

A hand holding a blue pen pointing at a business report with charts and graphs. The report features a bar chart with blue, red, and yellow bars, and a line graph with green and red lines. The text "FISCAL YEAR 2020/2021" is overlaid on the report. The background is a light gray with a red and black geometric design on the left side.

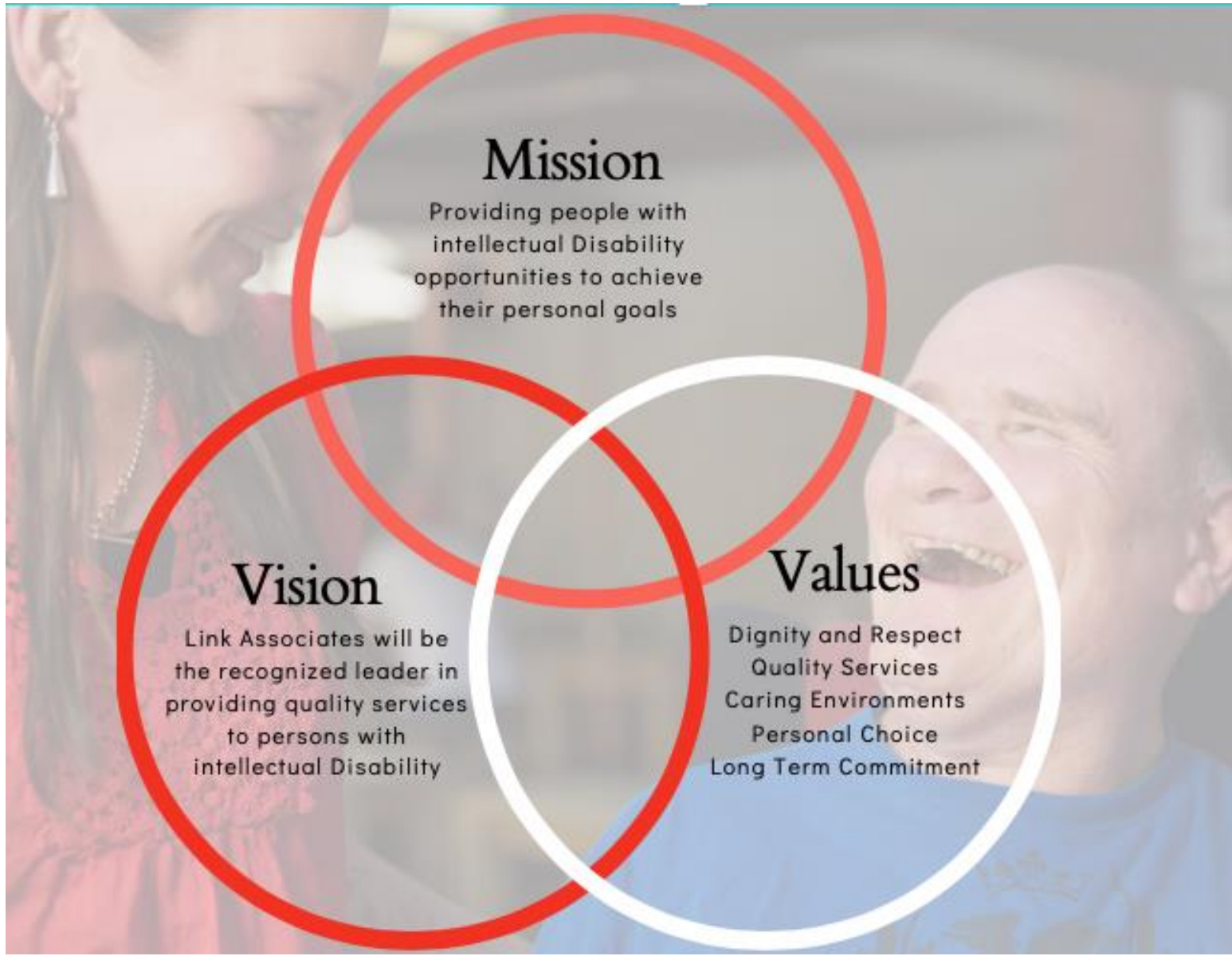
FISCAL YEAR 2020/2021

# BUSINESS FUNCTION REPORT

Link Associates

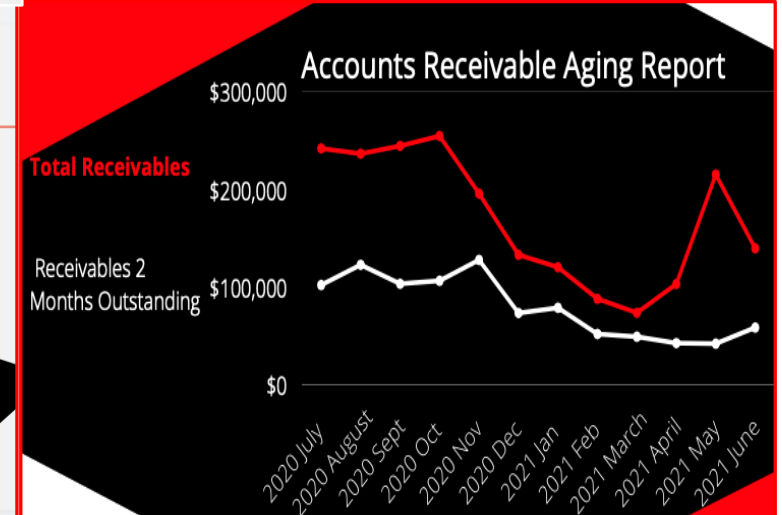
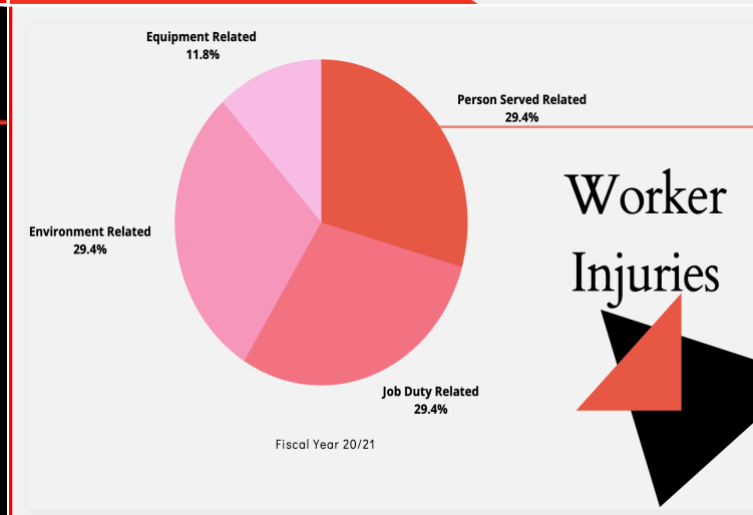
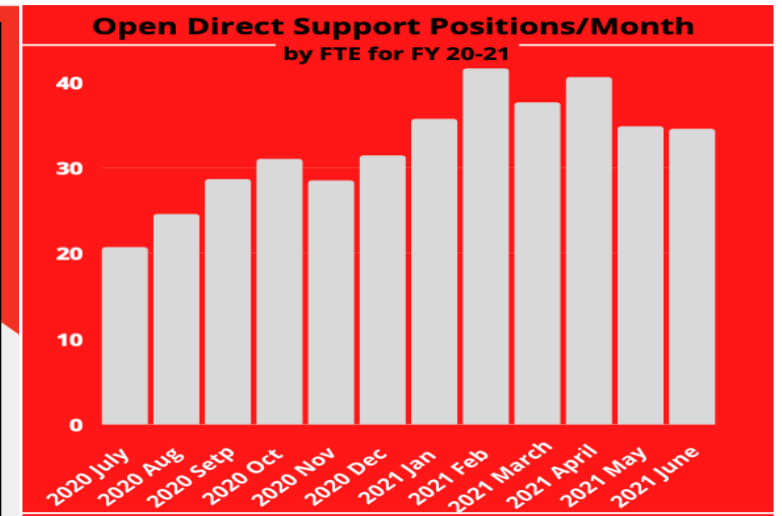
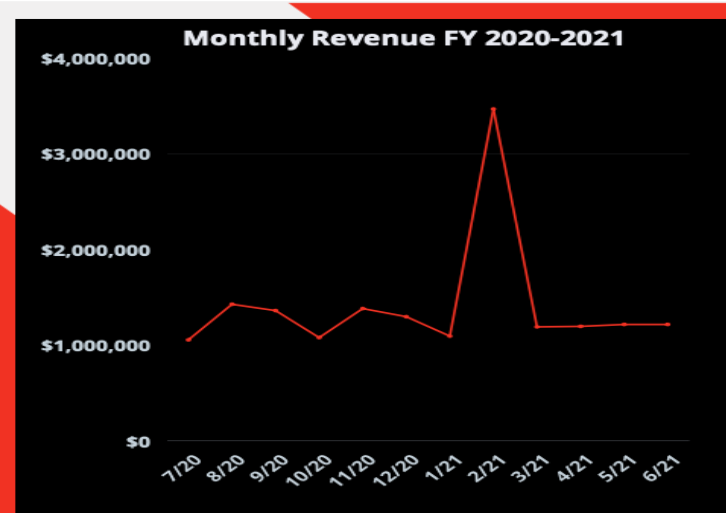
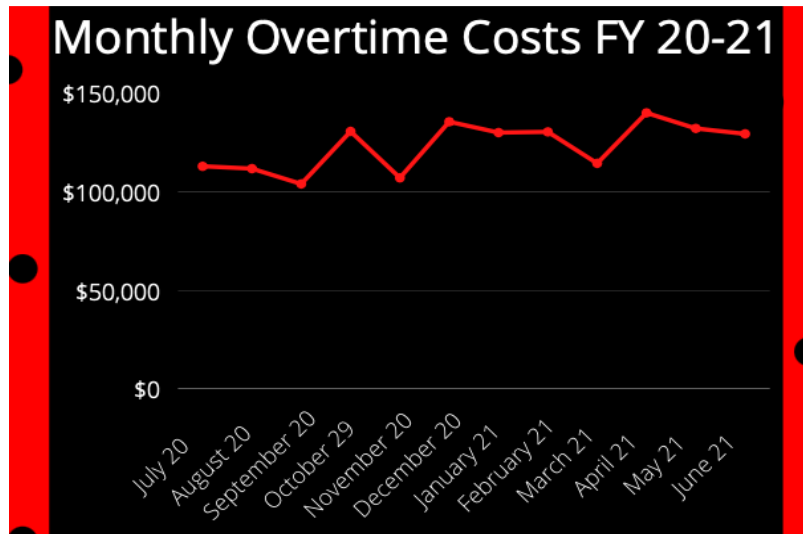
1452 29th St., West Des Moines, IA 50266

## 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. It is posted to the Board of Director section of the Link Associates website
3. Attached to Committee agendas so the contents would be discussed at all applicable committee meetings
4. 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 2020-- 2021																		
FINANCIAL																		
Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/20	8/20	9/20	10/20	11/20	12/20	1/21	2/21	3/21	4/21	5/21	6/21
Improve Financial Solidity	Number of months the bank line of credit is paid in full by the end of the month	Finance Records	Finance Director	Finance Director	No more than 2 months that money is still owed to bank at the end of the month on the line of credit	Link Associates		0			0			0			0	
Goal Outcome: <input checked="" type="checkbox"/> Goal Met <input type="checkbox"/> Goal Not Met	Previous FY goal recommendations (i.e. goal continuation and/or new action steps/plan) 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 (20/21):	1st Quarter The first quarter had nothing out on the line of credit to Bankers Trust, although Link continued to owe the Link Associates Foundation \$1,197,894.	2nd Quarter The second quarter had nothing out on the line of credit to Bankers Trust, although Link continued to owe the Link Associates Foundation \$ 980,854. Link Associates sold one of their properties and used the proceeds from that sale to pay down on the debt to the Link Associates Foundation.				3rd Quarter The third quarter had nothing out on the line of credit to Bankers Trust, although Link continued to owe the Link Associates Foundation \$ 980,854.				4th Quarter The fourth quarter had nothing out on the line of credit to Bankers Trust and in April 2021 Link paid the Link Associates Foundation in full. Link Associates ends the fiscal year with nothing out on either line of credit.								
Comparison of last year's results (19/20) to this year (20/21): In fiscal year 19/20 we did not need to access the bank's line of credit except for the first quarter of the fiscal year however owed the Link Associates foundation \$1,197,894. 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																		
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). The ability to have received non-earned revenue helped place Link Associates in a position where previous outstanding debt could be dealt with. 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 (21/22): It is not expected that we will need to borrow on the line of credit again however it is intelligent to keep this measure of achievement Active to ensure constant monitoring of the situation. <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
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RESOURCE ALLOCATION
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Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/20	8/20	9/20	10/20	11/20	12/20	1/21	2/21	3/21	4/21	5/21	6/21
Decrease resources spent on overtime	Quarterly overtime cost (premium paid) for all hourly employees	Payroll records	Executive Director	Finance Director	Overtime payments under \$19,000 per month on average	Link Associates	Total Overtime= \$355,460 total with an average \$118,487/month			Total Overtime= \$372,739 with an average of \$124,264/month			Total Overtime= \$384,989 with an average of \$128,330/month			Total Overtime= \$401,679 with an average of \$133,893/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) 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 <ul style="list-style-type: none"> <li>• 1st QUARTER: NA</li> <li>• 2ND QUARTER: NA</li> <li>• 3RD QUARTER: NA</li> <li>• 4TH QUARTER: NA</li> </ul>										Completion Date NA		
ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (20/21):	1st Quarter July OT = \$112,988 Aug OT = \$111,791 Sep OT = \$130,680  Individual work with elected officials as well as with IACP for a clear narrative of the critical need to pay staff in this industry a fair wage as the overtime costs to cover open positions is astronomic. Link Associates has implemented hiring and referral bonuses to increase applicants.			2nd Quarter Oct OT = \$107,123 Nov OT = \$135,587 Dec OT = \$130,083  Although the overtime costs throughout the Covid-19 have been astronomical, some grant money has been received to offset the impact on the budget.  The amount of the hiring bonus was increased from \$500 to \$1,000. An easy apply option was made for the			3rd Quarter Jan OT = \$130,455 Feb OT = 114,465 Mar OT = \$140,069  After Joe Biden was elected president, increased messages with elected officials happened due to his indication of a \$15 an hour minimum wage. Simply bringing the minimum wage to \$15 an hour is over a \$2.9 million impact for Link Associates to cover the cost without an increase in reimbursements.			4th Quarter Apr OT = \$140,069 May OT = \$132,177 June OT = \$129,433  The legislature approved a 5.5% increase for all HCBS programs, but in reality, it was a 3.5% increase. Immediately when received it will go to staff wages.  A text to apply number was identified and a phone purchased to accept those calls								



	New "now hiring" signs were made and placed on busses and vans all across the metro area.	website to make applying for employment as easy as possible.	Now hiring yard signs were created and posted across the DSM Metro area.	
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Comparison of last year's results (19/20) to this year (20/21): In 2019-2020 we had an average overtime cost per month of \$93,670 and in 2020-2021 we had a monthly average of \$126,239.

Trends:  YES  No (if yes provide detail) COVID-19 recovery continues and we had hoped for increased applicants when the enhanced unemployment payments stopped but that did not happen. Across the state and nation all businesses are in a hiring crisis and with the low reimbursement rates in this industry, we are not able to compete with the fast food, grocery and retail establishments.  
 Causes:  YES  non-Applicable (if you feel there were causes for this outcome, please explain) We did not see the return-to-work pattern that was here before the pandemic. Continued enhanced payments to stay home from work was a major deterrent to people seeking employment.  
 Characteristics of persons served impact performance:  YES  No (if yes, please explain)  
 Other extenuating or influencing factors  YES  No (if yes, please explain) In addition to our state wanting more with less pay, our families also have higher expectations of individualized services. This is very hard to provide in the best of times, much less with record high open positions.

New Recommendations for Next Year (21/22): 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. <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
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**HUMAN RESOURCE**

Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/20	8/20	9/20	10/20	11/20	12/20	1/21	2/21	3/21	4/21	5/21	6/21
To improve employee retention	Number of resignation/ terminations/ month	HR Records	Executive Director	Executive Director	Turnover average of less than 20%/year	All active employees	End of 1 <sup>st</sup> quarter = 11.22%		End of 2 <sup>nd</sup> quarter = 8.55%		End of 3 <sup>rd</sup> quarter = 6.44%		End of 4 <sup>th</sup> quarter = 10.52%					
							Annualized = 11.99%		Annualized = 21.11%		Annualized = 27.96%		Annualized = 38.48%					
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			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	
	Did Actions taken accomplish intended results. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA																	



ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (20/21):	1st Quarter As COVID-19 continued to have a negative impact on Link, we continued to lose staff. At the end of the first quarter, we had an average of 24.61 open FTE's	2nd Quarter As COVID-19 raged on, each week Link continued to lose staff. At the end of the second quarter, we had 31.39 open FTE's.	3rd Quarter With no break in Covid, each week Link continues to lose staff. At the end of the third quarter, we are down 37.59 open positions.	4th Quarter The fiscal year ended with 34.5 open positions and despite additional recruitment efforts applications continue to be sparse.
Comparison of last year's results (19/20) to this year (20/21): In 2019-2020 the annualized turnover rate was 42.62% and in 2020 – 2021 the annualized turnover rate was 38.48%				
<p>Trends: <input checked="" type="checkbox"/> YES <input type="checkbox"/> No (if yes provide detail) Across the state and nation a lack of interest in the DSP profession exists, likely due to the insufficient funding to make the work a viable career.</p> <p>Causes: <input checked="" type="checkbox"/> YES <input type="checkbox"/> non-Applicable (if you feel there were causes for this outcome, please explain) A lack of funding and in adequate provider reimbursements is driving this industry into a crisis. Covid has helped identify the critical need and although awareness seems to have risen, the simple fact is funding needs to match the quality in the level of work provided by the staff of this industry to keep it a viable option.</p> <p>Characteristics of persons served impact performance: <input type="checkbox"/> YES <input checked="" type="checkbox"/> No (if yes, please explain)</p> <p>Other extenuating or influencing factors <input checked="" type="checkbox"/> YES <input type="checkbox"/> No (if yes, please explain) COVID-19 impacted Link by increased resignations and reduced applicants</p>				
New Recommendations for Next Year (21/22): <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

LINK ASSOCIATES  
JULY 1, 2020 – JUNE 30, 2021

And

2020-2021 PLAN

SUBMITTED BY: Jay Bruns, Corporate Operations Director

### POLICY

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

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

### EXECUTIVE SUMMARY

- External Investigations – None
- External Monitoring – 2 records, no results received/provided (0% error rate), no corrective actions see page 7, item #9
- Internal Monitoring – 13,185 units of service reviewed - 0.03% error rate, see items #2, & #4 combined results pages 2-4
- Recommendations – see page 8-9

### 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 2408 units of service this past fiscal year. No units were found to have documentation billing errors this year (0%) which is now 2 years in a row for this measure. 101 records (4.1%) had some documentation errors that did not have an impact on the integrity of the payment received, and no units were found with billing errors relating to MCO's paying incorrectly in these samples. In fiscal year 2019/2020, 575 units (16.4%) had billing errors due mostly to MCO's paying incorrectly in fiscal year 2019/2020, 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 and Executive Director 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.

The COD, as providing oversight/support to the residential program for billing submission, has called out concerns for the two Residential Administrators to act upon relating to the established practices that are to occur for Medicaid documentation. This overall policy for documentation is:

### DOCUMENTATION

The services provided by Link Associates are primarily funded by the State of Iowa and the Federal Medicaid Programs. As such strict federal guidelines govern the acceptable provider documentation. The documentation must include the type, scope, amount, duration and frequency of each service. Link Associates uses an electronic form of documentation, called E-doc. Prior to billing, it is Link's responsibility to ensure the accuracy of all submitted data. Once services have been provided there is a lock-down period where all documentation is verified prior to submission. All employees providing supports to persons served are expected to record documentation in Edoc the day services were provided. In rare situations, and when authorization is given by the immediate supervisor, staff may record on paper the day the service was provided.

Staff working in daily Residential sites should complete documentation during services, but after the services have been provided
Staff working in daily Day Program sites should complete documentation following the completion of services
Staff working in hourly sites should complete documentation following the completion of services
You CAN NOT complete documentation for a person you supported in a hourly service while supporting other individuals
Staff can utilize paper documentation when there is no immediate access to computers/iPads or internet for entering documentation
If unable to document on site, you can utilize the computer lab on the 3 <sup>rd</sup> floor at Link
If unable to enter documentation into Edoc the day of services, you have three days/72 hours maximum to do. This practice is acceptable only when paper documentation has been completed and approval has been given from the appropriate supervisor

Turnover and difficulty experienced with recruitment certainly have contributed to many direct support professionals without adequate skills in completing assignments and proper documentation which has increased oversight responsibilities in that area as well as coverage for the residential supervisors. The concerns center on late documentation by direct support professionals and the timeliness and quality of supervisory reviews.

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

At the start of the Fiscal year, there were a total of 25 people in the case management program at Link. During the year 2 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. One of the people discharged had a file review completed as well prior to discharge notification. There were a total of 24 case management files reviewed for billing accuracy. Each file was reviewed for an entire 12 months of service for a total of approximately 288 months of service reviewed for accuracy. There were just 3 – 15-minute units of service found in question for the year. Of those, upon further review, 3 units were paid back. While all the units billed were units that could be correctly billed for, a contact with the guardian and/or person served was missed in the quarter and needed to be completed before billing other types of units. The errors were reviewed with the staff involved and guidance given on the correct billable units. The discrepancies found were not determined to be instances or indicators of waste, fraud or misconduct and were primarily attributed to staff difficulty getting in contact with the people involved. The overall error rate of units overbilled to the total number billed for the year was 0.2%, which is slightly higher than the previous year's 0.1%. There were 1597 billable units for the year.

Trends: There were no trends in the discrepancies detected.

Corrective Actions taken throughout the year: The staff involved was reminded of the rule that contact with the guardian/person served must take place in the quarter to have other service units billable. Normally this requirement is for an actual face to face visit with the person but that specific requirement was relaxed in the year due to virus concerns. Visits as of July 2021 are resuming in person so should be back to the normal routine and contact requirements. Many case management staff at Link had already resumed in person visits with families that were comfortable prior to this date. Staff were reminded of this as well during the recent department meeting and are already proceeding with in person staffing's etc.

Recommendations: There continues to be little growth available to the case management program due to the majority of clients being assigned to a Managed Care Organization (MCO) which does their own case management. Link is only able to serve people who receive HIPP and as a result the numbers will likely remain low. Two people lost their HIPP status this year and at least one other is expected to transfer in the next few months. 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 23 people with the expectation that will soon be 22. 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 majority of the reviews to aid in consistency. Retraining of staff will occur as needs are identified during billing reviews or as rule/processes change during the year. If a larger trend is discovered staff will all be retrained during the monthly team meeting.

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

	SE	Skills Training	Res	DayHab	Trans	Case Management
<b>% Reviewed</b>	7.8%	41%	5.6%	6.5%	6%	100%
<b>*Units reviewed</b>	371	10	4446	1742	2611	1597

<b>Units paid back</b>	0	0	0	0	0	3
<b>Units under billed</b>	0	0	0	1	0	0
<b>Error rate</b>	0%	0%	0%	0.05%	0%	0.2%

\*Represents 11 months for this report period

Overall, this represents a 0.03% overall error rate for all programs combined review of 10,777 units. The 3 units paid back represent 15-minute services in Case Management discovered during their audits for missed persons served/guardian contacts prior to billing for other supports that were provided (quarterly). These discrepancies were not determined to be instances or indicators of waste, fraud, or misconduct. Departments all took appropriate corrective actions and identified trends for further evaluation and recommendations.

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

Trends:

Residential:

- Identified that documentation was not being submitted/completed in accordance with agency policy and that supervisory staff were not upholding the policy or completing reviews of E-doc timely
- Identified that the quality of documentation presented reviewers the impression that goals may not be understood.
- Long weekend shifts (live in) didn't always provide a clear picture of the supports over a full 35–40-hour period
- Discovered that the training documentation relating to persons served goals was outdated

Employment/Day:

- Supported Employment identified that JT-2's was not found in person served records for 27 or the 68 reviews
- Address location (location services are provided) was incomplete in some records for the LEEP shadow locations
- Missing goal acknowledgment sheets and persons served goals not being implemented/addressed correctly

Transportation:

- Approximately 2% of the units reviewed in transportation paid incorrectly (41units) that was not due to any billing errors by Link Associates. This is a decrease from last fiscal year that found 39% error rate (1158 units) in payments.
- Over 13,000 omissions by DSP's in documentation occurred for all transportation services (not just this 5% review) that had to be fixed by them before billing could occur.

Corrective Actions taken throughout the year:

Employment/Day

- Met with IVRS leadership with bi monthly zoom meetings to follow up on outstanding claim issues
- An employment file review form (O-2) was created 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 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

#### 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.
- Supervisory personnel issued training/disciplinary action for failing to complete log auditing timely.
- Administrators worked with supervisors to use the analyze the date reports to assist supervisors with identifying errors in E-doc that they are responsible to oversee.

#### Transportation

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

#### Recommendations:

##### Employment/Day programs

- Will continue to monitor the outstanding claims document to ensure accurate and consistent billing and work with accounting and/or IVRS as needed
- 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 DSP's on service documentation which can include; new employee orientation, Relias training, etc.
- Provide training to the supervisory and administrative team on documentation rules

##### Residential services

- Administrative personnel will provide oversight and evaluation of quarterly reviews of the tip sheets
- Re-address documentation practices with regard to live-in weekends and the need to educate DSPs on the intent of the goal/objective that assist in providing more clear detailed documentation.
- Continue to work with supervisory personnel on more frequent reviews of documentation to prevent billing/corrections issues. Continue more disciplinary action for supervisors who show patterns of waiting until billing to get log auditing corrections taken care of.
- Encourage teams to meet as needed to evaluate goals and reconstruct goals as needed.

##### Transportation

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

5. Policy and Procedures most related to corporate compliance include: Corporate Compliance, By-Laws, Internal Controls, Internal Billing Quality Control, Confidentiality and Management of Person served Records, Employee Handbook, Administration of Office/Communication Records and Prevention of Financial Waste Fraud and Abuse. All Link Associates Policies and Procedures are reviewed annually and updates/changes were approved by the Board of Directors in May 2021 most recently.
5. Internal controls/methods utilized by the Finance Department include; quarterly representative payee audits of persons served finances, four step accounts payable check and balance system, and close monitoring of variances in the agency financial reports. Our Finance Committee of the Board of Directors review the financial statements on a monthly basis for program results and variances. Our annual external audit addresses our waste, fraud, and abuse policies.
7. Iowa Medicaid Enterprise (IME).
  - a. IME 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 no requests were made.
  - b. The last IME, HCBS Quality Oversight On-site Periodic Review occurred on January 29, 2015. This regularly timed review (typically every 5 years due to our CARF Accreditation) is very comprehensive and references over 300 Iowa Administrative Code rules. See the 14-15 Corporate Compliance Annual Report for complete details. This review was scheduled to occur on March 27, 2020 and was initially rescheduled, then postponed again due to the pandemic with no set target date at this time.
  - c. IME did complete a focused review on October 5, 2017 with the primary focus being on the HCBS settings and person-centered planning processes that they are conducting for all agencies. This focused on 26 rules/standards relating to the settings in which our services are provided, the person-centered planning process, and selected outcome measures required in Iowa code. Link Associates received perfect results from this review.
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. To date, no requests have been received.
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. 128 persons served are enrolled with Amerigroup and 134 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 this year. They requested; service logs (E-doc records), remittance advice reports, service plans, and authorizations for services previously provided during a one month period. These were submitted in July and September of 2020 and no results or outcomes have been provided. To date no such requests have been received 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. 81 entries were made by administrative staff this fiscal year into the Billing Adjustment Log for Services Previously Billed. This compares to approximately 49 entries in fiscal year 19/20 , and 90 entries in fiscal year 18/19. 62 % of these were attributed to NOD changes (tiers, changing MCO's and authorizations) that were received late and/or administrative staff failing to update billing records in E-doc timely which causes errors in payments or non-payments. Many of which involved changes occurring because of the pandemic and tiers for those in residential services that can change depending upon the persons served engagement in services outside of their home (i.e. Day Hab). The overall causes are similar to last fiscal year. Errors in the employment/day programs were 32 and 49 for the residential services.

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 4<sup>th</sup> 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.

<b>Total Summary</b>	<b>Unlock occurrences</b>	<b>Unlock occurrences</b>	<b>Unlock occurrences</b>	<b>Unlock occurrences</b>
	1 <sup>st</sup> quarter 20/21	2 <sup>nd</sup> quarter 20/21	3 <sup>rd</sup> quarter 20/21	4 <sup>th</sup> quarter 20/21
<b>Residential</b>	41	46	77	92
<b>Case Management</b>	5	0	1	2
<b>Vocational</b>	46	5	24	47
<b>Actual Total</b>	96	53	102	145

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.

## **RISK ASSESSMENT**

The CCO conducted a risk assessment on April 5, 2021 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 2022 and monitoring of new additional risks will continuously occur.

## **RECOMMENDATIONS FOR CHANGES FOR LINK ASSOCIATES POLICIES AND PROCEDURES**

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

# CORPORATE COMPLIANCE RISK ASSESSMENT

## LINK ASSOCIATES CORPORATE COMPLIANCE PROGRAM RISK ASSESSMENT

July 1, 2021 – June 30, 2022

SUBMITTED BY: Jay Bruns, Corporate Operations Director

### POLICY

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

### EXECUTIVE SUMMARY

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

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

Link Associates has appropriate policies and practices in place that monitor risk areas. The exemplary results of all external monitoring audits related to Medicaid funding, also support that our current practices are effective. The Corporate Operations Director solicited feedback on selected material on April 5, 2020 from Department Directors/designees to further discuss and review these items and to obtain additional feedback.

### RECOMMENDED ACTIONS TO REDUCE RISK

1. Risk #4: Failure to administer and monitor prescription drug use. Currently performance measures and targets are addressed in existing agency program evaluation measures of achievements and is reported on quarterly for improvement activities and will not be duplicated here.
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.

TOP RISKS (with highest threat measurement)	
1	Failure to administer and monitor prescription drug use. (risk #4)
2	Inadequate staffing levels or insufficiently trained or supervised staff to provide care. (risk #5)

3. All other risk areas that are identified to mitigate (reaction) have on-going efforts already well established that continue to mitigate the probability or impact of those associated risks.

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

#### SPECIFIC RISK AREAS

##### QUALITY OF CARE

Components that can contribute to vulnerability include;

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

##### 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	
<b>Threat</b>		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: 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.)	
• High	Greater than 70% probability of occurrence		
• Medium	Between 30% and 70% probability of occurrence		
• Low	Below 30% probability of occurrence		
<b>Preparedness</b>			
• 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.		

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"> <li>1. CMD oversees audits 100% of persons served records annually per defined policies.</li> <li>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.</li> <li>3. Oversight agencies and reviews conducted evaluate the CCSP to the daily service notes, any deficiencies or suggestions noted are acted upon.</li> <li>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.</li> </ol>
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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"> <li>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).</li> <li>2. Admissions policies and committee format/decision making may include nursing evaluation and ability to serve.</li> <li>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.</li> <li>4. SIS is being administered by staff of the MCO's (Telligen for FFS persons) and provider staff have not always been invited to provide the required input that compromises the integrity of this tool that also drives the reimbursement rates for Day Hab and SCL services.</li> <li>5. Link has revised the Link Service Plan to capture gaps and missing information in the persons served plans developed by the MCO's.</li> </ol>
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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"> <li>1. Care Planning Tool/Housing Checklist has been modified to ensure persons served have been involved in their life choices and preferences.</li> <li>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.</li> <li>3. The SIS is now completed by representatives of the MCO's and communication/coordination have posed difficulties and concerns.</li> <li>4. Satisfaction of services is measured quarterly for all programs that inherently address persons served needs and preferences.</li> <li>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.</li> <li>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.)</li> <li>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.</li> </ol>
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				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).																						
4	Failure to administer and monitor prescription drug usage	<table border="1"> <tr><td rowspan="4">Threat</td><td>H</td><td></td><td>X</td><td></td></tr> <tr><td>M</td><td></td><td></td><td></td></tr> <tr><td>L</td><td></td><td></td><td></td></tr> <tr><td></td><td>H</td><td>M</td><td>L</td></tr> <tr><td colspan="5">Preparedness</td></tr> </table>	Threat	H		X		M				L					H	M	L	Preparedness					Mitigate	<ol style="list-style-type: none"> <li>1. This is currently measured in existing agency program evaluation measures, which monitor the number of documentation errors.</li> <li>2. The Program Committee of the Board additionally monitors the data relating to medication errors.</li> <li>3. Employee Handbook has specific disciplinary action and training requirements for staff making medication errors.</li> <li>4. Annual skill assessment is required of all agency medication managers.</li> <li>5. In early 2019, exploration and trials of an E-MAR electronic system is being tested that would be anticipated to decrease errors made in the administration of medication. Medication error reports for the first two quarters of 19/20 indicate an approximate 50% reduction in reported errors (254) from the two quarters previous to this.</li> <li>6. For fiscal year 19/20 MAR documentation errors were reduced from 61% in fiscal year 18/19, to 42%. The total number of identified errors decreased to 548 in fiscal year 19/20 from 661 in fiscal year 18/19.</li> <li>7. Link Associates is pursuing the development of a training curriculum to replace the state medication manager course that would increase the focus of what staff administering medications to persons served most need to know in efforts to reduce errors.</li> </ol>
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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"> <li>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.</li> <li>2. Incident reports are monitored for trends that could include insufficient training or new training needed.</li> <li>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.</li> <li>4. Reimbursement methodologies (TIER Rates implemented 12/1/17) and associated changes made to SCL rules requiring transportation have impacted budgets and impacted ability to improve wages. Another surprise rate decreases for SCL tiers occurred March 15, 2019 which caused an additional \$140K decrease in annual revenue.</li> <li>5. The creation of Link's on-line application in March 2018 has dramatically increased the applicant pool of candidates for DSP positions. The IT Director and E.D. worked to consolidate Link Associates Facebook presences and has begun to show benefits now that efforts can be better employed (and increased followers) for recruitment efforts.</li> <li>6. 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 for the 3 months since implemented.</li> <li>7. Better Teams entered the on-line recruiting market this year and has thus far proven to be a better tool used by Link Human Resources for outreach to applicants.</li> <li>8. Legislative lobbying is more unified in 2020 across both the state (IACP) and federal (ANCOR) memberships to address the critical shortage and inadequate wages for DSP's.</li> </ol>
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6	Failure to report incidents of mistreatment, neglect, or abuse as required	<table border="1"> <tr><td rowspan="4">Threat</td><td>H</td><td></td><td></td><td></td></tr> <tr><td>M</td><td></td><td></td><td></td></tr> <tr><td>L</td><td>X</td><td></td><td></td></tr> <tr><td></td><td>H</td><td>M</td><td>L</td></tr> <tr><td colspan="5">Preparedness</td></tr> </table>	Threat	H				M				L	X				H	M	L	Preparedness					Accept	<ol style="list-style-type: none"> <li>1. All employees required to take mandatory reporting, which includes reporting expectations to DHS.</li> <li>2. MCO's have begun to request additional information that typically is centered on agency reports to them of critical incidents.</li> <li>3. All agency Policy and Procedures have been updated on July 2019 (Iowa Total Care joins IA market) to encompass the reporting requirements to the MCO's.</li> </ol>
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				<p>4. Frequent engagement with persons served from internal Case Coordinators and Program Supervisors provide additional opportunities to minimize incidents.</p> <p>5. Each MCO has different reporting processes that are addressed in agency policy and procedures, but the different protocols for each that differ from IME increases the likelihood of a reporting error.</p>																						
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	<p>1. Admissions policy and agency policy in persons served handbook contain specific non-discriminatory policy.</p> <p>2. Appeal process disseminated to applicants for services who have been denied services.</p> <p>3. Appeals/Grievances monitored by the ED and reported on annually by the COD.</p>
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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	<p>1. All employees receive training upon hire and every 3 years on mandatory reporting.</p> <p>2. Core training on Intro to ID/DD and Rights/Responsibilities/Confidentiality also contain important components of persons served treatment.</p> <p>3. Frequent engagement with persons served from internal Case Coordinators and Program Supervisors provide additional opportunities to minimize incidents.</p> <p>4. Persons Served/Family Handbook provides comprehensive expectations of staff and persons served rights.</p> <p>5. Employees in SCL typically work alone with no peer supervision present that inherently increases risks.</p>
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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	<p>1. Persons served Handbook provides extensive detail on persons served rights.</p> <p>2. Positive Behavioral Support (PBS)Program Policy #11 provides guidelines that teams must follow.</p> <p>3. All staff receive training on PBS Policies and philosophies.</p> <p>4. Program Committee of the Board provides oversight of persons served plans with rights restrictions.</p> <p>5. Program Policies #3, Medication Administration and # 11 Positive Behavioral Supports address any use of psychotropic medication use.</p> <p>6. Additional clarity and communication provided via PBS Committee that additional oversight will occur for any PRN medication prescribed for the purpose of behavioral support occurred in 2019 along with updating such records in the person served data base.</p>
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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	<p>1. Program Policy # 2, Confidentiality and Management of Persons served Records addresses the confidentiality practices and policies of persons served records.</p> <p>2. The CCSP includes components (previously separate documents: Care Planning Tool/Housing Checklist) to ensure that privacy is provided.</p> <p>3. Persons served Handbook further explains that persons served can have access to their records at any time.</p> <p>4. Case Coordinators individually assess each person's served personal privacy when completing the residential site assessment tool (CMS settings and State of Iowa Plan).</p>
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11	Denial of persons served right to participate in care and treatment decisions	<table border="1"> <tr><td rowspan="4">Threat</td><td>H</td><td></td><td></td><td></td></tr> <tr><td>M</td><td></td><td></td><td></td></tr> <tr><td>L</td><td>X</td><td></td><td></td></tr> <tr><td></td><td>H</td><td>M</td><td>L</td></tr> <tr><td colspan="5">Preparedness</td></tr> </table>	Threat	H				M				L	X				H	M	L	Preparedness					Accept	<p>1. 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.</p> <p>2. Persons served have the right to decline to sign/agree to their CCSP without any effect of their service delivery</p> <p>3. Due process in place for any rights restrictions, which is on the CCSP template of required content.</p>
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				4. 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.																						
12	Failure to safeguard financial affairs	<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"> <li>1. Program Policy #14, Persons served Financial Support gives specific procedures to promote the safety of persons served finances for those who receive Representative Payee services from Link or for those who ask for assistance in money management.</li> <li>2. Persons served Handbook updated to include more guidance to family members of their responsibilities that interact with Links support to SCL persons served with their finances.</li> <li>3. Day Hab services developed processes for their handling of incoming money for activities for better accountability and record keeping in 2019.</li> <li>4. Insurance coverage for crime (theft of money).</li> <li>5. External audits by Social Security provide another review of agency practices.</li> <li>6. Random, self-audits of 10% of records annually by the Finance Director or designee provide additional oversight to these functions.</li> <li>7. Daily Cash Flow records (residential) are reviewed for appropriateness, accuracy and are filed with Representative Payee designee.</li> <li>8. Financial records are available for review by persons served and legal representatives as requested and specified in the Persons served Handbook.</li> <li>9. Persons served are provided with monthly account reconciliation reports.</li> <li>10. Third party review occurred (2019) for Rep Payee internal processes by the CM Director aim to identify problem areas of communication/timeliness/reporting/eligibility to offer suggestions to the Leadership Team.</li> </ol>
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Billing and Cost Reporting			Reaction	Current mitigation practices identified and risk exposures																						
13	Billing for services not provided as claimed	<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"> <li>1. Finance Policy #9, Internal Billing quality control provides strict expectations and automatic download of billable, Medicaid records for all services (except NEMT)</li> <li>2. 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.</li> <li>3. Falsification of entries mitigated by extensive employee training, and multiple layers of oversight and internal monitoring activities.</li> <li>4. Targeted Case Management reviews all billable progress notes to ensure they contain billable content prior to billing with additional second level review audits annually.</li> <li>5. NEMT services are all electronic through Passio Technologies Para Plan program. All records are now stored electronically in the Para Plan program.</li> <li>6. 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.</li> </ol>
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Preparedness																										
14	Failure to identify and refund credit balances	<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> </table>	Threat	H				M		X		L					H	M	L	Accept	<ol style="list-style-type: none"> <li>1. Finance Policy #9, Internal Billing Quality Controls specifies processes to report overpayments and timeframes that the accounting department has to refund overpayments. This policy further identifies the review timelines required prior to billing as well as the quality control methods by Departmental staff that is required.</li> </ol>					
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		Preparedness		<ul style="list-style-type: none"> <li>2. Finance Policy #8, Internal Controls, provides a third level of review of the entire billing processes as well as the service documentation used to support billing.</li> <li>3. A Billing Adjustment log triggers (and tracks) the Accounting Department by e-mail of any adjustments required.</li> <li>4. Billing Drive created that increases communication and accountability of claims that need corrective action.</li> <li>5. All outstanding claims are additionally monitored, reported on, and rectified on the Outstanding Claims (shared google document) and is provided to the Finance Committee of the Board.</li> </ul>																					
15	Knowingly billing for inadequate or substandard care	<table border="1"> <tr><td rowspan="5">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="4">Preparedness</td></tr> </table>	Threat	H				M		X		L					H	M	L	Preparedness				Mitigate	<ul style="list-style-type: none"> <li>1. Finance Policy #9, Internal Billing Quality Controls specifies the expectations and timeframes for all billable services to be reviewed prior to submission. This practice is supported by administrative 2<sup>nd</sup> level reviews</li> <li>2. Department Directors identify trends, areas in need of improvement, and corrective action taken based on the results of their departmental 2<sup>nd</sup> Level reviews.</li> <li>3. Adjustments to billing still is occurring after Medicaid records have been locked, which can indicate that Departments are not completing their reviews prior to billing timely.</li> <li>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 C.O.D. that show supervisory/DSP trends that can indicate noncompliance of completing reviews timely.</li> <li>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.</li> </ul>
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	Preparedness																								
16	Altering documentation that verify services were provided	<table border="1"> <tr><td rowspan="5">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="4">Preparedness</td></tr> </table>	Threat	H				M				L	X				H	M	L	Preparedness				Accept	<ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>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.</li> <li>4. Ability to unlock (unsecure) Medicaid records is coordinated by the Corporate Compliance Officer and only 2 additional employees are given this access.</li> </ul>
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17	False cost reports	<table border="1"> <tr><td rowspan="5">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="4">Preparedness</td></tr> </table>	Threat	H				M				L		X			H	M	L	Preparedness				Accept	<ul style="list-style-type: none"> <li>1. Interpretations and challenges to our cost reports are reviewed and discussed for remediation strategies as they occur.</li> <li>2. Link Associates has an independent audit every fiscal year to further review the proper allocations of expenses and revenues of the agency.</li> </ul>
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	Preparedness																								
Employee Screening			Reaction	current mitigation practices identified and risk exposures																					
18	Failure to have employees certify	<table border="1"> <tr><td rowspan="2">Threat</td><td>H</td><td></td><td></td><td></td></tr> <tr><td colspan="4">Preparedness</td></tr> </table>	Threat	H				Preparedness				Accept	<ul style="list-style-type: none"> <li>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.</li> </ul>												
Threat	H																								
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	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>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>	M				L	X				H	M	L	Preparedness									
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19	Requiring temporary employment agencies to ensure their staff have undergone background checks.	<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	1. Link Associates used an employment agency for temporary employees in July 2016 and again in January 2018 and completed their own background checks before placement since the temp agency was not able to provide written verification of such.
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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>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="4">Preparedness</td></tr> </table>	H				M				L		X			H	M	L	Preparedness				Accept	<ol style="list-style-type: none"> <li>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.</li> <li>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.</li> </ol>
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Preparedness																								
21	Requiring current employees to report if they are convicted of an offense that would preclude their ability to work for us	<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"> <li>This is identified as a requirement in the Employee Handbook that would result in a complete new record check evaluation/screening to determine eligibility to remain employed. Upon any credible report from other sources will likewise result in a record check as identified in State Law.</li> <li>Link Associates application supplement form HR-1, OIG and SAMS Excluded Individuals Release Form further has employees acknowledgment that they must notify Link Associates if they become an excluded individual on either the OIG or SAMS exclusion lists.</li> </ol>
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22	Periodically checking the OIG and SAM websites to verify the	<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"> <li>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.</li> <li>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</li> </ol>
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	participation/exclusion status			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.																						
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 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"> <li>Persons served records are maintained by the CM Department and their quality assurance practices.</li> <li>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.</li> <li>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.</li> <li>Internal monitoring (Finance Policy #8, Internal Controls and Finance Policy #9, Internal Billing Quality Controls) provides further verification of proper payments.</li> <li>Admission to services practices collects enrollment information and the Case Coordinator does the verification of eligibility for funding prior to the intake meeting.</li> <li>Systems (MCO's) have delayed/denied payments when all preventive measures currently in place have been utilized by Link Associates.</li> <li>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.</li> </ol>
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		H	M	L																						
Preparedness																										
24	Corrective action taken in response to external monitoring and surveys	<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"> <li>The two most recent HCBS Periodic Reviews completed (2012, 2015) resulted in no recommendations or corrective action plans. The next Periodic Review was scheduled to occur in April 2020, but was postponed by the State due to the pandemic.</li> <li>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.</li> <li>The most recent HCBS billing review (November 2014) resulted in no corrective actions or repayment of funds</li> <li>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 reviews can occur again in 2021.</li> <li>The COD is directly involved with external monitoring surveys and ensures corrective actions are taken as indicated.</li> </ol>
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	M	X																								
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Preparedness																										
25	Records and audit data that support and explain cost report	<table border="1"> <tr><td rowspan="3">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> </table>	Threat	H				M		X		L				Accept	<ol style="list-style-type: none"> <li>Organizational Management Policy #3, Administration of Office/Communication records guides the record retention activities of Link Associates.</li> <li>Annual audit by external source.</li> <li>Cost audit training attended as offered.</li> </ol>									
Threat	H																									
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	and other financial activity	<table border="1"> <tr> <td></td> <td>H</td> <td>M</td> <td>L</td> <td></td> </tr> <tr> <td></td> <td colspan="4">Preparedness</td> </tr> </table>		H	M	L			Preparedness					<p>4. Inquiries and questions occur after submission of cost reports that raise concerns over the interpretation and practices of IME staff on previously accepted practices (i.e. staff wages, training, site specific costs, etc.)</p> <p>5. The leadership of Link Associates monitors provider Cost Audit and changing rules/interpretations.</p>												
	H	M	L																							
	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></td> <td colspan="4">Preparedness</td> </tr> </table>	Threat	H				M				L	X				H	M	L		Preparedness				Accept	<p>1. Corporate Compliance efforts and processes are documented. An annual summary is conducted at the end of each fiscal year.</p> <p>2. Objectives are identified in the Corporate Compliance Plan.</p> <p>3. External monitoring/survey results all filed in secure administrative files.</p>
Threat	H																									
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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></td> <td colspan="4">Preparedness</td> </tr> </table>	Threat	H				M	X			L					H	M	L		Preparedness				Accept	<p>1. Organizational Management Policy #3, Administration of Office/Communication records guides the record retention activities of Link Associates.</p> <p>2. Information Technology supports any records that are scanned by Link Associates (stored by server at main building) and are backed up on two additional servers, one locally and one in the cloud.</p> <p>3. E-doc and E-Tran records comprise the bulk of the Medicaid documentation that support our billing, the replication and recovery protocols were reviewed and found to be very good.</p> <p>4. NEMT services in May of 2020 are now documented electronically through Passio Technologies Para Plan program and are stored electronically.</p> <p>5. Computers and electronic work devices are encrypted and secure e-mail processes were established in May 2016.</p> <p>6. HIPAA policies and procedures were updated in December 2015 and are reviewed annually.</p>
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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></td> <td colspan="4">Preparedness</td> </tr> </table>	Threat	H				M		X		L					H	M	L		Preparedness				Accept	<p>1. Secure scanning has reduced the dependency on having hard copies of records once they have been scanned. The “drives” (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.</p> <p>2. Introduction of E-MAR’s for medication records will provide electronic storage of what are now paper records being scanned.</p> <p>3. 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.</p>
Threat	H																									
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		H	M	L																						
	Preparedness																									
29	Limiting access to documentation to avoid accidental or intentional fabrication or destruction of records	<table border="1"> <tr> <td rowspan="4">Threat</td> <td>H</td> <td></td> <td></td> <td></td> </tr> <tr> <td>M</td> <td>X</td> <td></td> <td></td> </tr> <tr> <td>L</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>H</td> <td>M</td> <td>L</td> </tr> <tr> <td></td> <td colspan="4">Preparedness</td> </tr> </table>	Threat	H				M	X			L					H	M	L		Preparedness				Accept	<p>1. Finance Policy # 9, Internal Billing Quality Controls specify the locking and security of all records in E-Doc and E-Tran. Any time the system is unlocked, the reason, person responsible, are identified for corrective actions to be taken by Department Directors.</p> <p>2. Information Technology Director has restrictions and security designed that limits all access to backup systems.</p> <p>3. Passwords are changed and access removed promptly upon employees separation of employment.</p>
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		H	M	L																						
	Preparedness																									
30	Conformance to documentation an	<table border="1"> <tr> <td rowspan="2">Thr</td> <td>H</td> <td></td> <td></td> <td></td> </tr> <tr> <td>M</td> <td></td> <td></td> <td></td> </tr> </table>	Thr	H				M				Accept	<p>1. State and Federal laws are incorporated into agency policy and procedures and any changes are promptly implemented.</p> <p>2. Organizational Management Policy #3, Administration of Office/Communication records guides the record retention activities of Link Associates.</p>													
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retention policies to applicable laws	L	X			3. MCO requirements differ (i.e. 10 years instead of 5 years) from State laws and does not pose any additional risks and policies were updated in July 2016.
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	Preparedness				



## Financial Planning and Management

**Link Associates**  
**Preparing for Year End Report July 1, 2020 – June 30, 2021**  
**SUBMITTED BY: Linda Dunshee, Executive Director**

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

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

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

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

Analysis of Financial Results FY 2020 - 2021					
DATES OF ANALYSIS	TRENDS	AREAS OF IMPROVEMENT	ACTIONS TO ADDRESS THE IMPROVEMENTS NEEDED	IMPLEMENTATION OF ACTIONS	DID OUTCOME OF ACTIONS ACCOMPLISH INTENDED RESULTS
<ul style="list-style-type: none"> <li>• July 27, 2020</li> <li>• August 24, 2020</li> <li>• September 28, 2020</li> <li>• October 26, 2020</li> <li>• November 23, 2020</li> <li>• December 28, 2020</li> <li>• January 25, 2021</li> <li>• February 22, 2021</li> <li>• March 22, 2021</li> <li>• April 26, 2021</li> <li>• May 24, 2021</li> <li>• June 21, 2021</li> </ul>	<p>Presented at each of the meetings trend analysis on:</p> <ul style="list-style-type: none"> <li>• Monthly bank reconciliation</li> <li>• Monthly checking account statement</li> <li>• Monthly bank statement</li> <li>• Monthly list of checks</li> <li>• Monthly financials compared to budget</li> <li>• YTD financials compared to budget and prior year</li> <li>• Monthly finance packet – graphs of OT, line of credit and accounts receivable</li> <li>• Annual detailed budget</li> <li>• Annual external audit</li> </ul>	<p>July 27, 2020 - The previous fiscal year ended with a loss of \$680K but it is noted that the PPP \$1.96M is not reflected as of yet as the formal forgiveness has yet been received.</p>	<p>The original four homes owned by the Link Foundation will have an interest loan modification which will cost \$687 for the paperwork but will be an annual savings of \$2000.</p>	<p>Joint work with foundation to refinance the four homes</p>	<p>Yes All four homes were refinanced.</p>
		<p>On 8/24/20 Last month Link had 1.44 million in cash and this month is down to 1.337 million, losing approximately 300,000 per month without stimulus and additions.</p>	<p>Link Associates has applied for a second round of retainer payments for losses occurred in day habilitation and employment services.</p>	<p>Second round of retainer payment was received</p>	<p>Yes Monthly breakdowns presented to the Finance Committee and the Board</p>
		<p>Lack of staffing is causing incredible amounts of overtime.</p>	<p>Link Associates has applied for two grants through Polk County Health services to cover excess overtime costs</p>	<p>Overtime coverage was received \$193,000</p>	
		<p>11/23/21 Link has received \$2,948,766.62 in relief funding However have paid an extra \$185,813 in overtime directly related to Covid year to date. Link is incurred an unplanned expense of \$25,783 on supplies and has 26 less staff then when Covid started.</p>	<p>A chart of all Covid financial support was created and will be provided at all finance committee, Linc foundation, and Link board meetings.</p>	<p>Chart created and provided in all meetings.</p>	<p>Yes Kept leader ship and all members of the board up-to-date on funding and utilization</p>
		<p>12/28/20 Link Associates also substantial amount of money to the Link Foundation</p>	<p>A plan on how Link plans to pay off his loan to the foundation was created along with how the Foundation will consider how it would utilize paid back money to pay off the home mortgages. The plan also contained contingencies so that Link does not run out of cash and a forecast of when Link might be back to regular revenues.</p> <p>A joint meeting of Link Associates and the Link Foundation was held to review and modify plan options</p>	<p>The income will be spread over the months in which the monies were spent as allowed/required by the grant.</p> <p>Plan created and shared with the Link Finance Committee, the Link Foundation Board, and the Link Associates Board of Directors.</p>	
		<p>1/25/21 Link Associates sold one of its properties, netting \$230,000</p>	<p>Link paid the proceeds down on the debt to the Link Associates Foundation, lowering that debt to \$980,845</p>		

## ACCESSIBILITY PLAN ANNUAL REPORT

**LINK ASSOCIATES  
ACCESSIBILITY PLAN ANNUAL REPORT  
JULY 1, 2020 – JUNE 30, 2021  
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 23 of the 41 identified barriers by the targeted completion date for a completion rate of 56%. This completion percentage is far short of the 90% goal, which can be attributed to the costs of removing the identified barriers, the Covid19 pandemic, as well as the reimbursement structure implemented with the Managed Care Organizations by the State of Iowa.

### ANALYSIS

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

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

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

#### I. Accessibility Planning

##### A. Persons Served

Annually all levels of stakeholders within the organization address the accessibility for persons served. The organization seeks information from at least the following: board committees, visioning and strategic planning, safety committee, capital expenditure plan, external and internal inspections, satisfaction surveys, consumer council, an accessibility survey, and staff training. The organization utilizes an interdisciplinary, person centered, management focus. Specifically, for each person served, their essential life plan assessment and their

comprehensive consumer service plan addresses individual barriers. The organization provides short term, interest free loans for consumers to eliminate financial barriers. The organization is an active member of the state association for providers to ensure we obtain all critical local, state and national information.

B. Personnel

Annually all personnel policies and hiring standards are updated and modifications implemented. Our initial and on-going training not only addresses required components but also is expanded to address items identified in the accessibility plan, which result in barrier removal to integration and service. Our information to staff is presented in a variety of mediums to better accommodate the vast learning styles of our employees. Link Associates recognizes that our strength of quality service is contingent upon the recruitment and retention of highly qualified and diverse staff. As a result, we have many committees that address and implement options to improve employee job satisfaction.

C. Other Stakeholders

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

II. Barriers Addressed:

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

III. Progress Made in the Removal of Identified Barriers

A. Overall, there were 41 total barriers identified for FY 2020-2021. Link was able to complete 23 of the identified barriers for a completion percentage rate of 56%. 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:

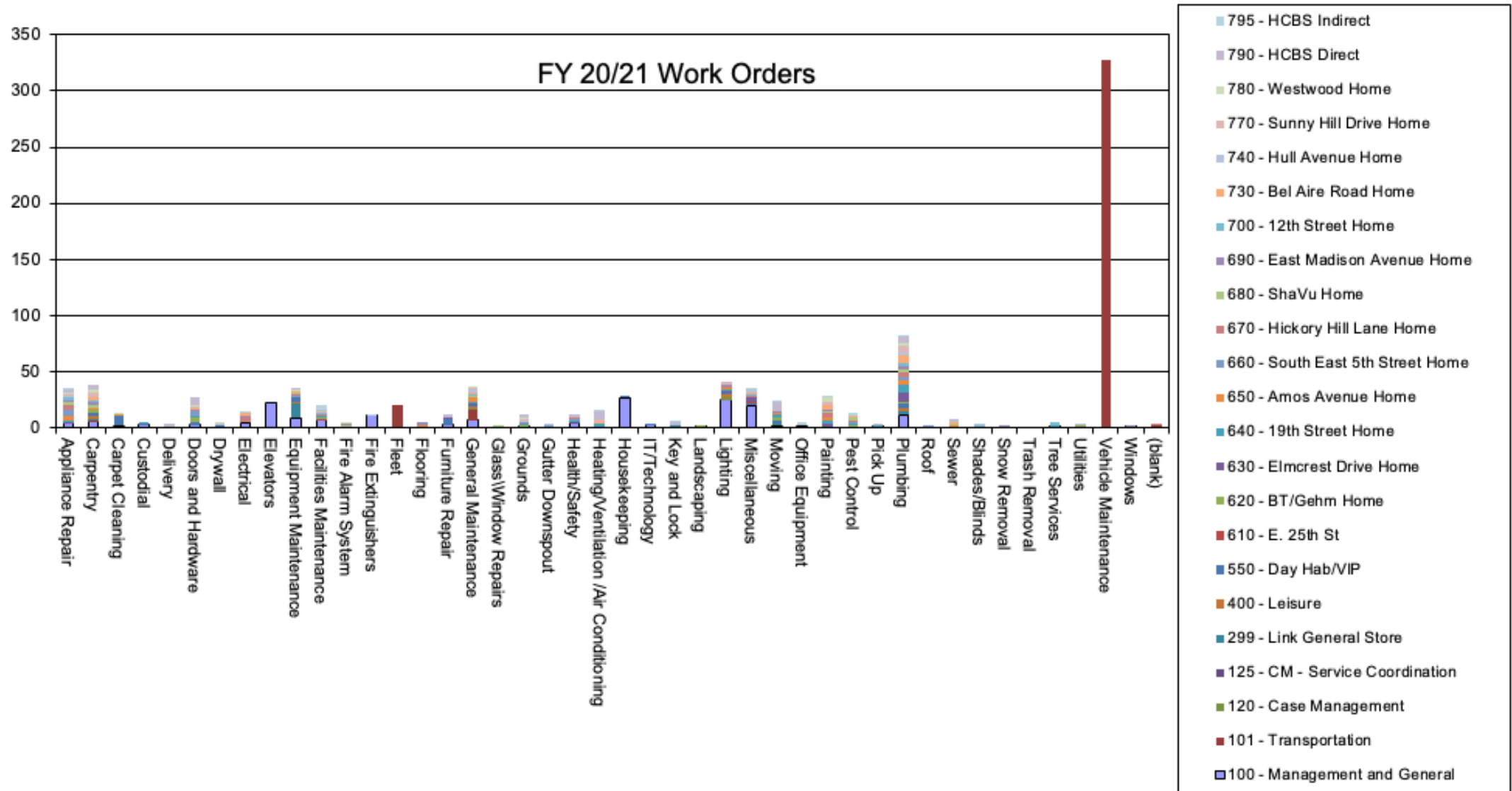
- (1) Architectural Barriers identified = 11. Of the 11 barriers 3 of them were completed or deleted for a 27% completion rate. This completion rate is lower due to the cost associated with the identified projects and the budgets constraints that the agency has been under since the introduction of Managed Care into the state of Iowa.
- (2) Attitudinal Barriers Identified = 1. Of the 1 barrier identified it was completed for a 100% completion rate.
- (3) Communication Barriers identified = 2. Of the 2 barriers identified both were completed for a 100% completion rate.
- (4) Community Integration Barriers identified = 1. Of the 1 barrier identified it was completed for a 100% completion rate.
- (5) Employment Barriers identified = 4. Of the 4 barriers identified 3 of them were completed for a 75% completion rate.

- (6) Environmental Barriers identified = 8. Of the 8 barriers 2 of them was completed or ongoing for a 25% 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) Technology Barriers identified = 3. Of the 3 barriers 2 of them were completed for a 67% completion rate.
- (9) Transportation Barriers identified = 9. Of the 9 barriers 7 of them were completed for a 78% 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 21/22.

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 2020/2021 a total of 1,048 work orders were identified and 995 completed for a 95% completion rate. Of the 1,048 work orders 361 of them involved the agency's fleet. The chart below represents the work order categories completed during FY 2020/2021 for each budget code. The barrier's identified and completed for FY 2020/2021 are outlined below in the accessibility plans:



ARCHITECTURAL PLAN 2020-2021						
DATE	DEFICIENCY	PLAN OF ACTION	COST	PERSON REASONABLE	DATE TO BE COMPLETED	DATE COMPLETED
7/1/19	Link – interior hallway doors are held open with door stops. Doors should be closed to prevent spread of fire/smoke	Install new magnetic door release holders that re tied into the fire alarm system on 6 doors	\$600 each	Jim Wilkie Linda Dunshee	June 2021	
7/1/19	SE 5 <sup>th</sup> Driveway is heaving/cracking and causing potential trip hazards	Remove existing concrete and install new	\$14,000	Jim Wilkie Linda Dunshee	FY 21/22	
7/1/19	Hard for wheelchairs to enter Link Admin Building with only 1 automatic door opener	Install new bi-parting sliding doors for the north set of doors	\$17,000	Linda Dunshee Jim Wilkie	FY 20/21	North doors order bifold sliders 4/9/21
2/14/19	Boston Ave home only has stairs. Person served are getting older and could use a ramp	Assist person served renting the home to work with the Landlord of the home to install a ramp	?	Jim Wilkie Sheena Wendel	FY 20/21	Tenants moved out of the home Spring 21
2/14/19	When opening staff break room door, you can't see out into the hallway and the potential is there to hit people with the door	Install a window in the door	\$800	Jim Wilkie	February 2021	
DATE	DEFICIENCY	PLAN OF ACTION	COST	PERSON REASONABLE	DATE TO BE COMPLETED	DATE COMPLETED
10/1/19	12th Street deck has a potential fall hazard with the removal of the bushes	Install new railing on deck	PCHS	Jim Wilkie	December 2020	
8/1/20	Bankers Trust/Gehm home Driveway is too steep for manual wheelchairs to be pushed up.	Install loading dock/pad in front yard for buses		Jim Wilkie Linda Dunshee	January 2020 – city of Des Moines would not allow the permit to create the concrete pad for the bus	1/1/21
4/20/21	Difficult for person served to enter the leisure area.	Evaluate installing an automatic door opener		Jim Wilkie Linda Dunshee Cristy Jennings	FY 2021 – 2022	
4/20/21	E. 25 <sup>th</sup> St. home driveway is very steep	Evaluate installing a switchback sidewalk leading to the house		Jim Wilkie Linda Dunshee	FY 2021-2022	

6/15/21	Belaire Living room carpet is worn and becoming a trip hazard	Replace carpet		Jim Wilkie Linda Dunshee	FY 2021-2022	
6/17/21	Amos – carpet in bedrooms and living room is becoming frayed and worn causing potential trip hazards	Replace Carpet		Jim Wilkie Linda Dunshee	FY 2021-2022	

**ATTITUDINAL PLAN  
2020-2021**

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  
2020-2021**

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  
2020-2021**

DATE	DEFICIENCY	PLAN OF ACTION	COST	PERSON REASONABLE	DATE TO BE COMPLETED	DATE COMPLETED
7/1/20	Due to Covid-19 Pandemic there is a lack of socializing in the community	Create a live webcast for persons served to attend leisure programs	?	Adria Smith Cristy Jennings	8/1/20	7/1/20

**EMPLOYMENT PLAN  
2020-2021**

DATE	DEFICIENCY	PLAN OF ACTION	COST	PERSON RESPONSABLE	DATE TO BE COMPLETED	DATE COMPLETED
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<b>ATTITUDINAL PLAN 2020-2021</b>						
<b>DATE</b>	<b>DEFICIENCY</b>	<b>PLAN OF ACTION</b>	<b>COST</b>	<b>PERSON REASONABLE</b>	<b>DATE TO BE COMPLETED</b>	<b>DATE COMPLETED</b>
7/1/20	Lack of Employment Opportunities Due to the Covid-19 Pandemic	Create new temporary/permanent positions for person served	\$10-\$12 per hour starting wage	Jim Wilke Linda Dunshee	January 2021	8/11/20
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 2021	
8/19/20	Anti-Discrimination training for Management Staff	Provide KRC approved training for all supervisory staff in anti-discrimination and Reasonable Accommodations	800	Linda Dunshee	11/19/20	9/22/20
4/20/21	Lack of Employers Understanding the capabilities of the person served as employees	Education with more employers regarding the person served and their skills.		Tiffany Steenblock	June 2021	6/1/21 Completed throughout the year with each employer
<b>ENVIRONMENTAL PLAN 2020-2021</b>						
<b>DATE</b>	<b>DEFICIENCY</b>	<b>PLAN OF ACTION</b>	<b>COST</b>	<b>PERSON REASONABLE</b>	<b>DATE TO BE COMPLETED</b>	<b>DATE COMPLETED</b>
7/1/18	BelAire – Does not have a radon mitigation system to reduce/eliminate possible radon gases	Install Radon Mitigation System	\$1,500	Jim Wilkie Linda Dunshee	June 2020	
7/1/18	Amos - Does not have a radon mitigation system to reduce/eliminate possible radon gases	Install Radon Mitigation System	\$1,500	Jim Wilkie Linda Dunshee	June 2020	
7/1/18	Sunnyhill - Does not have a radon mitigation system to reduce/eliminate possible radon gases	Install Radon Mitigation System	\$1,500	Jim Wilkie Linda Dunshee	June 2020	
7/1/18	Westwood - Does not have a radon mitigation system to reduce/eliminate possible radon gases	Install Radon Mitigation System	\$1,500	Jim Wilkie Linda Dunshee	June 2020	
7/1/18	SE 5 <sup>th</sup> St- Does not have a radon mitigation system to	Install Radon Mitigation System	\$1,500	Jim Wilkie Linda Dunshee	June 2020	

ATTITUDINAL PLAN 2020-2021						
DATE	DEFICIENCY	PLAN OF ACTION	COST	PERSON REASONABLE	DATE TO BE COMPLETED	DATE COMPLETED
	reduce/eliminate possible radon gases					
7/1/20	Lack of Temperature Screening for Covid-19 at Admin Offices	Install Temperature Screening stations at Main Building		Jim Wilkie Linda Dunshee	November 2020	10/30/20
10/16/20	Amos - Living room carpet is becoming a trip and needs replaced	Budget and install new flooring in the living room	\$1200	Jim Wilkie	June 2021	
2/1/21	Lack of screening sites for Covid 19	Work with Pharmacy's to host covid 19 vaccine clinic	?	Cristy Jennings	June 2021	4/1/21
FINANCIAL PLAN 2020-2021						
DATE	DEFICIENCY	PLAN OF ACTION	COST	PERSON RESPONSIBLE	DATE TO BE COMPLETED	DATE COMPLETED
7/1/20	Loss of Income due to Covid-19	Apply for PPP loans		Linda Dunshee Bryon Christensen	3/31/21	1/26/21
7/1/20	Link's Standard Wage is to low	Work with elected officials to stress the importance of the workplace crisis and need to be able to increase wages		Linda Dunshee	FY 20/21	June 2021
TECHNOLOGY PLAN 2020-2021						
DATE	DEFICIENCY	PLAN OF ACTION	COST	PERSON REASONABLE	DATE TO BE COMPLETED	DATE COMPLETED
7/1/19	The non-traditional staff training materials/video's need updated	Develop non-traditional training material/video's	\$0	David Spencer	February 2020	Feb 2021
7/1/20	Lind's videos lack closed caption	Create closed caption tracks for Link videos	\$0	David Spencer Bob Munger	June 2021	
4/20/21	Not enough online training for staff	Look at additional trainings on line by Zoom or Relias	?	Linda Dunshee Bob Munger	July 2021	June 2021
TRANSPORTATION PLAN 2020-2021						

DATE	DEFICIENCY	PLAN OF ACTION	COST	PERSON RESPONSIBLE	DATE TO BE COMPLETED	DATE COMPLETED
7/1/19	Van 11 has high mileage of 168,000 is breaking down, and becoming too costly to utilize to transport persons served	Work with Ruan on Leasing to order a new vehicle	\$24,972	Jim Wilkie	5/1/21	Ordered 9/11/20
7/1/19	Bus 13 has high mileage of 180,000 is breaking down, and becoming too costly to utilize to transport persons served	Work with Ruan on Leasing to order a new vehicle		Jim Wilkie	FY 20/21	
7/1/19	Van 34 has high mileage of 152,000 is breaking down, and becoming too costly to utilize to transport persons served	Work with Ruan on Leasing to order a new vehicle	\$24,972	Jim Wilkie	6/1/21	Ordered 9/11/20
7/1/19	Bus 32 has high mileage of 141,000 is breaking down, and becoming too costly to utilize to transport persons served	Work with Ruan on Leasing to order a new vehicle		Jim Wilkie	FY 20/21	
7/1/19	Lack of early Sunday morning transportation services to get to work	Work with Transportation Brokers to develop early Sunday morning routes		Jim Wilkie	FY 20/21	Ongoing communication with MCO's and PHCS to establish service June 2021
7/1/20	Van 19 has high mileage of 141,000 is breaking down	Work with Ruan on Leasing to order a new vehicle	\$40,670	Jim Wilkie	10/1/20	Ordered 9/11/20
7/1/20	Bus 5 has high mileage of 147,000 is breaking down, and becoming too costly to utilize to transport persons served	Work with Ruan on Leasing to order a new vehicle	\$67,297	Jim Wilkie	9/1/20	Ordered 8/20
7/1/20	Bus 37 has high mileage of 147,000 is breaking down, and becoming too costly to utilize to transport persons served	Work with Ruan on Leasing to order a new vehicle	\$67,297	Jim Wilkie	11/1/20	Ordered 8/20
7/1/20	Van 20 has high mileage, is breaking down and to costly	Work with Ruan on Leasing to order a new vehicle	\$40,670	Jim Wilkie	2/1/21	Ordered 9/11/20

## Cultural Competency and Diversity Plan 2018-2021

**Link Associates**  
**Annual Review and Updates 2021**  
**SUBMITTED BY Jay Bruns, Corporate Compliance Director**

Link Associates  
Cultural Competency and Diversity Plan 2018-2021  
Annual Review and Updates 2021

### 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. The intent of this plan is to address how Link Associates responds to the diversity of its stakeholders as well as how the knowledge, skills, and behaviors will enable personnel to work effectively cross culturally by understanding, appreciating, and respecting differences and similarities in beliefs, values, and practices within and between cultures. This plan is based on the consideration of the following areas; culture, age, gender, sexual orientation, spiritual beliefs, socioeconomic status, language, and other factors, as relevant.

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

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

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

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

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

### PURPOSE OF CULTURAL COMPETENCY AND DIVERSITY PLAN

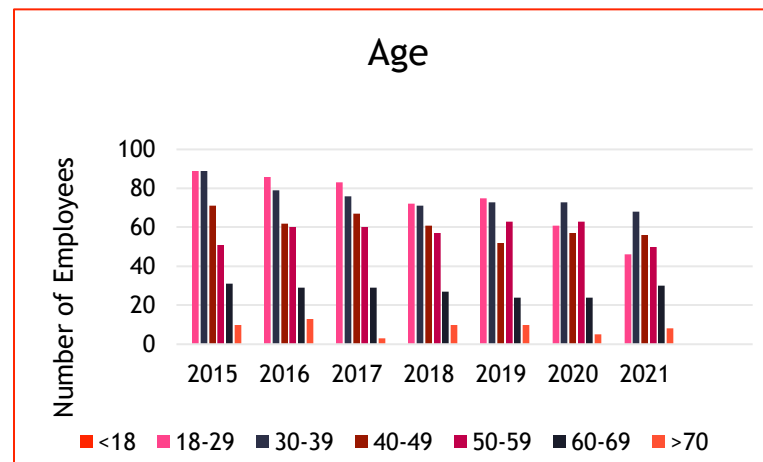
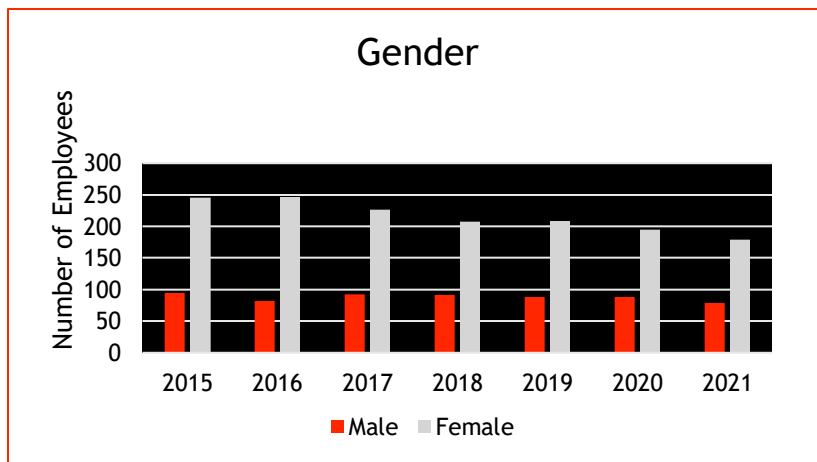
1. To ensure Link Associates staff will have a greater awareness/knowledge and then be able to successfully respond to the diversity of our stakeholders including areas such as; spiritual beliefs, holidays, dietary preferences, clothing, attitudes, language, etc. The enhanced knowledge, skills, and behaviors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

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

## DIVERSITY AT LINK ASSOCIATES

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

### EMPLOYEE DATA



### CONSUMER DEMOGRAPHIC DATA

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

DEMOGRAPHICS	2011 Persons Served N=529	2014 Persons Served N= 614	2017 Persons Served N= 620	2020 Persons Served N=283
<b>GENDER</b>				
Male	55%	57%	57%	61%
Female	45%	43%	43%	39%
<b>AGE</b>				
0-5	0%	2%	0%	0%
6-17	12%	10%	8%	1%
18-40	45%	56%	60%	55%
41-65	40%	29%	27%	35%
66-85	3%	3%	5%	9%
86 and over	0%	0%	0%	0%
<b>ETHNICITY</b>				
African American/Black	8%	9%	9%	9%
Asian	1%	2%	2%	2%
White	86%	84%	84%	83%
Latino/Hispanic	3%	3%	2%	3%
Native (American or Alaskan)	0%	.2%	.3%	.1%
Native Hawaiian or other Pacific Islander	0%	.3%	.5%	.1%
Others/Unknown	2%	1.5%	2%	2%

**DIVERISTY OF OUR COMMUNITY**

In Polk County Iowa, the 2021 population estimates from the United States Census Bureau/World Population Review was 498,817. 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.

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

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

**LINK ASSOCIATES CULTURAL COMPETENCY AND DIVERSITY PLAN OBJECTIVES**

Identified Objectives/Considerations	Who is responsible	Timeline	Completion Date	Status 2019	Status 2020	Status 2021
<b>LEADERSHIP AND WORKFORCE</b>						
1. Recruit, promote, and support a culturally diverse workforce that is responsive to the population(s) in service areas	Management	Ongoing		Good Standing	Ongoing	Good Standing
2. Continue to increase diversity at the leadership level	Executive Director	Ongoing		Ongoing	Ongoing	Ongoing
3. Board membership focus on recruiting new members who bring diverse perspectives and represent the communities we serve	Board President, Nominating Committee with Executive Director support	Ongoing		Ongoing	Ongoing	Ongoing
4. All employees of Link Associates treat others with dignity and respect	Management	Ongoing	Survey Results 2/21	Good Standing	Good Standing	Good Standing
5. Work/Life balance through flexible work schedules to accommodate employees' varying needs	Management	Ongoing		Good Standing	Good Standing	Ongoing
6. Employees know and can report any activity that they believe they may have been subjected to that could be the basis of discrimination or harassment	Management	Upon hire		Good Standing	Good Standing	Good Standing
7. Policies and practices on recruitment, selection, compensation, professional development, promotions, transfers, and terminations are built on the premise of gender and diversity equity.	Management	Ongoing		Good Standing	Good Standing	Good Standing
Identified Objectives/Considerations	Who is responsible	Timeline	Completion Date	Status 2019	Status 2020	Status 2021
8. Create a workplace that is respectful of staff diversities and cultural backgrounds	Management	Ongoing		Good Standing	Ongoing	Ongoing
<b>COMMUNICATION AND LANGUAGE</b>						
9. Ensure that events do not conflict with observance days/times of represented religious denominations	Management	Ongoing		Good Standing	Good Standing	Good Standing
10. Communicate with persons served, parents/guardians in their own language	Management	Ongoing		Good Standing	Good Standing	Good Standing
11. Offer language assistance to individuals who have limited English proficiency and/or other communication needs	Management	Ongoing		Good Standing	Good Standing	Good Standing
12. Inform persons served of the availability of language assistance services verbally and in writing	Management	At intake meetings		Good Standing	Good Standing	Good Standing

		and at annual staffing's				
<b>CONTINUOUS IMPROVEMENT ACTIVITIES</b>						
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 2019 January 2021	1.28.2019 and 2.10.21	Ongoing	Ongoing	Ongoing
Identified Objectives/Considerations	Who is responsible	Timeline	Completion Date	Status 2019	Status 2020	Status 2021
14. Collect and report demographic data of persons served, employees, and the community	Corporate Operations Director	Annually	5.20.19 6.16.20 6.10.21	Up to Date	Up to Date	Up to Date
15. Provide respectful services that empower persons served and that are centered on the person first, rather than the disability	Management	Ongoing		Good Standing	Good Standing	Good Standing
16. Individual cultural differences are recognized in person-centered CCSP's	Case Management Director	At intake and annual staffing's		Up to Date	Up to Date	Up to Date
17. Involve persons served in the community appropriate to each person's cultural characteristics	Management	Ongoing		Ongoing	Ongoing	Ongoing
<b>TRAINING</b>						
18. Broaden required cultural competency training content	Training Facilitator	June 2019	Ongoing	Ongoing	Ongoing	Ongoing
19. All employees attend Link Associates New Employee Orientation which includes cultural diversity training	Management	Upon hire		Ongoing	Good Standing	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	7,11, 2018, 1,3,8,20 2,4,5,6,8,9,10 2020 and 2,4 2021	Ongoing	Ongoing	Ongoing

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NOTES

June 2021 - The status of objectives/considerations for #5 (Work/Life balance through flexible work schedules to accommodate employees' varying needs) was identified as “on-going” during this review which is



a change from “good standing” last year.

While there is indeed an abundance of flexible work schedules to seek, the higher than usual vacancies across the agency have attributed to many employees volunteering to pick up overtime or additional income by covering openings in direct support professional positions. While voluntary, caution is needed to mitigate employee fatigue and burnout.

Objective 13, (conduct ongoing assessments of the “diversity climate” at Link Associates) was performed and the results from our survey was compared to the same questions from 2 years prior. All measures were within standard deviations with some showing slight improvements, maintaining, or slight decreases. The only question that experienced responses that dropped significantly (from 81% agreement in 2019 to 57% agreement in 2021) was the question: Getting to know people with racial/ethnic backgrounds different from my own has been easy at Link Associates. This could certainly have been influenced by the pandemic that made many in person activities that promote engagement be suspended that included; on-line or remote training, suspension of all staff meetings, canceled employee recognition and holiday events, and limitations on visitors to work sites to mitigate the spread of COVID-19. None the less, this will be worked on as this task is difficult without a pandemic, due to the number of employees working by themselves in small residential homes of the persons served.

Action Steps:

1) Administer the all-staff cultural diversity survey again in Jan/Feb 2023 to compare the status to previous surveys (using same or equivalent questions).

2) Objective 18 (Broaden required cultural competency training content) was assigned to the Training Manager who did add additional content to existing training for new employees, but didn’t expand beyond that as planned and that position experienced turnover as well.

In July 2021, Link engaged with Relias on line training, and this nationally recognized company has a vast array of comprehensive training, compliance, and professional development courses that will be explored and implemented into Link Associates existing training. An objective to include options for cultural diversity will be included in next year’s plan.

This concludes the 2018-2021 cultural competency and diversity plan and a new plan will be developed and implemented for 2021 -2024 with input obtained from stakeholders and leadership.

## Exit Interview Year End Summary

**Link Associates**  
**Exit Interview Year End Summary**  
**July 1, 2020- June 30, 2021**  
**Angela Pierce, Human Resources Assistant Manager**

### Executive Summary:

21 exit interviews were received between July 1, 2020 and June 30, 2021. All 21 responses were for voluntary resignations. The completion and receipt of 21 exit interviews represents a 23% completion rate for employees that resigned their positions. This compares to a 33% return the previous year and a 46% return in 2019. The pandemic likely contributed to the decreased completion rate this past year. Records indicate that 90 people voluntarily resigned their positions and 8 were involuntarily discharged during this fiscal year.

The return rate by program area was:	<u>Current</u>	<u>Previous year</u>
Case Management - 1 of 1 returned	100%	NA
Outreach - 1 of 3 returned	33%	50%
Employment - 3 of 22 returned	14%	45%
Residential - 14 of 60 returned	23%	25%
Accounting - 0 of 0 returned	NA	NA
Fleet/Facilities - 1 of 3 returned	33%	44%
Clerical- 1 of 1 returned	100%	0%

The majority of exit interviews were completed in person or on the phone with their immediate supervisor or the Human Resources Assistant Manager.

A cursory overview reflects that 65% of respondents separated within the first 2 years of their employment and that 50% separated in less than 1 year with 25% of those occurring within 6 months. 84% indicate that they would work for Link Associates again in the future and 95% stated they would recommend employment at Link Associates to a friend. The top reasons for separation are career opportunities at 38%, moved out of area at 19% and various reasons captured in the category labeled "Other" at 43%. 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 26%. Other top reasons included opportunities for advancement and development, ability to provide input into issues affecting job and communication affecting employees, all at 16%. Last year the highest categories for job dissatisfaction were Salary at 31% and Benefits at 13%. Although extra bonuses were received this year, salary still remains the biggest reason for job dissatisfaction. All the specific questions and responses are contained in the attached report.

### Action Steps Taken during 2020/2021

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. In March 2021, outreach and engagement to complete the exit interviews was assigned to the HR Assistant Manager instead of individual supervisors and is anticipated to increase the return rate.

**Update on Previous (2019-2020 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, 2021 – June 30, 2022

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 desktops with the Catalina or Big Sur (10.15, 11) operating system. MacOS Monterey (12) is due in late 2021 with a goal of transitioning all possible machines to this version by the end of the fiscal year 2021-2022. 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. This room is now protected by an electronic card entry system. 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 currently tracked in the JAMF management system. A transition to the Mosyle MDM management system is underway and will continue into this year. When completed, this transition will completely replace the JAMF management system. These systems allow the IT Director to maintain an inventory/asset management list in the JAMF/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 2008 R2 Terminal Server has been transitioned to a virtual machine and is available for staff who need to run specific Windows applications not available on the macOS platform. The previous cloud accounting system, Sage, 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 and is available on demand. This server will be maintained as an old historical record as the current system only holds two years of historical data and the current fiscal year.

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

The JAMF/Mosyle management systems provide a comprehensive overview of the electronic device infrastructure. Asset lists can be produced from this system at any time. Sites have iPads with a data plan. This allows for staff to work on progress review with the persons served at their location as well as mobile. Directors have laptops, tablets, or cell phones that can access VPN to ensure access to all documents for hours away from the office. All desktop machines in the main building are capable using built in voice dictation for staff use.

In 2019, new iPads were leased to replace the previous lease models to better meet the needs of staff, as well as a cost savings. This lease continues for the next two years. The previous iPads not on lease have been transitioned down for other department and persons served use. The current lease should end in the March 2022 timeframe, at which a lease renewal for new iPad models will take place.

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. Ubiquiti switches and security appliances are used for network equipment and always have the latest firmware. Built in intrusion detection prevention and intrusion prevention protection with these security appliances help to eliminate/block spyware and malware as well as other threats. These switches and security appliances were changed out from the Meraki models previously used due to renewed upcoming licensing costs. There are no licensing fees with the Ubiquiti items, giving the agency a cost savings over time.

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 1<sup>st</sup>, 2019. This transition was completed successfully and the agency is currently on the Microsoft Dynamics 365 Business Central cloud accounting software system.

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

Link Associates purchases virus protection licenses through TechSoup, a non-profit corporation and is updated regularly. This will be transitioning to the Mosyle management system during this year, which includes this protection with the subscription. Link Associates contracts with Consolidated Communications and Marco, technology experts, to maintain our external connections to ensure they are appropriate for the business of Link. Google Apps provides SPAM blocking e-mail services to provide better external screening prior to e-mail coming into Link's computer and server systems.

All systems have two login levels. One level is to access the computer and a second one for e-mail/application/database/web portal. Annually, all staff received copies of the policies regarding confidential management of documents and information and the policy of use of organization equipment. Each staff signs a statement indicating they have received and understand the expectations. Staff phone and iPads are required 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 through the email encryption provider, Zix.

## COMMUNICATION TECHNOLOGIES

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

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

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

### SENSITIVE DATA

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

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

Refinements continue to both the HR and Persons Served Databases based on need and evolving changes. Electronic E8's are now re-implemented and updated in the HR database, along with internal transfer and PTO requests. 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. Overdue and upcoming trainings have been added to the HR database.

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.

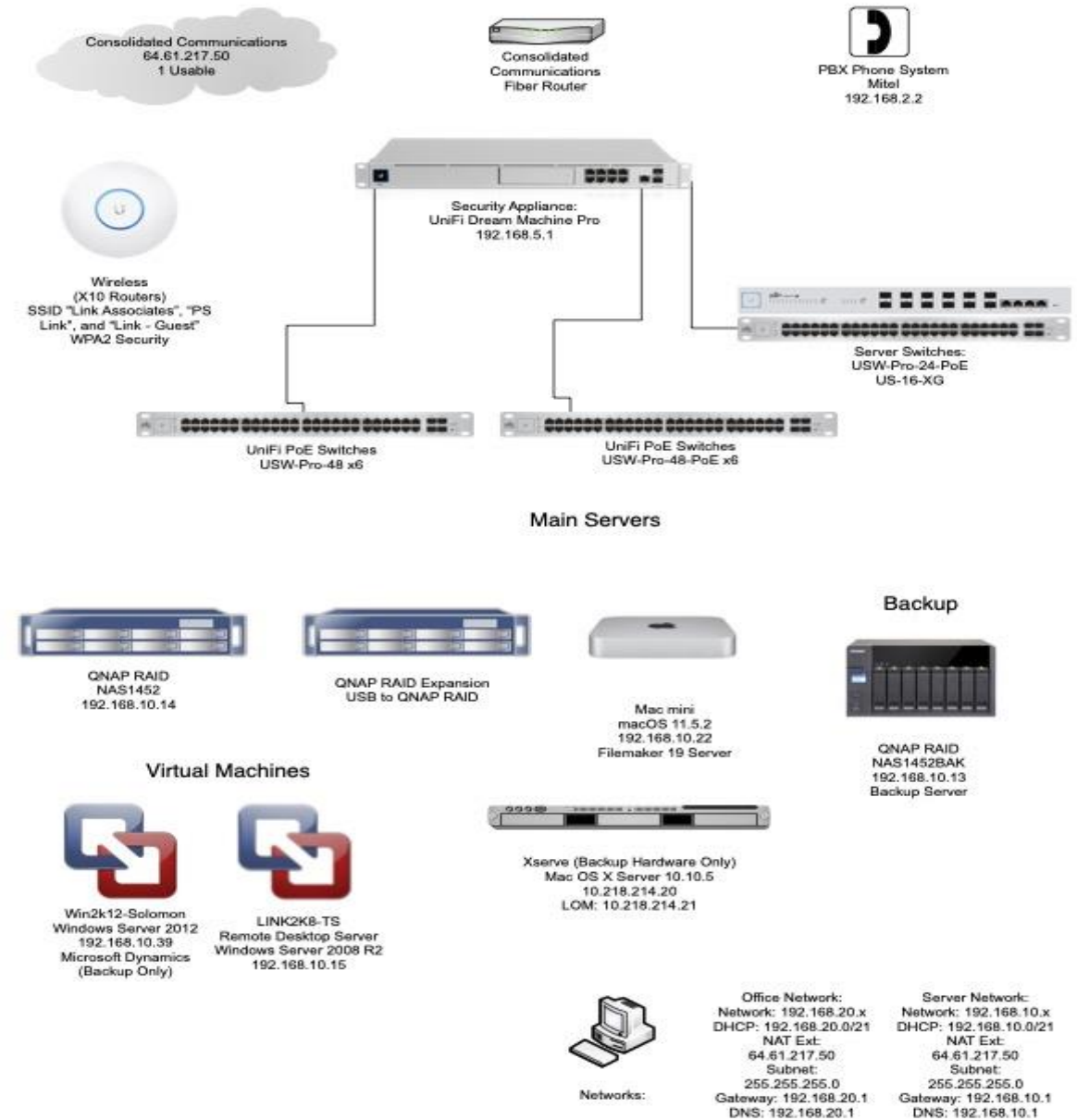
Link Associates policies govern network administration, use of email and the Internet, and other computer technology.

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	Completed August 2020 Completed August 2020
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	

## RISK MANAGEMENT ANNUAL REPORT

**LINK ASSOCIATES**  
**RISK MANAGEMENT ANNUAL REPORT**  
Preparing for Year End Report July 1, 2020 – June 30, 2021  
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 2020/2021, 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 to help identify processes or approaches that may improve the effectiveness of our risk management strategies.

TOP RISKS	
Fiscal Year Report 2020-2021	
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**

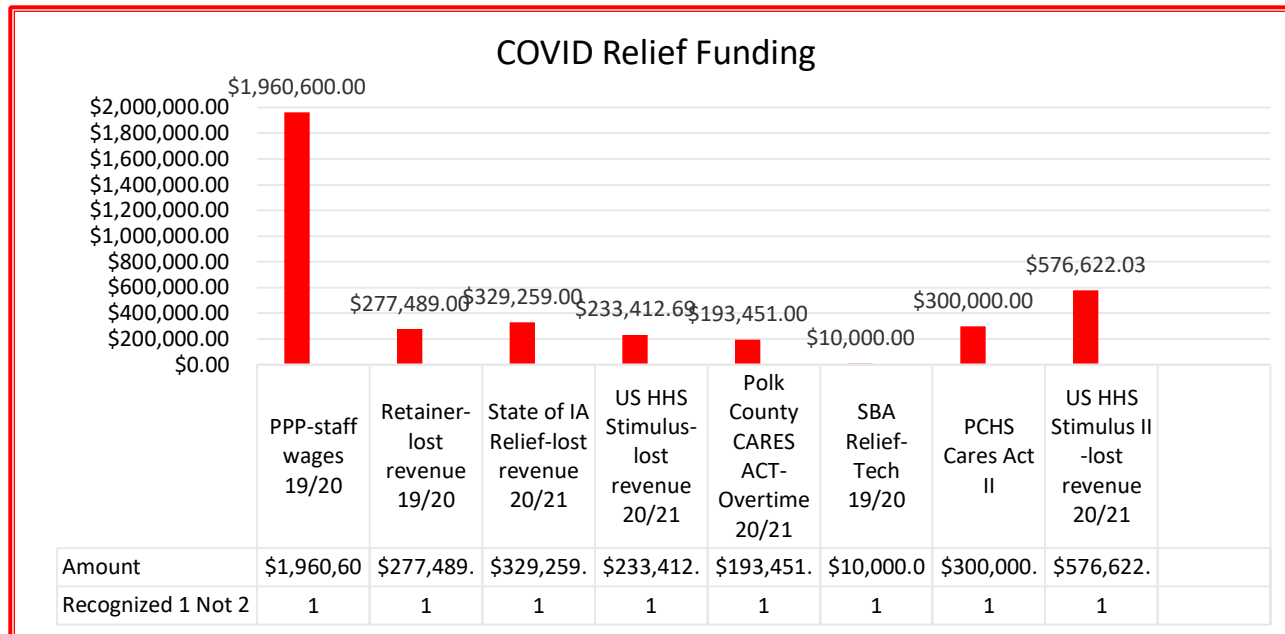
Link Associates recognizes that solid risk management requires a focus on eight interrelated areas:

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• Leadership</li> <li>• Insurance and Risk Funding</li> <li>• Strategy and planning</li> <li>• Persons served focus</li> </ul> | <ul style="list-style-type: none"> <li>• Financial management</li> <li>• People</li> <li>• Innovation, quality and improvement</li> <li>• Facilities/Grounds/Fleet</li> </ul> |
|---|---|

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

**SUMMARY OF ACTIONS TAKEN TO REDUCE RISK IN FY2020 / 2021:**

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 4.1.2021, Link Associates received \$3,880,834 in relief funding.



- a. When the pandemic hit Iowa, we immediately suffered a significant loss of employees and throughout the full year had continued reduction of staff, while at the same time had increased need as more staff were needed to cover all individual sites and the smaller ratios. Link also sustained significant overtime costs to fill staff openings and for staff to “shelter in place” for 2 weeks in sites, those served, tested positive with covid. The two staff members remained 24/7 in the home to support those served throughout the quarantine duration.
  - b. The pandemic caused considerable additional costs in PPE, additional staff to check temperatures, and clean frequently touched surfaces. Link participated in webinars, press releases and state, local and federal conferences/presentations to ensure we were on top of all precautionary measures and nimble to shift as the CDC and regulatory bodies determined courses of action. Weekly meetings of the state association were attended virtually for updates and the Executive Director participated in two sets of weekly Executive Director sharing sessions to learn from each other.
  - c. The Day Habilitation and transportation programs were both shut, with less than one day notice, causing a significant interruption to the flow of income.
    - 1) In less than 24/hours staff of the residential and day habilitation program shifted service delivery to accommodate day habilitation served in the Supported Community living sites to both keep people served engaged and some funding coming in.
    - 2) Transportation services halted with the closure of businesses and day programs, and the staff in this department immediately shifted to ensure the delivery of medication, mail and supplies to all residential sites for those served and the staff supporting them.
  - d. Those not served in our residential programs who could not attend day programs from 3.15.20 to 7.1.20 suffered significant emotional stress and mental health issues as a result of schedule changes and loss of interaction with others. Link Leisure services immediately shifted their service provision to provide hours of virtually programming every day for all to participate free of charge. What started as something to keep our non-residential folks engaged ended up supporting people around the world for months.
  - e. The pandemic also took an immense emotional toll on those we serve and our staff. To this date, throughout the course of the pandemic, 63 staff tested positive, 53 people served tested positive and one of those served died from COVID.
2. Despite our inability to meet in person, Link Associates immediately shifted to ZOOM meetings to keep all members of the Board of Directors and members of the Link Foundation Board connected. Our meetings were kept on course and attendance actually increased.

3. Because the Managed Care Companies running the disability services in Iowa were only working from home, it fell on the providers to make all meetings with persons served and their families possible through virtual technology. The staff in Case Management were trained in the appropriate rules and responsibilities of using social meeting to ensure the privacy, understanding and access to the technology necessary to keep teams connected.
4. 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,
5. Due to the lack of accessible and affordable housing in Des Moines Iowa, Link staff worked with Tanzanite homes to design two homes. The Link Foundation purchased these homes. Both homes built are totally handicapped accessible.
  - a. One is a home for 4 individuals, was designed with 4 bedrooms, 2 with ceiling lifts and one accessible bathroom also with a ceiling lift,
  - b. The second is a 5-person home with all 5 bedrooms having ceiling lifts and 2 fully accessible bathrooms both with ceiling lifts.
6. 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.
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 is reformatting their incident report review to ensure the reviews are done after a shorter time period 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. In 2000/2021 they met 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 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.
12. A summary of outstanding debt is now presented monthly to the Finance Committee and the Link Foundation.
13. A new database was created to account for and organize all donor records and provide a triple check and balance of all incoming funds and ensure their appropriate designation.
14. Drafts of policy changes were made and submitted to the Board of Directors for approval.
15. A new Pandemic Policy was written with the onset of COVID-19. As the information and data kept changing, we have learned a lot and are revising and updating this policy for better preparation in the event of future events.

#### **RECOMMENDED ACTIONS TO REDUCE RISK:**

1. Staff Turnover – Staff has moved to a 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. Throughout the pandemic however, I do think the elected officials have seen and felt the risk our state is in, if the community-based provider network would fail. They saw their “MCO’s” totally inactive, ensuring they themselves were safe without regard to those caring for the people. The Governor listed increases for HCBS in her budget which is supported by the Revenue Estimating Committee and the Federal approved a 10% one-year increase in the HCBS budget. Continued work and pressure are essential to ensure progress in rates until the staff can earn a living and respectful wage. On-going ED
2. Increasing our reimbursement rates so our staff can be paid a respectful living wage is a critical goal. 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
3. 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 fiscal year 2019/2020 and the COVID-19 pandemic, the cost of overtime skyrocketed, and as the pandemic continued through FY 2020/2021 those rates

have continued to increase. The chart below shows the overtime history and cost YTD thus far. The amount spent in FY 2020/2021 until April 2021 would cover the cost of 37 additional employees. This will be monitored on a monthly basis for remedial action as necessary. On-going ED, Residential Administrator's RA's, and EDPD

Employee Overtime	Employee Overtime				
		Hours/Month	Premium /Month	Hours/FY	Cost/FY with FICA
	2015-2016	3,200	\$18,536	236,557	\$243,065
	2016-2017	3,365	\$24,000	262,173	\$240,191
	2017-2018	3221	\$19,870	238,652	\$243,145
	2018-2019	3010	\$17,849	207,292	\$257,767
	2019-2020	4586	\$86,465.00	847,555	\$1,116,959.00
	<b>Goal for FY19-21</b>	<b>3,476</b>	<b>\$33,344.00</b>	<b>358,446</b>	<b>\$420,225.40</b>
Fiscal Year 2020-2021	Jul-20	5,061	\$104,959	5,061	\$112,988
	Aug-20	5,534	\$103,847	5,534	\$224,780
	Sep-20	6,367	\$121,394	10,595	\$355,460
	Oct-20	5,189	\$99,510	21,189	\$462,582
	Nov-20	3,334	\$60,597	42,378	\$527,815
	Dec-20	6,541	\$125,952	84,756	\$663,402
	Jan-21	6,302	\$120,839	169,513	\$793,485
	Feb-21	3,335	\$60,597	339,026	\$858,718
	Mar-21	0	\$0	0	\$0
	Apr-21	0	\$0	0	\$0
	May-21	0	\$0	0	\$0
	Jun-21	0	\$0	0	\$0
<b>Total</b>		<b>41,663</b>	<b>\$797,694</b>	<b>678,051</b>	
<b>Average</b>		<b>5,097</b>	<b>\$98,061</b>	<b>16,951</b>	<b>\$336,725</b>

### 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:

- Over the past couple years, the boards work has included items specific to cybersecurity and safeguarding sensitive data in the risk assessment section of their annual board evaluations. We might want to call those items out in Link's risk management plan. As a result of this recommendation a new item is entered to the report called cyber security.
- Discussions regarding the increased risk of having only one IT professional on staff.

THREAT	RISK RESPONSE PLANNING
<ul style="list-style-type: none"> <li>Very High Greater than 85% probability of occurrence</li> <li>High Between 70% - 85% probability of occurrence</li> <li>Medium Between 30% and 70% probability of occurrence</li> <li>Low Between 10%-30% probability of occurrence</li> <li>Very Low Below 10% probability of occurrence</li> </ul>	<p>Major Risks are those falling in the Red &amp; 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"> <li>Avoid Eliminate the threat by eliminating the cause</li> <li>Mitigate Identify ways to reduce the probability or the impact of the risk</li> <li>Accept Nothing will be done</li> <li>Transfer Make another party responsible for the risk (buy insurance, outsourcing, etc.)</li> </ul>
PREPAREDNESS	
<ul style="list-style-type: none"> <li>Very High Advanced capabilities to identify, measure, manage risk exposure within tolerance</li> </ul>	

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

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

Internal Threats

Leadership		Preparedness (P)					Reaction		
Policies describing roles and responsibilities of board, management and staff	Likelihood/Threat (L)		Very High	High	Medium	Low	Very Low	Accept	<ol style="list-style-type: none"> <li>1. Assignment for the on-going review of policies for identification of changes in employee law and regulatory change. On-Going-Corporate Operations Director (COD)</li> <li>2. Policies reviewed by department directors and their teams; recommendations submitted to appropriate board committee for approval. Board committee submits to the full Board for acceptance. Annually – Executive Director (ED)</li> <li>3. The board of Directors has 3 members who are attorneys, 2 insurance professionals, 3 law enforcement, 3 business leadership, 1 marketing, 1 real estate, 1 education, 4 financial and 2 medically skilled members. ED</li> <li>4. Employee handbook and the Handbook for Persons Served are updated annually in the same manner as #2. Annually – ED</li> <li>5. Monitoring all changes in CARF, the international accreditation body to propose modifications to policy to ensure we remain compliant. (COD)</li> <li>6. A new policy on Pandemic-COVID-19 was submitted and approved in 2020 and is being updated to reflect obtained information thru COVID-19. – COD, ED</li> </ol>
		Very Low	L P						
		Low							
		Medium							
		High							
		Very High							
Risk management system for identifying, assessing, monitoring, and managing	Likelihood/Threat (L)		Very High	High	Medium	Low	Very Low	Mitigate	<ol style="list-style-type: none"> <li>1. 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</li> <li>2. Annual summary of progress is compiled into a Risk Management Plan Report. -ED</li> <li>3. Annual summary included in the Business Function Improvement Plan. – ED</li> </ol>
		Very Low							
		Low							
		Medium		L P					
		High							
		Very High							

Safety committee	<table border="1"> <thead> <tr> <th colspan="2"></th> <th colspan="5">Preparedness (P)</th> </tr> <tr> <th colspan="2"></th> <th>Very High</th> <th>High</th> <th>Medium</th> <th>Low</th> <th>Very Low</th> </tr> </thead> <tbody> <tr> <th rowspan="5">Likelihood/Threat (L)</th> <th>Very Low</th> <td></td><td></td><td></td><td></td><td></td><td style="background-color: red;"></td> </tr> <tr> <th>Low</th> <td></td><td></td><td style="background-color: #cccccc;"></td><td style="background-color: #cccccc;"></td><td style="background-color: red;"></td><td style="background-color: red;"></td> </tr> <tr> <th>Medium</th> <td></td><td style="background-color: #cccccc;">LP</td><td style="background-color: #cccccc;"></td><td style="background-color: #cccccc;"></td><td style="background-color: red;"></td><td style="background-color: red;"></td> </tr> <tr> <th>High</th> <td></td><td style="background-color: #cccccc;"></td><td style="background-color: #cccccc;"></td><td style="background-color: #cccccc;"></td><td style="background-color: red;"></td><td style="background-color: red;"></td> </tr> <tr> <th>Very High</th> <td style="background-color: red;"></td><td style="background-color: red;"></td><td style="background-color: red;"></td><td style="background-color: red;"></td><td style="background-color: red;"></td><td style="background-color: red;"></td> </tr> </tbody> </table>			Preparedness (P)							Very High	High	Medium	Low	Very Low	Likelihood/Threat (L)	Very Low							Low							Medium		LP					High							Very High							Mitigate	<ol style="list-style-type: none"> <li>1. F&amp;FD chairs the safety committee according to the Safety Committee policy. Quarterly – (F&amp;FD)</li> <li>2. Trends reviews done by safety and PBS Committees- OD and F&amp;FD -ongoing</li> <li>3. Implementation of accident investigation teams for both persons served and staff injury. Ongoing - F&amp;FD</li> <li>4. OD &amp; F&amp;FD attend SAFE Training with IACP– Annually – F&amp;FD and Outreach Director (OD)</li> <li>5. Following 3 or more falls for the same person the safety committee will be solicited for recommendations. Ongoing - F&amp;FD</li> <li>6. A summary of incidents and trends is presented quarterly to the members of the Program Committee for review and oversight. (ED)</li> </ol>
		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																																																				
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		Preparedness (P)																																																			
		Very High	High	Medium	Low	Very Low																																															
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		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	1. Annual review of coverage conducted and presented to the Executive and Finance Committees of the board. Annually – ED and FD 2. Bi-Monthly monitoring of all accidents at Building and Grounds Committee meeting. 3. Safety Committee and PBS Committee review of all incidents and trends. 4. Building and Grounds Committee reviews employee injury trends and Work Compensation Safety Modification Reports – Semi-monthly (ED) 5. 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	1. Annual review of coverage conducted and presented to the Executive and Finance Committees of the board. Annually – ED and FD 2. Summary of coverage is presented to all members of the board in the orientation meeting. Annually - ED	
		Very High	High	Medium	Low	Very Low				
	Likelihood/Threat (L)	Very Low	LP							
		Low								
Medium										

		High							
		Very High							
Crisis management		Preparedness (P)						Accept	<ol style="list-style-type: none"> <li>Crisis Communication Plan is updated and presented to the full board in Board Orientation. Annually – ED</li> <li>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</li> </ol>
		Very High	High	Medium	Low	Very Low			
	Likelihood/Threat (L)	Very Low	LP						
		Low							
		Medium							
		High							
		Very High							
Theft		Preparedness (P)						Accept and transfer	<ol style="list-style-type: none"> <li>Employee handbook is inclusive of theft from organization and persons served. Presented annually to employees. Ongoing – ED</li> <li>Incidents of organizational theft are reported to law enforcement as appropriate. Ongoing – ED</li> <li>Electronic devices were updated to include GPS tracking and reports returned via the Internet. Information Technology Director On-going – (ITD)</li> <li>Incidents of theft from persons served are reported to law enforcement, Social Security Insurance and the Department of Human Services. Ongoing – ED</li> <li>Persons served are encouraged to obtain renters insurance. Ongoing - ED</li> <li>New employee orientation addresses theft and the outcome of theft for all employees. Ongoing – ED</li> <li>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</li> <li>Link Associates' Waste, Fraud and Abuse policy and is presented to Board and Staff. Annually – ED</li> <li>External audit is conducted annually to review all accounting practices and money handling. Annually – ED and FD</li> <li>Additional security cameras have been added to the 2<sup>nd</sup> and 3<sup>rd</sup> floor and parking lot of the main facility to provide better oversight and monitoring of persons served, guests and employees. (ITD)</li> <li>In FY 19/20 theft from an employee was identified and reported. Following the examination of process and the outcome of the annual extremal audit preventative steps were put into place. Modifications to the finance policies were made and approved by the Board. FD and ED</li> </ol>
		Very High	High	Medium	Low	Very Low			
	Likelihood/Threat (L)	Very Low							
		Low							
		Medium	LP						
		High							
		Very High							

Strategy and Planning							Reaction		
Legislative Relationships and impact	Preparedness (P)						Mitigate	<ol style="list-style-type: none"> <li>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</li> <li>Persons served elected to the Link Council coordinate assisting persons served communicate with elected officials. Ongoing – ED</li> <li>Internal strategic plans recognize importance of legislative importance. Ongoing – ED</li> <li>Relationships with key House and Senate members have been built and maintained throughout the implementation of managed care. Ongoing – ED</li> <li>Education, advocacy and provision of information continues to the elected officials on topics associated with managed care and the impact on those served. (ED)</li> <li>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</li> </ol>	
		Very High	High	Medium	Low	Very Low			
	Likelihood/Threat (L)	Very Low							
		Low							
		Medium		LP					
		High							
		Very High							
Donors and support	Preparedness (P)						Mitigate	<ol style="list-style-type: none"> <li>Donors receive regular updates and acknowledgements from Link Associates by the Executive Director. Ongoing – ED</li> <li>Relationship maintenance with donors and supporters to continue. On-going (ED)</li> <li>Annual letter of support continued to increase in response and will continue. (OD and ED)</li> <li>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</li> <li>A new donor database was created to ensure an efficient method to store, sort and acknowledge all donations. ITD</li> </ol>	
		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	<ol style="list-style-type: none"> <li>Vehicles present name and logo throughout the community. Ongoing – F &amp; FD</li> <li>Presence and continued participation in job, career and service fairs in schools and community venues.</li> <li>Staff lanyards visible in public. Ongoing – Management</li> <li>Facebook and website presence are aggressively updated to provide easier access to information and resources. (ED)</li> <li>Executive Directors advocacy has made Link a more common name in the press and at the legislature. (ED)</li> <li>Significant coverage for the Bankers Trust/Gehm home was planned, however when COVID-19 hit all plans were changed and media events cancelled.</li> <li>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</li> </ol>	
		Very High	High	Medium	Low	Very Low			
	Likelihood/Threat (L)	Very Low							
		Low			LP				
		Medium							
High									

		Very High							
IME allowances for leasing		Preparedness (P)						Accept and transfer	<ol style="list-style-type: none"> <li>Request for exception to policy was granted consistently since FY 11/12. On-going ED</li> <li>Annual increase to lease cost to the Foundation to bring the lease closer to fair market value. – Ongoing – FD &amp; ED</li> <li>System changes with Managed Care may significantly change previous initiatives such as this. Monitor and prepare for implementation and on-going (ED)</li> </ol>
		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		Preparedness (P)						Accept and transfer	<ol style="list-style-type: none"> <li>Many applicants do not have the skills necessary to utilize technology efficiently. On-going training identification – ITD and Training Facilitator</li> <li>Currently only one IT professional is employed at Link. This poses significant risk to on-going systems support. (ED)</li> <li>Software has been purchased and implemented to push updates and settings out to all organizational devices. – Ongoing (ITD and ED)</li> <li>Encryption accomplished in 2016 – Ongoing ITD</li> <li>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</li> <li>In July 2020 the IT Director did a massive system update which allowed for better virtual meetings to be held. ITD</li> <li>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</li> </ol>
		Very High	High	Medium	Low	Very Low			
	Likelihood/Threat (L)	Very Low	LP						
		Low							
		Medium							
		High							
		Very High							
Minimize computer downtime		Preparedness (P)						Mitigate	<ol style="list-style-type: none"> <li>Many employees do not have the skills necessary to utilize technology efficiently. On-going training identification – ITD and Training Facilitator</li> <li>Currently only one IT professional is employed at Link. This poses significant risk to on-going systems support. (ED)</li> <li>Software has been purchased and implemented to push updates and settings out to all organizational devices. – Ongoing (ITD and ED)</li> <li>Encryption accomplished in 2016</li> <li>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</li> </ol>
		Very High	High	Medium	Low	Very Low			
	Likelihood/Threat (L)	Very Low	LP						
		Low							
Medium									

		High							
		Very High							
Payroll Personnel systems	Preparedness (P)							Accept and transfer	3. Payroll and ACA has been implemented with ADP moving all data off the Link Associates servers. ITD, FD 4. Link Employees are 100% signed up with ADP time and attendance to log in and out of time tracking. FD 5. In Fiscal Year 2018-2019 all staff are required to have direct deposit to minimize risk of check loss and replacement. (FD) 6. At least three staff in the Accounting Department can process payroll with ADP, giving us adequate backup for illness or absence. On-Going FD
		Very High	High	Medium	Low	Very Low			
	Likelihood/Threat (L)	Very Low		LP					
		Low							
		Medium							
		High							
		Very High							
Maintenance and inventory	Preparedness (P)							Mitigate	1. Maintenance and inventory records are entered and tracked in Facility Dude – 12-31-15 (F & FD) 2. Access to the information on Globally Harmonized Systems (GHS) are on line so all staff and sites have access. 12-21-15 (F&FD) 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
		Very High	High	Medium	Low	Very Low			
	Likelihood/Threat (L)	Very Low		LP					
		Low							
		Medium							
		High							
		Very High							
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)
		Very High	High	Medium	Low	Very Low			





Decrease Accounts Receivable compared to monthly billing	Preparedness (P)							Mitigate	<ol style="list-style-type: none"> <li>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)</li> <li>2. Significant progress has been made by the Finance Director and his team an Link's status in accounts receivable is at a commendable level. (FD) and (ED)</li> </ol>	
			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"> <li>1. Internal Review Committee functions as outlined in Internal Billing Quality Controls Policy. Ongoing – FD and COD</li> <li>2. Maintain E-doc implementation across all program sites and transportation to ensure completion and consistency. Ongoing – COD</li> <li>3. Training classes offered for all employees to learn e-doc for successful integration. Ongoing – Training Facilitator (TF)</li> </ol>	
			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"> <li>1. Ensure timely cost report submission to IME-Rate Setting as soon as possible as long as it is required. On-going FD</li> <li>2. Analysis of additional expenditures and pay grid implementation. (ED)</li> <li>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)</li> <li>4. The line of credit utilization is submitted monthly to the Finance Committee and to the Foundation for review and oversight. – FD, FD – Ongoing</li> <li>5. Debt tracking is submitted monthly to the Finance Committee and the Foundation for review and oversight. FD, ED - Ongoing</li> </ol>	
			Very High	High	Medium	Low	Very Low			
	Likelihood/Threat (L)	Very Low								
		Low								
		Medium			LP					
		High								
Very High										



Post survey payback	<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"> <li>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</li> <li>Internal Controls committee review of all service records. Ongoing – FD and ED</li> </ol>
		Preparedness (P)																																														
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<b>People</b>		<b>Reaction</b>																																														
Knowledgeable, well-trained workforce	<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>LP</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				LP		Reduce	<ol style="list-style-type: none"> <li>Annual staff satisfaction survey completed. Goal areas will be addressed and goals for improvement established. Ongoing –ED</li> <li>Advocate legislatively for respectable pay for direct support professionals. Ongoing –ED</li> <li>Link Culture expectations are presented and supported in policy procedure and action. <ol style="list-style-type: none"> <li>New employee orientation ensures all new staff to Link are clearly trained on the expectations. On-going COD, ED, OD</li> <li>Employee Handbook and Handbook for Person Served, Guardians and Families clearly outline the Link culture and expectations.</li> <li>A staff survey is utilized on an annual basis to monitor employee feedback and evaluation of the culture of Link.</li> </ol> </li> <li>Attracting and retaining the workforce has become more and more difficult. In FY 19/20 a small raise was finally given following four years without increases left employees are frustrated. – ED, FD, OD, COD, EDPD</li> <li>After the on-set of Covid-19, Link lost a significant number of staff. The continued enhanced unemployment payments have kept people from seeking employment.</li> <li>A full first 40 hours of training is provided for all new employees to provide all courses and necessary knowledge. TF, ED <ol style="list-style-type: none"> <li>Following the in-class training, an entire process called the R8 sequences is taught by the supervisors on site to cover all materials in a hands-on manner.</li> <li>Evaluation of extending the one week of training to two full weeks with integrated on-site training to better support course content is being evaluated.</li> </ol> </li> </ol>
		Preparedness (P)																																														
		Very High	High	Medium	Low	Very Low																																										
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		Preparedness (P)																																														
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Likelihood/Threat (L)	Very Low																																															
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		High								
		Very High				LP				
Occupational Health & Safety		Preparedness (P)						Reduce	<ol style="list-style-type: none"> <li>1. Safety booklet at all sites and for new employee orientation. Ongoing –F &amp; FD</li> <li>2. Continue to investigate all staff injuries /accidents. Ongoing –F &amp; FD</li> <li>3. Building and Grounds Committee monitors employee accidents and insurance ratings – ongoing ED</li> <li>4. GHS available online for all sites and all staff 11-30-15 F&amp;FD</li> <li>5. Safety committee continues to review all accidents and injuries with recommendations for changes as identified. Ongoing F &amp; FD</li> </ol>	
			Very High	High	Medium	Low	Very Low			
	Likelihood/Threat (L)	Very Low	LP							
		Low								
		Medium								
		High								
		Very High								
Staff retention		Preparedness (P)						Reduce	<ol style="list-style-type: none"> <li>1. Annual staff satisfaction survey completed. Goal areas will be addressed and goals for improvement established. Ongoing –ED</li> <li>2. Advocate legislatively for respectable pay for direct support professionals. Ongoing –ED</li> <li>3. During COVID-19 #LinkStrong was born bringing great unity and cohesiveness to the staff- on-going ED</li> <li>4. The utilization of one-time relief funding will be paid directly to employees hoping to provide incentivization to remain in their current positions. ED</li> <li>5. The federal government has passed and enhanced 10% FMAP to the HCBS program in Iowa. Once Link knows how this money will be divided and received, additional employment incentives will be given to staff.</li> </ol>	
			Very High	High	Medium	Low	Very Low			
	Likelihood/Threat (L)	Very Low								
		Low								
		Medium								
		High								
		Very High								LP
Hiring and supervision compliance		Preparedness (P)						Mitigate	<ol style="list-style-type: none"> <li>1. Annual review and update of the employee handbook to ensure accuracy with Iowa law. Ongoing –ED</li> <li>2. Consistency in the implementation and documentation of the disciplinary process. Ongoing – COD</li> <li>3. Pre-employment checks on dependent Adult Abuse, Child Abuse, Criminal History, Driving Record and run all staff monthly against the Office of the Inspector General list for Medicaid Fraud parties. Ongoing COD</li> <li>4. Implementation of some positions with Drug and Alcohol testing. On-going COD, F&amp;FD</li> <li>5. Recognizing and supporting persons with ADA conditions training provided by an attorney for all levels of leadership to be repeated annually for the next three years. On-going ED</li> </ol>	
			Very High	High	Medium	Low	Very Low			
	Likelihood/Threat (L)	Very Low								
		Low	LP							
		Medium								
		High								
		Very High								
Board Members		Preparedness (P)						Reduce	<ol style="list-style-type: none"> <li>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.</li> </ol>	
			Very High	High	Medium	Low	Very Low			

	Likelihood/Threat (L)	Very Low								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 his 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
Loss of key staff	Likelihood/Threat (L)	Low	LP							Mitigate 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
		Medium								
		High								
		Very High								
		Very Low								
		Low								
<b>Innovation, quality and improvement</b>										<b>Reaction</b>
Regulatory Compliance	Likelihood/Threat (L)	Preparedness (P)							Mitigate 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				
		Very Low	LP							
		Low								
		Medium								
		High								
Very High										
Utilization of program evaluation data	Likelihood/Threat (L)	Preparedness (P)							Mitigate 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	
		Very High	High	Medium	Low	Very Low				
		Very Low	LP							
		Low								

		Medium								
		High								
		Very High								
Current Trends and Issues								Reaction		
Iowa Association of Community Providers (IACP)	Preparedness (P)							Accept	<ol style="list-style-type: none"> <li>Continue to send a variety of key staff to forums. Ongoing – ED</li> <li>IACP has expanded to a vast membership and focusing on our specific industry issues has become less impactful. The Executive Director works closely with three other larger ID providers across the state and together we attach legislative problems specific to our organizations. Ongoing-ED</li> <li>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</li> <li>In FY 20/21 Link Associates engages 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</li> </ol>	
			Very High	High	Medium	Low	Very Low			
	Likelihood/Threat (L)	Very Low								
		Low			LP					
		Medium								
		High								
Very High										
Polk County Health Services (PCHS)	Preparedness (P)							Accept	<ol style="list-style-type: none"> <li>Continue Executive Director and Department Heads participation in meetings and trainings. Ongoing –ED, SLPD, CMD, EDPD</li> <li>Continue participation in Positive Behavioral Supports. Ongoing – ED, SLPD, EDPD, OD, CMD</li> <li>Developed relationship to fund innovative programs. On-going ED</li> <li>Since the implementation of managed care, the role of PCHS at Link is minimized. Link still works very closely with them in regards to PBS and establishment and evaluation of goals key to our population.</li> <li>Communication and support with PCHS was intensified during the COVID-19 pandemic and relief funding was received twice for Link to cover essential critical overtime costs. On-Going</li> </ol>	
			Very High	High	Medium	Low	Very Low			
	Likelihood/Threat (L)	Very Low		LP						
		Low								
		Medium								
		High								
Very High										
Metropolitan Planning Organization (MPO)	Preparedness (P)							Accept	<ol style="list-style-type: none"> <li>Continue Fleet and Facilities Director participation in the MPO. Ongoing – F&amp;FD</li> </ol>	
			Very High	High	Medium	Low	Very Low			
	Likelihood/Threat (L)	Very Low		LP						
		Low								
		Medium								
High										

		Very High							
Polk County Emergency Management		Preparedness (P)					Accept	<ol style="list-style-type: none"> <li>Continue Fleet and Facilities Director participation in the Polk County Emergency Management. Ongoing – F&amp;FD</li> <li>During COVID-19 participation of the F&amp;FD with Polk County Emergency Management proved incredibly helpful in obtaining essential testing and PPE supplies. Ongoing F&amp;FD</li> </ol>	
		Very High	High	Medium	Low	Very Low			
	Likelihood/Threat (L)	Very Low		LP					
		Low							
		Medium							
		High							
Very High									
<b>Facilities / Fleet</b>								<b>Reaction</b>	
Physical plant operating efficiency		Preparedness (P)					Mitigate	<ol style="list-style-type: none"> <li>Maintenance and inventory records conversion to new system. ITD and F&amp;FD</li> <li>Establish building preventative maintenance schedule (Capital Improvement Plan). On-going– F&amp;FD</li> <li>Introduced automated maintenance and supply records ongoing F&amp;FD</li> <li>Foundation has begun reserving replacement and repair funds from rentals on homes that have been paid off. On-going– F&amp;FD</li> <li>The Foundation meets in conjunction with the Link Associates Building and Grounds Committee to jointly address repairs, prevention and management of the properties owned by both entities. F&amp;FD, ED</li> </ol>	
		Very High	High	Medium	Low	Very Low			
	Likelihood/Threat (L)	Very Low		LP					
		Low							
		Medium							
		High							
Very High									
Accidents		Preparedness (P)					Mitigate	<ol style="list-style-type: none"> <li>Staff training during orientation and Transportation Class- Ongoing – F&amp;FD</li> <li>Monitor all accidents and report any trends that arise and make changes as necessary. Ongoing – F&amp;FD</li> <li>Attend MPO meetings. Ongoing – F&amp;FD</li> <li>All staff trained annually on MSDS and Fire Extinguishers. On-going F&amp;FD</li> <li>Annual reviews of insurance coverage, on-going. FD, F&amp;FD, ED</li> </ol>	
		Very High	High	Medium	Low	Very Low			
	Likelihood/Threat (L)	Very Low							
		Low							
		Medium							
		High							
Very High		LP							
Preventative maintenance		Preparedness (P)					Mitigate	<ol style="list-style-type: none"> <li>Contract with Baker group for HVAC preventative maintenance. F&amp;FD.</li> <li>Follow all manufacturer guidelines for vehicle maintenance. Ongoing – F&amp;FD</li> <li>Have lifts inspected 2x a year Ongoing – F&amp;FD</li> </ol>	
		Very High	High	Medium	Low	Very Low			

on vehicles and properties	Likelihood/Threat (L)	Very Low		LP					<ul style="list-style-type: none"> <li>4. Contract with OTIS for elevator preventative maintenance. Ongoing – F&amp;FD</li> <li>5. Vehicles are now being leased from Ruan with the goal to minimize costs.</li> <li>6. 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.</li> </ul>
		Low							
		Medium							
		High							
		Very High							

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

**External Threats**

Leadership		Preparedness (P)						Reaction
Law Suits/Legal Fees	Likelihood/Threat (L)		Very High	High	Medium	Low	Very Low	Accept <ul style="list-style-type: none"> <li>1. Staff training –ongoing – all department Directors</li> <li>2. Proper hiring. HR, COD – ongoing</li> <li>3. Background checks. HR, COD, - ongoing</li> <li>4. Meeting notes identifying additional areas of training. All department Directors – ongoing</li> <li>5. Ensure full coverage in Link’s insurance packages. Ongoing – ED, FD</li> <li>6. Adherence to all policies regarding the hiring, discipline and separation of employees minimize risk and ensure consistency. On-Going-COD, ED</li> </ul>
		Very Low						
		Low		LP				
		Medium						
		High						
		Very High						
Damages	Likelihood/Threat (L)		Very High	High	Medium	Low	Very Low	Mitigate <ul style="list-style-type: none"> <li>1. Continue to ensure full coverage in our insurance package. Ongoing – ED, FD</li> <li>2. Evaluate Covenant coverage for property/causality and liability – ED</li> <li>3. Additional internal and external cameras added to ensure better oversight of our buildings and grounds. Ongoing - ITD, FNFD, ED</li> </ul>
		Very Low						
		Low		LP				
		Medium						
		High						
		Very High						
Reputation / Credibility	Likelihood/Threat (L)		Very High	High	Medium	Low	Very Low	Mitigate <ul style="list-style-type: none"> <li>1. Ensure consistency in training and expectations - Ongoing – ED, OD</li> <li>2. Ensure policies on ethical behavior and conflict of interest are strongly monitored and maintained. Ongoing – ED</li> <li>3. Board Orientation – Ongoing – ED</li> </ul>
		Very Low						

	Likelihood/Threat (L)	Very Low								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
		Low								
		Medium	LP							
		High								
		Very High								
Legislation		Preparedness (P)							Mitigate	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 engage 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
			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	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
			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	1. Open door policy of administrative level staff to families and persons served to support problems prior to grievance stage. Ongoing – ED 2. Consistent implementation of policy and practice. Ongoing – Management Team 3. Persons served Handbooks updated annually to address previous concerns. On-going – Management 4. Employee Handbooks updated annually to address previous concerns. Ongoing – Management 5. Policies and forms for persons served and families on the Link Associates web site.
			Very High	High	Medium	Low	Very Low			
	Likelihood/Threat (L)	Very Low								
		Low								
		Medium	LP							
		High								

		Very High							
Compliance with Affordable Care Act		Preparedness (P)					Reduce	<ol style="list-style-type: none"> <li>Attend trainings and workshops to learn implementation and compliance. Ongoing ED &amp; FD</li> <li>Work with insurance broker to ensure compliance. Ongoing ED</li> <li>Changed to ADP payroll so ACA requirements are part of the system. ED and FD</li> </ol>	
		Very High	High	Medium	Low	Very Low			
	Likelihood/Threat (L)	Very Low							
		Low	LP						
		Medium							
		High							
Very High									
<b>Lack of Control on Funding</b>									
Competing network of funders		Preparedness (P)					Mitigate	<ol style="list-style-type: none"> <li>Continue to be the first agency to step up and try new services. Ongoing – Management Team</li> <li>Ensure continued high compliance and participation in all audits and outcomes. Ongoing – Management Team</li> <li>Maintain high satisfaction outcomes. Ongoing –Management Team</li> <li>Maintain efforts to remain competitive in wages for direct support professionals. Ongoing - Management</li> <li>Continue relationship with PCHS. Ongoing - Management</li> </ol>	
		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	<ol style="list-style-type: none"> <li>Maintain team directed funding to ensure all departments and all areas of expertise are included before taking action. Ongoing – ED, FD</li> <li>Continue practice of spending conservatively to ensure system stability. Ongoing – ED</li> <li>Modify services and programs as needed to meet MCO's expectations. Management – Ongoing</li> <li>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</li> <li>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</li> <li>Additional mandatory training for all of the staff in day habilitation was added on top of previously required mandates and will soon be appearing in residential services as well, despite the fact that no additional funding is extended to cover these mandates.-On-going ED</li> </ol>	
		Very High	High	Medium	Low	Very Low			
	Likelihood/Threat (L)	Very Low							
		Low							
		Medium							
		High							
Very High		LP							



IT infrastructure configuration and back up	<table border="1"> <thead> <tr> <th colspan="2"></th> <th colspan="5">Preparedness (P)</th> </tr> <tr> <th colspan="2"></th> <th>Very High</th> <th>High</th> <th>Medium</th> <th>Low</th> <th>Very Low</th> </tr> </thead> <tbody> <tr> <th rowspan="5">Likelihood/Threat (L)</th> <th>Very Low</th> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <th>Low</th> <td></td> <td></td> <td style="background-color: #cccccc;"></td> <td style="background-color: #cccccc;"></td> <td></td> </tr> <tr> <th>Medium</th> <td></td> <td>LP</td> <td style="background-color: #cccccc;"></td> <td></td> <td></td> </tr> <tr> <th>High</th> <td></td> <td style="background-color: #cccccc;"></td> <td style="background-color: #cccccc;"></td> <td></td> <td></td> </tr> <tr> <th>Very High</th> <td style="background-color: #ff0000;"></td> <td style="background-color: #ff0000;"></td> <td style="background-color: #ff0000;"></td> <td style="background-color: #ff0000;"></td> <td style="background-color: #ff0000;"></td> </tr> </tbody> </table>			Preparedness (P)							Very High	High	Medium	Low	Very Low	Likelihood/Threat (L)	Very Low						Low						Medium		LP				High						Very High						Mitigate	<ol style="list-style-type: none"> <li>1. Full time IT Director in place to sustain and advance systems. Ongoing – ED, ITD</li> <li>2. Provide industry-based opportunities for ITD to ensure full knowledge of needed services, applications, etc. Ongoing – ED, ITD</li> <li>3. Ensure computer systems will meet the needs established by the MCO's. Ob-Going- ITD and ED</li> <li>4. Maintain encryption – Ongoing ED, ITD</li> <li>5. The quality of the IT Director has made navigating the data management sustainable. More services moved to the cloud and secondary backup server for internal records added. Ongoing (ITD)</li> <li>6. Expansion of policy to Information Technology Business Contingency and Disaster Recovery Testing 6/2019. Ongoing ITD</li> <li>7. In 2020 all new network infrastructure was replaced – On-going monitoring ITD</li> </ol>
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## SERVICE ACCESS – REFERRALS & TRENDS ANNUAL REVIEW

LINK ASSOCIATES  
SERVICE ACCESS – REFERRALS & TRENDS ANNUAL REVIEW  
July 1, 2020 – June 2021  
SUBMITTED BY, JESSICA KIRTS, ASSISTANT OUTREACH DIRECTOR

### ANALYSIS

#### REVIEW OF REFERRAL CALLS

An annual review of referral calls for the period of July 1, 2020 to June 30, 2021 was completed documenting receipt of 514 calls (an increase of 27 from the previous year). The review reveals during the first quarter, Daily SCL services were in greatest demand with 27%, followed by RCF/MR Group Homes with 19%, Supported Employment with 12%, Day Hab had 11%, Hourly SCL with 10%, Leisure and VIP had 5%, LEEP with 4% and Transportation with 3% and remaining services had 1 to 2 % of the 125 calls received. Sixty percent (60%) of calls were Male and 40% Female with the highest percentage of calls for people 22-34 yrs. (38%), 35-54 yrs. (28%), 17-21 yrs. old (18%) and 55-64 yrs. old (12%). The second quarter consisted of 110 calls, Daily SCL had the highest percentage again with 20%, Supported Employment was next with 18%, RCF/MR Group Homes had 15%, Day Hab and Leisure with 14%, LEEP and VIP had 5%, Transportation, Service Coordination/CM, Respite and Hourly SCL with 1%. Fifty-nine percent (59%) of calls were Male and 41% Female with the highest percentage of calls for people 22-34 yrs. old (51%), 17-21 yrs. old (18%), 35-54 yrs. old (18%) and 55-64 yrs. old (12%). During the third quarter brought, 128 calls were received with Daily SCL reporting the highest with 21%, Leisure had 15%, RCF/MR Group Homes and Day Hab with 13% each, Supported Employment and LEEP with 8%, Transportation had 7%, VIP and Services not provided by Link had 5% and Hourly SCL with 3%. Seventy-one percent (71%) of calls were Male and 29% Female with the highest percentage of calls for people 22-34 yrs. old (35%), 35-54 yrs. old (30%) and 17-21 yrs. old (25%). The fourth quarter received 151 calls; Daily SCL was in high demand with 24%, Supported Employment was next with 13%, Day Hab had 12%, RCF/MR Group Homes and Transportation with 10% each, Leisure 9%, VIP had 7%, LEEP and Services not provided each with 5% and Hourly SCL with 3%. Sixty percent (60%) of calls were Male and 40% Female with the highest percentage of calls for people 22-34 yrs. old (35%), followed by 35-54 yrs. (29%) and 17-21 yrs. old (25%).

Calls requesting services that Link does not provide (i.e., mental illness, physical disabilities, brain injury, financial support, etc.) ranged from 1% to 5%; averaging 3.5% 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 1%.

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 1<sup>st</sup> quarter. Link received many inquiries during the pandemic for Daily SCL openings or services for Individuals requiring RCF level of care. Day Habilitation was in high demand during the second and third quarter when the vaccine was the topic of discussion. Supported Employment services was more popular in the second and fourth quarters as Individuals were ready to get back into the work force and tired of being at home. Leisure was trending particularly during the 2<sup>nd</sup> and 3<sup>rd</sup> quarters when vaccines were being discussed and obtained; Individuals and Families feeling comfortable to return to smaller Leisure activities. Transportation calls fluctuated from 1 to 10%. 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 2020-21 there were (2) denials. There were no trends noted with regards to race/ethnicity, gender, language, age or religion for reasons to deny services. All denials were given recommendations to work on skills to re-apply for 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 68% to 80%. The second major referral source was calls placed by a family member, ranging from 12% to 17%. The remainder of referral calls received came from self-referrals (average 2% per quarter for the year) and calls placed by “others” (average 9.25% per quarter for the year).

As noted above, there appears to be an increase in calls over the past eight years. Trends in services requested include the routine and primary services offered along with new programs provided; Daily SCL services, Day Habilitation Services, Supported Employment (Job Development & Job Coaching), the VIP program, the LEEP program, Transportation and new Leisure events & extended travel program. It continues to appear Link’s services are in high demand; the smaller ratio program areas in Day Habilitation are a high need area and referrals are being taken. Link has had Day Habilitation admissions for part-time and full-time openings for the reporting period of July 1, 2020 to now. With the news of Day Habilitation openings there has been a steady stream of calls, tours and referrals (the fourth quarter did show a slow down due to the number of Individuals wanting to return post Covid and the lack of staff). Supported Employment continues to be 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. Residential services continue to thrive; continually adjusting (moving persons served to optimal living situations) and providing optimal care during the pandemic. Link built a second home and five Individuals have moved in and are adjusting nicely. 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 been 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 insure 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 2020-2021

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 2021...There were 2 admissions in Residential Services for Daily SCL and 0 admissions for Hourly SCL. Currently there are 4 openings for Daily SCL, working on scheduling tours for two referrals and identifying roommate matches. Currently taking referrals.

Day Habilitation Services reported one (1) admission and two (2) discharges. Currently there are no openings in Day Hab as Individuals are waiting to return post Covid. The VIP (Volunteer Investment Program) is a community-based Day Hab service and has proven to be successful, there are six VIP groups currently. The VIP program had zero (0) admission 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 eleven (11) discharges this quarter. LEEP (Link Employment Exploration Program) reported two (2) admission and one (1) discharge occurred.

#### Denials for Service:

There were no formal denials for services in the 4<sup>th</sup> Quarter.

#### Discharges from Services Summary:

Residential reported three (3) discharges in Daily SCL services due to two Individuals receiving services with another agency and one Individual moving into a Host Home. The individuals were Caucasian, two females and one male, 29, 31 and 37 years old, primary diagnoses were Mod to Profound ID.

Day Hab had 2 discharges for the quarter; zero (0) in VIP and two (2) in Day Hab; one (1) Individual ended services due to moving into a Host Home and one (1) the Parents decided to not have him return. The average participant was Caucasian, 1 female and 1 male, ages 25 and 35 years old, primary diagnosis range from Mild to Mod ID.

Supported Employment noted eleven (11) discharges; eight (8) in Job Dev. and three (3) in Job Coaching. Six Individuals went from Job Dev. into Job Coaching and 2 were no longer interested in working. Two Individuals graduated from Job Coaching and One is happy with her current job. The average participant that exited the program was Caucasian or African American, 9 males and two females, ages between 23 and 36 years old, primary diagnosis of Mild ID or Developmental Disability.

LEEP reported one (1) discharge this quarter. The Individual graduated from LEEP and moved into Job Dev. The Individual is Asian American, 24 years old with a primary diagnose of Mild ID.

Case Management noted one (1) discharge this quarter. The Individual lost HIPP funding and transferred to an MCO. The Individual is Caucasian, male, 29 years old with primary diagnosis of Severe ID.

Service Access Referral Summary: See attached Service Access Referral Demographics

June 2021...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 & fifty-one (151) referral calls were received during the 4<sup>th</sup> quarter. The calls received were distributed among a variety of programs; Residential Daily SCL 24%, Supported Employment 13%, Day Hab 12%, RCF/Group Homes and Transportation 10%, Leisure 9%, VIP 7%, LEEP 5%, Services Not Provided by Link 5%, Residential Hourly SCL 3%, Service Coordination/CM and Respite and Services all with 1% and Project Search 0%.

Calls not provided by Link reported 5% of all calls. These calls were referred to other services or assisted with additional information. The attached reflects an overview of the requests and correlating percentages:

Admissions	1 <sup>st</sup> Qtr. '20-21 Total	2 <sup>nd</sup> Qtr. '20-21 Total	3 <sup>rd</sup> Qtr. '20-21 Total	4 <sup>th</sup> Qtr. '20-21 Total
Residential – Daily SCL	1	2	7	2
Residential – Hourly SCL	0	2	0	0
Day Habilitation	4	6	3	1
VIP	2	1	1	0
Job Development	7	10	4	7
Job Coaching	1	1	0	2
LEEP	0	1	8	2
Project Search	0	0	0	0
Denials	1 <sup>st</sup> Qtr. '20-21 Total	2 <sup>nd</sup> Qtr. '20-21 Total	3 <sup>rd</sup> Qtr. '20-21 Total	4 <sup>th</sup> Qtr. '20-21 Total
Residential – Daily SCL	0	0	1	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	1	0	0
Project Search	0	0	0	0

Discharges	1 <sup>st</sup> Qtr. '20-21 Total	2 <sup>nd</sup> Qtr. '20-21 Total	3 <sup>rd</sup> Qtr. '20-21 Total	4 <sup>th</sup> Qtr. '20-21 Total
Residential – Daily SCL	0	2	3	3
Residential – Hourly SCL	1	0	0	0
Day Habilitation	4	11	2	2
VIP	2	1	1	0
Job Development	2	4	4	8
Job Coaching	12	5	1	3
LEEP	0	1	1	1
Project Search	0	0	0	0
Case Management	0	0	1	1

Service Access Referral Demographics

2020-2021

<b>SERVICES REQUESTED</b>	<b>1<sup>ST</sup> QTR. SEPT '20</b>	<b>2<sup>ND</sup> QTR. DEC '20</b>	<b>3<sup>RD</sup> QTR. MAR '21</b>	<b>4<sup>TH</sup> QTR. JUN '21</b>
TOTAL NUMBER OF CALLS	<b>125</b>	<b>110</b>	<b>128</b>	151
RESIDENTIAL/DAILY SCL	27%	20%	21%	<b>24%</b>
RESIDENTIAL/HOURLY SCL	10%	3%	3%	<b>3%</b>
RCF/MR – GROUP HOMES	19%	15%	13%	<b>10%</b>
RESPIRE/HOURLY SCL - CHILD	1%	1%	1%	<b>1%</b>
DAY HABILITATION	11%	14%	13%	<b>12%</b>
VIP	5%	5%	5%	<b>7%</b>
SUPPORTED EMPLOYMENT	12%	18%	8%	<b>13%</b>
LEEP	4%	5%	8%	<b>5%</b>
PROJECT SEARCH	0%	0%	0%	<b>0%</b>
SERVICE COORDINATION/CM	2%	1%	1%	<b>1%</b>
LEISURE	5%	14%	15%	<b>9%</b>
TRANSPORTATION	3%	1%	7%	<b>10%</b>
NOT PROVIDED BY LINK <i>ALTERNATIVES OFFERED</i>	1%	3%	5%	<b>5%</b>
EMERGENCY	1%	1%	1%	<b>1%</b>
URGENT, NON-EMERGENT	1%	1%	1%	<b>1%</b>
SELF REFERRALS	3%	1%	3%	<b>2%</b>

<b>CALL PLACED BY FAMILY MEMBER</b>	12%	16%	17%	<b>12%</b>
<b>CALL PLACED BY CM/SOC. WORKERS</b>	80%	71%	68%	<b>78%</b>
<b>CALL PLACED BY OTHER</b>	5%	12%	12%	<b>8%</b>
<b>AGES: 0-16 YEARS</b>	0%	1%	0%	<b>1%</b>
<b>17-21 YEARS</b>	18%	18%	25%	<b>25%</b>
<b>22-34 YEARS</b>	38%	51%	35%	<b>35%</b>
<b>35-54 YEARS</b>	28%	18%	30%	<b>29%</b>
<b>55-64 YEARS</b>	12%	12%	10%	<b>10%</b>
<b>UNKNOWN</b>	4%	0%	0%	<b>0%</b>
<b>MALES</b>	60%	59%	71%	<b>60%</b>
<b>FEMALES</b>	<b>40%</b>	<b>41%</b>	<b>29%</b>	<b>40%</b>



## 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"> <li>Streamline hourly provision to be cost neutral</li> <li>Enhance flexibility of staffing</li> <li>Evaluate relationship with community partners to enhance opportunities for independent living while maximizing staff to person ratio (i.e duplex)</li> <li>Regionalization</li> </ul>	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. Building to start soon. 2.
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	1. 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 2. 12-28-20 Discussed at the Executive Committee Meeting 3. 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"> <li>Obtain resources to attract and retain a quality workforce</li> <li>Increase access to resources for community-based services and residential supports models</li> <li>Incorporate greater use of data and analytics to influence federal policy</li> </ol>	1. Linda Dunshee 2. Linda Dunshee 3. Linda Dunshee	1. 2 2. 2 3. 2	1. medium 2. medium 3. medium	\$0	1. Engaged with Karla Fultz-McHenry (KFM) as lobbyist 1-20-21 1. 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"> <li>Evaluate audio/visual monitoring technology for some served.</li> <li>Evaluate and implement more Telemed services for those served to increase their participation in managing their health.</li> </ol>	1. Directors 2. Cristy Jennings	1. 3 2. 2	1. low 2. low	1. \$0 2. \$0	
Research and share best practices in transition from school to adult community supports	<ol style="list-style-type: none"> <li>Employment supports: enhance partnership with IVRS &amp; build relationships with local school districts</li> <li>Outreach to school districts to promote services</li> </ol>	1. Cassandra 2. Jessica K	1. 2 2. 2	1. low 2. low	1. \$0 2. \$0	
Add additional handicapped accessible sites for daily SCL	<ol style="list-style-type: none"> <li>Building 5 person site on E25th St</li> <li>Working with Kading Properties as they develop new homes with walk in shower and tile floors.</li> </ol>	1. Jim 2. Derek	1. 1 2. 2	1. medium 2. low	1. \$300,000 2. \$0	1. 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"> <li>Working with Kading Properties as they develop new homes as they have Section 8</li> <li>Investigate properties to identify locations that are not safe</li> </ol>	1. Derek 2. Derek	1. 2 2. 2	1. low 2. low	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	1. Tiffany/Linda	1. 2	1. medium	1. \$15,000	1. <ol style="list-style-type: none"> <li>1. Home Lead, Administrative Specialist, DSP Flex, VIP-Flex &amp; Enhanced DSP Flex</li> <li>2. 2/26/21 initial flow chart drafted for development showing career paths for staff of Link</li> </ol> 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)
	2. Empower direct care staff at their location to build ownership and commitment	2. Tiffany/Linda	2. 1	2. medium	2. \$0	
	3. Build culture and align across organization	3. Directors	3. 2	3. medium	3. \$15,000	
	4. Expand beyond the traditional workforce demographics through recruitment, including guest worker visas and high school DSP mentoring and development programs	4. Robin/Angela	4. 1	4. high	4. \$0	
	5. Evaluate updating the registry for CNA, Work with LSI for guest workers, Build relationships with Simpson, Grandview, DMACC. William Penn, etc.	4. Robin/Angela	4. 1	4. high	4. \$0	

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 - <b>ON HOLD</b>	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, 2020 – June 30, 2021**  
**Compiled by, Linda Dunshee, Executive Director**

### ANALYSIS

#### I. **STAFF TRAINING:**

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

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 ability to demonstrate adequate skills, knowledge, and capacity to perform a specific set of job functions.

71 new employees participated in New Employee Orientation.

1950 submissions for new or recertification of core requirements.

- 117 First Aid
- 211 CPR
- 251 Documentation
- 278 Fire Extinguisher
- 274 GHS
- 272 Rights Responsibility & Confidentiality
- 270 Universal Precautions
- 97 Mandatory Reporter
- 177 Medication Manager
- 3 Ethics

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

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

## Lifting Devices

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

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

### **II. NAVIGATING CHANGE IN 2020/2021**

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. 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 and turn over within the training manager position, Link Associates signed an agreement with Relias and will be implementing this for all staff throughout the next year. In addition to all of our routine on boarding trainings, Relias also offers industry specific training on a number of topics that could be critical for any department or any team working with individuals specialized needs. Examples include things such as diabetic training, lymphedema training, seizure disorder training, etc.

### **III. NEW EMPLOYEE ORIENTATION AND R8 ONBOARDING TRAINING**

#### **A. NEW EMPLOYEE ORIENTATION**

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

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

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 is 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.

#### **B. R8 ONBOARDING TRAINING**

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

**C. ADDITIONAL TRAINING**

**1. 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.

**D. TRAINER DEVELOPMENT**

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