# BUSINESS FUNCTION REPORT

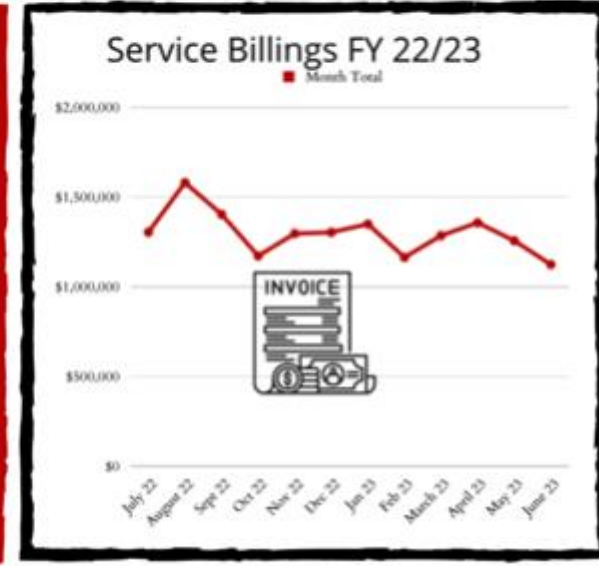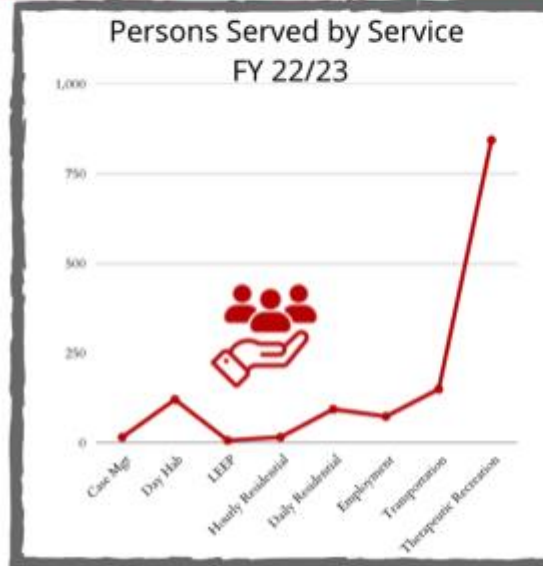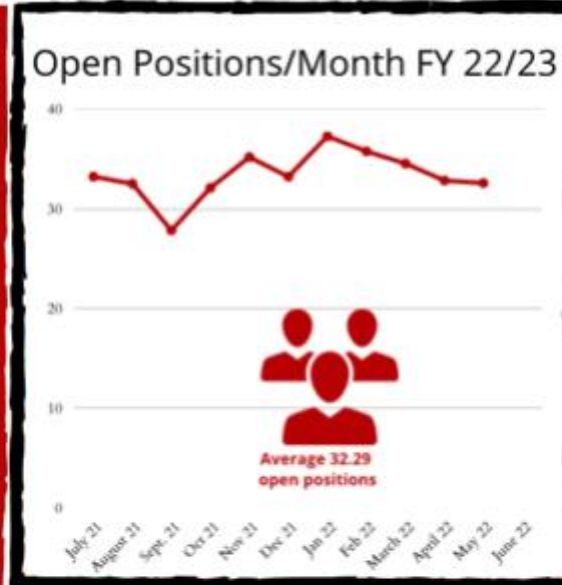2022/2023

# Mission, Vision, and Values

**Mission**
Providing people with intellectual Disability opportunities to achieve their personal goals

**Vision**
Link Associates will be the recognized leader in providing quality services to persons with intellectual Disability

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

**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.

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.

# MEASURES OF ACHIEVEMENT

## FINANCIAL

| Primary Objective | Indicators (Measures) | Data Source | Who Is responsible | Who Compiles | Target (Goal) | Who Applied to | 7/22 | 8/22 | 9/22 | 10/22 | 11/22 | 12/22 | 1/23 | 2/23 | 3/23 | 4/23 | 5/23 | 6/23 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Improve Financial Solidity | # of months the bank line of credit is paid in full by month end | Finance Records | Finance Director | Executive Director | No more than 2 months money is owed to bank at month end on LOC | Link Associates | | | 0 | | | 0 | | | 0 | | | 0 |

| Goal Outcome: ☒ Goal Met ☐ Goal Not Met | Previous FY goal recommendations (I.e. goal continuation and/or new action steps/plan) Action Steps: <br><br> Did Actions taken accomplish intended results. ☐ Yes ☐ No ☒ NA | Update on action step/plans and recommendations from last year (REPEAT FOR EACH ACTION STEP/PLAN or RECOMMMENDATION. LIST) 1st QUARTER 2ND QUARTER 3RD QUARTER 4TH QUARTER | Completion Date |
|---|---|---|---|

| ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (22/23): | 1st Quarter Link did not use the Link Associates Bank line of credit, nor did they need to borrow from the Link Associates Foundation in the 1st quarter. | 2nd Quarter Link did not use the Link Associates Bank line of credit, nor did they need to borrow from the Link Associates Foundation in the 2nd quarter. | 3rd Quarter Link did not use the Link Associates Bank line of credit, nor did they need to borrow from the Link Associates Foundation in the 3rd quarter. | 4th Quarter Link did not use the Link Associates Bank line of credit, nor did they need to borrow from the Link Associates Foundation in the 4th quarter. Finance Director is changing Link's service billing to every two weeks versus monthly to assist with cash flow management. |
|---|---|---|---|---|

Comparison of last year's results (21/22) to this year (22/23):  In fiscal year 21/22 we were able to go the entire year without using the line of credit to cover operations.  In fiscal year 22/23 we were also able to not need either line of credit option.

Trends:  ☐ YES  ☒ No (if yes provide detail)
Causes:  ☐ YES  ☒ non-Applicable (if you feel there were causes for this outcome, please explain)
Characteristics of persons served impact performance:  ☐ YES  ☒ No (if yes, please explain)
Other extenuating or influencing factors ☒ YES  ☐ No (if yes, please explain): Again, this year Link received a lot of supportive additional funds from government programs associated with the American Rescue Plan which helped our cash flow substantially.

| New Recommendations for Next Year (23/24): ☒ Continue as written ☐ Discontinue Goal ☐ Continue Goal with modifications as outlined above. Action Steps/Plan: NA | Expected Outcomes NA | Person Responsible NA | Timeframe NA |
|---|---|---|---|

## RESOURCE ALLOCATION

| Primary Objective | Indicators (Measures) | Data Source | Who Is responsible | Who Compiles | Target (Goal) | Who Applied to | 7/22 | 8/22 | 9/22 | 10/22 | 11/22 | 12/22 | 1/23 | 2/23 | 3/23 | 4/23 | 5/23 | 6/23 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Decrease resources spent on overtime | Quarterly overtime cost (premium paid) for all hourly employees | Payroll records | Executive Director | Finance Director | Overtime payments under $90,000 per month on average | Link Associates | Total Overtime= $495,998 with an average $165,333 /month | | | Total Overtime= $953,360 with an average of $152,454 /month | | | Total Overtime= $1,398.015 with an average of $148,218/month | | | Total Overtime= $1,910,887 with an average of $170,957/month |

| Goal Outcome:<br>☐ Goal Met<br>☒ Goal Not Met | Previous FY goal recommendations (I.e. goal continuation and/or new action steps/plan.<br><br>Action Steps:  NA<br><br>Did Actions taken accomplish intended results.<br>☐ Yes ☐ No ☒ NA | | | Update on action step/plans and recommendations from last year (REPEAT FOR EACH ACTION STEP/PLAN or RECOMMMENDATION. LIST)<br>• 1st QUARTER: NA<br>• 2nd QUARTER: NA<br>• 3RD QUARTER: NA<br>• 4TH QUARTER:  NA | Completion Date<br><br>6/31/23 |
|---|---|---|---|---|---|
| ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (22/23): | 1st Quarter<br>July OT = $159,780<br>Aug OT = $149,664<br>Sep OT = $151,307 | 2nd Quarter<br>Oct OT = $142,437<br>Nov OT = $120,946<br>Dec OT = $161,477 | 3rd Quarter<br>Jan OT = $137,129<br>Feb OT = $130,703<br>Mar OT = $145,224 | 4th Quarter<br>Apr OT = $140,548<br>May OT = $158,036<br>June OT = $177,841<br>On 6/1/2023. Link significantly increased the rate of pay for our direct support professionals. It is the intended goal that this will not only attract more staff but will also bring a better qualified and better matched employee as well as reduce the significant amount of overtime being paid. | |

Comparison of last year's results (21/22) to this year (22/23): In 2021-2022 we had a monthly average of $167,191 per month and we changed the goal to no more than $90.000 per month to be more realistic.  In 2022-2023 we had a monthly average of $159,240 per month.
Trends:  ☒ YES ☐  No (if yes provide detail) Nationally, overall employees is down, all employment types are competing for labor, rates did not increase enough to make significant changes.
Causes:  ☒ YES ☐   non-Applicable (if you feel there were causes for this outcome, please explain).  Both the cost-of-living and the average cost of employment has risen dramatically over the past two years, leaving the caregiving industry far behind competitive for-profit employers.
Characteristics of persons served impact performance:  ☐ YES ☒  No (if yes, please explain).
Other extenuating or influencing factors ☒ YES ☐  No (if yes, please explain).  Turnover is always very difficult for those served and has been an issue in this past fiscal year. Additionally, other negative workplace attitudes increased as new staff did not hold the mission as importation as staff with longevity and with the serious lack of employees, behaviors and attitudes that were typically not found in employees at Link Associates surfaced.

| New Recommendations for Next Year (23/24):<br>☒ Continue as written ☐ Discontinue Goal<br>☐ Continue Goal with modifications as outlined above<br>Action Steps/Plan: NA | Expected Outcomes<br>NA | Person Responsible:<br>NA | Timeframe<br><br>NA |
|---|---|---|---|

| HUMAN RESOURCE | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Primary Objective | Indicators (Measures) | Data Source | Who Is responsible | Who Compiles | Target (Goal) | Who Applied to | 7/22 | 8/22 | 9/22 | 10/22 | 11/22 | 12/22 | 1/23 | 2/23 | 3/23 | 4/23 | 5/23 | 6/23 | |
| 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 1st quarter = 1.24% Annualized = 6.54% | | | End of 2nd quarter = 3.57% Annualized = %17.25 | | | End of 3rd quarter = 2.27 % Annualized = %24.05 | | | End of 4th quarter = 2.71% Annualized = %32.19 | | | |

| Goal Outcome:<br>☐ Goal Met<br>☒ Goal Not Met | Previous FY goal recommendations (I.e. goal continuation and/or new action steps/plan)<br>Action Steps:<br><br>Did Actions taken accomplish intended results.<br>☐ Yes ☐ No ☒ NA | | | Update on action step/plans and recommendations from last year (REPEAT FOR EACH ACTION STEP/PLAN or RECOMMMENDATION. LIST) NA<br>• 1st QUARTER: NA<br>• 2ND QUARTER: NA<br>• 3RD QUARTER:NA<br>• 4TH QUARTER: NA | Completion Date<br><br>NA |
|---|---|---|---|---|---|
| ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (22/23): | 1st Quarter<br>Continued paying bonuses and hiring incentives with no impact. | 2nd Quarter<br>Continued paying bonuses and hiring incentives with no impact. | 3rd Quarter<br>Continued paying bonuses and hiring incentives with no impact. | 4th Quarter<br>Effective June 1, 2023, Link Associates significantly increased the rate of pay for direct support professionals to attempt to recruit staff and minimize overtime. | |

| Comparison of last year's results (21/22) to this year (22/23). In 2021 – 2022 the annualized turnover rate was 33.88%. In 2022 – 2023 the annualized turnover was 32.19% | | | |
|---|---|---|---|
| Trends: ☒ YES ☐ No (if yes provide detail). The cost of living continued to go up, and the price other for-profit corporations were able to pay continue to erode staff from Link Associates. Simultaneously, on boarding became more difficult. The starting hiring wage was not competitive.<br>Causes: ☒ YES ☐ non-Applicable (if you feel there were causes for this outcome, please explain).  I read wages, remain at an all-time high, reducing the staff that would apply for Link will remain at Link and at the same time cost-of-living continue to increase, making our wages for direct care staff unsustainable.<br>Characteristics of persons served impact performance: ☐ YES ☒ No (if yes, please explain).<br>Other extenuating or influencing factors ☐ YES ☒ No (if yes, please explain). | | | |
| New Recommendations for Next Year (23/24):<br>☒ Continue as written ☐ Discontinue Goal ☐ Continue Goal with modifications as outlined above.<br>Action Steps/Plan: NA | Expected Outcomes<br>NA | Person Responsible<br>NA | Timeframe<br><br>NA |

# CORPORATE COMPLIANCE ANNUAL REPORT
JULY 1, 2022 – JUNE 30, 2023
And
2023-2024 PLAN
SUBMITTED BY:  Jay Bruns, Corporate Operations Director

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

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

## EXECUTIVE SUMMARY
- External Investigations – None.
- External Monitoring – 6 records, (0% error rate), no corrective actions see page 6, item #6 and page 7, item #8.
- Internal Monitoring – 11,456 units of service reviewed - 0.5% error rate, see items #2, & #4 combined results pages 2-3.
- Recommendations – see page 9.

## SUMMARY OF ALL ALLEGATIONS, INVESTIGATIONS, AND/OR COMPLAINTS PROCESSED
No complaints or investigations relating to fraud, fiscal mismanagement, or the misappropriation of funds occurred that resulted in notification to the Board of Directors or reporting to external authorities.

### COMPLETE DESCRIPTION OF CORRECTIVE ACTION(S) TAKEN
Not applicable.

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

2. The Internal Review Committee is chaired by the Finance Director and Corporate Operations Director and is the third level of internal monitoring of our Medicaid billing processes for all programs except Case Management (see #3).  The committee reviewed 3620 units of service this past fiscal year.  43 units were found to have documentation billing errors this year (1.2%) which is the first occurrence of this in the past 3 years for this measure.   80 records (2.2%) had some documentation errors that did not have an impact on the integrity of the payment received, and 41 units (1.1%) were found with billing errors relating to MCO's paying incorrectly in these samples.  Internal Review Committee results are disseminated to the Program Directors for remediation. No instances of billing or documentation errors were determined to be instances or indicators of waste, fraud, or misconduct.  Training, as appropriate, is identified in the Committee's quarterly reports as well as trends, areas needing improvement, and actions to be taken to prevent further occurrences.  Additional detail is also summarized on the Supplemental, Measure of Achievement with this as a primary objective.

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

At the start of the Fiscal year, there were a total of 18 people in the case management program at Link. During the year, 3 people lost their HIPP eligibility and transferred to an MCO for case management. All people who were still receiving case management services throughout the year had a billing audit as well as 1 person who was later discharged. Two people had discharged earlier in the fiscal year before their files were reviewed. There was a total of 16 case management files reviewed for billing accuracy. Each file was reviewed for an entire 12 months of service for a total of approximately 192 months of service reviewed for accuracy. There was one billing error detected during these reviews and the unit of service involved was paid back. A unit of service had mistakenly been billed for reviewing provider plans without the provider or person served present. There were not any instances or indicators of waste, fraud, or misconduct. The overall error rate of units overbilled to the total number billed for the year was 0.1% which is slightly higher than the prior year rate of 0%. There were 1128 billable units for the year.

Trends: There were no trends discovered during the year.

Corrective Actions taken throughout the year: There were two entries in question for billing during the review year and staff were asked for clarification on them. In one instance duplicate entries had been printed and filed however upon checking the correct number had been billed. The extra copy was removed. In the other instance, staff had mistakenly billed for reviewing a service plan submitted by a provider; this is not billable when it isn't being reviewed with the provider or person served. This unit was paid back, and guidance was given again to staff listing what tasks are and are not billable. The list was also sent to all staff as a refresher.

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 case management through the Fee For Service (FFS) program. These people generally are on the HIPP program or have stated they are American Indian or Alaskan Native. As a result, the numbers will likely remain low. Link was able to admit one new person to the program this year. That was due to the family personally knowing Link staff so requested Link directly as their case management agency. Three people lost their HIPP status this year and another is expected to lose it within the next month. As of the end of the fiscal year, we are just serving 16 people in the case management program with an expectation to drop to 15 by the end of July. The department will continue to complete billing audits based on who was actively in case management as of July 1 of the fiscal year and will have a target goal of 100% for the next year. Administrative staff will continue to complete the reviews to aid in consistency. Retraining of staff will occur as needs are identified during billing reviews or as rule/processes change during the year. If a larger trend is discovered staff will all be retrained during the monthly team meeting. All case management staff have been with the agency for many years and are up to date with the current rules. The Federal Public Health Emergency (PHE) has ended and there were a few changes implemented after this. The case managers are being made aware of the changes as they occur so they can monitor services accordingly. A focus is being put on monitoring provider documentation and reviews will be looking for this as well. Case Managers have been following the rules put in place before the PHE flexibilities and very few meetings are held by zoom now. There are still a few families requesting to use some of the flexibilities instead of in person meetings at times, but this is usually when the persons involved are out of the area.

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.

| | Supported Employment | Skills Training | Residential | Day Habilitation | Transportation | Case Management |
|---|---|---|---|---|---|---|
| % Reviewed | 7% | 23% | 5.3% | 5.3% | 5% | 100% |
| Units reviewed | 636 | 9 | 2575 | 1141 | 2347 | 1128 |
| Units paid back | 0 | 0 | 11 | 0 | 0 | 1 |
| Units under billed | 0 | 0 | 0 | 0 | 0 | 0 |
| Error rate | 0% | 0% | 0.4% | 0% | 0% | 0.1% |

Overall, this represents a 0.2% overall error rate for all programs combined review of 7836 units. The 11 units paid back represent daily services in the residential program discovered during these second level review that typically lacked the content and documentation on supports and goals provided during the day that otherwise persons served were present and receiving services for. These discrepancies were not determined to be instances or indicators of waste, fraud, or misconduct but rather poor documentation by DSP's and lack of oversight by the supervisors assigned to review these prior to billing. Departments all took appropriate corrective actions and identified trends for further evaluation and recommendations.

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

<u>Trends:</u>
       Residential:

- Identified that documentation was not being completed within 72 hours of service delivery and 47 DSPs were followed up with (6 on more than one occasion).
- Residential identified that C-23's (persons served tip sheets) were not current in person served records for 37 of the 48 reviews (77%).
- Residential identified that goal acknowledgements were not found in person served records for 42 of the 48 records reviewed (88%).
- Residential identified 38 of the 48 records were missing some of the documentation on all goals and service steps as expected (79%).
- Residential identified 39 for the 48 records has missing service entries that were not explained or justified in the daily narrative (81%).
- End of month % of logs audited show not all sites met compliance of 95% or above for reviews conducted before billing lockdown periods.
- Training was recommended monthly to supervisors to ensure they were following up with staff when documentation is required when documenting on goals (staff scores a goal as – or NA).

       Employment Programs:

- Identified that documentation was not being completed within 72 hours of service delivery and 3 DSP-ETS were followed up with.
- Supported Employment identified that current JT-2's (task analysis) were not found in person served records for 5 of the 45 reviews.
- Supported Employment identified that goal acknowledgements were not found in person served records for 4 of the 45 reviews.

       Day Hab Programs:

- Identified that documentation was not being completed within 72 hours of service delivery and 15 DSP were followed up with (4 on more than one occasion).
- Day Habilitation identified that C-22's (goal guide sheets) were not current in person served records for 16 of the 59 reviews (27%).
- Day Hab identified that goal acknowledgements were not found in person served records for 21 of the 59 records reviewed (36%).
- Training was recommended monthly to supervisors to ensure they were following up with staff when documentation is required when documenting on goals (staff scores a goal as – or NA).

<u>Corrective Actions taken throughout the year</u>:
       Residential:

- The QAA sent monthly emails after 2nd level review was completed summarizing the findings. Things that needed follow-up/training included: missing service entries, missing documentation, missing narrative when required (staff scoring NA or – and missing NOC from all staff).
- The QAA sent monthly emails to the Residential Director giving % for monthly logs reviewed. The director followed up with any supervisor that has a % at or below 95%.
- The QAA sent emails to supervisors to provide training when they were identified completing documentation late.
- Supervisors provided training to staff as needed when identified staff were not competing checkbox documentation correctly with expectation for when documentation is required (scoring goal as NA or -)
- Administrators and Directors followed up with supervisors on expectation to use the data sheet in EDOC when log auditing to ensure all documentation was present when required.
- The QAA sent monthly emails informing the Administrator and Supervisor when C-22's and goal acknowledgments were missing from person served files.

       Employment Programs:

- EA and E/DPS both worked with IVRS leadership to ensure timely payment for services.
- QAA sent monthly emails letting the supervisors know when JT-2's or goal acknowledgments were missing.
- The QAA sent emails to supervisors to provide training when they were identified completing documentation late.

       Day Hab Programs:

- QAA sent monthly emails letting the supervisors know when C-22's or goal acknowledgments were missing.
- Supervisors provided training to staff as needed when identified staff were not competing checkbox documentation correctly with expectation for when documentation is required (scoring goal as NA or -)

- The QAA sent emails to supervisors to provide training when they were identified completing documentation late.
- DPA and E/DPD followed-up with supervisors on expectation to use the data sheet in E-doc when log auditing to ensure all documentation was present when required.

Transportation
- For the period of 7/1/22 – 5/31/23 there were 14,417 items that were corrected to ensure proper billing. Part of these corrections are staff having multiple corrections for the same error.

Recommendations:

Residential services:
- Will continue to complete oversight of the persons served database to ensure all corresponding documents are present and updated (MCO Plan, Link Service Plan, C-23s and goal acknowledgment sheets)
- Clearly outline how to ensure goal C-23s are being created, updated, and saved to the database for person served in a timely fashion.
- Clearly outline how to ensure goal acknowledgment sheets are being trained on and assigned staff sign off on these reviews.
- With the agency switching to SETWorks for documentation, the RAs will lay out a process to ensure all supervisors are completing their required duties for log auditing.
- Quality Assurance Administrator (QA) will send monthly emails to department supervisors and administrators, including information on changed logs.
- Residential Administrator's (RA) will add 2nd level review summary findings to their 1:1 meeting with supervisors.

Employment Programs:
- Will continue to monitor the outstanding claims document to ensure accurate and consistent billing and work with accounting and/or IVRS as needed.
- Will continue to complete oversight of the persons served database to ensure all corresponding documents are present and updated (MCO Plan, Link Service Plan, JT-2s and goal acknowledgment sheets)
- Will continue to identify staff that complete documentation 3+ days after the date of service at least 3times/month and the ESs will follow-up with the DPS-ETS
- QAA send monthly emails to department supervisors and administrators, including information on changed logs.
- E/DPAs will add 2nd level review summary findings to their 1:1 meeting with supervisors.

Day Hab Programs:
- Will continue to complete oversight of the persons served database to ensure all corresponding documents are present and updated (MCO Plan, Link Service Plan, C-22s and goal acknowledgment sheets)
- Clearly outline how to ensure goal C-22s are being created, updated, and saved to the database for person served in a timely fashion.
- Clearly outline how to ensure goal acknowledgment sheets are being trained on and assigned staff sign off on these reviews.
- Will continue to identify staff that complete documentation 3+ days after the date of service at least 3times/month and the DPS will follow-up with the DPS.
- The DPA and E/DPAs will clearly outline a process to ensure documentation is present when required by all DSPs.
- QAA send monthly emails to department supervisors and administrators, including information on changed logs.
- DPA and E/DPAs will add 2nd level review summary findings to their 1:1 meeting with supervisors.

Transportation
- Current evaluation is occurring to replace E-Tran as the primary program capturing transportation trips (non NEMT) as that is due to sunset at the end of 2023. Procedures for conducting second level reviews and managing corrections will be developed when a new company is selected.

5. Policy and Procedures most related to corporate compliance includes 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 July 2023 most recently.

6. Iowa Medicaid Enterprise (IME).
   a. IME  can conduct random desk reviews of waiver service records and associated paperwork found in our case management records that pertain to persons served eligibility for service. This fiscal year 1 request for 1 day of service documentation for four persons served was reviewed and submitted. Results received indicated no concerns about the documentation and billing.

   b. IME, HCBS Quality Oversight completed a focused review on November 23, 2022, with the primary focus being on the HCBS settings and person-centered planning processes that they are conducting for all agencies. This focused on 27 rules/standards relating to the settings in which our services are provided, the person-centered planning process, and selected outcome measures required in Iowa code. Link Associates received perfect results from this review.

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

7. The Centers for Medicare and Medicaid Services (CMS), in conjunction with the States, measures improper payments in the Medicaid programs under the Payment Error Rate Measurement (PERM) program. This oversight review is essentially a mechanism for CMS to measure and ensure that State level activities and oversight are effective in preventing Medicaid fraud. Any discoveries that occur would then be reported to the State of Iowa for remediation and potential recoupment of monies. These reviews occur on a rotating cycle with the States with Iowa's turn beginning again in 2021, since the last had occurred in 2018 and that was without error. No requests were made of Link, so this is not expected again until 2024.

8. 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 State of Iowa then selected a third MCO effective July 1, 2023, that Link immediately began contract negotiations with. The persons served by Link Associates are at this time distributed as follows; 94 active persons served are enrolled with Amerigroup, 106 persons are enrolled with Iowa Total Care and 18 persons served are enrolled with Molina.

   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 in July and September of 2020 and no results or outcomes were ever provided. They requested; service logs (E-doc records), remittance advice reports, service plans, and authorizations for services previously provided during a one-month period. Two similar record requests from Amerigroup were received and responded to in June 2022 and then again in November 2022 with no responses provided to any of these.

   Beginning in December 2022, the State of IA met and set clear expectations to the MCO's that their case managers should be conducting such reviews with mixed results observed depending upon the MCO. Regardless, countless short notice requests did, and are coming in that are promptly responded to by Link Associates Case Coordination team, but likewise have not resulted in any formal feedback on their alleged review processes.

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. 138 entries were made by administrative staff this fiscal year into the Billing Adjustment Log for Services Previously Billed.  This compares to approximately 37 entries in fiscal year 21/22, 81 entries in fiscal year 20/21 and 55 in 19/20.  Approximately 106 or 77 % of these were attributed to NOD changes (tiers, changing MCO's and authorizations) that were received late.  The other primary cause of these billing adjustments were discoveries made during Link Associates 2nd level review processes.  18 entries were errors made in the original billing that were attributed to the residential department and 10 entries attributed to the employment/day program areas.

2. Employment/Day and Supported Living Programs will actively monitor occurrences where E-doc is unlocked that coincides with supervisory staff not performing assigned job duties timely for additional training and/or disciplinary action.  The Corporate Operations Director (COD) will monitor this activity quarterly for compliance and improvement.
   Time frame:  Immediate
   STATUS:  ONGOING.  A draft reporting tool was developed by the COD and distributed with data from the 4th quarter of 2018/2019 as baseline data on August 14, 2019.  Quarterly data that shows instances of unlocking, by supervisor, and by program area began being disseminated quarterly thereafter.  The number of occasions of unlocking is summarized below for the past fiscal year.

| Total Summary | Unlock occurrences | Unlock occurrences | Unlock occurrences | Unlock occurrences |
|---|---|---|---|---|
|  | 1st quarter 22/23 | 2nd quarter 22/23 | 3rd quarter 22/23 | 4th quarter 22/23 |
| Residential | 48 | 87 | 59 | 64 |
| Case Management | 0 | 3 | 2 | 1 |
| Vocational | 16 | 7 | 12 | 1 |
| Actual Total | 64 | 167 | 73 | 66 |

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

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

3. Checkbox documentation has been introduced by Iowa Medicaid again and is anticipated that these proposed changes could become effective by October 1, 2022.  Meetings have already occurred with Link leadership to access the current persons served goal language for adapting to this methodology and the Corporate Operations Director will monitor the status and lead the changes and training activities for this upon State approvals.
   Time Frame: As information is obtained for prompt implementation.
   STATUS:  Completed, the Quality Assurance Administrator led the training department in timely training materials for implementation that occurred on October 12, 2022.

4. In June 2022, Link received notification that E-doc and E-tran would be discontinued and no longer available after July 1, 2023.  These programs have stored and documented our Medicaid funded services since implemented in October 2010.  This will have significant impacts on Links processes for daily documentation, training, levels of review, billing, and overall implementation strategies for a replacement service.   The Corporate Operations Director will work with Link leadership on the selection and implementation of replacement technology.
   Time Frame:  Complete by June 30, 2023
   STATUS: Ongoing – SETWorks was selected to replace E-doc and E-tran and the leadership of Link began onboarding with SETWorks in February 2023 and is targeted to begin live usage for selected services August 1, 2023, with complete implementation set for October 1, 2023. All historical Medicaid records from E-doc will be exported and saved in this platform.

RISK ASSESSMENT

The CCO conducted a risk assessment on April 19, 2023, 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 2024 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 Corporate Compliance Officer 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. With the implementation of a new Medicaid documentation service (SETWorks) that is to go live incrementally in August 2023, the testing of billing integrity, staff training, log auditing, and incident reporting are the key requirements to success. It is recommended that all the other features be slowly integrated and developed in conjunction with the time needed to ensure the primary purpose (Medicaid billing and compliance) is 100% successful. The Corporate Operations Director will monitor the progress of this transition.
Time frame:  Immediate

4. The current Corporate Compliance Officer for Link Associates is retiring in October 2023 and by default, pursuant to the By-laws of Link Associates, the Executive Director will be the denoted Corporate Compliance Officer at that time unless otherwise delegated in writing to another employee of Link Associates.
Time frame: October 2023

# CORPORATE COMPLIANCE RISK ASSESSMENT
CORPORATE COMPLIANCE PROGRAM
July 1, 2023 – June 30, 2024
SUBMITTED BY: Jay Bruns, Corporate Operations Director

POLICY

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

EXECUTIVE SUMMARY

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

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

Link Associates has appropriate policies and practices in place that monitor risk areas. The exemplary results of all external monitoring audits related to Medicaid funding, also support that our current practices are effective. The Corporate Operations Director solicited feedback on selected material on March 29, 2023, from Department Directors/designees to further discuss and review these items and to obtain additional feedback.

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

RECOMMENDED ACTIONS TO REDUCE RISK (MITIGATE)

1. Risk #4: Failure to administer and monitor prescription drug use. Currently performance measures and targets are addressed in existing agency program evaluation measures of achievements and is reported on quarterly for improvement activities and will not be duplicated here.
2. Risk #5: Inadequate staffing levels or insufficiently trained or supervised staff to provide care. DSP openings increased dramatically during the pandemic. Targeted efforts are contained in the agency strategic plan and will not be duplicated here.
3. Risk #15: Knowingly billing for inadequate or substandard care. Systems to mitigate described will continue with increased educational and/or disciplinary measures by the Quality Assurance Administrator (QAA) and Corporate Operations Director (COD).
4. Risk #29: Limiting access to documentation to avoid accidental or intentional fabrication or destruction of records. This and other risks associated with the conversion from E-doc to SETWorks will experience challenges and systems to learn/modify and implement to safeguard the integrity of Medicaid records. Workflows are established and will be monitored by the COD.
5. All other risk areas that are identified to mitigate (reaction) have on-going efforts already well established that continue to mitigate the probability or impact of those associated risks.

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

SPECIFIC RISK AREAS
QUALITY OF CARE
Components that can contribute to vulnerability include.

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

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.

*Risk Management Matrix*

| DEFINTIONS USED ON THE FOLLOWING GRID | RISK REACTION PLANNING |
|---|---|
| **Threat**<br>• High — Greater than 70% probability of occurrence.<br>• Medium — Between 30% and 70% probability of occurrence.<br>• Low — Below 30% probability of occurrence.<br>**Preparedness**<br>• High — Best, Advanced capabilities to identify, measure, manage risk exposure within tolerance.<br>• Medium — Clear vision of risk tolerance and overall risk profile, has process to identify and prepare for emerging risk.<br>• Low — Inconsistent or limited capabilities to identify, measure or manage risk exposure. | 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:<br>• Avoid — Eliminate the threat by eliminating the cause.<br>• Mitigate — Identify ways to reduce the probability or the impact of the risk.<br>• Accept — Monitor current practices continue, no additional actions.<br>• Transfer — Make another party responsible for the risk (buy insurance, outsourcing, etc.) |

| Risk Areas |
|---|

| Quality of Care | | Reaction | Current mitigation practices identified and risk exposures |
|---|---|---|---|
| 1 CCSP contains measurable objectives for services being funded | Threat H/M/L X, Preparedness H M L | Accept | 1. CMD oversees audits 100% (Case Management) and 20% (Program Management) of persons served records annually per defined policies.<br>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.<br>3. Oversight agencies and reviews conducted evaluate the CCSP to the daily service notes, any deficiencies or suggestions noted are acted upon.<br>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. Molina as a new MCO in July 2023, will likewise have to be evaluated for impacts to Link in these areas. |
| 2 Insufficient services provided to address the persons served condition | Threat H/M/L X, Preparedness H M L | Accept | 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).<br>2. Admissions policies and committee format/decision making may include nursing evaluation and ability to serve.<br>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.<br>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. |

| # | Risk | Threat/Preparedness Matrix | Response | Details |
|---|------|---------------------------|----------|---------|
| | | | | 5. Link has revised the Link Service Plan to capture gaps and missing information in the persons served plans developed by the MCO's. |
| 3 | Failure to accommodate individual persons served needs and preferences | Threat (H/M/L) × Preparedness (H/M/L); X at Threat=M, Preparedness=H | Accept | 1. Care Planning Tool/Housing Checklist has been modified to ensure persons served have been involved in their life choices and preferences.<br>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.<br>3. The SIS is now completed by representatives of the MCO's, and communication/coordination have posed difficulties and concerns.<br>4. Satisfaction of services is measured quarterly for all programs that inherently address persons served needs and preferences.<br>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.<br>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.)<br>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.<br>8. High staff turnover reduces the number of people with solid work history and communication skills with the persons served.<br>9. 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 | Threat (H/M/L) × Preparedness (H/M/L); X at Threat=M, Preparedness=M | Mitigate | 1. This is currently measured in existing agency program evaluation measures, which monitor the number of documentation errors.<br>2. The Program Committee of the Board additionally monitors the data relating to medication errors.<br>3. Employee Handbook has specific disciplinary action and training requirements for staff making medication errors.<br>4. Annual skill assessment is required of all agency medication managers and enhanced oversight by Outreach services to follow up and report on medication errors and implementation of preventative actions.<br>5. In early 2019, exploration and trials of an E-MAR electronic system was being tested that is now fully implemented that was anticipated to decrease errors made in the administration of medication.<br>6. Conversion of the current E-MAR system from Point Click Care to SETWorks (CaraSolva) will require training of new systems, but by integrating with the daily documentation required from DSP employees is anticipated to provide benefits of having all medical information in one location instead of 3 currently. |
| 5 | Inadequate staffing levels or insufficiently trained or supervised staff to provide care | Threat (H/M/L) × Preparedness (H/M/L); X at Threat=H, Preparedness=M | Mitigate | 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.<br>2. Incident reports are monitored for trends that could include insufficient training or new training needed.<br>3. Recruitment and retention of direct support professionals is being hampered by a decrease in applicants and barriers to implementing COLA's and increasing starting wages with current reimbursement rates. Openings for DSP's is at a record high.<br>4. 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.<br>5. The hiring process has been shortened for DSP positions and core trainings are now completed in the first week of employment. Nontraditional training hours have also been developed that has increased the number of employees and applicants. Online applications and "text" to apply features are widely utilized.<br>6. Better Teams entered the on-line recruiting market and has thus far proven to be a better tool used by Link Human Resources for outreach to applicants, while current employee referral programs are vibrant and providing results. |

| # | Risk | Threat/Preparedness | Reaction | Current mitigation practices identified and risk exposures |
|---|---|---|---|---|
| | | | | 7. Legislative lobbying was more unified in 2022 across both the state (IACP) and federal (ANCOR) memberships to address the critical shortage and inadequate wages for DSP's. <br> 8. Although local, state, and federal funding has been received, they have all been one-time funds which do not allow for changes in wages. To attract and retain good staff, this has to be acknowledged and addressed. <br> 9. A two-week new employee orientation is being introduced for FY 23/24 that aims to increase on-site supports and training to new employees. <br> 10. New trainers are being taught C3 (de-escalation training) to introduce in FY 23/24 to all staff to improve supports to persons served. |
| 6 | Failure to report incidents of mistreatment, neglect, or abuse as required | Threat: H M L X / Preparedness: H M L | Accept | 1. All employees required to take mandatory reporting, which includes reporting expectations to DHS. <br> 2. MCO's have begun to request additional information that typically is centered on agency reports to them of critical incidents. <br> 3. Agency Policy and Procedures encompass the reporting requirements to the MCO's. <br> 4. Frequent engagement with persons served from internal Case Coordinators and Program Supervisors provide additional opportunities to minimize incidents. <br> 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. |

**Persons served Rights** — Reaction — Current mitigation practices identified and risk exposures

| # | Risk | Threat/Preparedness | Reaction | Current mitigation practices identified and risk exposures |
|---|---|---|---|---|
| 7 | Discriminatory admission practices | Threat: H M L X / Preparedness: H M L | Accept | 1. Admissions policy and agency policy in persons served handbook contain specific non-discriminatory policy. <br> 2. Appeal process disseminated to applicants for services who have been denied services. <br> 3. Appeals/Grievances monitored by the ED and reported on annually by the COD. |
| 8 | Verbal, mental, or physical abuse | Threat: H M X L / Preparedness: H M L | Accept | 1. All employees receive training upon hire and every 3 years on mandatory reporting. <br> 2. Core training on Rights/Responsibilities with IDD also contain important components of persons served treatment. <br> 3. Frequent engagement with persons served from internal Case Coordinators and Program Supervisors provide additional opportunities to minimize incidents. <br> 4. Persons Served/Family Handbook provides comprehensive expectations of staff and persons served rights. <br> 5. Employees in SCL typically work alone with no peer supervision present that inherently increases risks. |
| 9 | Inappropriate use of physical or chemical restraints | Threat: H M L X / Preparedness: H M L | Accept | 1. Persons served Handbook provides extensive detail on persons served rights. <br> 2. Positive Behavioral Support (PBS)Program Policy #11 provides guidelines that teams must follow. <br> 3. All staff receive training on PBS Policies and philosophies. <br> 4. Program Committee of the Board provides oversight of persons served plans with rights restrictions. <br> 5. Program Policies #3, Medication Administration and # 11 Positive Behavioral Supports address any use of psychotropic medication use. <br> 6. A more responsive process was implemented in March 2023 to support persons served that is outlined in the Positive Behavioral Support (PBS)Program Policy #11 revisions made to enable quicker response by persons served teams when a need for a Behavioral Intervention and/or PRNs for behavioral concerns is identified. <br> 7. C-3 de-escalation training is being introduced early FY 23/24 to better equip DSP employees and supervisors in supporting persons served effectively. |
| 10 | Failure to ensure persons served have personal privacy and access to their records upon request and that | Threat: H M L X / Preparedness: H M L | Accept | 1. Program Policy # 2, Confidentiality and Management of Persons served Records addressees the confidentiality practices and policies of persons served records. <br> 2. The CCSP includes components (previously separate documents: Care Planning Tool/Housing Checklist) to ensure that privacy is provided. <br> 3. Persons served Handbook further explains that persons served can have access to their records at any time. <br> 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). |

privacy of records are protected

| # | Risk | Risk Matrix (Threat vs Preparedness) | Reaction | Current mitigation practices identified and risk exposures |
|---|------|--------------------------------------|----------|-------------------------------------------------------------|
| 11 | Denial of persons served right to participate in care and treatment decisions | Threat: H, M, L (X at L / Preparedness H); Preparedness: H M L | Accept | 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.<br>2. Persons served have the right to decline to sign/agree to their CCSP without any effect of their service delivery. And in July 2023 the Persons served Handbook will also more clearly identify the withdrawal of consent.<br>3. Due process in place for any rights restrictions, which is on the CCSP template of required content.<br>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 | Threat: H, M, L (X at L / Preparedness H); Preparedness: H M L | Accept | 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.<br>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.<br>3. Day Hab services developed processes for their handling of incoming money for activities for better accountability and record keeping in 2019.<br>4. Insurance coverage for crime (theft of money).<br>5. External audits by Social Security provide another review of agency practices. This occurred in 2019 with a report in 2020 that identified policy and procedural errors that were corrected that did not constitute any misappropriation or misconduct concerns.<br>6. Random, self-audits of 10% of records annually by the Finance Director or designee provide additional oversight to these functions.<br>7. Daily Cash Flow records (residential) are reviewed for appropriateness, accuracy and are filed with Representative Payee designee.<br>8. Financial records are available for review by persons served and legal representatives as requested and specified in the Persons served Handbook.<br>9. Persons served are provided with monthly account reconciliation reports. |
| **Billing and Cost Reporting** | | | Reaction | Current mitigation practices identified and risk exposures |
| 13 | Billing for services not provided as claimed | Threat: H, M, L (X at M / Preparedness M); Preparedness: H M L | Accept | 1. Finance Policy #9, Internal Billing quality control provides strict expectations and automatic download of billable, Medicaid records for all services (except NEMT)<br>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.<br>3. Falsification of entries mitigated by extensive employee training, and multiple layers of oversight and internal monitoring activities.<br>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.<br>5. NEMT services are all electronic through Passio Technologies Para Plan program. All records are now stored electronically in the Para Plan program.<br>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.<br>7. Conversion to SETWorks billing platform will require close monitoring and testing in FY 23/24.<br>8. Introduction of a new transportation platform that is integrated with SETWorks will additionally require testing, close oversight, and procedures. |
| 14 | Failure to identify and refund credit balances | Threat: H, M, L (X at M / Preparedness M); Preparedness: H M L | Accept | 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.<br>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.<br>3. A Billing Adjustment log triggers (and tracks) the Accounting Department by e-mail of any adjustments required. |

| 4. | Billing Drive created that increases communication and accountability of claims that need corrective action. |
| 5. | All outstanding claims are additionally monitored, reported on, and rectified on the Outstanding Claims (shared google document) and is provided to the Finance Committee of the Board. |

| # | Threat | Threat/Preparedness | Reaction | Current mitigation practices identified and risk exposures |
|---|--------|---------------------|----------|------------------------------------------------------------|
| 15 | Knowingly billing for inadequate or substandard care | Threat: H; M [X]; L — Preparedness: H M L | Mitigate | 1. Finance Policy #9, Internal Billing Quality Controls specifies the expectations and timeframes for all billable services to be reviewed prior to submission. This practice is supported by administrative 2nd level reviews.<br>2. The Quality Assurance Administrator identifies trends, areas in need of improvement, and corrective action taken based on the results of 2nd Level reviews in conjunction with the Department Directors.<br>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 and/or missing errors.<br>4. Requests to unlock services that have previously been billed for are scrutinized closely by the COD and Program Directors with established record keeping and notification as needed to the Accounting Dept. Leadership in all programs are provided reports quarterly from the COD that show supervisory/DSP trends that can indicate noncompliance of completing reviews timely.<br>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.<br>6. The transition to SETWorks will need procedures developed for implementation on supervisory and leadership monitoring of complete records eligible for billing. |
| 16 | Altering documentation that verify services were provided | Threat: H; M; L [X] — Preparedness: H M L | Accept | 1. Finance Policy #9, Internal Billing Quality Controls and the associated worksheet capture any "Manager changed logs" to ensure that alterations are not being made for services recorded in E-doc.<br>2. E-Tran system was modified to limit "manager" ability to changes logs.<br>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.<br>4. Ability to unlock (unsecure) Medicaid records is coordinated by the Corporate Compliance Officer and only 2 additional employees are given this access.<br>5. SETWorks procedures need to be established for comparable safeguards (or better) as implemented with E-doc. |
| 17 | False cost reports | Threat: H; M; L [X] — Preparedness: H M L | Accept | 1. Interpretations and challenges to our cost reports are reviewed and discussed for remediation strategies as they occur.<br>2. Link Associates has an independent audit every fiscal year to further review the proper allocations of expenses and revenues of the agency. |
| Employee Screening | | | Reaction | Current mitigation practices identified and risk exposures |
| 18 | Failure to have employees certify on their application that they have not been convicted of an offense that would preclude employment from participation in Medicaid programs | Threat: H; M; L [X] — Preparedness: H M L | Accept | 1. All applicants are required to complete agency form HR-1, OIG and SAMS Excluded Individuals Release Form that requires this certification as well as all former names. |

| # | Control | Threat / Preparedness | Response | Current mitigation practices identified and risk exposures |
|---|---------|----------------------|----------|-----------------------------------------------------------|
| 19 | Requiring temporary employment agencies to ensure their staff have undergone background checks | Threat: L / Preparedness: H (X) | 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. |
| 20 | Checking the OIG list of excluded individuals/entities list to verify employees are not excluded from participation in Medicaid | Threat: L / Preparedness: M (X) | Accept | 1. For employees, this occurs prior to hire in alignment with policies/procedures found in the Employee Handbook.  Records are printed off for verification and become part of the employee file.<br>2. Business entities are identified by Department Directors and are checked for their presence on both OIG and SAM databases.  This occurs after the fact in most cases, since most of the services provided are not a direct Medicaid expense and would only be a small part of indirect or excluded costs.  This can include vendors for office supplies, furniture/equipment purchases, repair services, and banking and auditing firms. |
| 21 | Requiring current employees to report if they are convicted of an offense that would preclude their ability to work for us | Threat: M (X) / Preparedness: H | Accept | 1. This is identified as a requirement in the Employee Handbook that would result in a completely new record check evaluation/screening to determine eligibility to remain employed. Upon any credible report from other sources will likewise result in a record check as identified in State Law.<br>2. Weekly monitoring of Polk County arrests is conducted to provide additional assurances that employees are notifying us of any arrests as required.<br>3. Link Associates application supplement form HR-1, OIG and SAMS Excluded Individuals Release Form further has employee's acknowledgment that they must notify Link Associates it they become an excluded individual on either the OIG or SAMS exclusion lists. |
| 22 | Periodically checking the OIG and SAM websites to verify the participation/exclusion status | Threat: L / Preparedness: H (X) | Accept | 1. The COD runs reports on all employees and board members monthly to ensure no current employees have been added into the OIG and SAM exclusion lists since their hire/election.<br>2. Business entities are identified by Department Directors and are checked for their presence on both OIG and SAM databases.  This occurs at 6-month intervals for businesses with established federal contract numbers and annually for those without that distinction, due to the minimal risk associated with the nature of our business exposures. No business entities 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 | Threat: M (X) / Preparedness: H | Accept | 1. Persons served records are maintained by the CM Department and their quality assurance practices.<br>2. Current eligibility status procedures are implemented with the State resources available to us to account for continuing problems with the MCO's and their denial of services and/or persons served being deemed ineligible.<br>3. The Accounting Department checks the status of eligibility two times a month 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.<br>4. Internal monitoring (Finance Policy #8, Internal Controls and Finance Policy #9, Internal Billing Quality Controls) provides further verification of proper payments.<br>5. Admission to services practices collects enrollment information and the Case Coordinator does the verification of eligibility for funding prior to the intake meeting.<br>6. Systems (MCO's) have delayed/denied payments when all preventive measures currently in place have been utilized by Link Associates.<br>7. 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. |

| # | Item | Threat/Preparedness Matrix | Decision | Details |
|---|------|---------------------------|----------|---------|
| 24 | Corrective action taken in response to external monitoring and surveys | Threat: M X (Preparedness) | Accept | 1. HCBS Periodic Reviews completed (2012, 2015) resulted in no recommendations or corrective action plans.<br>2. A focused HCBS Review was scheduled to occur in April 2020 was postponed by the State due to the pandemic and occurred in October 2021. One corrective action was required from that survey that was minor and was subsequently accepted timely by the State. This concentrated on the HCBS settings rule implemented by CMS and this time focused on just the SCL services provided by Link in which that area had no recommendations/concerns.<br>3. 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 for our Day Hab services. This also looked closely at the person-centered planning process in place. No corrective action was needed by Link Associates.<br>4. The most recent HCBS billing review (November 2014) resulted in no corrective actions or repayment of funds.<br>5. PERM has requested four complete persons served files/records in February 2015 and one in April 2015 with no results that indicate a positive outcome from this federal oversight function. The cycle for IA reviews began again in 2018 and only one record was requested in 2018 with no results that indicate a positive outcome from this federal oversight function. The IA review occurred again in 2021 with no record requests made of Link. This is now targeted again for IA in 2024.<br>6. The COD is directly involved with external monitoring surveys and ensures corrective actions are taken as indicated. |
| 25 | Records and audit data that support. and explain cost. report and other financial activity | Threat: M X (Preparedness) | Accept | 1. Organizational Management Policy #3, Administration of Office/Communication records guides the record retention activities of Link Associates.<br>2. Annual audit by external source.<br>3. Cost audit training attended as offered.<br>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.)<br>5. The leadership of Link Associates monitors provider Cost Audit and changing rules/interpretations.<br>6. Link received many forms of governmental assistance during the pandemic and the myriad of reporting requirements, different uses, time periods, portals, and timeframes are providing a challenge to all organizations to provide responses.<br>7. The annual external audit includes "Single Audit" oversight based on the type of funding. |
| 26 | All records maintained to demonstrate integrity. of Link Associates compliance efforts | Threat: L X (Preparedness) | Accept | 1. Corporate Compliance efforts and processes are documented. An annual summary is conducted at the end of each fiscal year.<br>2. Objectives are identified in the Corporate Compliance Plan.<br>3. External monitoring/survey results all filed in secure administrative files. |
| 27 | Records are secure and in a safe place | Threat: M X (Preparedness) | Accept | 1. Organizational Management Policy #3, Administration of Office/Communication records guides the record retention activities of Link Associates.<br>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.<br>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.<br>4. NEMT services in May of 2020 are now documented electronically through Passio Technologies Para Plan program and are stored electronically.<br>5. Computers and electronic work devices are encrypted, and secure e-mail processes were established in May 2016.<br>6. HIPAA policies and procedures were updated in December 2015 and are reviewed annually.<br>7. Alternative Communication Technology (ACT) procedures were developed for security and confidentiality related primarily to use of ZOOM for conducting persons served meetings (care planning). |
| 28 | Maintaining hard copies of all electronic or | Threat: M X | Accept | 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.<br>2. Introduction of E-MARs for medication records provide electronic storage of what are now paper records being scanned. |

| # | Risk | Threat/Preparedness | Response | Controls |
|---|------|---------------------|----------|----------|
| | database documentation | H M L (Preparedness) | | 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. |
| 29 | Limiting access to documentation to avoid accidental or intentional fabrication or destruction of records | Threat: H, M, L X; Preparedness: H M L | Mitigate | 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.<br>2. Information Technology Director has restrictions and security designed that limits all access to backup systems.<br>3. Passwords are changed and access removed promptly upon employee's separation of employment.<br>4. New SETWorks processes need to be developed to ensure the security of records is maintained. |
| 30 | Conformance to documentation an retention policies to applicable laws | Threat: H, M, L X; Preparedness: H M L | Accept | 1. State and Federal laws are incorporated into agency policy and procedures and any changes are promptly implemented.<br>2. Organizational Management Policy #3, Administration of Office/Communication records guides the record retention activities of Link Associates.<br>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 when MCO's introduced to IA Medicaid services. |

# ACCESSIBILITY PLAN ANNUAL REPORT
LINK ASSOCIATES
JULY 1, 2022 – JUNE 30, 2023
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 25 of the 42 identified barriers by the targeted completion date for a completion rate of 60%.  This completion percentage is far short of the 90% goal, which can be attributed to the costs of removing the identified barriers, as well as the reimbursement structure implemented with the Managed Care Organizations by the State of Iowa.

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

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

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

I.      Accessibility Planning

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

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

   C.   Other Stakeholders
        To ensure stakeholder feedback is broad, Link Associates utilizes a wide diversity in the recruitment of Board, staff, employers, neighborhoods, vendors, etc. 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 though 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 42 total barriers identified for FY 2022-2023.  Link was able to complete 25 of the identified barriers for a completion percentage rate of 60%.  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 = 12. Of the 12 barriers 7 of them were completed or deleted for a 58% completion rate.  This completion rate is lower due to the cost associated with the identified projects and the budgets constraints that the agency has been under since the introduction of Managed Care into the state of Iowa.
(2)    Attitudinal Barriers Identified = 0.  Of the 0 barriers identified 0 of them was completed for a 0% completion rate.
(3)    Communication Barriers identified = 1.  Of the 1 barrier identified 1 of them were completed for a 100% completion rate.
(4)    Community Integration Barriers identified = 2.  Of the 2 barriers identified 1 of them were completed for a 50% completion rate.
(5)    Employment Barriers identified = 4.  Of the 4 barriers identified 2 of them was completed for a 50% completion rate.
(6)    Environmental Barriers identified = 6.  Of the 6 barriers 1 of them was completed or ongoing for a 17% 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 = 1.  Of the 1 barrier all of them were completed for a 100% completion rate.
(8)    Other Barriers identified = 3.  Of the 3 barriers identified 2 of them were completed for a 67% completion rate.
(9)    Technology Barriers identified = 2.  Of the 2 barriers 1 of them were completed for a 50% completion rate.
(10)   Transportation Barriers identified = 11.  Of the 11 barriers 9 of them   were completed for an 82% 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 continues to be 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 improvement projects totaling $28,000 for FY 23/24.
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 2022/2023 a total of 1,493 work orders were identified and 1,489 completed for a 99% completion rate.  Of the 1,493 work orders 376 of them involved the agency's fleet, 19 were considered emergency work orders.  This past fiscal year we switched work order systems from Facility Dude to UpKeep.  The graph below represents the number of work orders completed in FY 22/23. The barrier's identified and completed for FY 2022/2023 are outlined below in the accessibility plans:

FY 22/23s Work Order

Hours Worked ⓘ

110.0
Estimated Hours

1,604.8
Total Time Spent (hours)

By the numbers ⓘ

1,493
Count

1,489
Complete Count

956
Compliant Count

5.10
Average Cycle Time
(days)

Work Order Status



- Complete 99.73%
- In Progress 0.13%
- Open 0.13%
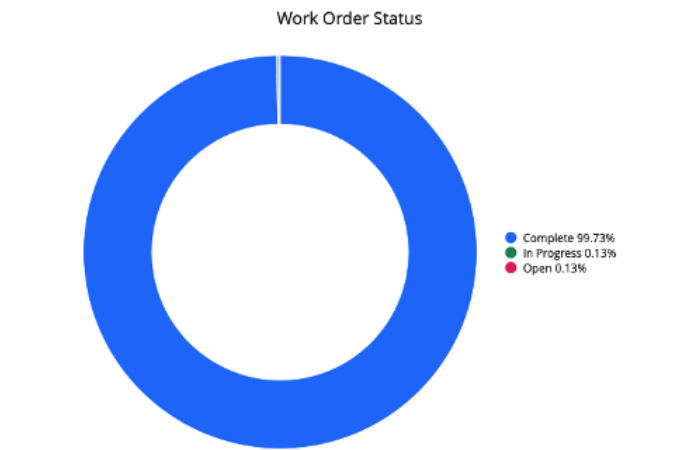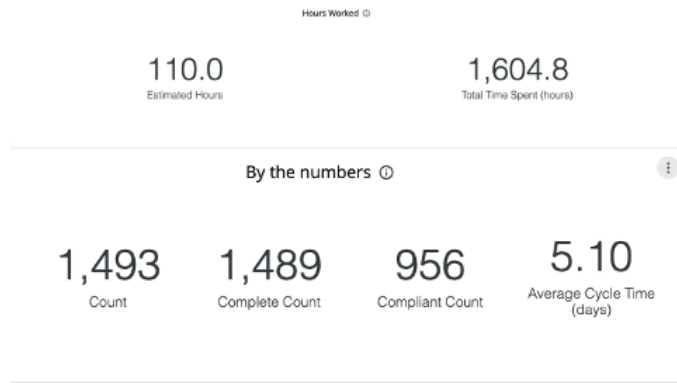
*Accessibility Plan*

| ARCHITECTURAL PLAN 2022-2023 | | | | | | |
|---|---|---|---|---|---|---|
| DATE | DEFICIENCY | PLAN OF ACTION | COST | PERSON REASONABLE | DATE TO BE COMPLETED | DATE COMPLETED |
| 7/1/19 | SE 5th Driveway is heaving/cracking and causing potential trip hazards | Remove existing concrete and install new | $14,000 | Jim Wilkie Linda Dunshee | FY 22/23 | |
| 2/14/19 | When opening staff break room door, you can't see out into the hallway and the potential is there to hit people with the door | Install a window in the door | $800 | Jim Wilkie | June 2023 | |
| 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 PCHS | October 2022 | |
| 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 22/23 | |
| 6/15/21 | Belaire Living room carpet is worn and becoming a trip hazard | Replace carpet | $11,750.00 | Jim Wilkie Linda Dunshee | FY 22/23 | 1/27/23 |

## ARCHITECTURAL PLAN
### 2022-2023

| DATE | DEFICIENCY | PLAN OF ACTION | COST | PERSON REASONABLE | DATE TO BE COMPLETED | DATE COMPLETED |
|---|---|---|---|---|---|---|
| 7/1/22 | Program rooms carpeting are worn out and becoming trip hazards for person served | Replace floor covering in room 222, 218, 210 | $22,000 | Jim Wilkie Linda Dunshee | 10/1/22 | 9/20/22 |
| 7/1/22 | Westwood – floor covering is worn out & frayed and is a potential trip hazard | Replace floor covering in bedrooms, living room and hallway | $11,000 | Jim Wilkie Linda Dunshee | 9/30/22 | 9/27/22 |
| 7/1/22 | Dakota Circle – lacking wheelchair ramp | Build wheelchair ramp in garage | $8,000 | Jim Wilkie Linda Dunshee | 9/30/22 | 9/27/22 |
| 7/1/22 | Congested main floor for elevator in the morning | Have another staff on 2nd elevator to help alleviate congestion | NA | Cassondra Jones | 5/1/23 | 10/1/22 |
| 10/2/22 | There is lack of rooms for higher functioning individuals who want their own space | Create more bedroom by finishing basements in Link owned homes | | Linda Dunshee Jim Wilkie Residential Admin | 6/30/23 | |
| 11/1/22 | Lack of accessible housing for persons served | Purchase a ranch house that is accessible | $309,000 | Linda Dunshee Jim Wilkie | 2/1/23 | 1/18/23 |
| 1/18/23 | New home needs accessible ramp | Install a ramp in the garage | $3,266.57 | Jim Wilkie | 2/28/23 | 2/28/23 |

## ATTITUDINAL PLAN
### 2022-2023

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

## COMMUNICATION PLAN
### 2022-2023

| DATE | DEFICIENCY | PLAN OF ACTION | COST | PERSON REASONABLE | DATE TO BE COMPLETED | DATE COMPLETED |
|---|---|---|---|---|---|---|
| 7/1/22 | Link Website is not ADA compliant | Obtain IT Grant money to hire professional staff to make website ADA Compliant | $? | Linda Dunshee | 6/30/23 | 6/30/23 |
| | | | | | | |

## COMMUNITY INTERGRATION PLAN
### 2022-2023

| DATE | DEFICIENCY | PLAN OF ACTION | COST | PERSON REASONABLE | DATE TO BE COMPLETED | DATE COMPLETED |
|---|---|---|---|---|---|---|
| 7/1/22 | Lack of accessible housing in Des Moines Metro Area | Purchase new ranch home | $326,000 | Linda Dunshee Jim Wilkie | FY 22/23 | 8/26/22 |
| 7/1/22 | Lack of accessible housing in Des Moines Metro Area | Add an additional 4th bedroom in each of the homes owned by Link's foundation | $475,000 | Linda Dunshee Jim Wilkie | FY 22/23 | |
| | | | | | | |

## EMPLOYMENT PLAN
### 2022-2023

| DATE | DEFICIENCY | PLAN OF ACTION | COST | PERSON RESPONSABLE | DATE TO BE COMPLETED | DATE COMPLETED |
|---|---|---|---|---|---|---|
| 7/1/22 | 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 2023 | |
| 10/2/22 | ESL staff lack computer skills. | Create class to train staff on the basics of how to navigate the iPad, google drive and staff email. | | Link Trainer Link Residential Admin | June 2023 | |

## EMPLOYMENT PLAN
### 2022-2023

| DATE | DEFICIENCY | PLAN OF ACTION | COST | PERSON RESPONSABLE | DATE TO BE COMPLETED | DATE COMPLETED |
|---|---|---|---|---|---|---|
| 10/2/22 | ESL staff lack food prep and how to store food properly | Provide class or video on how to properly store food after each meal, how to store left-over meat and how to prepare a balanced meal. | | Link Trainer<br>Link Residential Admin | June 2023 | 6/30/23 |
| 8/1/23 | Lack of staff & hard to retain staff | Create a day care in the building for staff as an incentive to hire and retain. | $600,00 | Linda Dunshee<br>Jim Wilkie | August 2023 | 8/25/23 |
| | | | | | | |

## ENVIRONMENTAL PLAN
### 2022-2023

| DATE | DEFICIENCY | PLAN OF ACTION | COST | PERSON REASONABLE | DATE TO BE COMPLETED | DATE COMPLETED |
|---|---|---|---|---|---|---|
| 7/1/18 | BelAire – Does not have a radon mitigation system to reduce/eliminate possible radon gases | Test home and Install Radon Mitigation System if test result call for it | $1,500 | Jim Wilkie<br>Linda Dunshee | June 2023 | |
| 7/1/18 | Amos - Does not have a radon mitigation system to reduce/eliminate possible radon gases | Test home and Install Radon Mitigation System if test result call for it | $1,500 | Jim Wilkie<br>Linda Dunshee | June 2023 | |
| 7/1/18 | Sunnyhill - Does not have a radon mitigation system to reduce/eliminate possible radon gases | Test home and Install Radon Mitigation System if test result call for it | $1,500 | Jim Wilkie<br>Linda Dunshee | June 2023 | |
| 7/1/18 | Westwood - Does not have a radon mitigation system to reduce/eliminate possible radon gases | Test home and Install Radon Mitigation System if test result call for it | $1,500 | Jim Wilkie<br>Linda Dunshee | June 2023 | |
| 7/1/18 | SE 5th St- Does not have a radon mitigation system to reduce/eliminate possible radon gases | Test home and Install Radon Mitigation System if test result call for it | $1,500 | Jim Wilkie<br>Linda Dunshee | June 2023 | |
| 7/1/22 | 19th St – new basement bedroom sliding doors are letting in too much light & is not private enough | Install film over doors to provide privacy and filter the amount of sunlight allowed into the room | $200 | Jim Wilkie | November 2022 | 1/11/23 |
| | | | | | | |

## FINANCIAL PLAN
### 2022-2023

| DATE | DEFICIENCY | PLAN OF ACTION | COST | PERSON RESPONSIBLE | DATE TO BE COMPLETED | DATE COMPLETED |
|---|---|---|---|---|---|---|
| 8/29/22 | Funding - 3rd MCO entering state of Iowa | Contract with new MCO entering state of Iowa | NA | Linda Dunshee<br>Jay Bruns | 6/30/23 | 6/30/23 |
| | | | | | | |

## OTHER BARRIERS PLAN
### 2022-2023

| DATE | DEFICIENCY | PLAN OF ACTION | COST | PERSON REASONABLE | DATE TO BE COMPLETED | DATE COMPLETED |
|---|---|---|---|---|---|---|
| 7/1/22 | Agency cell phones are old and outdated.  Do not have enough data for all electronic devices | Lease/Purchase new cell phones and increase data plan for iPads and cell phones | $40/month per device | Bob Munger<br>Jim Wilkie<br>Linda Dunshee | 12/1/22 | 11/30/22 |
| 7/1/22 | Lack of on-site childcare for staff at Links Admin offices | Obtain grant dollars to create a child day care program at Link's admin offices | $500,000 | Linda Dunshee<br>Jim Wilkie | 6/30/23 | 3/10/23 |

| | OTHER BARRIERS PLAN 2022-2023 | | | | | |
|---|---|---|---|---|---|---|
| DATE | DEFICIENCY | PLAN OF ACTION | COST | PERSON REASONABLE | DATE TO BE COMPLETED | DATE COMPLETED |
| 7/1/22 | No EV charging stations at Link's Admin offices | Obtain grand money to install EV charging stations for visitors | $? | Linda Dunshee Jim Wilkie | 6/30/23 | |
| | | | | | | |

| | TECHNOLOGY PLAN 2022-2023 | | | | | |
|---|---|---|---|---|---|---|
| DATE | DEFICIENCY | PLAN OF ACTION | COST | PERSON REASONABLE | DATE TO BE COMPLETED | DATE COMPLETED |
| 7/1/21 | The non-traditional staff training materials/video's need updated | Develop non-traditional training material/video's | $0 | Brittany Andrews | June 2023 | 6/30/23 |
| 7/1/21 | Uploaded Link video lack closed captions | Create closed caption tracks for Link videos | $0 | Brittany Andrews Bob Munger | June 2023 | |
| | | | | | | |

| | TRANSPORTATION PLAN 2022-2023 | | | | | |
|---|---|---|---|---|---|---|
| DATE | DEFICIENCY | PLAN OF ACTION | COST | PERSON RESPONSIBLE | DATE TO BE COMPLETED | DATE COMPLETED |
| 7/1/22 | Van 12 has high mileage is breaking down and is becoming costly and unsafe to transport persons served | Work with Ruan on Leasing to order a new vehicle | $48,000 | Jim Wilkie | 2/1/23 | Order 9/28 |
| 7/1/22 | Van 18 has high mileage is breaking down and is becoming costly and unsafe to transport persons served | Work with Ruan on Leasing to order a new vehicle | $65,825 | Jim Wilkie | 11/1/22 | Ordered 10/4/22 |
| 7/1/22 | Bus 38 has high mileage is breaking down and is becoming costly and unsafe to transport persons served | Work with Ruan on Leasing to order a new vehicle | $118,273 | Jim Wilkie | 10/1/22 | Ordered 9/23/22 |
| 7/1/22 | Van 6 has high mileage is breaking down and is becoming costly and unsafe to transport persons served | Work with Ruan on Leasing to order a new vehicle | $65,825 | Jim Wilkie | 10/1/22 | Ordered 10/4/22 |
| 6/1/22 | Van 24 has high mileage is breaking down and is becoming costly and unsafe to transport persons served | Work with Ruan on Leasing to order new vehicle | $45,623.00 | Jim Wilkie | August 2022 | 7/6/22 |
| 10/2/22 | Homes with 4-5 person cannot fit in staff vehicles | Add accessible vans for locations with 4 or more person served | | Jim Wilkie Allison Warren Linda Dunshee | | |
| 10/2/22 | Person served who work after 5pm lack transportation | Provide transportation for person served who work after 5PM and work until 9PM (at the latest) | | Jim Wilkie Allison Warren Linda Dunshee | | |
| 8/19/22 | Due to catastrophic hailstorm van 45 was totaled | Replace Van 45 with new Van | $42,628 | Jim Wilkie Linda Dunshee | ASAP | Ordered 10/5/22 |
| 8/19/22 | Due to catastrophic hailstorm Car 47 was totaled | Replace Car 47 with new wheelchair minivan | $54,550 | Jim Wilkie Linda Dunshee | ASAP | 10/25/22 |
| 8/19/22 | Due to catastrophic hailstorm Car 28 was totaled | Replace Car 28 with new | $28,880 | Jim Wilkie Linda Dunshee | ASAP | 10/17/22 |
| 8/19/22 | Due to catastrophic hailstorm van 43 was totaled | Replace Van 43 with new wheelchair minivan | $54,550 | Jim Wilkie Linda Dunshee | ASAP | 10/25/22 |

| | | | | | | |
|---|---|---|---|---|---|---|
| 10/2/22 | Homes with 4-5 person cannot fit in staff vehicles | Add accessible vans for locations with 4 or more person served | | Jim Wilkie<br>Allison Warren<br>Linda Dunshee | | |
| 10/2/22 | Person served who work after 5pm lack transportation | Provide transportation for person served who work after 5PM and work until 9PM (at the latest) | | Jim Wilkie<br>Allison Warren<br>Linda Dunshee | | |
| 8/19/22 | Due to catastrophic hailstorm van 45 was totaled | Replace Van 45 with new Van | $42,628 | Jim Wilkie<br>Linda Dunshee | ASAP | Ordered 10/5/22 |
| 8/19/22 | Due to catastrophic hailstorm Car 47 was totaled | Replace Car 47 with new wheelchair minivan | $54,550 | Jim Wilkie<br>Linda Dunshee | ASAP | 10/25/22 |
| 10/2/22 | Homes with 4-5 person cannot fit in staff vehicles | Add accessible vans for locations with 4 or more person served | | Jim Wilkie<br>Allison Warren<br>Linda Dunshee | | |
| 10/2/22 | Person served who work after 5pm lack transportation | Provide transportation for person served who work after 5PM and work until 9PM (at the latest) | | Jim Wilkie<br>Allison Warren<br>Linda Dunshee | | |
| 8/19/22 | Due to catastrophic hailstorm van 45 was totaled | Replace Van 45 with new Van | $42,628 | Jim Wilkie<br>Linda Dunshee | ASAP | Ordered 10/5/22 |
| 8/19/22 | Due to catastrophic hailstorm Car 47 was totaled | Replace Car 47 with new wheelchair minivan | $54,550 | Jim Wilkie<br>Linda Dunshee | ASAP | 10/25/22 |
| 8/19/22 | Due to catastrophic hailstorm Car 28 was totaled | Replace Car 28 with new | $28,880 | Jim Wilkie<br>Linda Dunshee | ASAP | 10/17/22 |
| 8/19/22 | Due to catastrophic hailstorm van 43 was totaled | Replace Van 43 with new wheelchair minivan | $54,550 | Jim Wilkie<br>Linda Dunshee | ASAP | 10/25/22 |

# Cultural Competency and Diversity Plan 2021-2014-2021
Link Associates
Annual review and update.

**INTRODUCTION**

Link Associates embraces the opportunities of multi-culturalism and inclusion in all aspects of business operations.  This includes not only the direct provision of services to those we serve and their families, but also to our employees and stakeholders.  It is Link Associates' expectation to maintain a culturally competent organization that brings diverse individuals together to form a cohesive organization that is conscious of different groups, behaviors, and attitudes, and adapts to suit any differences. The corporate culture at Link is to be centered around the principles that all people, employees as well as those served, will be welcomed, included, and treated with kindness, dignity, and respect. Link Associates focuses on respecting and valuing the different skills and experiences we all bring to the workplace.  For Link Associates to truly integrate inclusivity, we all play a role in recognizing the value of individual differences in the workplace, to realize the full potential of each employee to help us achieve our Mission, Vision, and Values. The intent of this plan is to address how Link Associates responds to the diversity of its stakeholders as well as how the knowledge, skills, and behaviors will enable personnel to work effectively cross culturally by understanding, appreciating, and respecting differences and similarities in beliefs, values, and practices within and between cultures.  This plan is based on the consideration of the following areas: culture, age, gender, sexual orientation, spiritual beliefs, socioeconomic status, language, race, and other factors, as relevant.

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

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

Although it is not expected that personnel know everything about all cultures, it is necessary to develop some understanding of the major values and beliefs of those cultures represented in those served by the organization.  Such knowledge and response are important components in providing person-centered, respectful, and individualized quality services to the persons served.  Cultural competency is an ability to recognize, respect, and address the unique and diverse needs, worth, thoughts, communications, actions, customs, beliefs, and values that reflect an individual's racial, ethnic, religious, and/or social groups or sexual orientation.

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

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

**PURPOSE OF CULTURAL COMPENTENCY, DIVERISTY, AND INCLUSION PL**AN
1. To ensure Link Associates staff will have a greater awareness/knowledge and then be able to successfully respond to the diversity of our stakeholders including areas such as spiritual beliefs, holidays, dietary preferences, clothing, attitudes, language, etc. The enhanced knowledge, skills, and behaviors from the implementation of this plan will enable Link staff to work more effectively cross culturally by understanding, appreciating, and respecting differences and similarities in beliefs, value, and practices within and between cultures.
2. To treat persons served, employees, and all stakeholders with respect.
3. To maintain and achieve the continuous satisfaction of persons served and stakeholders.
4. To provide a positive and dynamic work environment that is committed to maximizing the potential of persons served and employees while supporting them and having an awareness of and sensitivity to their beliefs and culture.
5. To provide enhanced resources and training for staff, persons served, and stakeholders.
6. To layout the commitment to building on the richness of the perspectives, experience, knowledge, and skills that our staff brings.
7. To create an environment where all play a role in recognizing the value of individual differences in the workplace, to realize the full potential of each employee to help us achieve our Mission, Vision, and Values.

**DIVERSITY AT LINK ASSOCIATES**

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

**EMPLOYEE DATA**



Gender



Ethnicity



Age
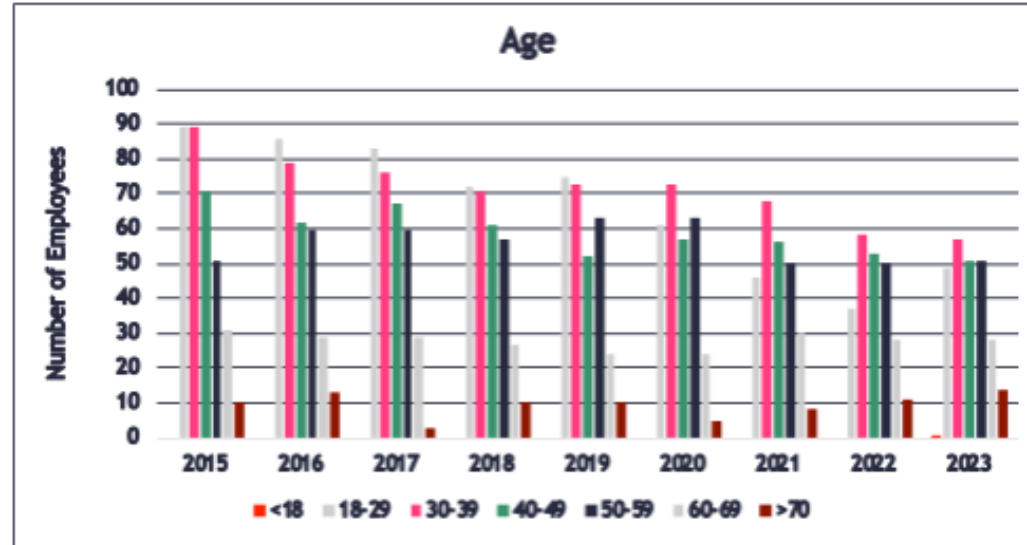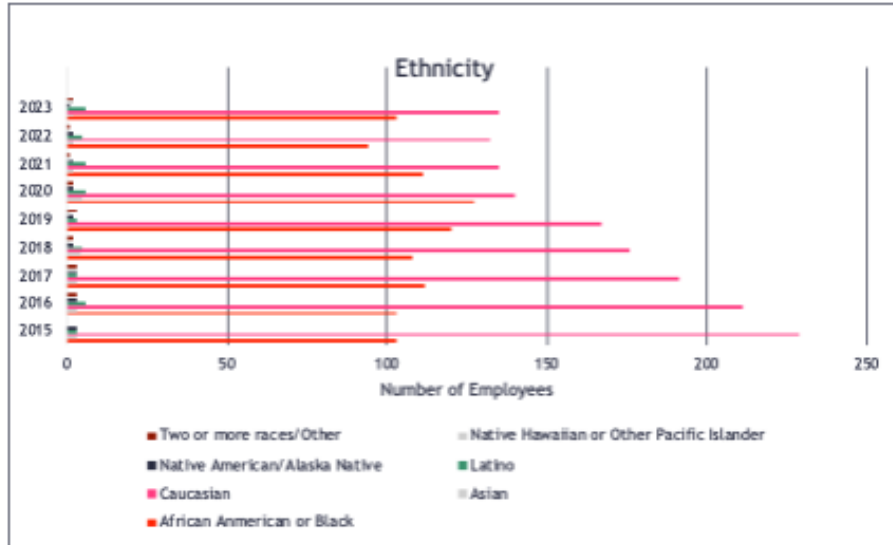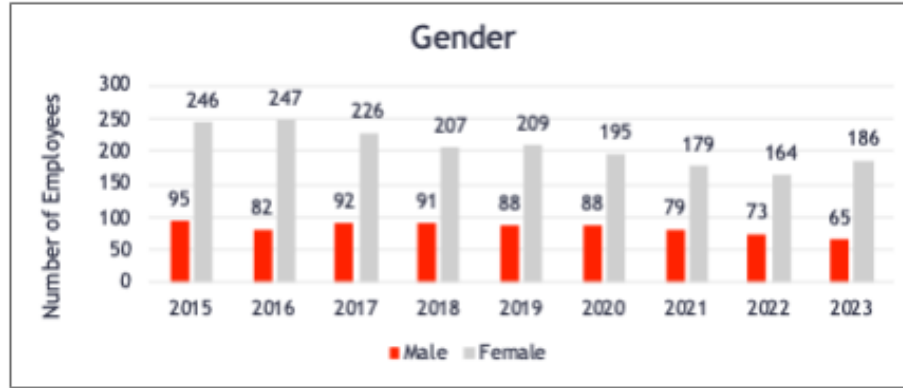
**PERSONS SERVED DEMOGRAPHIC DATA**

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

| DEMOGRAPHICS | 2014 Persons Served | 2017 Persons Served | 2020 Persons Served | 2023 Persons Served |
|---|---|---|---|---|

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

**DIVERISTY OF OUR COMMUNITY**

In Polk County Iowa, the 2023 population estimates from the United States Census Bureau/World Population Review was 510,929.  51% are female and 49% are male.  The table below reflects the ethnicity estimates of the region in which Link Associates provides services. Categories of less than 1% are not included in this summary.

| ETHNICITY | |
|---|---|
| African American or Black alone | 7% |
| Asian alone | 5% |
| White alone | 83% |
| Latino or Hispanic* | 6% |
| Two or more races | 4% |

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

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

| Identified Objectives/Considerations | Who is responsible | Timeline | Completion Date | Status 2022 | Status 2023 | Status 2024 |
|---|---|---|---|---|---|---|
| LEADERSHIP AND WORKFORCE | | | | | | |
| 1. Recruit, promote, and support a culturally diverse workforce that are responsive to the population(s) in service areas | Management | Ongoing | | Good Standing | Good Standing | |
| 2.  Continue to increase diversity at the leadership level | Executive Director | Ongoing | | Ongoing | Ongoing | |

| Identified Objectives/Considerations | Who is responsible | Timeline | Completion Date | Status 2022 | Status 2023 | Status 2024 |
|---|---|---|---|---|---|---|
| 3. Board membership focus on recruiting new members who bring diverse perspectives and represent the communities we serve | Board President, Nominating Committee with Executive Director support | Ongoing | | Ongoing | Ongoing | |
| 4. All employees of Link Associates treat others with dignity and respect | Management | Ongoing | | Good Standing | Good Standing | |
| 5 Work/Life balance through flexible work schedules to accommodate employees' varying needs | Management | Ongoing | | Good Standing | Good Standing | |
| 6 Employees know and can report any activity that they believe they may have been subjected to that could be the basis of discrimination or harassment | Management | Upon hire | | Good Standing | Good Standing | |
| 7. Policies and practices on recruitment, selection, compensation, professional development, promotions, transfers, and terminations are built on the premise of gender and diversity equity. | Management | Ongoing | | Good Standing | Good Standing | |
| Identified Objectives/Considerations | Who is responsible | Timeline | Completion Date | Status 2022 | Status 2023 | Status 2024 |
| 8. Create a workplace that is respectful of staff diversities and cultural backgrounds | Management | Ongoing | | Good Standing | Good Standing | |
| COMMUNICATION AND LANGUAGE | | | | | | |
| 9. Ensure that events do not conflict with observance days/times of represented religious denominations | Management | Ongoing | | Good Standing | Good Standing | |
| 10. Communicate with persons served, parents/guardians in their own language | Management | Ongoing | | Good Standing | Good Standing | |
| 11. Offer language assistance to individuals who have limited English proficiency and/or other communication needs | Management | Ongoing | | Good Standing | Good Standing | |
| 12. Inform persons served of the availability of language assistance services verbally and in writing | Management | At intake meeting and at annual staffing's | | Good Standing | Good Standing | |
| CONTINUOUS IMPROVEMENT ACTIVITIES | | | | | | |
| 13. Conduct ongoing assessments of the "diversity climate" at Link Associates. Results that indicate continuous quality improvement activities will be included and added to this plan | Corporate Operations Director | February 2023 | January 10, 2023 | Up to Date | Up to Date | |
| Identified Objectives/Considerations | Who is responsible | Timeline | Completion Date | Status 2022 | Status 2023 | Status 2024 |
| 14. Collect and report demographic data of persons served, employees, and the community | Corporate Operations Director | Annually | July 20, 2023 | Up to Date | Up to Date | |
| 15. Provide respectful services that empower persons served and that are centered on the person first, rather than the disability | Management | Ongoing | | Good Standing | Good Standing | |
| 16. Individual cultural differences are recognized in person-centered CCSP's | Case Management Director | At intake and annual staffing's | | Good Standing | Good Standing | |

| | | | | | | |
|---|---|---|---|---|---|---|
| 17. Involve persons served in the community appropriate to each person's cultural characteristi | Management | Ongoing | | Ongoing | Ongoing | |
| TRAINING | | | | | | |
| 18. Broaden required cultural competency training content by researching Relias offerings in this area | Training Manager Management | June 2022 | January 24, 2022 | Good Standing | Good Standing | |
| 19. All employees attend Link Associates New Employee Orientation which includes cultural diversity training | Management | Upon hire | | 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 | | Ongoing | Ongoing | |

OTHER ACTIONS TO BE TAKEN/NOTES

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

January 2023 – Objective 13, (conduct ongoing assessments of the "diversity climate" at Link Associates) was performed on January 10, 2023, and the results from our survey were compared to the same questions from 2 years ago. All measures where within standard deviations with all showing various degrees of increase (those responses agreeing with the statements made). Of particular note was the increase recognized to the statement; Getting to know people with cultural backgrounds from my own has been easy at Link. 75% of respondents indicated agreement to this this year compared to 57% in the 2021 survey, which could be reflective of the effects of the pandemic during the 2021 survey. Link received 80 responses to the survey this year compared to 57 responses in 2021.

# Exit Interview Year End Summary
## Link Associates
July 1, 2022- June 30, 2023
Angela Pierce, Human Resources Manager

Executive Summary:

33 exit interviews were received between July 1, 2022 and June 30, 2023. All 33 responses were for voluntary resignations. The completion and receipt of 33 exit interviews represents a 56% completion rate for employees that resigned their positions.  This compares to a 54% return the previous year and a 23% return in 2021. Records indicate that 59 people voluntarily resigned their positions and 19 were involuntarily discharged during this fiscal year.

| The return rate by program area was: | Current | Previous year |
|---|---|---|
| Case Management - 1 of 1 returned | 100% | NA |
| Outreach - 1 of 1 returned | 100% | 100% |
| Day Prog/Employ - 6 of 12 returned | 50% | 48% |
| Residential -  22 of 39 returned | 56% | 59% |
| Accounting - 2 of 3 returned | 67% | 0% |
| Fleet/Facilities - 1 of 3 returned | 33% | 0% |
| Clerical/Support- 0 of 0 returned | N/A | 67% |

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

An overview reflects that 58% of respondents separated within the first 2 years of their employment and that 39% separated in less than 1 year with 23% of those occurring within 6 months.  100% indicate that they would work for Link Associates again in the future and 100% stated they would recommend employment at Link Associates to a friend.  The top reasons for separation are Family at 33%, Moved at 30% and Career Opportunities at 27%. The "Other" category at 24% showed various reasons including scheduling and school.  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 reasons for dissatisfaction were Salary and Access to Flexible Working Arrangements both at 15%. The other top reason included Training Provided by Supervisor at 13%. Last year the highest categories for job dissatisfaction were Salary at 24% and Culture of Supporting all Staff to Develop and Reach Potential at 17%. Although large hourly and salary pay increases were received this year, they occurred later in the fiscal year which may have contributed to Salary still being one of the biggest reasons for job dissatisfaction. All the specific questions and responses are contained in the attached report.

Action Steps Taken during 2022/2023

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

Update on Previous (2021-2022 report) Recommendations/Results from Action Steps: N/A

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

# INFORMATION TECHNOLOGY PLAN
LINK ASSOCIATES
July 1, 2023 – June 30, 2024
SUBMITTED BY: Bob Munger, Information Technology Director

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

ASSESSMENT OF CURRENT USE OF TECHNOLOGY AND DATA

HARDWARE
All workstations are Apple iMac, Mac Mini, or Mac Studio desktops with the Monterey or Ventura (12.0, 13.0) operating system.  MacOS Sonoma (14) is due in late 2023 with a goal of transitioning all possible machines to this version by the end of the fiscal year 2023-2024. All other models that are incompatible will be transitioned to a new replacement machine as budgeting allows so that they can maintain all security updates.  Laptop computers are assigned to certain staff/positions.   All licensing, physical media, and records for software are located in a centralized area on the premises.  Each staff has an individual password for their computer and phone.  Computer servers are kept in a locked, standalone room which is not accessible to staff.  An on-site RAID array is used for backups in conjunction with removable storage and online backups.  This ensures data is recoverable in the event of a disaster.  These assets are tracked in the Mosyle management system.

Mosyle, a mobile device management solution was purchased and moved to for the entire agency during the fiscal year.  The previous mobile device management system, JAMF, was discontinued in favor of Mosyle mainly due to a large cost savings with no change in functionality for the agency.  This system is needed to maintain agency equipment and will stay in place.  This system allows the IT Director to maintain an inventory/asset management list in the Mosyle management system.  Any equipment not in the system is maintained in a spreadsheet by the IT Director.  All purchased made through Apple directly (via online or in store) as well as Link's cell phone providers are automatically added into Apple Business Manager inventory.

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

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

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

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

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

In 2019, new iPads were leased to replace the previous lease models to better meet the needs of staff, as well as a cost savings.  This lease continued for the next two years and expired in March of 2021.  New iPads were purchased this time around due to a combination of longevity and cost after the lease discontinuation.  The previous iPads not on lease have been transitioned down for other department and persons served use.

See attached network diagram.

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

Operating system, application, virus and malware patching and security updates are evaluated, tested, and distributed by the IT Director in an ongoing basis in conjunction with the Mosyle management system.   Ubiquiti switches and security appliances are used for network equipment and always have the latest firmware installed for up-to-date security.  Ubiquiti's UniFi networking is utilized to help eliminate/block spyware and malware in conjunction with the Mosyle management system.

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

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

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

All systems have two login levels.  One level is to access the computer and a second one for e-mail/application/database/web portal.  Annually, all staff received copies of the policies regarding confidential management of documents and information and the policy of use of organization equipment.  Each staff signs a statement indicating they have received and understand the expectations.   Staff phone and iPads are mandated to be locked/encrypted with a passcode and are enforced via Mobile Device Management (MDM) policy.  Encrypted email is in place to allow designated staff members to send encrypted email externally. Email encryption provider, Zix, ended support for the GAME email encryption system.  A transition was then completed to the next closest comparable product they offered to retain email encryption with our existing system.  In June of 2021, Link's insurance provider notified Link Associates that mandatory 2 factor authentication was needed for the email system, with an implementation date of July 1, 2022.  This transition has completed and is now required for all accounts and enforced.

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

Link Associates conducts much of its communications by traditional means, including the use of telephone, fax, and paper mailings.  Currently, paper mailings are done by hand, including the annual fundraising appeal.  The agency publishes a quarterly newsletter for the parents/guardians/public as well a monthly employee newsletter.  These both are updated on the Link Associates website when updated.
The Link Associates HR department and Executive Director maintains both an agency Facebook and Twitter account to publish information, job postings, events, and any other relevant information.

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

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

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

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

SERVICES PURCHASED OR CONTRACTED
Currently, the agency receives internal technical support from the IT Director.

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

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

INPUT ON USE OF TECHNOLOGY FROM PERSONS SERVED, PERSONNEL, AND OTHER STAKEHOLDERS
The IT Director has made accessible televisions, streaming devices, and trainings available in multiple locations through the main agency building.

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

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

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

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

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

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

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

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

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

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

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


GOALS, PRIORITIES, RESOURCES, AND TIMEFRAMES
See Information Technology Goals

Consolidated Communications
64.61.217.50
1 Usable

Consolidated
Communications
Fiber Router

PBX Phone System
Mitel
192.168.2.2

Security Appliance:
UniFi Next-Generation
Gateway Pro
192.168.5.1

Wireless Routers
(X10)
SSID "Link Associates", "PS
Link", and "Link - Guest"
WPA2 Security

Server Switches:
USW-Pro-24-PoE
USW-Pro-Aggregation

Rack A

UniFi Switches

USW-Pro-48-PoE x6
USW-Pro-Aggregation

Rack B

UniFi Switches

USW-Pro-48-PoE x6
USW-Pro-Aggregation

**Main Servers**

File Server

QNAP RAID
NAS1452
192.168.10.14

QNAP RAID Expansion
USB to QNAP RAID

Backup

QNAP RAID
NAS1452BAK
192.168.10.13
Backup Server

Database Server

Mac mini
macOS 13.5.2
192.168.10.22
Filemaker 19 Server

Virtual Machines

Win2k12-Solomon
Windows Server 2012
192.168.10.39
Microsoft Dynamics
(Backup Only)

LINK2K8-TS
Remote Desktop Server
Windows Server 2008 R2
192.168.10.15

Networks:

Office Network:
Network: 192.168.20.x
DHCP: 192.168.20.0/21
NAT Ext:
64.61.217.50
Subnet:
255.255.255.0
Gateway: 192.168.20.1
DNS: 192.168.20.1

Server Network:
Network: 192.168.10.x
DHCP: 192.168.10.0/21
NAT Ext:
64.61.217.50
Subnet:
255.255.255.0
Gateway: 192.168.10.1
DNS: 192.168.10.1

*INFORMATION TECHNOLOGY GOALS FISCAL YEAR 2022–2023*

| Goal | Action Steps | Timeframe | Resource allocation | | Person(s) Responsible | Date Completed |
|------|-------------|-----------|-----------|------|----------------------|----------------|
| | | | Staff time | Cost | | |
| 1. Replace all pre-2017 desktop Apple iMac computers | a. Replace computers as budget allows | 2 | Medium | $30,000 | Bob Munger | Completed 5/2023 |
| | | | | | | |
| 2. Expand FileMaker knowledge, use and capabilities | a. Attend FileMaker Developers Conference | 3 | Medium | $6000 | Bob Munger | Delayed again due to COVID-19 |
| | | | | | | |
| 3. Upgrade Network Equipment/Infrastructure | a. Purchase/implement additional network switches, cabling, and redundant power | 3 | Medium | $12,000 | Bob Munger | Completed 6/2023 |
| | | | | | | |
| 4. Upgrade Phone System | a. Replace Phone System | 2 | Medium | $1500/mo | Bob Munger | Delayed until 2023-2024 FY |

*INFORMATION TECHNOLOGY GOALS FISCAL YEAR 2023–2024*

| Goal | Action Steps | Timeframe | Resource Allocation | | Person(s) Responsible | Date Completed |
|------|-------------|-----------|-----------|------|----------------------|----------------|
| | | | | | | |
| 1. Replace all pre-2019 desktop Apple iMac computers | a. Replace computers as budget allows | 2 | Medium | $14,000 | Bob Munger | |
| | | | | | | |
| 2. Expand FileMaker knowledge, use and capabilities | a. Attend FileMaker Developers Conference | 3 | Medium | $6000 | Bob Munger | |
| | | | | | | |
| 4. Upgrade Phone System | a. Replace Phone System | 2 | Medium | $1500/mo | Bob Munger | |

# SERVICE ACCESS – REFERRALS & TRENDS ANNUAL REVIEW

July 1, 2022 – June 2023
SUBMITTED BY, JESSICA KIRTS, ASSISTANT OUTREACH DIRECTOR

## REVIEW OF REFERRAL CALLS

An annual review of referral calls for the period of July 1, 2022, to June 30, 2023, was completed documenting receipt of 744 calls (an increase of 151 from the previous year).  The review reveals during the first quarter, Day Hab and Leisure services were in greatest demand with 15%, followed by Residential Daily SCL with 12%, RDF/MR Group Homes 11%, Supported Employment with 10%, Not Provided by Link 8%, Hourly SCL, VIP and Transportation with 7% each, LEEP 5%, and Service Coordination/CM 2% and remaining services had 1% of the 162 calls received.  Fifty-nine percent (59%) of calls were Male and 41% Female with the highest percentage of calls for people 22-34 yrs. (39%), 35-54 yrs. (28%), 17-21 yrs. old (20%), 55-64 yrs. old (9%) and 0-16 yrs. old (4%).  The second quarter consisted of 165 calls, Supported Employment had the highest percentage with 15%, Day Hab was next with 13%, Daily SCL 11%, Leisure & Transportation with 10%, RCF/MR Group Homes and Not Provided by Link 9% each, VIP 8%, Hourly SCL 7%, LEEP 5% and Service Coordination/CM 2%.  Sixty-five percent (65%) of calls were Male and 35% Female with the highest percentage of calls for people 22-34 yrs. old (55%), 35-54 yrs. old (20%), 17-21 yrs. old (18%) and 55-64 yrs. old (5%).  Third quarter numbers rocketed to 224 calls.  Day Hab and Leisure reporting the highest with 18% each, Supported Employment next with 14%, VIP & LEEP 12%, Daily SCL 9%, Not Provided by Link 6%, RCF/MR Group Homes 5%, Hourly SCL 4% and Transportation & Service Coordination 1%.  Seventy-seven (77%) of calls were Male and 23% Female with the highest percentage of calls for people 22-34 yrs. old (50%), 17-21 yrs. old (33%), 35-54 yrs. old (12%), and 55-64 yrs. old (4%). The fourth quarter received 193 calls; Leisure in high demand with 18%, next was Day Hab and Supported Employment with 15%, Daily SCL 13%, VIP and LEEP with 10%, RCF/MR Group Homes 5%, Transportation and Hourly SCL 4%, Not provided by Link, Service Coordination and Respite 2%.  Fifty-five percent (55%) of calls were Male and 45% Female with the highest percentage of calls for people 22-34 (40%), 17-21 yrs. old (39%), followed by 35-54 yrs. (10%), 55-64 yrs. (6%) and 0-16 (5%).

Calls requesting services that Link does not provide (i.e., brain injury, mental illness, host homes, counseling services, physical disabilities, financial support, etc.) ranged from 2% to 9%, averaging 6% 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 Day Hab, Leisure and Supported Employment programs were very popular this year.  Link received many inquiries for Leisure services for Individuals needing to socialize be involved in community outings.  Day Hab was in demand each quarter as there are limited programs providing day services.   Supported Employment remained consistent each quarter due to Individuals wanting to enter the work force.  Daily SCL trended up a little with inquiries for Individuals transitioning from large group setting to community based.  VIP and LEEP become more popular in the 3rd and 4th quarters with Individuals graduating school to enter adult services.  RCF/MR Group Homes and Not Provided by Link calls increased this year due to Case Managers/Social Workers reaching out looking for any possible openings.  Transportation calls fluctuated between 1 and 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 2022-23 there were (0) denials.  There were no trends noted with regards to race/ethnicity, gender, language, age, or religion for reasons to deny services.  All denials are given recommendations to work on skills to re-apply for services in the future.

## TRENDS IN REFERRAL CALLS:

Referral sources vary throughout the year; however, most referral calls during each quarter came from a Case Manager, Case Coordinators or Service Workers with calls ranging from 78% to 85%.  The second major referral source was calls placed by a family member, ranging from 10% to 15%.  The remainder of referral calls received came from self-referrals (average 3% per quarter for the year) and calls placed by "others" (average 2% per quarter for the year).

As noted above, there appears to be an increase in calls over the past ten years.  Trends in services requested include the routine and primary services offered along with programs provided; Daily SCL services, Day Habilitation Services, Supported Employment (Job Development & Job Coaching), the VIP & LEEP programs, Transportation, and Leisure events, Special Olympics & extended travel program.  It continues to appear Link's services are in high demand; smaller ratio day programs are a high need due to other agencies not providing this option, however Link's Day Habilitation ratio is now 1:6 for all rooms.  Link does not have any openings for Day Hab as many Individuals are still waiting to return post Covid and hiring new staff is a priority.  Referrals for Day Hab continue and the Admissions Coordinator gives tours to interested Parents/Guardians/ Educators.  Leisure is very trendy with Individuals looking to increase social skills and opportunities to explore their communities.  Supported Employment, VIP and LEEP remain popular with individuals interested in learning job skills and acquiring community employment.  Link will also introduce the Link & Learn Day Care later this year, which will give Individuals the opportunity to shadow, learn skills and gain employment in a day care if they desire.   Residential services continue to flourish; continually adjusting (moving persons served to optimum living situations) and providing optimal care.  Link continues to search for accessible homes to serve Individuals with higher needs.  Referrals indicate a great need for housing for Individuals in wheelchairs or with mobility issues.  Link strives to be a leader in this industry by remodeling current Link homes as well (to add a bedroom and bathroom).  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 are scheduled to meet the needs of each family/individual seeking services.

**ADMINISTRATIVE FEEDBACK**
- Update on Previous Recommendations/Results from Action Steps: No recommendations were reported.
    - Action Step: N/A
    - Status of Action Steps: N/A
    - Completion date: N/A
- Recommendations/Action Steps: No recommendations are forthcoming for additional changes to agency policy on referral calls.  It is important to continually review and monitor trends in referral calls at the time a significant impact is noticed and overall, for the year.  The tracking form is reviewed and modified as needed to ensure the data needed for analysis is captured and processed effectively and efficiently.
    - Action Step:  N/A
    - Timeframe for completion: N/A
    - Person Responsible: N/A
    - Expected Outcome:  N/A

*Service Access Admissions, Denials and Discharge Summary*

| Admissions | 1st Qtr. '22-23 Total | 2nd Qtr. '22-23 Total | 3rd Qtr. '22-23 Total | 4th Qtr. '22-23 Total |
|---|---|---|---|---|
| Residential – Daily SCL | 0 | 1 | 0 | 1 |
| Residential – Hourly SCL | 0 | 2 | 0 | 0 |
| Day Habilitation | 0 | 0 | 0 | 0 |
| VIP | 1 | 5 | 4 | 1 |
| Job Development | 6 | 7 | 9 | 3 |
| Job Coaching | 0 | 2 | 2 | 1 |
| LEEP | 5 | 1 | 4 | 3 |
| Project Search | 0 | 0 | 0 | 0 |

| Denials | 1st Qtr. '22-23 Total | 2nd Qtr. '22-23 Total | 3rd Qtr. '22-23 Total | 4th Qtr. '22-23 Total |
|---|---|---|---|---|
| Residential – Daily SCL | 0 | 0 | 0 | 0 |
| Residential – Hourly SCL | 0 | 0 | 0 | 0 |

| | | | | |
|---|---|---|---|---|
| Day Habilitation | 0 | 0 | 0 | 0 |
| VIP | 0 | 0 | 0 | 0 |
| Job Development | 0 | 0 | 0 | 0 |
| Job Coaching | 0 | 0 | 0 | 0 |
| LEEP | 0 | 0 | 0 | 0 |
| Project Search | 0 | 0 | 0 | 0 |
| Discharges | 1st Qtr. '22-23 Total | 2nd Qtr. '22-23 Total | 3rd Qtr. '22-23 Total | 4th Qtr. '22-23 Total |
| Residential – Daily SCL | 5 | 1 | 0 | 4 |
| Residential – Hourly SCL | 1 | 1 | 0 | 0 |
| Day Habilitation | 2 | 7 | 1 | 4 |
| VIP | 1 | 2 | 1 | 1 |
| Job Development | 7 | 3 | 9 | 3 |
| Job Coaching | 6 | 6 | 7 | 5 |
| LEEP | 0 | 3 | 3 | 5 |
| Project Search | 0 | 0 | 0 | 0 |
| Case Management | 1 | 0 | 1 | 0 |

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

**Comments/Follow-up:**
June 2023…There was 1 admission in Residential Services for Daily SCL and 0 admissions for Hourly SCL.  Currently there are three openings for Daily SCL.  Hourly SCL no openings but taking referrals.

Day Habilitation Services reported zero (0) admissions and four (4) discharges.  Currently there are no openings in Day Hab as there are additional Individuals 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 five VIP groups currently.  The VIP program had one (1) admission and one (1) discharge this quarter. The VIP program currently has one part-time opening. Supported Employment Services (Job Development and Job Coaching) reported four (4) admissions and eight (8) discharges this quarter.  LEEP (Link Employment Exploration Program) reported three (3) admissions and five (5) discharges.

**Denials for Service:**
There were no formal denials for services in the 4th quarter.

**Discharges from Services Summary**:
Residential reported four (4) discharges in Daily SCL and zero (0) discharge in Hourly SCL services.  One (1) Individual is not living in her own apartment, two (2) Individuals require a higher level of care and one (1) Individual moved to a Host Home.  The average participant was male, Caucasian, ages 32 to 57 years old, primary diagnosis of Mild to Severe ID.

Day Hab had five (5) discharges for the quarter; one (1) in VIP and four (4) in Day Hab; one (1) Individual decided VIP was not for them and was added to Day Hab referral list.  Two (2) Individuals no longer attend Day Hab due to unsafe behaviors and two (2) Individuals moved out of the area.  The participants were 3 males and 2 females, Caucasian, ages ranged from 25 to 64 years old, primary diagnosis Mild to Severe ID.

Supported Employment noted eight (8) discharges; three (3) in Job Dev. and five (5) in Job Coaching.  Two (2) Individuals went into Job Coaching and one (1) Individual went into VIP.  In Job Coaching three (3) Individuals went back into Job Development, one (1) Individual resigned due to health issues and one (1) resigned.  The average participant was Caucasian, 6 males and 2 females, ages 22 to 37 years old, primary diagnosis of Mild ID or DD.

LEEP reported five (5) discharges this quarter. Two (2) Individuals graduated and went into job development and one (1) Individual declined to participate, one (1) Individual graduated and was placed on VIP referral list and one (1) Individual will remain in VIP as she is not ready for job dev.  The participants were Caucasian, Asian and Hispanic, 3 females and 2 males, ages 22 to 37 with a primary diagnosis of DD or Mild ID.

Case Management noted zero (0) discharges for the 4th quarter.

Service Access Referral Summary: See attached Service Access Referral Demographics
June 2023…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 & ninety-three (193) referral calls were received during the 4th quarter. The calls received were distributed among a variety of programs; Leisure 18%, Day Hab and Supported Employment 15%, Residential Daily SCL 13%, VIP & LEEP 10%, RCF/Group Homes 5%, Hourly SCL and Transportation 4%, Not Provided by Link, Service Coordination/CM and Respite 2%, and Project Search 0%.

Calls not provided by Link reported 2% of all calls.  These calls were referred to other services or assisted with additional information.


*Service Access Referral Demographics FY 22/23*

| Services Requested | 1st Qtr. Sept '22 | 2nd Qtr. Dec '22 | 3rd Qtr. Mar '23 | 4th Qtr. Jun '23 |
|---|---|---|---|---|
| TOTAL NUMBER OF CALLS | 162 | 165 | 224 | 193 |
| Residential/Daily SCL | 12% | 11% | 9% | 13% |
| Residential/Hourly SCL | 7% | 7% | 4% | 4% |
| RCF/MR – group homes | 11% | 9% | 5% | 5% |
| Respite/Hourly SCL - child | 1% | 1% | 0 | 2% |
| Day Habilitation | 15% | 13% | 18% | 15% |
| VIP | 7% | 8% | 12% | 10% |
| Supported Employment | 10% | 15% | 14% | 15% |
| LEEP | 5% | 5% | 12% | 10% |
| Project Search | 0 | 0 | 0 | 0 |
| Service Coordination/CM | 2% | 2% | 1% | 2% |
| Leisure | 15% | 10% | 18% | 18% |
| Transportation | 7% | 10% | 1% | 4% |
| Not provided by Link-Alternatives offered | 8% | 9% | 6% | 2% |
|  |  |  |  |  |
| Emergency | 0 | 0 | 0 | 0 |

| | | | | |
|---|---|---|---|---|
| Urgent, non-emergent | 0 | 0 | 0 | 0 |
| | | | | |
| Self-referral | 5% | 5% | 1% | 1% |
| Call placed by family member | 15% | 11% | 10% | 14% |
| Call placed by CM/Soc. workers | 78% | 82% | 85% | 83% |
| Call placed by other | 2% | 2% | 4% | 2% |
| | | | | |
| Ages:   0-16 years | 4% | 2% | 1% | 5% |
| 17-21 years | 20% | 18% | 33% | 39% |
| 22-34 years | 39% | 55% | 50% | 40% |
| 35-54 years | 28% | 20% | 12% | 10% |
| 55-64 years | 9% | 5% | 4% | 6% |
| Unknown | 0 | 0 | 0 | 0 |
| | | | | |
| Males | 59% | 65% | 77% | 55% |
| Females | 41% | 35% | 23% | 45% |

# 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 STAFF TIME | COST | COMMENTS/ UPDATES |
|---|---|---|---|---|---|---|
| Expand numbers served in Hourly SCL participants. | • Streamline hourly provision to be cost neutral<br>• Enhance flexibility of staffing<br>• Evaluate relationship with community partners to enhance opportunities for independent living while maximizing staff to person ratio (i.e duplex)<br>• Regionalization | Derek Steenhoek/Allison Warren-RA and Jessica Kirts-AOD | 2 | low | $0 | Trish and Derek are reviewing admission candidates and making outreach. 10-5-20 |
| Seek additional 4 person settings for daily SCL participants. | 1. managing existing property inventory and financing new | 1.Derek Steenhoek, RA, Jim Wilkie F&FD | 2 | medium | $0 | 1. Building plan for 5 person site finished. Building to start soon.<br>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<br>2. 12-28-20 Discussed at the Executive Committee Meeting<br>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 STAFF TIME | COST | COMMENTS/ UPDATES |
|---|---|---|---|---|---|---|
| Influence responsible federal public policy to protect and promote quality services. | 1. Obtain resources to attract and retain a quality workforce<br>2. Increase access to resources for community-based services and residential supports models<br>3. Incorporate greater use of data and analytics to influence federal policy | 1. Linda Dunshee<br>2. Linda Dunshee<br>3. Linda Dunshee | 1. 2<br>2. 2<br>3. 2 | 1. medium<br>2. medium<br>3. medium | $0 | 1. Engaged with Karla Fultz-McHenry (KFM) as lobbyist 1-20-21<br>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<br>2. 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. | 1. Evaluate audio/visual monitoring technology for some served.<br>2. Evaluate and implement more Telemed services for those served to increase their participation in managing their health. | 1. Directors<br>2. Cristy Jennings | 1. 3<br>2. 2 | 1. low<br>2. low | 1. $0<br>2. $0 | |
| Research and share best practices in transition from school to adult community supports | 1. Employment supports: enhance partnership with IVRS & build relationships with local school districts<br>2. Outreach to school districts to promote services | 1. Cassondra<br>2. Jessica K | 1. 2<br>2. 2 | 1. low<br>2. low | 1. $0<br>2. $0 | |
| Add additional handicapped accessible sites for daily SCL | 1. Building 5 person site on E25th St<br>2. Working with Kading Properties as they develop new homes with walk in shower and tile floors. | 1. Jim<br>2. Derek | 1. 1<br>2. 2 | 1. medium<br>2. low | 1. $300,000<br>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. | 1. Working with Kading Properties as they develop new homes as they have Section 8<br>2. Investigate properties to identify locations that are not safe | 1. Derek<br>2. Derek | 1. 2<br>2. 2 | 1. low<br>2. low | 1. $0<br>2. $0 | |

# STAFF

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

## TECHNOLOGY

| OBJECTIVE | ACTIVITY | PERSON RESPONSIBLE | PRIORITY (1 = high, medium = 2, low = 3) | RESOURCE ALLOCATION | | COMMENTS/ UPDATES |
|---|---|---|---|---|---|---|
| | | | | STAFF TIME | COST | |
| Leverage technologies and information resources for recruitment and retention effort | 1. Research & evaluate new options<br><br>2. Evaluate & develop how options can integrate within Link | 1. Bob<br><br>2. Robin | 1. 2<br><br>2. 2 | 1. medium<br><br>2. medium | 1. $0<br><br>1. $0 | 1. Leverage web, social media, and mobile technologies to provide effective and consistent content delivery.<br>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<br><br>2. Evaluate and implement new technologies to improve operational efficiency.<br><br>3. Evaluate digital signature platforms for use within agencies. | 1. Bob<br><br>2. Bob<br><br>3. Bob | 1. 1<br><br>2. 1<br><br>3. 1 | 1. 1<br><br>2. 1<br><br>3. 1 | 1. $30,000<br><br>2. $0<br><br>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<br>2. Increase grass roots advocacy | 1. Linda/Joan<br><br>2. Linda | 1. 2<br><br>2. 2 | 1. low<br><br>2. low | 1. $0<br><br>2. $0 | 1. evaluate value-based contracting with MCOs & incentive-based pay, work with elected officials<br><br>2. Grow opportunities to shape policy that impacts providers and people with disabilities illustrated by twice the amount of grassroots advocacy by 2024 |
| Increase involvement & better utilize other community self advocacy programs - ON HOLD | 1.<br>2. Leisure outreach<br>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<br>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<br>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?)<br><br>2. Offer community integration activities at least once: M, T, W, Th ,F each month | 1. Derek/Allison/ Heidi<br><br><br><br><br><br><br><br><br><br>2. Jen M | 1. 1<br><br><br><br><br><br><br><br><br><br>2. 1 | 1. high<br><br><br><br><br><br><br><br><br><br>2. high | 1. $0<br><br><br><br><br><br><br><br><br><br>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, 2022 – June 30, 2023
Compiled by, Jennifer Muller, Quality Assurance Administrator

**STAFF TRAINING:**

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

The annual review of training for the period of July 1, 2022, through June 30, 2023 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.

| | |
|---|---|
| 83 | new employees participated in New Employee Orientation. |
| 1876 | submissions for new or recertification of core requirements. |
| 141 | First Aid Refresher |
| 120 | CPR |
| 258 | Guidelines for Documentation in IDD |
| 276 | Fire Safety |
| 274 | Hazardous Chemicals: SDS and Labels |
| 278 | Rights of Individuals with IDD |
| 281 | Infections Control: Essential Principles |
| 120 | Mandatory Reporter |
| 72 | HIPAA Basics |
| 52 | Medication Manager |
| 4 | Ethics |

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

- Department Agency Orientation
- Link History
- An overview of Different Types of Disabilities
- Guidelines of Medicaid Documentation Rules
- Positive Behavior Supports
- Information Technology
- Respect Cultural Diversity in Persons with IDD
- Fish Philosophy
- Supporting Individuals with Disabilities During Emergencies
- Workplace Safety
- Basics of Defensive Driving
- Lifting Devices

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

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

**NAVIGATING CHANGE IN 2022/2023**

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

During the month of May 2023, the agency hired 2 training managers. The two training managers are working hard at creating new training material to offer during NEO week, and to hopefully expand NEO to a 2-week learning module. This will include another 31 hours of beneficial trainings (DSP competencies, C3 De-escalation, code of ethics, fall prevention, and much more) as well as 9 hours of shadowing at the new employees site location. It's targeted to have the 2-week learning module begin January 2024. With the agency now having 2 training managers, they are also providing on-site training to staff and participating in observations at sites when it's been identified as a need. The trainer then works with the Person Served team to come up with different strategies to improve the life for Person Served.

**NEW EMPLOYEE ORIENTATION AND R8 ONBOARDING TRAINING**

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

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

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

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

**POSITIVE BEHAVIORAL SUPPORT**

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

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

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

**TRAINER DEVELOPMENT**

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