Board Members	Preparedness (P)							Reduce	<ol style="list-style-type: none"> 1. 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. 2. Increasing diversity has been an important role in accomplishing Link's mission and increasing understanding of Link Associates within our community. Ongoing Nomination Committee 3. The identification and recruitment of new board members fell significantly in fiscal year 19/20 and Link currently has four open positions on its board of directors. Ongoing - Nomination Committee 4. Throughout FY 2020-2021, we were able to add additional board members, however at the end of FY 2021 more nominations will be required and active participation of board members to recruit will be significantly needed. ED 5. A change in the Link Associates board of directors' bylaws was approved in 21/22 so we could maintain dedicated and committed members of the Board of Directors past the arbitrary 12 years in the previous bylaws. On-going ED 	
			Very High	High	Medium	Low	Very Low			
	Likelihood/Threat (L)	Very Low								
		Low	LP							
		Medium								
		High								
Very High										
Loss of key staff	Preparedness (P)							Mitigate	<ol style="list-style-type: none"> 1. Succession plan in place, annually updated and presented to the Executive Committee of the board. Ongoing – ED 2. Succession plan presented to all members of the board during orientation. Ongoing – ED 3. Department Heads begin formalized departmental succession plans. Ongoing – ED 4. Every employee has a career path and established goals on an annual basis to ensure potential key employees are identified and engaged. Ongoing –ED 5. Computer systems are under the direction of one employee. – On-going ED 6. Pay increase given to keep wages more competitive in FY19/20. Ongoing-ED. 7. During the Covid pandemic Link Associates lost many employees. Aggressive work to heighten the pay is ongoing. Bonuses were given in June 2020 and again in April 2021 to help incentivize the current workforce. ED 8. By the end of 2021 Link Associates is down 100 employees from the time that managed care came to Iowa. A variety of retention and recruitment initiatives were attempted, but the work crisis is affecting not only Link but the entire state. As the stress of open positions and covering shifts is taking its toll on the leadership. On-going -ED 	
			Very High	High	Medium	Low	Very Low			
	Likelihood/Threat (L)	Very Low								
		Low								
		Medium								
		High					LP			
Very High										
Innovation, quality and improvement								Reaction		
Regulatory Compliance	Preparedness (P)							Mitigate	<ol style="list-style-type: none"> 1. 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 2. Link Associates has a Corporate Compliance Officer (COD) that oversees compliance from an oversight perspective. On-going COD, ED 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 4. Link Associates participates in associations and with peers across the country to ensure we are updated on issues, trends and developments from the federal, state, and county perspective. On-going all Department Directors, ED 	
			Very High	High	Medium	Low	Very Low			
	Likelihood/Threat (L)	Very Low	LP							
		Low								
		Medium								
		High								
Very High										

Utilization of program evaluation data	<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>LP</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></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	LP					Low						Medium						High						Very High						Mitigate	<ol 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 5. Program evaluation data is key in the development of the Link Associates strategic plan. On-Going ED, COD
		Preparedness (P)																																														
		Very High	High	Medium	Low	Very Low																																										
Likelihood/Threat (L)	Very Low	LP																																														
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Current Trends and Issues		Reaction																																														
Iowa Association of Community Providers (IACP)	<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>LP</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						Accept	<ol 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 attack legislative problems specific to our organizations. Ongoing-ED 3. During COVID-19 IACP increased the use of video chats to update providers. A variety of staff of Link Associates participate in attending these presentations to ensure new and critical information is obtained and shared. On-Going-ED 4. In FY 20/21 Link Associates engaged the use of a lobbyist to work in conjunction with the executive director and her team of peer executive directors to ensure Link is on the forefront of all pending legislative information necessary. Ongoing - ED
		Preparedness (P)																																														
		Very High	High	Medium	Low	Very Low																																										
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		Preparedness (P)																																														
		Very High	High	Medium	Low	Very Low																																										
Likelihood/Threat (L)	Very Low		LP																																													
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		Preparedness (P)																																														
		Very High	High	Medium	Low	Very Low																																										
Likelihood/Threat (L)	Very Low																																															
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			Very Low		LP									
	Likelihood/Threat (L)		Low											
			Medium											
			High											
			Very High											
Polk County Emergency Management		Preparedness (P)							Accept					
			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					
			Very High	High	Medium	Low	Very Low							
	Likelihood/Threat (L)		Very Low		LP									
			Low											
			Medium											
			High											
			Very High											
Accidents		Preparedness (P)							Mitigate					
			Very High	High	Medium	Low	Very Low							
	Likelihood/Threat (L)		Very Low											
			Low											
			Medium											
			High											
			Very High											
			Low											
			Medium											
			High											
			Very High											

		Medium								
		High								
		Very High								
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		Preparedness (P)							Reaction
			Very High	High	Medium	Low	Very Low		
Law Suits/Legal Fees	Likelihood/Threat (L)	Very Low							
		Low		LP					
		Medium							
		High							
		Very High							
			Very High	High	Medium	Low	Very Low	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 Adherence to all policies regarding the hiring, discipline and separation of employees minimize risk and ensure consistency. On-Going-COD, ED
Damages	Likelihood/Threat (L)	Very Low							
		Low		LP					
		Medium							
		High							
		Very High							
			Very High	High	Medium	Low	Very Low	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 Additional internal and external cameras added to ensure better oversight of our buildings and grounds. Ongoing - ITD, FNFD, ED

		Very High								
Reputation / Credibility	Preparedness (P)							Mitigate	<ol style="list-style-type: none"> 1. Ensure consistency in training and expectations - Ongoing – ED, OD 2. Ensure policies on ethical behavior and conflict of interest are strongly monitored and maintained. Ongoing – ED 3. Board Orientation – Ongoing – ED 4. 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) 5. Additional communication with families, advocates & guardians intensified since the start of Covid - 19. ED wanted to make sure that all families were kept up-to-date and had an opportunity and a format to provide their feedback. On-Going 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"> 1. Advocate legislatively for respectable pay for direct support professionals. Ongoing – ED 2. Build and maintain relationships with elected officials. On-going ED 3. Continue to send a variety of key staff to forums, conventions and trainings. Ongoing – ED 4. In 2021 Link Associates engaged the services of a lobbyist to provide updated information, networking, feedback and policy guidance with elected officials on both the state and Federal levels. On-Going – ED 5. Extreme efforts were made during 21/22 to engage with the elected officials to ensure they understand the staffing crisis facing community-based service providers. On-going 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"> 1. Continue to function under the contracts on behalf of Link Associates. Ongoing – ED 2. Engage personally with all MCO's to negotiate rates that will allow Link to continue service provision. ED 3. Advocate for funding Leisure services as an MCO outcome – OD and ED 4. Extreme efforts were made during 21/22 to appeal to the Managed Care Companies to ensure they understand the staffing crisis facing community-based service providers. On-going ED 	
			Very High	High	Medium	Low	Very Low			
	Likelihood/Threat (L)	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 	
			Very High	High	Medium	Low	Very Low			

	Likelihood/Threat (L)	Very Low									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. 6. Multiple bonuses and incentive payments were made in 21/22 to staff for which they were appreciative, however the hourly wage remains very uncompetitive. On Going ED
		Low									
		Medium									
		High	LP								
		Very High									
Compliance with Affordable Care Act		Preparedness (P)								Reduce	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	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 6. Another MCO will be added to Iowa. The leadership team has met with both and clarified the issues providers are undergoing. On Going ED
			Very High	High	Medium	Low	Very Low				
	Likelihood/Threat (L)	Very Low									
		Low									
		Medium									
		High		LP							
		Very High									
System expects more with less funding		Preparedness (P)								Mitigate	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 Iowa for day habilitation however Transportation was not refunded in any capacity for its loss of income. Ongoing – ED
			Very High	High	Medium	Low	Very Low				
	Likelihood/Threat	Very Low									
		Low									
		Medium									
		High									

Natural Disaster, Pandemic & Acts of Terrorism	Preparedness (P)						Mitigate	<ol style="list-style-type: none"> 1. Ensure consistency in training and expectations. Ongoing – F&FD 2. Ensure policies on emergency management are strongly monitored and maintained. Ongoing – F&FD 3. Ensure drills are run and recorded according to policy. Ongoing – F&FD 4. Cross-train staff to help cover emergency situations. Ongoing – F&FD 5. Continue Fleet and Facilities Director participation in the Polk County Emergency Management. Ongoing – F&FD 6. Link continues to use new and creative ways to retract, retain, sustain and create options to maintain employees. Ongoing – F&FD, ED 7. COVID-19 required for the overnight modification to all services, systems, processes and funding. Working together the department directors were able to do a phenomenal job of maintaining services despite all of the challenges. Ongoing – ED, E/DPD, F&FD, OD, FD, COD, ITD, CMD 8. During COVID-19 Link immediately filed for and received retainer payment, provided relief payment, SBA loan and Paycheck Protection Plan funding to sustain the organization. Ongoing – ED 		
			Very High	High	Medium	Low			Very Low	
	Likelihood/Threat (L)	Very Low								
		Low								
		Medium								
		High								
Very High			LP							
Innovation, quality and improvement							Reaction			
Lack of control on rules and interpretations	Preparedness (P)						Reaction	<ol style="list-style-type: none"> 8. Advocate legislatively for consistency, uniform cost reporting and deemed status – ongoing ED 9. Circulate all MCO, IME and HCBS letters to all management for updates and modifications. Ongoing – ED 10. Maintain relationship with IME to handle challenges. Ongoing – ED, FD 11. Development and implementing of LEEP to secure employment for people served outside of Medicaid funding. (EDHP) and (ED)During COVID-19 some regulations were lifted by Centers for Medicaid (CMS) and supported by Iowa. Monitoring to ensure compliance – Ongoing COD, ED 12. In Iowa's fifth year of managed care oversight, there remains still no progress on carving out or identifying better service provision options. In this legislative year, draft legislation to require the MCO's to provide timely recoupment of overpayments and a mandate that they follow the generally accepted accounting principles was proposed. Active participation in any committees/legislative correspondence will continue. On-going ED 13. Suggestions for local, state and federal regulation modifications have been submitted to funding organizations to minimize cost and bureaucracy. On Going ED 		
			Very High	High	Medium	Low			Very Low	
	Likelihood/Threat (L)	Very Low								
		Low								
		Medium								
		High								
Very High			LP							

ACCESSIBILITY PLAN ANNUAL REPORT

LINK ASSOCIATES
ACCESSIBILITY PLAN ANNUAL REPORT
JULY 1, 2021 – JUNE 30, 2022
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 26 of the 37 identified barriers by the targeted completion date for a completion rate of 70%. 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, other, 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 timeline 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, Link Council – Link Voices for person Served, 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. Stakeholder's 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 37 total barriers identified for FY 2021-2022. Link was able to complete 26 of the identified barriers for a completion percentage rate of 70%. Of those barrier's there are several identified barriers that are on-going barriers from previous years or are monitored at this time. The identified 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:

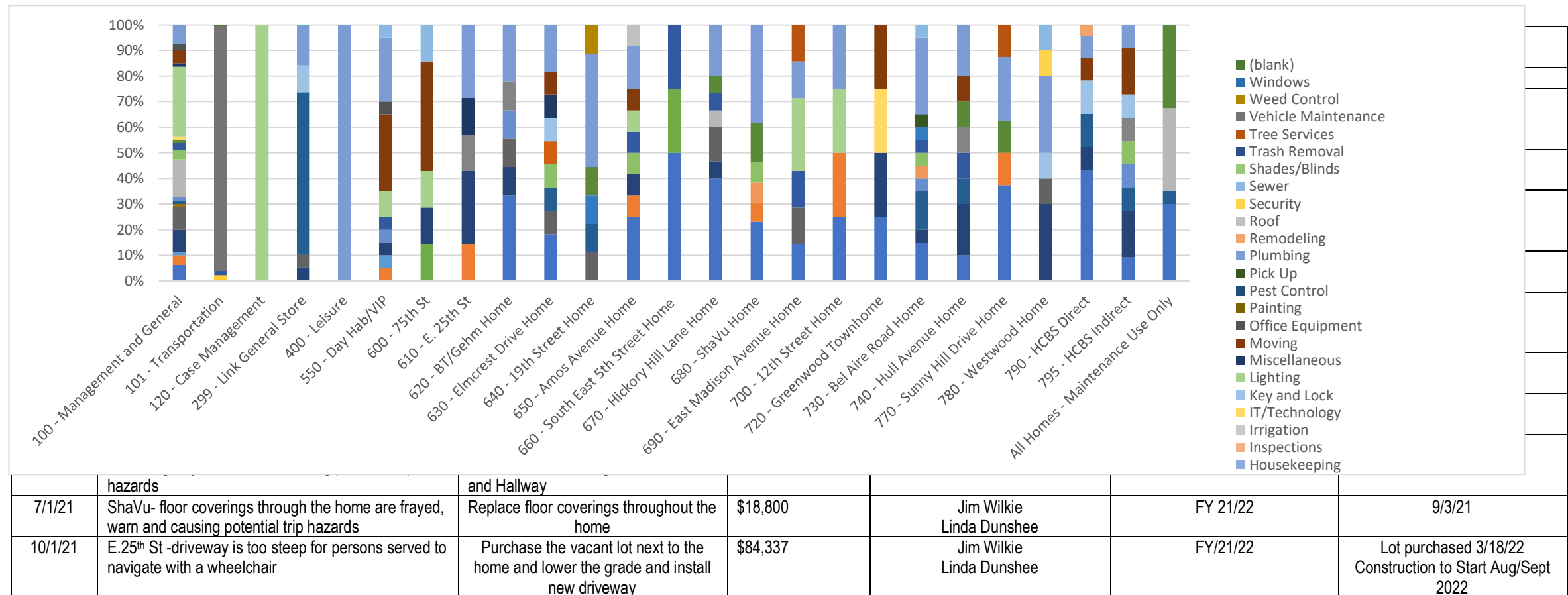
1. Architectural Barriers identified = 10. Of the 10 barriers 5 of them were completed or deleted for a 50% completion rate. This completion rate is lower due to the cost associated with the identified projects and the budgets constraints that the agency has been under since the introduction of Managed Care into the state of Iowa.
2. Attitudinal Barriers Identified = 1. Of the 1 barrier identified 1 of them was completed for a 100% completion rate.
3. Communication Barriers identified = 2. Of the 2 barriers identified 2 of them were completed for a 100% completion rate.
4. Community Integration Barriers identified = 0. Of the 0 barriers identified 0 of them were completed for a 100% completion rate.
5. Employment Barriers identified =2. Of the 2 barriers identified 1 of them was completed for a 50% completion rate.
6. Environmental Barriers identified = 7. Of the 7 barriers 2 of them was completed or ongoing for a 29% completion rate. The barriers not met have been placed on hold due to budget constraints and Link was unsuccessful in obtaining a grant for 5 of the barriers identified.
7. Financial Barriers identified = 2. Of the 2 barriers all of them were completed for a 100% completion rate.
8. Other Barriers identified = 2. Of the 2 barriers identified 2 of them were completed for a 100% completion rate.
9. Technology Barriers identified = 2. Of the 2 barriers 2 of them were completed for a 100% completion rate.
10. Transportation Barriers identified = 10. Of the 10 barriers 10 of them were completed for a 100% 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 22/23.

Link continues to identify capital improvement needs and budgets accordingly with the guidance from the accounting department, the buildings and grounds committee, 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. For FY 2021/2022 a total of 1,134 work orders were identified and 1,102 completed for a 97% completion rate. Of the 1,134 work orders 471 of them involved the agency's fleet, 384 of them were categorized as Building Maintenance and repair for all properties, and 235 were categorized as equipment maintenance and repair. The chart below represents the number of work orders completed in each category for each home/department during FY 2021/2022 for each budget code. The barrier's identified and completed for FY 2021/2022 are outlined below in the accessibility plans:

FY 21/22 Work Order



	hazards	and Hallway				
7/1/21	ShaVu- floor coverings through the home are frayed, worn and causing potential trip hazards	Replace floor coverings throughout the home	\$18,800	Jim Wilkie Linda Dunshee	FY 21/22	9/3/21
10/1/21	E.25 th St -driveway is too steep for persons served to navigate with a wheelchair	Purchase the vacant lot next to the home and lower the grade and install new driveway	\$84,337	Jim Wilkie Linda Dunshee	FY/21/22	Lot purchased 3/18/22 Construction to Start Aug/Sept 2022

ATTITUDINAL PLAN 2021-2022						
DATE	DEFICIENCY	PLAN OF ACTION	COST	PERSON REASONABLE	DATE TO BE COMPLETED	DATE COMPLETED
4/22/21	Doctors' Offices do not understand the supports we provide & devalue person served and support staff	Continue to have HSAA staff inform and educate the Doctors' offices of the services provided. Leave Link promotional pamphlets with the Doctors. Have group training with HSAA's to provide/develop consistent approach/educations		Cristy Jennings HSAA staff Linda Dunshee	July 2021	June 2021 On- Going now

COMMUNICATION PLAN 2021-2022						
DATE	DEFICIENCY	PLAN OF ACTION	COST	PERSON REASONABLE	DATE TO BE COMPLETED	DATE COMPLETED
4/20/21	Staff have difficulty communicating with hearing impaired	Install an app on the iPad like "sign for me" to assist staff with signing with hearing impaired	\$13 / ipad	Bob Munger Linda Dunshee	June 2021	September 2020 on 4 iPads currently. Can add to more as needed.
4/20/21	Link Marketing Materials need new ideas for recruiting new staff	Think outside the box and visit with local colleges, job fairs, increase the general public's knowledge of Link		Jay Bruns Linda Dunshee	June 2021	May 2021 On-going

COMMUNITY INTERGRATION PLAN 2021-2022						
DATE	DEFICIENCY	PLAN OF ACTION	COST	PERSON REASONABLE	DATE TO BE COMPLETED	DATE COMPLETED

EMPLOYMENT PLAN 2021-2022						
DATE	DEFICIENCY	PLAN OF ACTION	COST	PERSON RESPONSABLE	DATE TO BE COMPLETED	DATE COMPLETED
7/1/20	ESL staff have difficulty understanding this type of employment	Create an ESL Class to hire and train staff to better understand the roles of the job		Linda Dunshee	June 2022	
4/1/21	Lack of jobs for persons served	Hired a contracted employee to assist the Fleet & Facilities Department with additional cleaning of the vehicles and the building.		Linda Dunshee Cassandra Jones Jim Wilkie	June 2022	May 2022

ENVIRONMENTAL PLAN 2021-2022						
DATE	DEFICIENCY	PLAN OF ACTION	COST	PERSON REASONABLE	DATE TO BE COMPLETED	DATE COMPLETED
7/1/18	BelAire – Does not have a radon mitigation system to reduce/eliminate possible radon gases	Test home and Install Radon Mitigation System if test result call for it	\$1,500	Jim Wilkie Linda Dunshee	June 2022	

EMPLOYMENT PLAN 2021-2022						
DATE	DEFICIENCY	PLAN OF ACTION	COST	PERSON RESPONSIBLE	DATE TO BE COMPLETED	DATE COMPLETED
7/1/18	Amos - Does not have a radon mitigation system to reduce/eliminate possible radon gases	Test home and Install Radon Mitigation System if test result call for it	\$1,500	Jim Wilkie Linda Dunshee	June 2022	
7/1/18	Sunnyhill - Does not have a radon mitigation system to reduce/eliminate possible radon gases	Test home and Install Radon Mitigation System if test result call for it	\$1,500	Jim Wilkie Linda Dunshee	June 2022	
7/1/18	Westwood - Does not have a radon mitigation system to reduce/eliminate possible radon gases	Test home and Install Radon Mitigation System if test result call for it	\$1,500	Jim Wilkie Linda Dunshee	June 2022	
7/1/18	SE 5 th St- Does not have a radon mitigation system to reduce/eliminate possible radon gases	Test home and Install Radon Mitigation System if test result call for it	\$1,500	Jim Wilkie Linda Dunshee	June 2022	
7/1/21	Lack of ability to program for persons served with sensory needs	Create new sensory room to provide additional programming for persons served in Day Hab	\$33,130	Cassandra Jones Jim Wilkie Bob Munger	May 2022	December 2021
10/16/20	Amos - Living room carpet is becoming a trip hazard and needs replaced	Budget and install new flooring in the living room, kitchen, and hallway	\$7,200	Jim Wilkie	June 2021	2/16/22

FINANCIAL PLAN 2021-2022						
DATE	DEFICIENCY	PLAN OF ACTION	COST	PERSON RESPONSIBLE	DATE TO BE COMPLETED	DATE COMPLETED
7/1/21	Covid 19 Pandemic has caused financial hardship	Apply for Federal & State Grants to offset loss of income		Linda Dunshee	6/1/22	June 2022
7/1/21	Reimbursement rates are low which result in lack of work force	Apply for federal dollars for payroll assistance through ARPA funds, Work with MCO's to negotiate higher reimbursement rates		Linda Dunshee Jay Bruns	June 2022	June 2022

FINANCIAL PLAN 2021-2022						
DATE	DEFICIENCY	PLAN OF ACTION	COST	PERSON RESPONSIBLE	DATE TO BE COMPLETED	DATE COMPLETED

OTHER BARRIERS PLAN 2021-2022						
DATE	DEFICIENCY	PLAN OF ACTION	COST	PERSON REASONABLE	DATE TO BE COMPLETED	DATE COMPLETED
7/1/21	Outdated electronic equipment	Purchase new iPads & Computers for staff	\$22,374	Bob Munger	June 2022	April 2022
OTHER BARRIERS PLAN 2021-2022						
DATE	DEFICIENCY	PLAN OF ACTION	COST	PERSON REASONABLE	DATE TO BE COMPLETED	DATE COMPLETED
TECHNOLOGY PLAN 2021-2022						
7/1/21	The non-traditional staff training materials/video's need updated	Develop non-traditional training material/video's	\$0	Claire Sumner	June 2022	In Process
7/1/21	Uploaded Link video lack closed captions	Create closed caption tracks for Link videos	\$0	Claire Sumner Bob Munger	June 2022	In Process

TRANSPORTATION PLAN. 2021-2022						
DATE	DEFICIENCY	PLAN OF ACTION	COST	PERSON RESPONSIBLE	DATE TO BE COMPLETED	DATE COMPLETED
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	\$83,538	Jim Wilkie	FY 21/22	Bus placed in service 5/1/22
7/1/21	Bus 32 has high mileage is breaking down and is becoming costly and unsafe to transport persons served	Work with Ruan on Leasing to order a new vehicle	\$83,000	Jim Wilkie	FY 21/22	Bus placed in service 1/1/22
7/1/21	Car 28 has high mileage is breaking down and is becoming costly and unsafe to transport persons served	Work with Ruan on Leasing to order a new vehicle	\$25,000	Jim Wilkie	FY 21/22	Car placed in service 11/1/21
7/1/21	Bus 23 has high mileage is breaking down and is becoming costly and unsafe to transport persons served	Work with Ruan on Leasing to order a new vehicle	\$83,000	Jim Wilkie	FY 21/22	Bus placed in service 1/1/22
TRANSPORTATION PLAN 2021-2022						
DATE	DEFICIENCY	PLAN OF ACTION	COST	PERSON RESPONSIBLE	DATE TO BE COMPLETED	DATE COMPLETED
7/1/21	Car 29 has high mileage is breaking down and is becoming costly and unsafe to transport persons served	Work with Ruan on Leasing to order a new vehicle	\$26,055	Jim Wilkie	FY 21/22	Car placed in service 11/1/21
7/1/21	Van 44 has high mileage is breaking down and is becoming costly and unsafe to transport persons served	Work with Ruan on Leasing to order a new vehicle	\$45,000	Jim Wilkie	FY 21/22	Van placed in service 9/9/21
7/1/21	Bus 8 has high mileage is breaking down and is becoming costly and unsafe to transport persons served	Work with Ruan on Leasing to order a new vehicle	\$83,709	Jim Wilkie	FY 21/22	Bus placed in service 5/1/22
7/1/21	Van 42 has high mileage is breaking down and is becoming costly and unsafe to transport persons served	Work with Ruan on Leasing to order a new vehicle	\$31,118	Jim Wilkie	FY 21/22	Van placed in service 3/1/22
TRANSPORTATION PLAN 2021-2022						
DATE	DEFICIENCY	PLAN OF ACTION	COST	PERSON RESPONSIBLE	DATE TO BE COMPLETED	DATE COMPLETED

6/17/22	Van 24 has high mileage is breaking down and is becoming costly and unsafe to transport persons served	Work with Ruan on Leasing to order a new vehicle	\$45,623	Jim Wilkie	FY 21/22	Van placed in service 6/21/22
1/21/22	Car 14 was in an accident and totaled	Work with Ruan on Leasing to order a new vehicle	\$31,180	Jim Wilkie	FY 21/22	Car placed in Service 3/1/22

Cultural Competency and Diversity Plan 2018-2021

Link Associates
Annual Review and Updates 2022
SUBMITTED BY Jay Bruns, Corporate Compliance Director
 Link Associates Cultural Competency, Diversity, and Inclusion Plan
 2021 – 2024
 Annual Review and Updates 2022

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 those we serve and their families, but also to our employees and stakeholders. It is Link Associates' expectation to maintain a culturally competent organization that brings diverse individuals together to form a cohesive organization that is conscious of different groups, behaviors, and attitudes, and adapts to suit any differences. The corporate culture at Link is to be centered around the principles that all people, employees as well as those served, will be welcomed, included, and treated with kindness, dignity, and respect. Link Associates focuses on respecting and valuing the different skills and experiences we all bring to the workplace. For Link Associates to truly integrate inclusivity, we all play a role in recognizing the value of individual differences in the workplace, to realize the full potential of each employee to help us achieve our Mission, Vision, and Values. 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, race, 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 ability to recognize, respect, and address the unique and diverse needs, worth, thoughts, communications, actions, customs, beliefs, and values that reflect an individual's racial, ethnic, religious, and/or social groups or sexual orientation.

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.

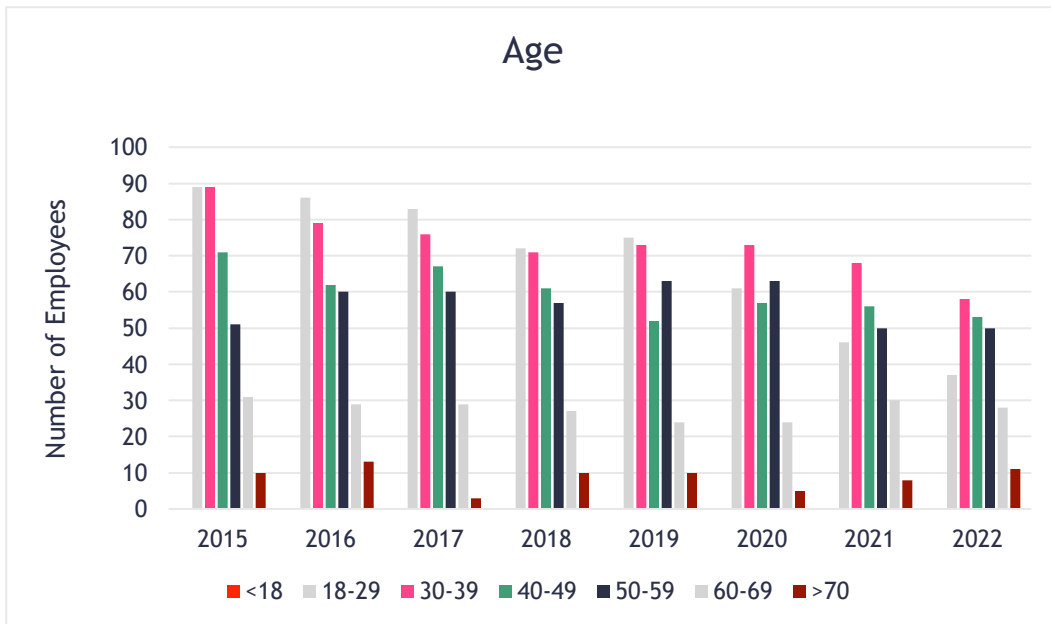
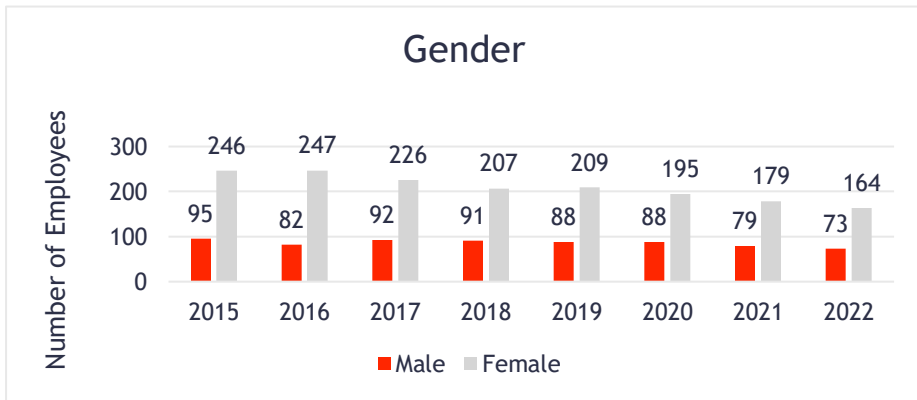
This plan describes our current initiatives toward creating an environment that welcomes and embraces diversity in its many forms and identifies a set of objectives that will enhance the cultural diversity of Link Associates.

PURPOSE OF CULTURAL COMPETENCY, DIVERSITY, AND INCLUSION PLAN

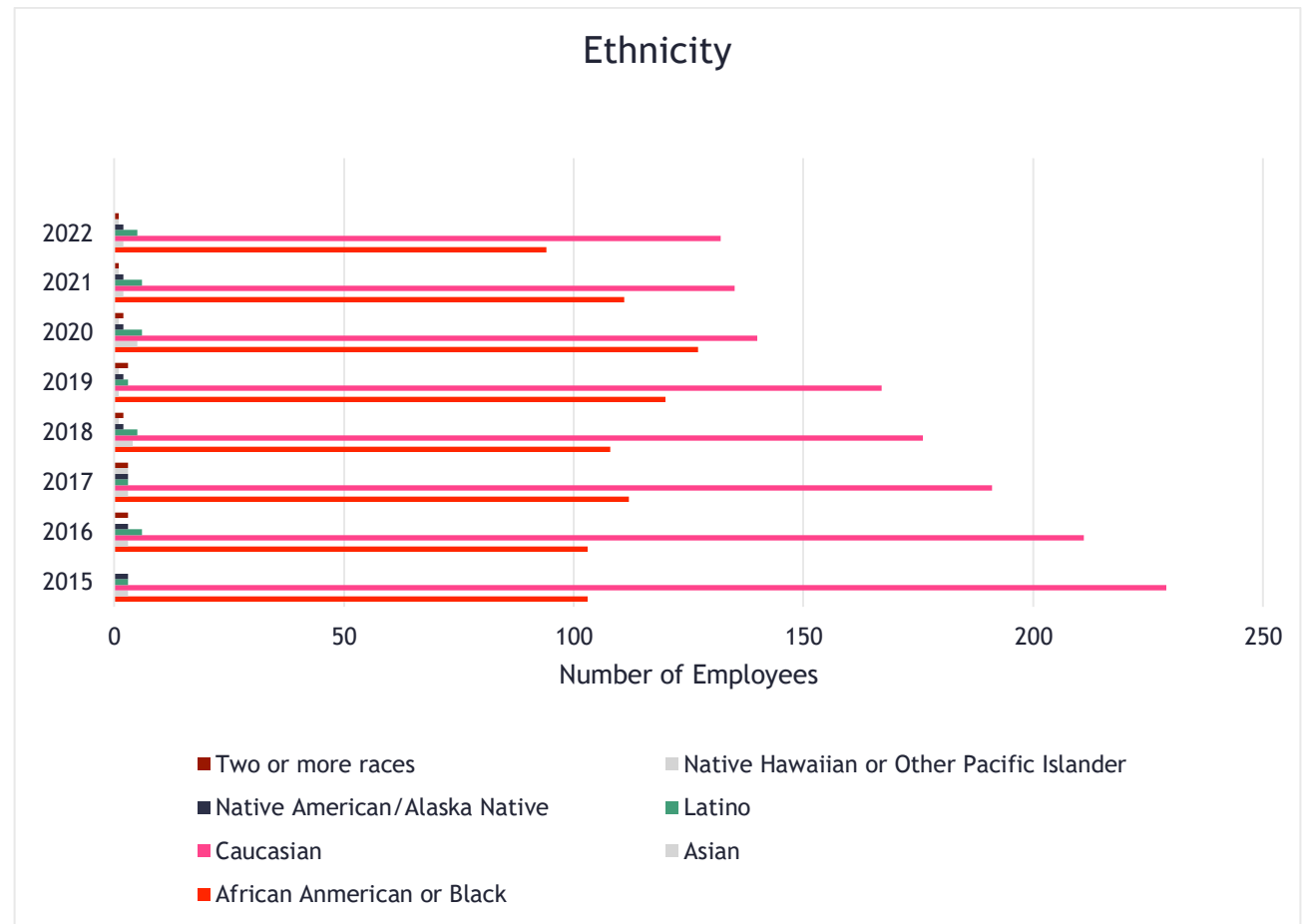
1. To ensure Link Associates staff will have a greater awareness/knowledge and then be able to successfully respond to the diversity of our stakeholders including areas such as; spiritual beliefs, holidays, dietary preferences, clothing, attitudes, language, etc. The enhanced knowledge, skills, and behaviors 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.
6. To lay out the commitment to building on the richness of the perspectives, experience, knowledge, and skills that our staff brings.
7. To create an environment where all play a role in recognizing the value of individual differences in the workplace, to realize the full potential of each employee to help us achieve our Mission, Vision, and Values.

DIVERSITY AT LINK ASSOCIATES

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



EMPLOYEE DATA



PERSONS SERVED DEMOGRAPHIC DATA

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

DEMOGRAPHICS	2014 Persons Served Served N= 614	2017 Persons Served Served N= 620	2020 Persons Served Served N=283	2023 Persons Served Served N=
GENDER				
Male	57%	57%	61%	
Female	43%	43%	39%	
AGE				
0-5	2%	0%	0%	
6-17	10%	8%	1%	
18-40	56%	60%	55%	
41-65	29%	27%	35%	
66-85	3%	5%	9%	
86 and over	0%	0%	0%	
ETHNICITY				
African American/Black	9%	9%	9%	
Asian	2%	2%	2%	
White	84%	84%	83%	
Latino/Hispanic	3%	2%	3%	
Native (American or Alaskan)	.2%	.3%	.1%	
Native Hawaiian or other Pacific Islander	.3%	.5%	.1%	
Others/Unknown	1.5%	2%	2%	

DIVERISTY OF OUR COMMUNITY

In Polk County Iowa, the 2022 population estimates from the United States Census Bureau/World Population Review was 503,145. 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	83%
Latino or Hispanic*	6%
Two or more races	4%

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

LINK ASSOCIATES CULTURAL COMPETENCY, DIVERSITY, AND INCLUSION PLAN OBJECTIVES

Identified Objectives/Considerations	Who is responsible	Timeline	Completion Date	Status 2022	Status 2023	Status 2024
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		
2. Continue to increase diversity at the leadership level	Executive Director	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		

4. All employees of Link Associates treat others with dignity and respect	Management	Ongoing		Good Standing		
5. Work/Life balance through flexible work schedules to accommodate employees' varying needs	Management	Ongoing		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		
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		
Identified Objectives/Considerations	Who is responsible	Timeline	Completion Date	Status 2022	Status 2023	Status 2024
8. Create a workplace that is respectful of staff diversities and cultural backgrounds	Management	Ongoing		Good Standing		
COMMUNICATION AND LANGUAGE						
9. Ensure that events do not conflict with observance days/times of represented religious denominations	Management	Ongoing		Good Standing		
10. Communicate with persons served, parents/guardians in their own language	Management	Ongoing		Good Standing		
11. Offer language assistance to individuals who have limited English proficiency and/or other communication needs	Management	Ongoing		Good Standing		

12. Inform persons served of the availability of language assistance services verbal and in writing	Management	At intake meetings and at annual staffing's		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 and added to this plan	Corporate Operations Director	February 2023		Up to Date		
Identified Objectives/Considerations	Who is responsible	Timeline	Completion Date	Status 2022	Status 2023	Status 2024
14. Collect and report demographic data of persons served, employees, and the community	Corporate Operations Director	Annually		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		
16. Individual cultural differences are recognized in person-centered CCSP's	Case Management Director	At intake and annual staffing's		Good Standing		
17. Involve persons served in the community appropriate to each person's cultural characteristics	Management	Ongoing		Ongoing		
TRAINING						
18. Broaden required cultural competency training content by researching Relias offerings in this area	Training Manager Management	June 2022	January 24, 2022	Good Standing		
19. All employees attend Link Associates New Employee Orientation which includes cultural diversity training	Management	Upon hire		Good Standing		

20. All employees receive regular training (i.e. classroom, articles in Link Ink, e-mail etc.) relating cultural competency and inclusiveness	Executive Director	Ongoing		Ongoing		

OTHER ACTIONS TO BE TAKEN/NOTES

February 2022 – The Executive Director (ED) discovered while supporting a residential site that was having difficulty in engaging persons served with leisure activities in their home, that this house had all employees who had recently immigrated to the United States and didn't have co-workers to learn from for many of the games/activities the persons served had (i.e. UNO, Sorry, etc.) that they enjoy playing. The ED engaged our Leisure services employees to support the home and go on site to teach the employees the games people born and raised in the U.S. have grown up with and taken for granted that everyone knows how to play them. Residential leadership was furthered directed to identify any additional supports like this that were needed throughout the program.

Exit Interview Year End Summary

Link Associates
Exit Interview Year End Summary
July 1, 2021- June 30, 2022
Angela Pierce, Human Resources Manager

Executive Summary:

43 exit interviews were received between July 1, 2021, and June 30, 2022. All 43 responses were for voluntary resignations. The completion and receipt of 43 exit interviews represents a 54% completion rate for employees that resigned their positions. This compares to a 23% return the previous year and a 33% return in 2020. Records indicate that 79 people voluntarily resigned their positions and 3 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	NA	
Outreach - 1 of 1 returned		100%	33%
Employment/Day Program - 13 of 27 returned		48%	14%
Residential - 27 of 46 returned		59%	23%
Accounting - 0 of 1 returned	0%	NA	
Fleet/Facilities - 0 of 1 returned		0%	33%
Clerical/Support- 2 of 3 returned		67%	100%

All of the exit interviews were completed in person or on the phone with the Human Resources Manager.

A cursory overview reflects that 45% of respondents separated within the first 2 years of their employment and that 36% separated in less than 1 year with 19% of those occurring within 6 months. 93% indicate that they would work for Link Associates again in the future and 93% stated they would recommend employment at Link Associates to a friend. The top reasons for separation are family reasons at 28%, salary/wage at 21% and various reasons captured in the category labeled "Other" at 51%. The "Other" category comments showed various reasons, the two most common of which are scheduling conflicts and health reasons. The "other" option is often selected in combination with other standard choices, as multiple reasons/selections are possible.

In the specific sections rating work experiences, the biggest single reason for dissatisfaction was Salary at 24%. Other top reasons included culture of supporting all staff to develop and reach their potential at 17%. Last year the highest categories for job dissatisfaction were Salary at 26% and opportunities for advancement and development, ability to provide input into issues affecting job and communication affecting employees, all at 16%. Although bonuses were received this year, they occurred later in the fiscal year which may have contributed to salary still remaining the biggest reason for job dissatisfaction. All the specific questions and responses are contained in the attached report.

Action Steps Taken during 2021/2022

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 (2020-2021 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 INFORMATION TECHNOLOGY PLAN

July 1, 2022 – June 30, 2023

SUBMITTED BY: Bob Munger, Information Technology Director

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, Mac Mini, or Mac Studio desktops with the Big Sur or Monterey (11.0, 12.0) operating system. MacOS Ventura (13) is due in late 2022 with a goal of transitioning all possible machines to this version by the end of the fiscal year 2022-2023. 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 Mosyle management system.

Mosyle, a mobile device management solution was purchased and moved to for the entire agency during the fiscal year. The previous mobile device management system, JAMF, was discontinued in favor of Mosyle mainly due to a large cost savings with no change in functionality for the agency. This system is needed to maintain agency equipment and will stay in place. This system allows the IT Director to maintain an inventory/asset management list in the Mosyle 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 Terminal Server that was transitioned to a virtual machine sandboxed environment is available for staff who need to run specific Windows applications not available on the macOS platform. The previous cloud accounting system, Sage, was 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 Mosyle 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 a 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 continued for the next two years and expired in March of 2021. New iPads were purchased this time around due to a combination of longevity and cost after the lease discontinuation. 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 in conjunction with the Mosyle management system. Ubiquiti switches and security appliances are used for network equipment and always have the latest firmware installed for up-to-date security. Ubiquiti's UniFi networking is utilized to help eliminate/block spyware and malware in conjunction with the Mosyle management system.

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 software licenses through TechSoup, a non-profit corporation and is updated regularly. Link Associates contracts with Consolidated Communications, a technology expert, to maintain our external connections to ensure they are appropriate for the business of Link. Google Apps provides Spam/Junk 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. In June of 2021, Link's insurance provider notified Link Associates that mandatory 2 factor authentication was needed for the email system, with an implementation date of July 1, 2022.

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 and through the Relias training system. 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.

Refinements continue to both the HR and Persons Served Databases based on need and evolving changes. Electronic E8's and in house transfers 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 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

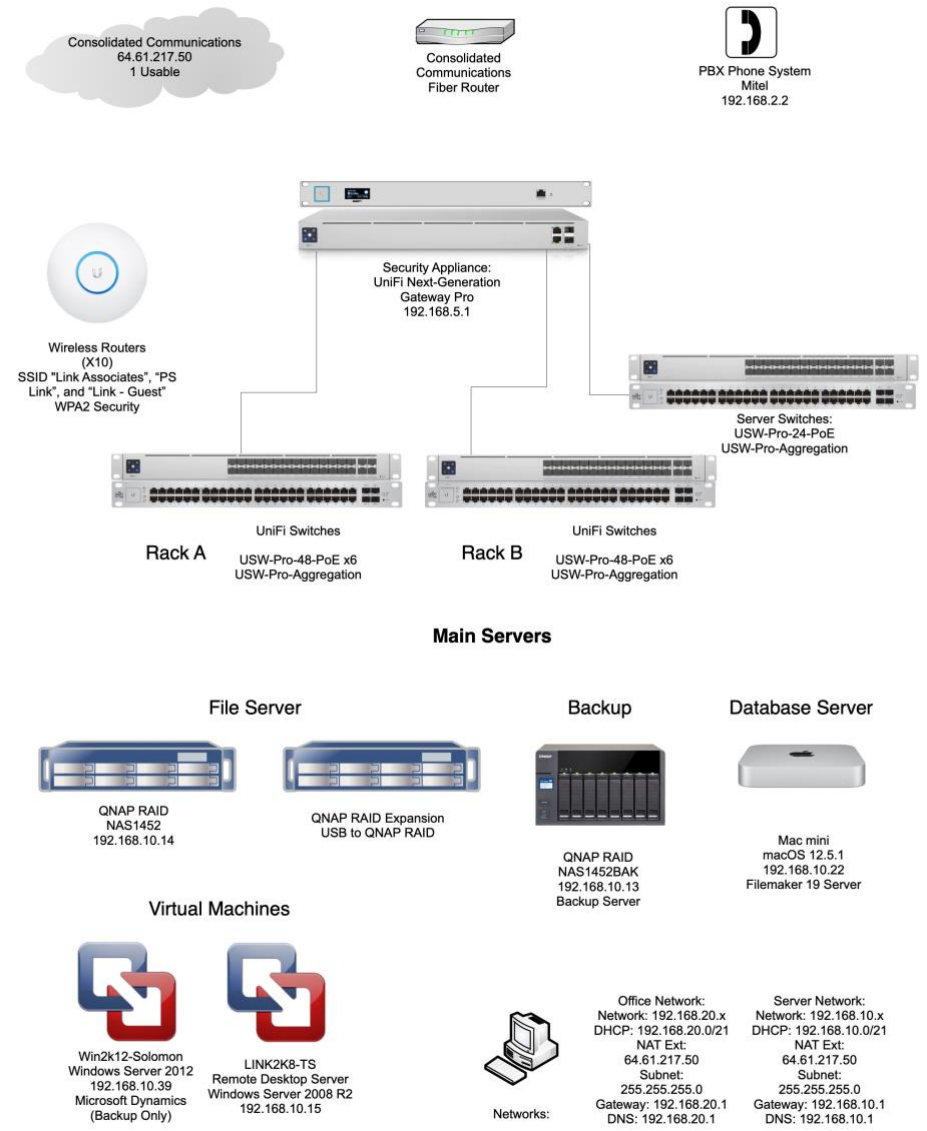
Currently, Link Associates requires no technology training for its staff. Computer skills were added to the list of hiring qualifications but have been removed due to lack of applicants. Overall, there is a lower level of computer literacy through most of the staff. Although Link Associates uses the 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 Manager 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

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	Completed September 2020. Cancelled due to COVID-19
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	Completed November 2020
	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	Completed September 2020.
	b. Phone Service	2	Medium	\$500/mo	Bob Munger	

21/22 IT Goals

1. Replace all pre-2015 desktop Apple iMac computers	a. Replace computers as budget allows	2	Medium	\$50,000	Bob Munger	
2. Expand FileMaker knowledge, use and capabilities	a. Attend FileMaker Developers Conference	3	Medium	\$6000	Bob Munger	
3. Upgrade Phone System	a. Replace Phone System	2	Medium	\$1500/mo	Bob Munger	

22/23 IT Goals

1. Replace all pre-2017 desktop Apple iMac computers	a. Replace computers as budget allows	2	Medium	\$30,000	Bob Munger	
2. Expand FileMaker knowledge, use and capabilities	a. Attend FileMaker Developers Conference	3	Medium	\$6000	Bob Munger	
3. Upgrade Network Equipment/Infrastructure	a. Purchase/implement additional network switches, cabling, and redundant power	3	Medium	\$12,000	Bob Munger	
4. Upgrade Phone System	a. Replace Phone System	2	Medium	\$1500/mo	Bob Munger	

SERVICE ACCESS – REFERRALS & TRENDS ANNUAL REVIEW

LINK ASSOCIATES
SERVICE ACCESS – REFERRALS & TRENDS ANNUAL REVIEW
July 1, 2021 – June 2022
SUBMITTED BY, JESSICA KIRTS, ASSISTANT OUTREACH DIRECTOR

ANALYSIS

REVIEW OF REFERRAL CALLS

An annual review of referral calls for the period of July 1, 2021, to June 30, 2022 was completed documenting receipt of 593 calls (an increase of 79 from the previous year). The review reveals during the first quarter, Daily SCL services were in greatest demand with 21%, followed by Supported Employment with 16%, Day Hab had 15%, RCF/MR Group Homes & Transportation with 12%, Leisure 11%, LEEP 4%, VIP 3%, Service Coordination/CM & Not provided by Link 2% and remaining services had 1% of the 140 calls received. Sixty-one percent (61%) of calls were Male and 39% Female with the highest percentage of calls for people 22-34 yrs. (42%), 35-54 yrs. (27%), 17-21 yrs. old (22%) and 55-64 yrs. old (7%). The second quarter consisted of 127 calls, Daily SCL had the highest percentage again with 23%, Supported Employment was next with 14%, Day Hab and Leisure with 12%, RCF/MR Group Homes had 11%, LEEP 8%, Transportation & Not provided by Link 6%, VIP 4%, and Hourly SCL with 2%. Sixty percent (60%) of calls were Male and 40% Female with the highest percentage of calls for people 22-34 yrs. old (44%), 17-21 yrs. old (25%), 35-54 yrs. old (25%) and 55-64 yrs. old (5%). During the third quarter brought, 162 calls were received with Supported Employment reporting the highest with 15%, Daily SCL & RCF/MR Group Homes were next with 13%, Day Hab & Transportation had 12%, Services not provided by Link 10%, Leisure 9%, LEEP 8%, Service Coordination/CM 3%, and VIP & Hourly SCL 2%. Sixty-one percent (61%) of calls were Male and 39% Female with the highest percentage of calls for people 22-34 yrs. old (42%), 17-21 yrs. old (22%), 35-54 yrs. old (20%), and 55-64 yrs. old (12%). The fourth quarter received 164 calls; RCF/MR Group Homes were in high demand with 18%, Daily SCL with 17%, Supported Employment was next with 13%, Day Hab 12%, Leisure & Not provided by Link 10%, Transportation 6%, LEEP 5%, VIP 4%, and Service Coordination/CM & Hourly SCL with 2%. Fifty-eight percent (58%) of calls were Male and 42% Female with the highest percentage of calls for people 17-21 yrs. old (37%), 22-34 yrs. old (30%), followed by 35-54 yrs. (23%) and 55-64 yrs. (8%).

Calls requesting services that Link does not provide (i.e., brain injury, mental illness, counseling services, physical disabilities, financial support, etc.) ranged from 2% to 10%, averaging 7% per quarter. Alternatives were offered in all situations. Callers were directed elsewhere due to the referral not meeting Link's admission criteria.

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

Trends continue to show an increase in total number of calls each year. Link's Daily SCL program was very popular this year, especially the 2nd quarter. Link received many inquiries post pandemic for Daily SCL openings or services for Individuals requiring RCF level of care. Supported Employment was popular and consistent each quarter due to Individuals wanting to return to work after the year of Covid. Day Habilitation was in demand during the first quarter when vaccinated Individuals wanted to return. Leisure was trending particularly during the 1st and 2nd quarters when Individuals and Families were feeling comfortable to return to smaller Leisure activities. Transportation calls fluctuated between 6 and 12% as employment and day programs were welcoming additional Individuals. 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 2021-22 there were (0) denials. There were no trends noted with regards to race/ethnicity, gender, language, age or religion for reasons to deny services. All denials are given recommendations to work on skills to re-apply for services in the future.

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 75% to 79%. The second major referral source was calls placed by a family member, ranging from 10% to 16%. The remainder of referral calls received came from self-referrals (average 2.5% per quarter for the year) and calls placed by "others" (average 6.50% per quarter for the year).

As noted above, there appears to be an increase in calls over the past nine years. Trends in services requested include the routine and primary services offered along with programs provided; Daily SCL services, Day Habilitation Services, Supported Employment (Job Development & Job Coaching), the VIP program, the LEEP program, Transportation, and Leisure events, Special Olympics & extended travel program. It continues to appear Link's services are in high demand; smaller ratio day programs are a high need due to another agency (Behavioral Technologies) closing, however Link's Day Habilitation ratio is now 1:6 for all rooms. Link does not have any openings for Day Hab as many Individuals are waiting to return post Covid and hiring new staff is a priority. Referrals for Day Hab continue, and the Admissions' Coordinator gives tours to interested Parents/Guardians/Educators. Supported Employment and LEEP remain popular with individuals interested in finding new jobs and learning new job skills. The Leisure program added appeal with exciting extended travel destinations and the new day camp program offerings for summer and fall. Residential services continue to flourish; continually adjusting (moving persons served to optimum living situations) and providing optimal care. Link built a second home and five Individuals have moved in and adjusted well. Link is now looking into building a third accessible home as accessible housing is very difficult to find. Referrals indicate a great need for housing for Individuals in wheelchairs or with mobility issues. Link strives to be a leader in this industry by remodeling current Link homes as well. 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. Admissions meetings and tours have resumed and in full operation.

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

Service Access Summary

FY 2021-2022

Admissions	1 st Qtr. '21-22 Total	2 nd Qtr. '21-22 Total	3 rd Qtr. '21-22 Total	4 th Qtr. '21-22 Total
Residential – Daily SCL	1	1	1	2
Residential – Hourly SCL	0	0	0	0
Day Habilitation	0	0	0	0
VIP	0	0	0	0
Job Development	5	0	15	9
Job Coaching	0	6	0	1
LEEP	5	0	2	3
Project Search	0	0	0	0
Denials	1 st Qtr. '21-22 Total	2 nd Qtr. '21-22 Total	3 rd Qtr. '21-22 Total	4 th Qtr. '21-22 Total
Residential – Daily SCL	0	0	0	0
Residential – Hourly SCL	0	0	0	0
Day Habilitation	0	0	0	0
VIP	0	0	0	0
Job Development	0	0	0	0
Job Coaching	0	0	0	0
LEEP	0	0	0	0
Project Search	0	0	0	0

Discharges	1 st Qtr. '21-22 Total	2 nd Qtr. '21-22 Total	3 rd Qtr. '21-22 Total	4 th Qtr. '21-22 Total
Residential – Daily SCL	0	3	1	1
Residential – Hourly SCL	0	0	0	2

Day Habilitation	2	7	3	2
VIP	0	0	1	0
Job Development	2	2	5	9
Job Coaching	3	3	4	3
LEEP	4	2	4	2
Project Search	0	0	0	0
Case Management	1	2	2	0

Below is summary of all admissions and discharges during the reporting quarter, denials for services, as well as a service access summary reflecting all inquiring referrals during the quarter. Results are based only on information received by the time of this report.

Comments/Follow-up:

June 2022...There were 2 admissions in Residential Services for Daily SCL and 0 admissions for Hourly SCL. Currently there are no openings for Daily SCL.

Day Habilitation Services reported zero (0) admission and two (2) discharges. Currently there are no openings in Day Hab as Individuals are waiting to return post Covid and due to the staff shortage. The VIP (Volunteer Investment Program) is a community-based Day Hab service and has proven to be successful, there are four VIP groups currently. The VIP program had zero (0) admissions and zero (0) discharges this quarter. The VIP program currently does not have any openings. Supported Employment Services (Job Development and Job Coaching) reported nine (9) admissions and twelve (12) discharges this quarter. LEEP (Link Employment Exploration Program) reported three (3) admissions and two (2) discharges.

Denials for Service:

There were no formal denials for services in the 4th Quarter.

Discharges from Services Summary:

Residential reported one (1) discharge in Daily SCL and two (2) discharges in Hourly SCL services; one Individual moved out of the state. The participant was Caucasian, female, age 23, primary diagnosis was Mod ID. The two discharges from hourly; one Individual moved out of state and one Individual moved into a Host Home, both Caucasian, female, 70 years old with primary diagnosis of Mild ID.

Day Hab had 2 discharges for the quarter; zero (0) in VIP and two (2) in Day Hab; one (1) went to another agency and one (1) Individual does not want to return due to health and Covid concerns. The participants were both female, Caucasian, and African American, ages 64 to 69 years old, primary diagnosis Mild and Severe ID.

Supported Employment noted twelve (12) discharges; nine (9) in Job Dev. and three (3) in Job Coaching. Seven (7) Individuals went from Job Dev. into Job Coaching, one (1) Individual wanted to wait to find a job, one (1) Individual retired, one (1) Individual went back into Job Dev, one (1) Individual could not continue due to health issues and one (1) Individual graduated and is competitively employed. The average participant was Caucasian, 8 males and 4 females, ages between 23 and 70 years old, primary diagnosis of Mild ID.

LEEP reported two (2) discharges this quarter. One (1) Individual went to a day program at another agency and one (1) Individual is not ready to work and will receive SCL services. The average participant was Caucasian and African American, both females, ages 23 years old with a primary diagnosis of Mild ID.

Case Management noted zero (0) discharges this quarter.

Service Access Referral Summary: *See attached Service Access Referral Demographics*

June 2022...Data is collected monthly to evaluate the descriptions of consumers, case managers, parents/ guardians, etc...calling for services as well as the supports and services requested or needed. Trends in referral calls may reveal or support the need for new services, expansion of existing services or the need for new service locations and so forth. Data reviewed by management team members will be utilized for strategic organizational and program planning.

One hundred & sixty-four (164) referral calls were received during the 4th quarter. The calls received were distributed among a variety of programs; RCF/Group Homes 18%, Residential Daily SCL 17%, Supported Employment 13%, Day Hab 12%, Leisure & Not Provided by Link 10%, Transportation 6%, LEEP 5%, VIP 4%, Service Coordination/CM & Respite 2%, Residential Hourly SCL 1%, and Project Search 0%.

Calls not provided by Link reported 10% of all calls. These calls were referred to other services or assisted with additional information.

Service Access Referral Demographics

Services Requested	1 st Qtr. Sept '21	2 nd Qtr. Dec '21	3 rd Qtr. Mar '22	4 th Qtr. Jun '22
TOTAL NUMBER OF CALLS	140	127	162	164
Residential/Daily SCL	21%	23%	13%	17%
Residential/Hourly SCL	1%	2%	2%	1%
RCF/MR – group homes	12%	11%	13%	18%
Respite/Hourly SCL - child	1%	1%	1%	2%
Day Habilitation	15%	12%	12%	12%
VIP	3%	4%	2%	4%
Supported Employment	16%	14%	15%	13%
LEEP	4%	8%	8%	5%
Project Search	0	0	0	0
Service Coordination/CM	2%	1%	3%	2%
Leisure	11%	12%	9%	10%
Transportation	12%	6%	12%	6%
Not provided by Link-Alternatives offered	2%	6%	10%	10%
Emergency	0	0	0	0
Urgent, non-emergent	0	2%	2%	0

Self-referrals	2%	3%	4%	1%
Call placed by family member	15%	10%	13%	16%
Call placed by CM/Soc. workers	78%	79%	75%	78%
Call placed by other	5%	8%	8%	5%
Ages: 0-16 years	2%	1%	4%	2%
17-21 years	22%	25%	22%	37%
22-34 years	42%	44%	42%	30%
35-54 years	27%	25%	20%	23%
55-64 years	7%	5%	12%	8%
Unknown	0	0	0	0
Males	61%	60%	61%	58%
Females	39%	40%	39%	42%

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. Information was collected by Executive Director Dunshee thru a series of Survey Monkey surveys from staff, families, person served, members of the board of directors and other stakeholders on Link's strengths, weaknesses, threats and opportunities. Additional information and ideas were gathered about Link's mission, vision and values statements.

After receiving all of the feedback, it was compiled into an initial report. Leadership went through the report and assigned tasks and oversight to a variety of people/departments/services.

This initial draft was in shared with members of the Board of Directors, who were invited to review and provide thoughts, ideas, additions, etc. Using the feedback from the members of the Board of Directors, it was incorporated into the strategic plan you see below.

FINANCIAL						
OBJECTIVE	ACTIVITY	PERSON RESPONSIBLE	PRIORITY (1 = high, medium = 2, low = 3)	RESOURCE ALLOCATION		COMMENTS/ UPDATES
				STAFF TIME	COST	
Expand numbers served in Hourly SCL participants.	<ul style="list-style-type: none"> Streamline hourly provision to be cost neutral Enhance flexibility of staffing Evaluate relationship with community partners to enhance opportunities for independent living while maximizing staff to person ratio (i.e duplex) Regionalization 	Derek Steenhoek/Allison Warren-RA and Jessica Kirts-AOD	2	low	\$0	Trish and Derek are reviewing admission candidates and making outreach. 10-5-20
Seek additional 4 person settings for daily SCL participants.	1. managing existing property inventory and financing new	1.Derek Steenhoek, RA, Jim Wilkie F&FD	2	medium	\$0	1. Building plan for 5 person site finished. 2. Building to start soon.
Discuss bringing back respite	meet community needs, few providers.	Joan/Cristy/Jessica	3	low	\$0	
Resources Centers discharging to community providers this spring	participate in any discussions with the State as they kick this off. Organize our strengths and concerns as an agency.	Joan	2	low	\$0	
Evaluate merger/acquisitions as opportunities present themselves.	An agenda item on executive committee and as our financial picture changes or as we learn of organizations evaluating closure we can evaluate options and opportunities.	Linda and the Board of Directors	3	low	\$0	<ol style="list-style-type: none"> 12-2-20 Received an email asking us to consider merger with REM Iowa. Although Link is not interested at this point, the Executive committee reviewed and will continue to monitor 12-28-20 Discussed at the Executive Committee Meeting 2-27-21 Will keep evaluating opportunities for either merger or takeover as they present.

PERSONS SERVED						
OBJECTIVE	ACTIVITY	PERSON RESPONSIBLE	PRIORITY (1=high, medium=2, low=3)	RESOURCE ALLOCATION		COMMENTS/ UPDATES
				STAFF TIME	COST	
Influence responsible federal public policy to protect and promote quality services.	<ol style="list-style-type: none"> Obtain resources to attract and retain a quality workforce Increase access to resources for community-based services and residential supports models Incorporate greater use of data and analytics to influence federal policy 	<ol style="list-style-type: none"> Linda Dunshee Linda Dunshee Linda Dunshee 	<ol style="list-style-type: none"> 1.2 2.2 3.2 	<ol style="list-style-type: none"> 1. medium 2. medium 3. medium 	\$0	<ol style="list-style-type: none"> Engaged with Karla Fultz-McHenry (KFM) as lobbyist 1-20-21 Weekly meetings with other Executive Directors in group on every Friday of week to discuss updates and action plans Started 1-22-21 on-going monthly meetings with KMF and peers and Sara Allen, additional topic lobbyist 1-19-21, 1-27-21, 2-18-21, 3-5-21
Utilize existing and emerging technologies to promote independence of persons with disabilities and mitigate the workforce crisis.	<ol style="list-style-type: none"> Evaluate audio/visual monitoring technology for some served. Evaluate and implement more Telemed services for those served to increase their participation in managing their health. 	<ol style="list-style-type: none"> Directors Cristy Jennings 	<ol style="list-style-type: none"> 1.3 2.2 	<ol style="list-style-type: none"> 1. low 2. low 	<ol style="list-style-type: none"> 1. \$0 2. \$0 	
Research and share best practices in transition from school to adult community supports	<ol style="list-style-type: none"> Employment supports: enhance partnership with IVRS & build relationships with local school districts Outreach to school districts to promote services 	<ol style="list-style-type: none"> Cassandra Jessica K 	<ol style="list-style-type: none"> 1.2 2.2 	<ol style="list-style-type: none"> 1. low 2. low 	<ol style="list-style-type: none"> 1. \$0 2. \$0 	
Add additional handicapped accessible sites for daily SCL	<ol style="list-style-type: none"> Building 5 person site on E25th St Working with Kading Properties as they develop new homes with walk in shower and tile floors. 	<ol style="list-style-type: none"> Jim Derek 	<ol style="list-style-type: none"> 1.1 2.2 	<ol style="list-style-type: none"> 1. medium 2. low 	<ol style="list-style-type: none"> 1. \$300,000 2. \$0 	<ol style="list-style-type: none"> Home completed and ready for Occupancy 4/1/21
Locate and secure appropriate and safe additional Section 8 settings for daily SCL participants.	<ol style="list-style-type: none"> Working with Kading Properties as they develop new homes as they have Section 8 Investigate properties to identify locations that are not safe 	<ol style="list-style-type: none"> Derek Derek 	<ol style="list-style-type: none"> 1.2 2.2 	<ol style="list-style-type: none"> 1. low 2. low 	<ol style="list-style-type: none"> 1. \$0 2. \$0 	

STAFF

OBJECTIVE	ACTIVITY	PERSON RESPONSIBLE	PRIORITY (1 = high, medium = 2, low = 3)	RESOURCE STAFF TIME	ALLOCATION COST	COMMENTS/ UPDATES
Elevate the stature and prestige of the DSP profession through restructuring how we recognize the crucial role and value of supports	1. Each service department (Transportation, Case Management, Residential, Employment & Day Program) will identify measures to enhance the DSP role	1. Department Director/Administrators	1. 1	1. medium	1. \$10,000	
Heighten focus on the identification and sharing of best practices for Direct Support Professional Workforce recruitment, retention, specifically including professional development.4. Evaluate updating the registry for CNA, Work with LSI for guest workers, Evaluate offering ESL and GED for employees, Build relationship with Simpson, Grandview, DMACC. William Penn, Create Industry Specific ESL classes	1. Provide growth map for all positions and integrated efforts to help employees move toward internal growth 2. Empower direct care staff at their location to build ownership and commitment 3. Build culture and align across organization 4. Expand beyond the traditional workforce demographics through recruitment, including guest worker visas and high school DSP mentoring and development programs 5. Evaluate updating the registry for CNA, Work with LSI for guest workers, Build relationships with Simpson, Grandview, DMACC. William Penn, etc.	1. Tiffany/Linda 2. Tiffany/Linda 3. Directors 4. Robin/Angela 4. Robin/Angela	1. 2 2. 1 3. 2 4. 1 4.1	1. medium 2. medium 3. medium 4. high 4. high	1. \$15,000 2. \$0 3. \$15,000 4. \$0 4. \$0	1. 1. Home Lead, Administrative Specialist, DSP Flex, VIP-Flex & Enhanced DSP Flex 2. 2/26/21 initial flow chart drafted for development showing career paths for staff of LInk 2. DSP Flex, Home Lead & Enhanced DSP Flex 3. #LinkStrong, shirts & logo items, recognition & longevity pins 4. iJag outreach with local schools that focus on 11th and 12th grade students not likely to seek post high school education 5. 1) "Handshake" accessed and posted for this job search program used by local/regional colleges 2)Ad-hoc committee formed for additional brainstorming 3) Social Service agency outreach (i.e. house of mercy, homeless) 4)LSI providing caseworkers with our contact information for employment (immigrants)

TECHNOLOGY

OBJECTIVE	ACTIVITY	PERSON RESPONSIBLE	PRIORITY (1 = high, medium = 2, low = 3)	RESOURCE ALLOCATION		COMMENTS/ UPDATES
				STAFF TIME	COST	
Leverage technologies and information resources for recruitment and retention effort	1. Research & evaluate new options 2. Evaluate & develop how options can integrate within Link	1. Bob 2. Robin	1. 2 2. 2	1. medium 2. medium	1. \$0 1. \$0	1. Leverage web, social media, and mobile technologies to provide effective and consistent content delivery. 2. Applicant Pro for enhanced applicant contacts and communication demonstration for free trial
Maintain and enhance the IT infrastructure to support the operations of the agency	1. Analyze current trends & equipment 2. Evaluate and implement new technologies to improve operational efficiency. 3. Evaluate digital signature platforms for use within agencies.	1. Bob 2. Bob 3. Bob	1. 1 2. 1 3. 1	1. 1 2. 1 3. \$0	1. \$30,000 2. \$0 3. \$0	1. Currently have a list of equipment

COMMUNITY SUPPORT & VISIBILITY

OBJECTIVE	ACTIVITY	PERSON RESPONSIBLE	PRIORITY (1 = high, medium = 2, low = 3)	RESOURCE ALLOCATION		COMMENTS/ UPDATES
				STAFF TIME	COST	
Serve as a resource to partners & stakeholders in understanding and responding to situations, opportunities, emerging practices and trends.	1. Shape the future of service delivery models and measures to ensure sustainable services 2. Increase grass roots advocacy	1. Linda/Joan 2. Linda	1. 2 2. 2	1. low 2. low	1. \$0 2. \$0	1. evaluate value-based contracting with MCOs & incentive-based pay, work with elected officials 2. Grow opportunities to shape policy that impacts providers and people with disabilities illustrated by twice the amount of grassroots advocacy by 2024
Increase involvement & better utilize other community self advocacy programs - ON HOLD	1. 2. Leisure outreach 3. Libertad outreach classes					
Enhance sharing of information/training following participation in IACP, PCHS, IDPH, DHS & ETC events	1. networking and learning followed by sharing/training	1. Directors	1. 1	1. medium	1. \$0	1. E-27 training for DSP/Supervisory employees to share information 2. Department Directors will share notes & call out any specifics that relate to others
Build partnerships with MCOs & CBCMs	1. networking and learning about Link	1. Joan/Linda	1. 2	1. low	1. \$0	

INTERNAL BUSINESS PRACTICE

OBJECTIVE	ACTIVITY	PERSON RESPONSIBLE	PRIORITY (1 = high, medium = 2, low = 3)	RESOURCE ALLOCATION		COMMENTS/ UPDATES
				STAFF TIME	COST	
Settings Rule Identify, nurture, and promote technology and innovative practices that advance community integration	1. Evaluating and reporting community integration in areas of cultural, spiritual, and civic engagement toward the Polk County Health Services Outcomes Scorecard (SCL?)	1. Derek/Allison/ Heidi	1. 1	1. high	1. \$0	
	2. Offer community integration activities at least once: M, T, W, Th, F each month	2. Jen M	2. 1	2. high	2. \$0	
Explore community partnerships to expand trainings	1. Identify opportunities for guest trainers to support skill development for staff and persons served: ESL, culinary arts/dietary needs, computer skills/typing & staff support training programs. Create Industry Specific ESL classes	1. Linda D	1. 1	1. high	1. \$5,000	1. currently due to COVID complications this goal will be temporarily delayed 2-27-21

TRAININGS - ANNUAL REVIEW

ANNUAL REVIEW OF TRAINING

July 1, 2021 – June 30, 2022

Compiled by, Jennifer Muller, Quality Assurance Administrator

ANALYSIS

STAFF TRAINING:

As a CARF accredited organization, training standards are explicitly required to provide some form of training and education to personnel, person served and or other stakeholders. Some of their standards require competency-based training or education that focuses on the ability to demonstrate adequate skills, knowledge, and capacity to perform a specific set of job functions.

The annual review of training for the period of July 1, 2021, through June 30, 2022 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.

67 new employees participated in New Employee Orientation.

1650 submissions for new or recertification of core requirements.

- 145 First Aid Refresher

- 138 CPR

- 213 Guidelines for Documentation in IDD

- 236 Fire Safety

- 233 Hazardous Chemicals: SDS and Labels

- 231 Rights of Individuals with IDD

- 236 Infections Control: Essential Principles

- 70 Mandatory Reporter

- 143 Medication Manager

- 5 Ethics

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

- Department Agency Orientation

- Link History

- An overview of Different Types of Disabilities

- Guidelines of Medicaid Documentation Rules

- Positive Behavior Supports

- Information Technology

- Respect Cultural Diversity in Persons with IDD

Fish Philosophy
Supporting Individuals with Disabilities During Emergencies
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.

NAVIGATING CHANGE IN 2021/2022

Throughout the year, working with the IT Director numerous changes were made to the database to ensure people were notified timely of upcoming trainings, and the data it was easier to pull and analyze. In February 2021 the state of Iowa implemented an additional 9.5 hours of training for all direct level staff working in the day habilitation program. Because of this Link Associates signed an agreement with Relias. The day habilitation team and the Quality Assurance Administrator work together to track and ensure completion of these trainings occur, as well as 4 hours of training every year after the initial year. In addition to all our routine on boarding trainings, Relias also offers industry specific training on several topics that could be critical for any department or any team working with individuals specialized needs. Examples include things such as diabetic training, dementia training, seizure disorder training, etc.

NEW EMPLOYEE ORIENTATION AND R8 ONBOARDING TRAINING

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.

With the addition of the Relias program, the trainer will be able to facilitate a training video with the full class, then engage in questions, answers and conversations regarding the content and provide Link specific data on how we deal with the situations within our organization.

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.

Because of the extreme staff shortage crisis, Link Associates is offering New Employee Orientation as often as staff are available to start. In addition, as all supervisors and directors are doing so much direct care to cover open positions, new videos of all presentations were made so that even if a director or administrator is not able to be in the training live, their content will not be missed.

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 classroom 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.

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 which continues today it is a great motivator for all employees. 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. The winner is posted on Link's Facebook page, on Link's Twitter page, and their photo and their summary it's posted around the building.

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.