I-REACH 2 INC. (IR2)

Administrative Policies

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LEGAL STRUCTURE

I-REACH 2, Inc. (IR2) is a non-profit corporation that is registered with and recognized by state and federal agencies as a 501(c) (3) organization. It is our policy to comply with all state and federal laws and to ensure that the Administrative Team become familiar with all applicable standards and laws and adhere to them. We do this by:

- Conducting regular reviews and evaluations of applicable state and federal laws.
- Conducting annual outside audits, and reviews of our agency.
- Ensuring that we have had documented outside inspections and reviews.
- Addressing in writing any discrepancies, complaints, or concerns.
- Conducting annual consumer satisfaction surveys.
- Maintaining current "Corporation in Good Standing" with the State of Wyoming and all outside certifying or accreditation bodies.

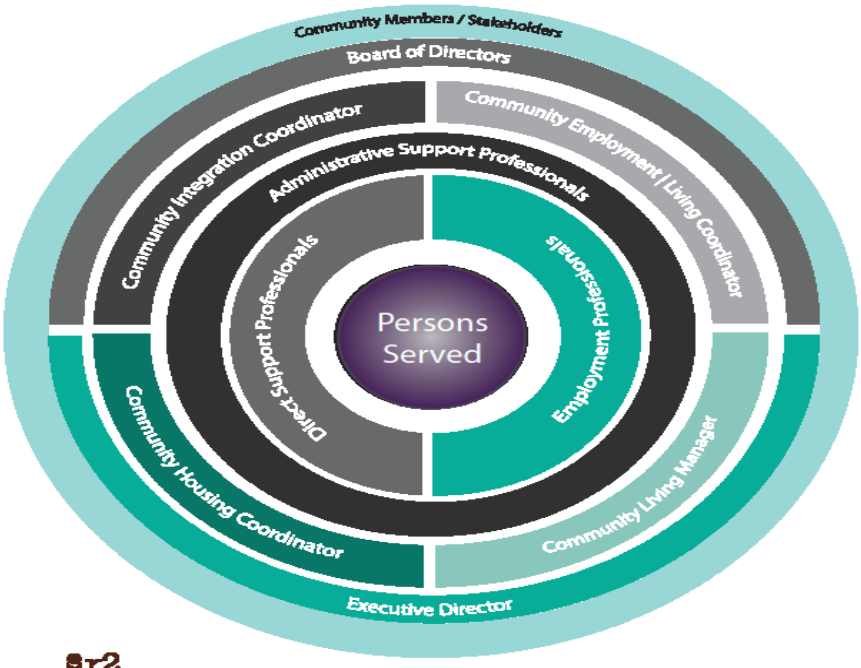
ORGANIZATIONAL STRUCTURE

The IR2 Administrative Team is responsible for effectively coordinating and maintaining certifications, licensing, legal and fiscal management, policy development, grant administration and marketing.

The Administrative Team coordinates and provides oversight of daily operations, employee training/development programs, and provides leadership and assistance to all Managers and employees of IR2 program services.

The IR2 Administrative Team is responsible for providing monthly reports and information for the I-REACH 2 board meetings and for following and carrying out objectives set forth by the agency's annual strategic plan to the best of their abilities.

iReach 2, Inc. Organizational Chart



BOARD OF DIRECTORS

POLICY:

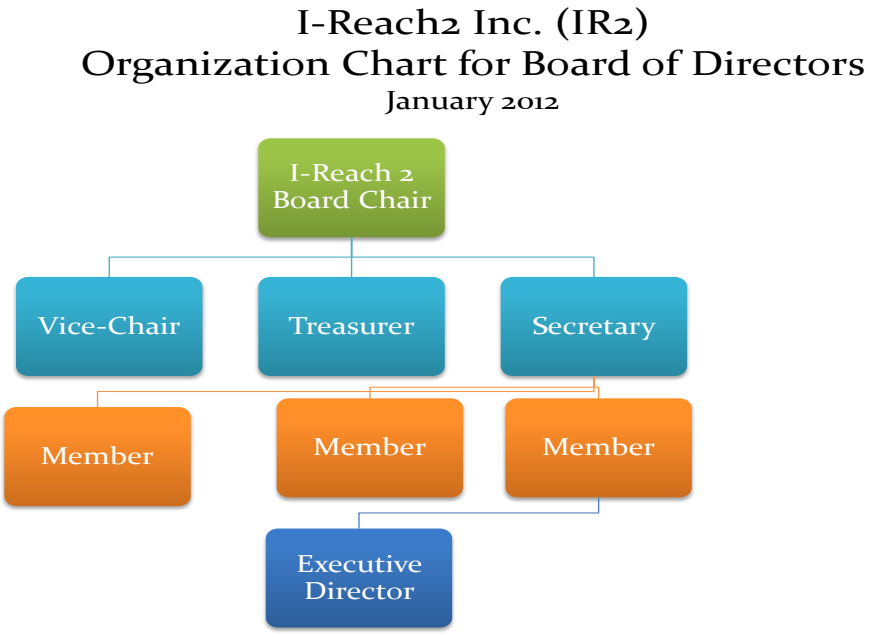
The IR2 Board consists of minimum of (7) members including a President, Vice-President, Secretary, and Treasurer. Our policy is to ensure that we consistently have at least (7) active members and that we shall not exceed (9) board members. The composition of the board must include (1) person from each of the following groups:

- One parent/guardian of an individual with disabilities
- Lawyer/Legal or Accounting Representative
- Outside Business Owner
- Health Care Professional

PROCEDURE:

Recruitment, selection, and orientation

a. Applications for board positions are solicited via personal contact, newsletters, and our web-site.
b. Applications are reviewed and membership is determined by majority vote by existing members.
   i. Applicants are notified of acceptance both verbally and in writing.
   ii. Applicants who are accepted onto the board will receive a new board member orientation to become familiar with IR2 mission, vision, and values, financial matters, governance practices, and IR2 policies and procedures.
   iii. Applicants who are denied must receive a letter of appreciation for the application and a summary of reason for denial.



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RELEASE OF INACTIVE BOARD MEMBERS:

The Board of Directors—by affirmative vote of majority of members present at any regularly constituted meeting—may:

a) Terminate any member for cause after appropriate hearing.
b) Terminate any member who becomes ineligible for membership, including but not limited to: breaches of confidentiality and lack of attendance.

DENIAL OF A BOARD MEMBER APPLICATION

Due to the nature of our services and the sensitivity and confidentiality involved in the human service field applications may be more closely scrutinized. To ensure that board applicants are aware of the requirements for board members and the possible reasons for denial, an addendum to their application given to them prior to completing an application will inform them of the following potential reasons for denial:

- No vacancy on current board.
- Prior felonious or misdemeanor criminal history. (Other than minor traffic violations.)
- Poor previous track record with other non-profit boards or organizations.
- Inappropriate community relations or background that may directly affect public perception of our organization or involvement in business or activities that may have an adverse effect on the IR2 organization.

BOARD CONFLICT OF INTEREST

Each Board Member shall disclose to the organization any matter that could reasonably be considered a conflict of interest when that matter arises. A conflict arises when the personal or professional concerns of a board member affect his or her ability to put the welfare of the organization before personal and professional benefit. Any Board Member who has a conflict of interest shall recuse himself/herself at any Board, Committee, or other meeting from any deliberations or vote on the matter giving rise to the conflict of interest.

BOARD MEMBER STATEMENT of DUTY and CONFIDENTIALITY

Three Legal Duties

- *Duty of Care:* Directors and officers must perform their responsibilities in good faith with the same diligence, attention, care and skill an ordinary person would use in managing his/her own affairs.
- *Duty of Loyalty:* Directors and officers must act in good faith and in a manner that does not harm the organization to the benefit of the director or officer. They must avoid any conflicts of interest or appearances of impropriety by placing the interest of the organization before their own private interests.
- *Duty of Obedience:* Directors and officers must comply with the provisions of the articles of incorporation, bylaws and state laws and should safeguard I-REACH 2 Inc.'s (IR2) Mission, Vision, and Values

Confidentiality Statement

It shall be understood that all matters of the IR2 Board of Directors are to be considered confidential and private unto the board itself. These confidential matters include staff and personnel issues, client and guardian issues, and any and all matters of business as it relates to IR2 within this business community. Signature of member denotes understanding of this confidentiality issue. It is also understood that if a board member does breach this confidentiality, then said member will be asked to resign from this board. For further clarification, any and all issues of the board may be discussed solely within the board membership.

Board members are required sign a conflict of interest and statement of duty and confidentiality form annually. This form is kept in the Board of Directors Business Volumes and is maintained by the Executive Director.

BOARD MEETINGS

General Meetings of IR2 shall be held on the Third Tuesday of each month. There are no scheduled meetings in April, August, and December.
The meetings will convene at the principal business office in Casper, Wyoming or at a location designated by the Board of Directors.

PROCEDURE:
Board Meetings are conducted in accordance with Roberts Rules of Order and shall be officiated by the standing Board President or a designee.

Minutes of meetings are recorded by the Board Secretary. All minutes, agendas and meeting handouts are kept by the Executive Director in the Board of Director Business Volumes.

Minutes from meetings will be reviewed at subsequent meetings and acknowledged or accepted by the Board. That approval shall be contained in the minutes of those meetings.

APPROVAL OF EXPENDITURES

All purchases which fall out of the scope of day to day operations, not previously budgeted, which exceed $3000.00 shall be evaluated and approved by the Board of Directors. In the event an approval is needed before the next regularly scheduled meeting, the Executive Director shall email all board members for a vote and approval. This will be followed up on and documented in the next regularly scheduled meeting.

CONTRACTED SERVICES

Beginning January 1, 2009 all contracted services shall be reviewed annually by the IR2 Board of Directors to include:

- Accounting/Tax services
- In house consulting/maintenance services
- Rental agreements
- Insurance (Health, liability, auto, etc.)

This review shall include at least two cost/service comparisons for each area of contracted services and shall be retained on file. While cost is not always the bottom line, it is imperative that cost/services be reviewed annually for potential savings or expansion/additional needs of coverage or service provided to IR2 by outside contractors.

If a substantial cost savings or potential liability is noted, the Executive Director is responsible for reporting to the Board of Directors. The Board will make a decision to either dissolve or retain the designated contractor's agreement. Board Meeting minutes will also reflect review of cost comparisons and all contract approvals.

In order to change contract services, a letter detailing the changes or reasons for change shall be retained at the time another contractor is retained or one is no longer utilized.

ANNUAL BUDGET REVIEW/STRATEGIC PLANNING

Each year in the month of October, IR2 conducts Strategic Planning which includes board members, the Administrative Team, Managers, staff and stakeholders. The strategic planning meeting allows all interested parties to submit ideas and suggestions for the upcoming year's goals and objectives.

Each year in November the proposed budget is prepared by the Executive Director and submitted to the Board of Directors for review and approval. If there are considerable questions on line items, the budget may be revised and presented with approved changes at a subsequent meeting.

IR2 Administrative Team, management and employees are ultimately responsible for adhering to objectives/goals set during the course of the year with input from both stakeholders and the Board of Directors.

AUDITS

Internal audits are ongoing, but are formally conducted annually by an outside accounting firm. Results of those audits are given in writing to the Board of Directors.

Problems or concerns noted in any audit shall be reported immediately to the IR2 Administrative Team, the Board President and Associate Members for review and action or follow-up. Board minutes will also reflect ongoing progress in correcting any items presented in the audit management letter as required.

INSURANCE COVERAGE

IR2 shall maintain insurance on all buildings, equipment and vehicles owned or operated by the agency as well as complying with all requirements to maintain:

- General Commercial Liability Coverage with a reputable insurance company which provides a maximum per occurrence limit of $1 Million;
- Workers Compensation.
- Fire and extended coverage on property and buildings
- Directors/Operators Coverage

Insurance costs and comparisons are conducted on a bi-annual basis and are reviewed by the governing body. Ensuring continuance of active policies and payment of premiums is the responsibility of the Executive Director and the IR2 Board of Directors.

CORPORATE COMPLIANCE NOTICE

I-REACH 2 Inc. is committed to the delivery of high quality, individualized, innovative and therapeutic services to adults with a developmental disability and/or brain injury in an environment characterized by strict conformance with the highest standards of accountability for administrative, business, marketing and financial management services. Further, the management of I-REACH 2 Inc. is fully committed to the prevention and detection of fraud, waste, abuse, fiscal mismanagement and misappropriation of funds and has developed a corporate compliance program that emphasizes (1) prevention of wrong doing – whether intentional or unintentional, (2) immediate reporting and investigation of questionable activities and practices without consequences to the reporting party and (3) timely correction of any situation which could potentially put its clients, the organization, its leadership or employees at risk.

Any person wishing to submit a report of any suspected case of waste, fraud, abuse or wrongdoing can do so confidentially and without fear of retaliation or reprisal. Reports can be submitted in person or by mail, telephone, fax, or e-mail to the organization's Corporate Compliance Officer:

Tina Conley
P.O. Box 1060
Evansville, WY 82636
307.265.8086 (phone) 307.472.5588 (fax)
April, 2012

CORPORATE COMPLIANCE PROGRAM and PLAN

PURPOSE:

To establish and publish the official policy of I-REACH 2 Inc, (IR2) regarding the organization's corporate compliance program/plan and, assign responsibility for implementation of that plan.

POLICY:

I-REACH 2 Inc. is dedicated to the delivery of high quality individualized services to adults with developmental disabilities and/or brain injury in an environment characterized by strict conformance with the highest standards of accountability for administration, client services, business, marketing and financial management. IR2 governance and management authorities are fully committed to the need to prevent and detect fraud, fiscal mismanagement and misappropriation of funds and therefore, to the development of a formal corporate compliance program to ensure ongoing monitoring and conformance with all legal and regulatory requirements. Further, the organization is committed to the establishment, implementation and maintenance of a corporate compliance program that emphasizes (1) prevention of wrong doing - whether intentional or unintentional, (2) immediate reporting and investigation of questionable activities and practices without consequences to the reporting party and (3) timely correction of any situation which puts the organization, its leadership or staff, funding sources or patients at risk. By formal resolution and in accordance with this policy, the governance authority has delegated overall responsibility for the Corporate Compliance Program to the Executive Director (ED).

PROCEDURE:

The following procedures/guidelines will govern the design and implementation of the organization's corporate compliance program:

Designation of a Corporate Compliance Officer: The Executive Director will formally serve as the Corporate Compliance Officer (CCO), and will monitor the organization's corporate compliance program and ensure that the governance authority is fully informed at all times on matters pertaining to corporate compliance.

Responsibilities of the Corporate Compliance Officer: In the performance of his/her duties, the CCO shall (1) serve as the organization's primary point of contact for all corporate compliance issues; (2) develop, implement and monitor the organization's corporate compliance plan, including all internal and external monitoring, auditing, investigative and reporting processes, procedures and systems; and (3) prepare, submit and present periodic reports on corporate compliance issues to the Board of Directors as requested and/or as may be required. In the performance of his/her duties, the CCO shall report to the Board of Directors but shall have direct access to the organization's accounting firm and/or legal counsel on an "as needed" basis for matters and questions pertaining to corporate compliance. For clarification, this provision does not relieve the CCO of keeping the Board of Directors fully informed of any and all matters that might necessitate direct contact with the organization's accounting firm and/or legal counsel.

Annual Corporate Compliance Report: The CCO shall submit an annual corporate compliance report to the Board of Directors. Annual reports will, include at a minimum: (1) a summary of all allegations, investigations and/or complaints processed in the preceding 12 months in conjunction with the corporate compliance program, (2) a complete description of all corrective action(s) taken, and (3) any recommendations for changes to the organization's policies and/or procedures.

Risk Management Assessment: As part of corporate compliance program, the CCO shall schedule and coordinate periodic risk management assessments and/or audits to identify potential problem areas and "threats" that could put the organization at risk for unusual liability, i.e., billing and cash handling procedures, critical incidence reports, medication management policies, etc. Such assessments will augment the organization's annual audit of its accounting system and provide an additional, internal measure of operational accountability in a variety of areas.

Corporate Compliance Plan Elements:

The corporate compliance program for I-REACH 2 Inc. consists of:

1. A formal resolution on corporate compliance that has been adopted by the governance authority as a way to document the effective date of program implementation;
2. Written designation of a Corporate Compliance Officer (CCO) responsible for monitoring and reporting on matters pertaining to corporate compliance;
3. A corporate code of ethics regarding professional conduct, personal behavior, business practices, marketing practices, service practices and potential conflicts of interest;
4. A "no reprisal" system for employees to use in reporting waste, fraud, abuse or other questionable activities and practices;
5. Written procedures contained herein for:
   A. Timely investigation of allegations of waste, fraud, abuse and/or other wrongdoing;
   B. Dealing with violators of the organization's code of ethics in a fair and consistent manner; and
   C. Dealing with violators of the organization's corporate compliance program/plan in a fair and consistent manner;
6. Policies and procedures to guide staff members in responding to subpoenas, search warrants, investigations and other legal actions; and
7. Ongoing staff training on corporate compliance.

Core Values: In our interactions with our participants, each other and members of the communities in which we work, we will treat everyone with dignity and respect. We value passion, respect, integrity, dignity, and education and adhere to the highest ethical standards of service provision. We embrace the concepts of personal and professional accountability in the workplace and will always strive to treat others as we would like to be treated. These core values have been approved by the governance of authority of I-REACH 2 Inc.

Organizational Code of Ethics: Since I-REACH 2 Inc. employs staff in a variety of settings, it is the expectation of the organization that every staff member will act and operate in a manner consistent with the Code of Ethics of I-REACH 2 Inc.

In business, marketing and human resource practices, I-REACH 2 Inc. employees will be guided by the following corporate philosophy: Honesty, integrity, respect and fairness constitute the key components of all of our dealings with participants, guardians, case managers, vendors/suppliers, potential participants, employees and our stakeholders. We will attempt to treat all participants, guardians, case managers, potential participants, employees, potential employees and other interested stakeholders with dignity and respect and in a way that will create good will and relationships in our local community. To the greatest extent possible, we will recruit and promote from within and will attempt to offer our employees every affordable option for professional growth and development. No business code of ethics/conduct can cover every conceivable scenario that might arise in the course of business conduct and marketing. Therefore, I-REACH 2 Inc. employees are enjoined to abide by these guiding principles and to seek assistance and clarification from the Executive Director/ Corporate Compliance Officer in the event that any situation or scenario arises that might challenge the application of these principles. As a related matter, situations and circumstances occasionally arise that may represent a potential conflict of interest. As a general principle, no employee of I-REACH 2 Inc. will make any decision on behalf of the company that would represent, result in or give the appearance of personal gain or benefit, however slight. In such cases, employees are enjoined to discuss the situation with the Executive Director/ Corporate Compliance Officer prior to making any decision that would represent a commitment of the company's assets, obligate the company in any way and/or have the potential to give the appearance of impropriety or conflict of interest. ***Note--please see the Human Resource Development Section for the entire I-REACH 2 Inc. Code of Ethics which expands our expectations of ethical conduct**.

No-Reprisal Reporting System: An integral part of the organization's Corporate Compliance Program is a non-retaliatory system that employees can use to report suspected waste, fraud, abuse and other questionable activities and practices. Reports can be submitted to the Corporate Compliance Officer in four ways: (1) By mail, (2) By telephone, (3) By fax and (4) By e-mail. Program Directors are responsible for posting a "Corporate Compliance Notice" in each IR2 facility as a way to inform participants, guardians, case managers, employees and other interested stakeholders about the organization's Corporate Compliance program and the system - including contact information - for reporting suspicious activities.

Investigation Process: Upon receipt of any report of suspected wrongdoing, the Corporate Compliance Officer will contact the governing body chairperson and initiate an immediate investigation. Investigations of corporate compliance matters will be conducted as expeditiously as possible by no later than 10 business days, with results - including recommendations for any disciplinary and/or corrective action - provided in writing to the Board of Directors. The Corporate Compliance Officer is authorized direct and unimpeded access to all staff members as a way to expedite corporate compliance investigations.

Violations Procedure: Substantiated violations of the organization's corporate compliance program and/or code of ethics are serious matters and have potential legal ramifications for both I-REACH 2 Inc. and its employees. Violators are subject to and will be handled in accordance with the organization's disciplinary policies outlined in the company's personnel policies.

Search Warrants, Subpoenas, Investigations and Other Legal Actions: In the event that any employee of I-REACH 2 Inc. receives or is notified of any search warrant, subpoena, investigation, inquiry or other legal action involving the company, the Executive Director will be immediately contacted by the most expedient means, i.e., telephone, e-mail, cell phone, fax, etc. Copies of all legal documents served against I-REACH 2 Inc. and/or its employees will be immediately copied and given to the Executive Director. Under no circumstances will any records, files, receipts, or other forms of documentation be released without authorization from the Executive Director of I-REACH 2 Inc. This policy recognizes that employees might well find themselves in a situation in which they could potentially be threatened or coerced into releasing documentation without following this policy. All employees must fully recognize and understand that (1) "due process" includes the opportunity to follow the established procedures of I-REACH 2 Inc. regarding search warrants, subpoenas, investigations and other legal actions and (2) these procedures include immediate notification to the Executive Director in all cases and without delay.

Legal Conformance: The organization's corporate compliance program also includes - as required by various legal mandates - periodic inspections and audits from state Behavior Health Division staff, Department of Family Services, OSHA and national accreditation organizations. As part of this policy, the ED must be immediately informed of any regulatory inspection. In the event that formal correspondence is received, copies must be immediately provided to the ED.

Responsibility for conformance: All employees are responsible for strict conformance with this policy. At least annually, the Corporate Compliance will ensure that all employees receive a "refresher orientation" on the organization's corporate compliance program with an emphasis on the organization's Code of Ethics. In the event that any participant, guardian or other interested "stakeholder" requests a copy of the organization's Code of Ethics, a copy of this policy will be immediately provided to them by the Administrative Specialist.

WHISTLEBLOWER PROTECTION POLICY

I-REACH 2 Inc. (IR2) requires directors, officers and employees to observe high standards of business and personal ethics in the conduct of their duties and responsibilities. As employees and representatives of the IR2, we must practice honesty and integrity in fulfilling our responsibilities and comply with all applicable laws and regulations.

Reporting Responsibility

This Whistleblower Policy is intended to encourage and enable employees and others to raise serious concerns internally so that IR2 can address and correct inappropriate conduct and actions. It is the responsibility of all board members, officers, employees and volunteers to report concerns about violations of IR2 code of ethics or suspected violations of law or regulations that govern IR2 operations.

No Retaliation

It is contrary to the values of IR2 for anyone to retaliate against any board member, officer, and employee or volunteer who in good faith reports an ethics violation, or a suspected violation of law, such as a complaint of discrimination, or suspected fraud, or suspected violation of any regulation governing the operations of IR2 An employee who retaliates

against someone who has reported a violation in good faith is subject to discipline up to and including termination of employment.

Retaliation occurs when an employer punishes or takes an adverse employment action against an employee in response to the employee engaging in a protected activity.

Retaliation can include any adverse employment action taken against an employee who complains of discrimination, harassment or a violation of workplace law.

Retaliation also includes an employer taking adverse action against an employee who participates in an investigation of a problem in the workplace.

- Protected Activity— this includes employee actions that are protected from employer retaliation, such as opposing a company policy/practice because the employee believes the policy/practice to be unlawful. Harassment and discrimination would be examples of unlawful policies/practices.
- Adverse Action— this is an action that is negative against an employee by an employer. Examples of adverse actions employers may try to take include: a negative change in the employee's condition of employment, such as being fired or demoted. It could also include reducing the employee's pay, giving the employee a negative performance evaluation, changing the employee's work schedule or shift, taking away job responsibilities, etc.

Reporting Procedure

IR2 has an open door policy and suggests that employees share their questions, concerns, suggestions or complaints with their supervisor. If you are not comfortable speaking with your supervisor or you are not satisfied with your supervisor's response, you are encouraged to speak with the Executive Director. If you are still not satisfied with the response of the Executive Director you are encouraged to speak to the Board of Director.

Supervisors and managers are required to report complaints or concerns about suspected ethical and legal violations in writing to the IR2 Executive Director, who has the responsibility to investigate all reported complaints. Employees with concerns or complaints may also submit their concerns in writing directly to their supervisor or the Executive Director or the organization's Board of Directors.

Compliance Officer/Executive Director

The IR2 Executive Director is responsible for ensuring that all complaints about unethical or illegal conduct are investigated and resolved. The Executive Director will advise the Board of Directors of all complaints and their resolution and will report at least annually to the on compliance activity relating to accounting or alleged financial improprieties.

Accounting and Auditing Matters

The IR2 Executive Director shall immediately notify the Board of Directors of any concerns or complaint regarding corporate accounting practices, internal controls or auditing and work with the Board until the matter is resolved.

Acting in Good Faith

Anyone filing a written complaint concerning a violation or suspected violation must be acting in good faith and have reasonable grounds for believing the information disclosed indicates a violation. Any allegations that prove not to be substantiated and which prove to have been made maliciously or knowingly to be false will be viewed as a serious disciplinary offense.

Confidentiality

Violations or suspected violations may be submitted on a confidential basis by the complainant. Reports of violations or suspected violations will be kept confidential to the extent possible, consistent with the need to conduct an adequate investigation.

Handling of Reported Violations

IR2 Executive Director will notify the person who submitted a complaint and acknowledge receipt of the reported violation or suspected violation. All\ reports will be promptly investigated and appropriate corrective action will be taken if warranted by the investigation.

Compliance Officer:

Tina Conley
Executive Director
tina@ireach2.com
307-265-8086

RETENTION AND DESTRUCTION POLICY

Document Destruction

The IR2 Document and Destruction Policy identifies the record retention responsibilities of staff, volunteers, members of the board of directors, and outsiders for maintaining and documenting the storage and destruction of the organization's documents and records.

IR2 staff volunteers, members of the board of directors, committee members and outsiders (independent contractors via agreements with them), are required to honor the following rules:

- Paper or electronic documents indicated under the terms for retention in the following section will be transferred and maintained by the Administrative Assistant;
- All other paper documents will be destroyed after three years; this excludes original agency generated Medicaid Waiver documents which will be destroyed after 7 years.
- All other electronic documents will be deleted from all individual computers, data bases, networks, and back-up storage after one year;
- No paper or electronic documents will be destroyed or deleted if pertinent to any ongoing or anticipated government investigation or proceeding or private litigation (check with legal counsel or the human resources department for any current or foreseen litigation if employees have not been notified); and
- No paper or electronic documents will be destroyed or deleted as required to comply with government auditing standards (Single Audit Act).

Record Retention

The following table indicates the minimum requirements and is provided as guidance to IR2 document retention policy.

Type of Document	Minimum Requirement
Accounts payable ledgers and schedules	3 years
Audit reports	Permanently
Bank reconciliations	3 years
Bank statements	3 years
Checks (for important payments and purchases)	Permanently
Contracts, mortgages, notes, and leases (expired)	7 years
Contracts (still in effect)	Contract period
Correspondence (general)	2 years
Correspondence (legal and important matters)	Permanently
Correspondence (with customers and vendors)	2 years
Deeds, mortgages, and bills of sale	Permanently
Depreciation schedules (maintained at the auditing firm)	Permanently
Duplicate deposit slips/ Duplicate receipt books/mail logs	2 years
Employment applications	3 years
Year-end financial statements	Permanently
Insurance records, current accident reports, claims, policies, and so on (active and expired)	Permanently
Inventory records for products, materials, and supplies	3 years
Invoices (to customers, from vendors)	3 years
Minute books, bylaws, and charter	Permanently
Participant Plan of Care, training sheets and other supporting documentation	7 years
Participant Schedules	7 years
Payroll records and summaries	7 years
Personnel files including all training records. (Class rosters shall be kept on the server)	7 years
Retirement and pension records	Permanently
Tax returns and worksheets	Permanently
Timesheets	7 years
Trademark registrations and copyrights	Permanently
Withholding tax statements	7 years
CARF Portfolios and Master Business Volumes	5 years

RISK MANAGEMENT PLAN

I-REACH 2 Inc.'s Risk Management Plan has been developed to establish a framework and process which will enhance our ability to meet our safety objectives and eliminate possible risk exposure. This plan outlines a set of activities designed to control threats to IRs in terms of people, income, goodwill, and our ability to accomplish organizational goals. Furthermore, this plan has been implemented to improve organizational awareness and management of risk, and increase our ability to manage risk while minimizing any adverse impacts of claims. This plan includes our insurance coverage as well as safety issues.

A. IDENTIFICATION OF LOSS EXPOSURE

The Executive Director will attend an annual meeting with the organization's insurance agent. Current insurance coverage will be reviewed, and any additional areas of need will be discussed. In addition, the organization will seek out proposals from at least one other insurance agency to assure that IR2 is receiving adequate coverage at the most affordable price. Proposals and subsequent insurance review will be completed during the month of December and January to allow for annual policy renewal in March.

Incident reports will be completed for any accident/incident/worker's compensation/HIPAA claim. All safety related incidents and accidents will be reported to the Health/Safety Coordinator and the Community Employment/Community Living Coordinator. Incidents/accidents involving a possible claim will be reported to Wyoming Worker's Compensation. Claims meeting OSHA 300 requirements will be logged on the OSHA 300 Form. HIPAA forms and claims will be referred to IR2 Privacy Officer (Executive Director).

B. EVALUATION AND ANALYSIS OF LOSS EXPOSURE

Claim history will be reviewed for trends in loss exposure. Minutes will include any action plan to improve current coverage, if applicable.

Accidents and incidents shall be reviewed by the Quality Improvement/Human Rights Committee. Accidents and incident summaries will be available for review by individual and by site. Trends will be identified and possible solutions discussed. Minutes of these meetings will be available for a reference. HIPPA claims will be mitigated and, when necessary, the Privacy Officer will appoint a team to develop additional security measures to avoid additional violations of the Privacy Policy.

C. IDENTIFICATION OF HOW TO RECTIFY IDENTIFIED EXPOSURES

The professional opinion of our insurance agent will be considered in our decisions for insurance coverage. Possible added coverage will be discussed depending on future needs and past claim history. If it is deemed that adequate coverage is available, no action will be necessary.

The Quality Improvement/Human Right Committee will identify trends from incident reports and make recommendations to the Management Team. Recommendations may include behavior plans, facility modifications, adaptive equipment, etc.

D. IMPLEMENTATION OF ACTIONS TO REDUCE RISK

Once recommendations have been approved, steps will be taken to implement the recommendations. If it is deemed necessary to purchase additional insurance, purchase of said insurance will immediately ensue.

For other recommendations, implementation will occur as soon as the organization is able to make necessary arrangements with contractors, suppliers, etc. Hazard Repair/Work Order forms will be completed, and will indicate the location of the repair/modification. If HIPAA recommendations necessitate the action, the Privacy Policy will be revised.

E. MONITORING OF ACTIONS TO REDUCE RISK

Monitoring of actions to reduce risk will take place in a variety of ways. Insurance will be informally reviewed quarterly, and an annual formal review will occur. Wyoming Workers' Compensation will provide a cost analysis that will be annually reviewed.

Incident reports will be reviewed to analyze changes in trends. Health and Safety inspections will be conducted to verify compliance with applicable CARF and State standards. Hazard Repair/Work Order forms will be

completed and reviewed, and work for each will be inspected by the Community Employment/Community Living Coordinator or Health/Safety Coordinator. Behavior plans will be reviewed and modified according to policy.

All program participants will have a billing audit conducted in coordination with the annual Individual Plan of Care and corresponding 6 month review. This audit focuses specifically on the appropriateness of billing practices and is conducted by staff trained to compare dates and service codes on the billing system to the dates, units, and service codes provided to program participants. Errors found during the review will be corrected within 10 business days.

Additional monitoring actions to reduce risk are outlined in the IR2 Financial Management Manual.

F. REPORTING RESULTS OF ACTIONS TO REDUCE RISK

Results of actions take will be found in Management, Staff, Quality Improvement/Human Rights, and BOD minutes, as well as on work request forms. Additional reporting can be found in Quality Improvement/ Corrective Action plans submitted to outside inspection agencies, including OSHA, insurance inspectors and DDD.

G. INCLUSION OF RISK REDUCTION IN PERFORMANCE IMPROVEMENT ACTIVITIES

Safety is an integral part of the Mission, Vision, and Values of I-REACH 2 Inc. Safety observations are presented in New Employee Orientation, during monthly all-staff meetings and annual employee evaluations. Risk reduction is considered in all strategic planning activities.

Monthly safety drills, participant meetings, individualized goals and behavior plan promote health and safety, identification of hazards, and safety procedures to the individuals we serve.

This Risk Management Plan is to be utilized to give an overview of our risk management activities and status. It is not intended to be all inclusive and will be revised as necessary.

MEDIA POLICY/SOCIAL MEDIA POLICY

1. PURPOSE:

To safeguard I-REACH 2 Inc.'s (I-REACH 2 INC.) public image, assure consistency with policies/positions, help preserve confidentiality of participant information, and to provide media outlets accurate and timely access to information. This policy governs media relations for the agency, including outreach and response to the media. It also enables I-REACH 2 INC. to comply with the Health Insurance Portability and Accountability Act (HIPAA) of 1996, which governs privacy standards for health care information.

2. POLICY:

It is the responsibility of the Executive Director to coordinate all proactive and reactive statements to the news media on behalf of the agency, its employees and its agents, as well as its participants.

3. PROCEDURES:

All information requests, interviews, photographs or videos involving participants, their families or visitors require advance consent and completion of the Photography/Media Release Form which, in the case of participants, should be filed in the main file. For Individuals with guardians, parental/legal guardian consent and signature are required.

a. All interview requests should be forwarded to IR2's Executive Director. No other employees are authorized to speak with the media regarding I-REACH 2 INC. or participants unless authorized by the Executive Director.
b. It is the responsibility of the Executive Director to issue news advisories/releases, interface with the media, and obtain any necessary administrative/ department clearance for media visits/interviews, accompany the agency's resources during the interview, and advise as appropriate in advance of a media visit.
c. It is the responsibility of employees seeking to involve the news media or independent video, film or publication representatives in filming, photographing or interviewing customers, employees, or agency facilities to coordinate these activities through the Executive Director with as much advance notice as possible.

d. It is the responsibility of employees contacted by the news media during regular business hours to immediately refer the call to Executive Director.
e. During evening, night or weekend hours, media calls should be immediately referred to the Administrative On-Call (307-258-5959) who will be responsible for fielding the inquiry, determining the need to contact the Executive Director and, in the event of an interview, photograph or video, verifying the appropriate consents and release form(s) signatures.
f. It is requested that any public figure or special interest case which could result in media interest be conveyed at the earliest convenience to the Executive Director.

4. SPOKESPERSON: The following individual(s) is/are I-REACH 2 Inc. spokesperson/spokespeople:
   a. Tina Conley, Executive Director
   b. Jaime Cureton, Community Employment/Community Living Coordinator

Online Social Networking Policy

PURPOSE:

To provide guidelines to employees who are engaged in online social networking.

POLICY:

IR2 respects the right of any employee to engage in online social networking using the Internet and other technology during their personal time. This specifically includes websites such as Facebook, YouTube, Twitter, LinkedIn, Instagram, and Pinterest as well as various blogs. This policy covers instant messages, text, video, photos, and audio. While we respect the employee's right of self-expression, in order to protect the agency's interests and ensure employees focus on their job duties, employees must adhere to the following guidelines:

a. Employees may not engage in such activities during work time or at any time with agency equipment or property.
b. All policies regarding confidentiality and personnel policies such as policies prohibiting harassment and discrimination should be followed. Information regarding persons receiving services must not be disclosed. The privacy rights of fellow employees must be respected.
c. Employees may not friend an individual currently receiving service from IR2 This also applies to the individual's caregivers and guardians.
d. Information published on social media networks that have to do with any aspect of work must comply with IR2's confidentiality statement, HIPPA, and Code of Ethics. This also applies to comments posted on other blogs, forums, and social networking sites.
e. IR2 employees may not create a social networking site or service to conduct agency business.
f. If the employee mentions the agency while engaging in social networking and also expresses a political opinion or an opinion regarding the agency's actions, the person must specifically note that the opinion expressed is his/her personal opinion, not the opinion of the agency. This is necessary to preserve the agency's goodwill among stakeholders such as funding and regulatory bodies, referral sources, families, and others. This standard disclaimer does not by itself exempt program supervisors, managers, coordinators, and the leadership team from a special responsibility when using social networks.
g. Employees identifying themselves as employed by IR2 must ensure their profiles and related content is consistent with how the employee wishes to present him/herself to colleagues, individuals receiving services, and other stakeholders.
h. Social networks are not the place to communicate to employees regarding agency policies.
i. Be respectful to IR2 other employees, individuals receiving services, and competitors. Respect your audience. Do not use ethnic slurs, personal insults, obscenity, or engage in any conduct that would not be acceptable in IR2's workplace.
j. Respect copyright laws, public record laws, and privacy protection laws. Plagiarism applies online as well.
k. Any conduct that is illegal if expressed in any other forum in expressly prohibited.
l. IR2 logos and branding may not be used.

IR2 encourages all employees to consider the manner and the speed by which information can be relayed using technology and how such information can be misunderstood. We promote a culturally and ability sensitive environment. We expect that any employee who is engaging in social networking is sensitive to disabilities as well as

cultural, ethnic, sexual orientation, religious, and other beliefs. While an employee's free time and personal equipment is generally not subject to any restrictions by IR2, the agency urges all employees to not post information about IR2 or their jobs which could lead to morale issues in the workplace or which could detrimentally affect the agency's interests. We expressly reserve the right to discuss questionable material with the employee.

Employees should use their best judgment. If you are about to post something that makes you uncomfortable or that could be offensive to others, you should review the rules above.

COMPLIANCE:
Users must immediately report violations of this policy to their supervisor, as well as to the Executive Director.
ENFORCEMENT:
All supervisors are responsible for enforcing this policy. Employees who violate this policy are subject to discipline up to and including termination from employment, professional discipline, or criminal prosecution, in accordance with IR2's personnel policies, Human Resource Policies, and Privacy Policies.

TECHNOLOGY PLAN

IR2 (IR2) uses its technology to increase efficiency and communication throughout the organization. It is our intent to utilize the most appropriate technology available to improve the overall program and the services we provide to the individuals we support.

HARDWARE

IR2 has one server, 14 computer systems, 8-Ipads, 5 tablets, 8 Chromebooks 2 I-phone, one network printer, copier, scanner and 4 stand-alone printers. These systems are on an as needed replacement schedule, with new computer systems being purchased as the need arises. Most systems are connected to a local area network which is maintained by our Network Administrator. In the event that a computer is sold to a third party or no longer used, the hard drive is reformatted or destroyed to ensure that all data is removed prior to the computer leaving the IR2 premises.

SOFTWARE

IR2 currently uses Microsoft Office Software, QuickBooks, Therap, and Xerox electronic billing for the State of Wyoming Medicaid system. This software is assessed on a regular basis to ensure that it continues to be the most beneficial software for our organizational needs. Various software programs are researched and evaluated as the need for these programs becomes apparent.

SECURITY

The local area network is located in the main office. Only those with administrator passwords (Network Administrator, ED, and Administrative Coordinator) can manipulate network settings. All wireless networks are encrypted with a Wireless Application Protocol (WAP).

CONFIDENTIALITY

All devices are protected with passwords.

BACKUP POLICIES

All computer information is saved on the network. The network is backed up weekly on an external hard drive and stored in the agencies fire safe. Once a month the external hard drive stored in the fire safe is swapped with another external drive that is stored off-site in the organization's safety deposit box. The Administrative Coordinator is responsible for this backup, with the Administrative Specialist filling in during his/her absence.

ASSISTIVE TECHNOLOGY

Assistive technology will be available as it is requested. In the event of such a request, available technology will be assessed as to its usefulness and appropriateness for the situation. Participant assistive technology is purchased as deemed necessary and appropriate staff will be trained to assist the participant.

DISASTER RECOVERY PREPAREDNESS

The main file server is equipped with a battery UPS for surge protection and power loss protection. In the event of a disaster, the last backup of agency-wide computer files will be used to recover data. Additionally, financial files are available from organization's auditing firm. In addition, IR2 works with two local computer assistance firms who are available to us in the event of a disaster.

VIRUS PROTECTION

Our local area network is protected with a firewall, and these programs are updated automatically. Internet access is limited to those needing the access for duties required of their jobs. Computers are protected with anti-virus software.

This technology plan is to be utilized to give an overview of our technology status, and is not intended to be all inclusive.

COLLECTING OUTCOMES MANAGEMENT DATA

In an effort to continually improve the design and delivery of services at IR2 a series of documentation is collected and evaluated over the course of each year pertaining to our agency and the individuals we serve.

In order to increase the agency's efficiency and effectiveness, and both Individual and Stakeholder satisfaction, IR2 collects the following information:

- Consumer/Stakeholder Satisfaction Surveys (annually)
- Health and Safety Checklists (Quarterly)
- Program Percentages (daily, monthly, quarterly, bi-annually and annually at IPC or IPC update staffing).
- Percentages of Units used (monthly)
- Accessibility and Barriers Surveys (quarterly)
- Exit Interviews (when an Individual leaves ANY program area)
- Budget Information (annually)

Data gathered is responsive to the needs of:

- Individuals receiving services
- Employees of IR2/Other internal stakeholders
- External Stakeholders

While employees/management of IR2 may be responsible for collecting the data above, it is the sole responsibility of the Administrative Team to ensure that the information collected is compiled, analyzed and reported to the individuals receiving services, employees and other internal/external stakeholders, including the Board of Directors.

USING THE INFORMATION GATHERED

The information gathered is evaluated and reported annually to consumers, external and internal stakeholders through:

- The IR2 quarterly newsletter and consumer meetings
- The report generated is discussed at length in the annual planning meeting of the agency and is used to assist with goal setting for the upcoming year.

The Annual report shall include the following information:

- Demographics of the consumer population
- Trends in the population receiving services
- Incident Report Tracking Information
- A comparison of actual program results to identified goals
- Actions, Improvements, Changes undertaken since the previous report.

The annual report is used to help guide agency management to improve overall results of services provided, resource allocation, staff development, marketing or community outreach efforts and strategic planning.

Perhaps the most important outcome of the report itself is that it reflects areas of agency, individual and stakeholder strengths and pinpoints areas in need of modification or improvement. This allows the agency to plan according to the trends or needs for service of individuals and stakeholders.

COLLECTION OF FOLLOW-UP DATA

Exit summaries shall be gathered from individuals leaving our services or transferring from one service area to another. In addition exit summaries are gathered from individual employees at the time they leave our organization. These summaries are designed to provide us with important insight and information regarding our service delivery, design, work environment, and to pin-point areas of strengths as well as areas of concern.

- The Community Employment/Community Living Coordinator, Business Manager or designee shall be responsible for conducting exit interviews with participants and employees leaving IR2

- Each Participant leaving ANY Service Area must complete an EXIT INTERVIEW FOR THAT AREA OR ALL AREAS OF SERVICE. The Community Employment/Community Living Coordinator responsible for ensuring that EXIT INTERVIEWS ARE CONDUCTED AND PLACED IN THE INDIVIDUAL'S MAIN FILE.

- At least annually for the following two years after any individual has left all IR2 services, management will make an effort to touch base and review with the consumer or their guardian the individual's current placement, progress, needs, etc.

- If IR2 is unable to reach the individual at the address and phone numbers given at the time the individual leaves all services, it shall be noted on the original exit interview.

- Employees leaving IR2 shall be asked to complete an EXIT SUMMARY prior to receiving their final pay check from our agency. This information assists our agency in determining summary information concerning the reasons an individual is terminating their employment and potentially identifies any areas in which our agency may make suggested changes with regard to the support, services, benefits and pay we provide.

POLICIES ON INDIVIDUAL SERVICES

POLICY:

IR2 is committed to providing each individual service based on the person's ability or their designated and approved representative to make informed choices on their program placement, comprehensive care plan and individual training goals.

PROCEDURE:

Each program area will provide training in decision making-choice and self-advocacy skills as well as education in service and training options. IR2 will comply with all Federal, State and local laws and regulations regarding informed consent for people with disabilities.

ENTRANCE/ELIGIBILITY CRITERIA

POLICY:

I-REACH 2 INC. believes that establishing specific entrance and eligibility for individuals to our various programs, via a team process, is essential. This criteria is perpetually evaluated to ensure that the criteria set forth is consistent with individual needs, choice and goals as well as our agency's overall mission, goals, objectives and ability to provide the highest level of quality care and service for individuals and their families.

Eligibility Criteria Includes:

- At least 18 years of age when transitioning to an I-REACH 2 INC. program from a school district or other program
- Have a documented and substantiated disability through our State Division of Developmental Disabilities or Department of Health Acquired Brain Injury Division

- Be receiving waiver services, Medicare or Medicaid services or be willing to secure other private resources for payment for services at I-REACH 2 INC.
- I-REACH 2 Inc. does provide a limited number of private pay enrollment slots for individuals on the Medicaid Waiver waiting list. The maximum number of slots allocated to private pay individuals will not exceed 4 participants across all program areas.
- Not be in need of on-site skilled nursing services.
- Not be a danger to themselves or others.
- Not have physical, chemical, or mechanical restraints as part of the individual plan of care.
- Not have any or pending convictions for crimes against a person. Other criminal offenses will be evaluated on a case-by-case basis. Please see the criminal offender policy in the Individual Handbook.
- A person should be able to benefit from I-REACH 2 Inc. service.

PROCEDURES:

When considering I-REACH 2 INC. as a service provider, these procedures for enrollment are as follows. Each Individual/guardian must complete or provide all required entrance/eligibility information which includes:

  - Application for Services
  - Release of information to obtain pertinent information from the current provider
  - Current Individual Plan of Care
  - Six months of incident reports
  - Inventory for Client and Agency Planning (ICAP) and/or a Supports Scale Assessment (SIS)
  - Psychological Evaluation
  - Guardianship papers (if applicable)

- I-REACH 2 INC. provides an "Administrative Guide" which is the required intake packet that includes all IMPORATANT information related to the care, safety, welfare, and overall improvement of the quality of life of the children and adults we serve. (The individual, their legal representative and/or Case Manager MUST AGREE TO PROVIDE UPDATED RELEASES, ACKNOWLEDGEMENTS AND OTHER INFORMATION/CONCERNS AND INPUT, ANNUALLY AND/OR PERIODICALLY AS CIRCUMSTANCES, NEEDS, PREFERENCES CHANGE!)
- Prior to acceptance to the program, I-REACH 2 INC. personnel will meet with the individual team, to include the Individual's Case Manager, guardian, natural support staff or other agencies, to review the intake information/Individual Plan of Care, level of supervision and to determine level of risk and proper placement at I-REACH 2 INC..
- A copy of the Participant Handbook shall be given to the individual/guardian for a complete read and sign-off to the program requirements, rules and standard operating procedures.

INELIGIBILITY

After careful review of all I-REACH 2 INC. program entrance criteria, individual participant needs, preferences, goals, health and safety information, the I-REACH 2 INC. administrative team ultimately makes the final determination as to eligibility or INELIGIBILITY of an individual for any program service area.

When a person is found ineligible for the I-REACH 2 INC. program, the Individual, their case manager and guardian, where applicable, will be notified by the Community Living & Employment Coordinator and documented on the service inquiry log.

When an address is provided, a letter shall be sent containing the specific reasons for denial or ineligibility for services and included in this documentation will be suggestions or possible alternative services or resources that may be utilized by the Individual. Additional resources, referrals and recommendations shall be considered and documented whenever I-REACH 2 INC. cannot provide service to an individual.

WAITING LIST

In the event enrollment at I-REACH 2 Inc. reaches 50 waiver participants, the group homes are at capacity, and/or we are at our staffing capacity, a waiting list will be established for those seeking services. The waiting list will be created based on the date the services were requested by the team, need and availability based on the Individual's service area request, and whether or not the individual has waiver funding. A list will be completed and kept by the Community Living & Employment Coordinator to be reviewed with the Executive Director quarterly or as needed.

Individuals with waiver funding will take precedent over non-waiver individuals. In the event more than one waiver funded individual is on the waiting list we will consider an individual's level of supervision, service need, exploitation risk, and other extenuating factors. Individuals and their teams will be notified by phone and in writing when they have been removed from the waiting list and accepted by I-REACH 2 Inc. for services.

INPUT REGARDING SERVICES

POLICY:

IR2 shall obtain and utilize input from the persons served, their guardians, and other stakeholders regarding the quality and types of services offered through the IR2 program.

PROCEDURE:

IR2 Administration, Management and employees are responsible for ensuring that the following information is collected to ensure consumer and stakeholder input into our service design and delivery:

- Monthly consumer meetings with IR2 Individuals/Employees
- Program Planning through team meetings/IPC Development
- Performance improvement/Program Data
- Annual consumer satisfaction surveys
- Annual Employee satisfaction surveys
- Annual stakeholder surveys
- Exit Interviews of participants and employees

Information obtained via the above sources is evaluated and used to:

- Develop, revise and implement the individual's plan, change service delivery and develop short and long-range goals
- Improve the performance of the individual
- Improve the performance of or delivery of services by the organization
- To define and plan for utilization of all available resources or natural supports
- Develop or revise our agency's annual plan, our service delivery, design and short or long term goals that affect the individual
- To assist in annual fiscal planning and budget management.

QUARTERLY AND ANNUAL REPORTS

POLICY:

IR2 collects and disseminates information regarding each area of service in an effort to ensure that a collaborative and open process exists for recognizing outstanding areas and pinpointing areas of service design or delivery that may need revision or improvement in order to achieve greater individual, employee or overall agency success.

PROCEDURE:

1. IR2 will compile quarterly data of program percentages for each individual served. This information shall be used to report performance improvement or decline and shall be used in changing service delivery or design, improving or eliminating services, short and long-range planning, and identifying personnel and individual training needs.
2. On an annual basis, information shall be collected regarding the operation or impact of each of the program or service areas including individual and stakeholder satisfaction, accessibility surveys, employee satisfaction, growth, environment, concerns or changes that have been implemented.

3. At least one time during the course of the year, information obtained from consumer and stakeholder surveys shall be published in the IR2 quarterly newsletter. Yearly summary information shall be published in the agency's Annual Report.
4. This report shall be made available to all board members, guardians, case managers, Individuals and staff of the IR2 Program or interested consumers.
5. Agency reports, plans, and newsletters will also be made available on the IR2 website at www.ireach.com.

FEES FOR SERVICES

Billing is conducted on a weekly basis and is set according to current state rates for reimbursement under the Medicaid Waiver. These fees are utilized to pay salaries and operating expenses of the IR2 organization.

Persons not currently receiving waiver funding through the State of Wyoming Division of Developmental Disabilities will be assisted in locating resources for payment; waiver services, grants, scholarships when requested and other private pay resources may be negotiated and utilized on behalf of the individual's needs and opportunities for success.

IR2 does provide a limited number of private pay enrollment slots for individuals on the Medicaid Waiver waiting list. The maximum number of slots allocated to private pay individuals will not exceed 4 participants across all program areas.

Upon entrance to the IR2 program a particular rate or an existing plan of care may be honored until the plan update or date for a new plan of care is set.

RESIDENTIAL ROOM AND BOARD POLICY

All persons residing in an I-REACH 2 Inc. group home shall sign a residential lease agreement. This agreement shall afford the resident the protection from eviction as the general public and is a standard agreement used by local real estate leasing companies. In addition, the lease agreement shall spell out room and board inclusion such as food, utilities, etc.

*This agreement is located in the appendix.

ACCESSIBILITY POLICY

IR2 will facilitate maximum accessibility for persons with disabilities by taking considerable steps to remove attitudinal, architectural, employment, transportation, communication and other barriers that would prevent accessibility for persons with disabilities within the IR2 organization and in the community.

In addition, IR2 will comply with the Americans with Disabilities Act (ADA) and any other applicable law related to accessibility. To promote accessibility, IR2 will:

- Form an "ACTION COMMITTEE" made up of Individuals, staff and administration from the I- IR2 program that shall meet QUARTERLY in conjunction with the QUALITY IMPROVEMENT/HUMAN RIGHTs COMMITTEE MEETINGS to discuss barriers, necessary adaptations, implement annual accessibility plans and changes within locations to improve accessibility for the differently-able.
- Make reasonable accommodations for people with disabilities who, with these accommodations, can live more comfortably and access the community more independently.
- Continue to identify and remove structural and attitudinal barriers in any IR2 supported facility or in the community.
- Facilitate the use of assistive devices as determined appropriate by qualified professionals.
- Make efforts to have available accessible transportation or facilitate as needed for persons served by the IR2 program.
- Provide education, training and support for Individuals, staff and the community on the development of positive attitudes in working and living with people with disabilities.
- Use annual accessibility report and on-going reports to identify needs and facilitate changes whenever possible pertaining to accessibility at IR2 homes, the main facility, work- sites and in the community.

Specific policies which also apply to accessibility include: Policy on Non-Discrimination, Policy on Personnel Selection and service policies on Community Integration, Transportation, Supported Employment, and Community Living.

ACCESSIBILITY FACILITY CHECKLIST

IR2 uses the Accessibility Facility Checklist to identify barriers that may limit access and use of facilities. The Facility Checklist can also be used by public entities to identify architectural barriers and communication barriers that are structural in nature. This checklist was developed from ADA Accessibility Guidelines but is not designed for a comprehensive evaluation of compliance with ADAAG's complete scope and technical requirements. New construction and alterations must be in full compliance with the applicable standards in ADAAG; however, Title II does not require that existing facilities be retrofitted for full compliance. It does require that programs, when viewed in their entirety, be readily accessible to and usable by people with disabilities.

As the ADA coordinator and compliance monitor of IR2, the Administrative Team is personally responsible for making this analysis to determine the level of accessibility within our program and the facilities we use. The Administrative Team may delegate or ask for additional surveys from Individuals or personnel for comparison results from time to time.

It is a goal and priority that IR2 maintain and set examples of "good practices" regarding accessibility issues and problems within our own facilities as well as assisting people with disabilities in promoting and assessing other community services and supports. Accessibility Checklists are completed QUARTERLY for any IR2 operated facility and at least annually in community supported sites.

In addition IR2 includes information gathered in "BARRIER" sections in consumer meetings and via as needed BARRIERS reports written at least quarterly within our own facilities to identify and address any accessibility issues/problems.

BARRIERS TO ACCESSIBILITY

IR2 Individual managers conduct a self-survey monthly with participants and staff present. Survey notes and results should be documented at least once per quarter on a BARRIERS CHECKLIST form.

Any Barriers noted are followed up on and documentation as to the status is recorded in the minutes of the following month's meeting. The area Manager or appropriate designee is responsible for scheduling and conducting monthly Individual meetings and for submitting information to the area Coordinator. The Area Coordinator is responsible for any needed follow-up to address any accessibility issue that cannot be resolved within a particular area.

ACCESSIBILITY PLANS

POLICY:

IR2 acknowledges the precept that creating an annual Accessibility Plan that is a working document, based on the identification of accessibility needs, issues, problems and resolutions is of significant importance in the overall delivery and design of the services we provide and the community in which we provide those services.

PROCEDURE:

IR2 uses the information gathered from accessibility checklists, barrier check-lists, consumer and employee meetings, and outside professionals to develop both short and long term accessibility goals and objectives in the following areas:

- Physical/Architectural Access
- Finances/Communication/Technology/Transportation Access
- Employment Access
- Community Access
- Attitudinal/Physical/Environmental Barriers and Solutions
- Other barriers identified by Individuals, personnel and stakeholders

The Accessibility Plan is written by the Administrative Team and the annual plan is reviewed on an annual basis and updated as needed by the IR2 Administrative Team to monitor follow-up and progress. A status report is written at least annually about the identified barriers including time lines for removal of barriers, progress made in the removal of barriers and those areas still needing improvement.

REQUESTS FOR REASONABLE ACCOMODATIONS

POLICY:

IR2 does not currently have the fiscal ability to readily purchase items for individual or employee use on demand. We do, however, participate in the team process for identifying potential barriers or accommodations that may assist an individual in personal and social or workplace settings or at home.

PROCEDURE:

IR2 will conscientiously review and entertain every request for reasonable accommodations and make every effort to accommodate individuals whenever possible.
When an accommodation cannot be made by our organization we shall provide the consumer with other resources that may be available to help facilitate the purchase or use of adaptive equipment.

In the event of accommodations which are of a general nature, i.e. (bathroom handrails, ramps, lever faucets, reachable light switches, etc.) in which the benefit is for several participants, IR2 shall work to include all accommodations into future fiscal budget and planning resources whenever possible.

USE OF EXIT SUMMARY

Information gathered is used in our annual outcomes report, which in turn assists us in strategic planning or in facilitating changes which we deem necessary for the good of the individuals we serve, our employees, and our organization.

CASH HANDLING POLICY

It is the policy of IR2 that there will no more than $50.00 each kept on site for any participant in our Curtis Street homes. (See the participant handbook for additional details regarding the care of Individual's funds) If at any time, any participant has an amount over the $50.00, that money will be documented and taken to 1st Interstate Bank of Casper and placed in the safety deposit box rented by IR2

The Executive Director and Community Employment/Community Living Coordinator are currently the authorized users of the safety deposit box. A transaction sheet documenting the amount the participant has in the safety deposit box will be maintained in the Business Office and will show when funds are routed to the safety deposit box and/or routed home. The amounts will be verified by 2 staff before taking the money to the safety deposit box.

In order to continue to provide access to community-integrated activities that cost money the following options are made available for individuals in our day programs.

OPTION 1:

Program guardians/payees will provide the money necessary for their individual to attend the outings noted on the activity calendar and IR2 will not handle these funds whatsoever. We will assist the individual in obtaining a receipt and reminding them to take the receipt to their guardian/payee.

OPTION 2:

Program guardians/payees who are not comfortable with sending money with their Individual will sign a preapproval form that will allow their Individual to attend activities not to exceed $35.00 month. At the end of the month the Business Manager, will invoice program guardians for that month's activity fees and guardians /payees will be responsible to pay this bill within 15 days or their individual will not be able to participate in outings that cost money.

FINANCIAL MANAGEMENT POLICIES

I. OVERVIEW

A. Purpose

The purpose of this manual is to describe the financial accounting policies and procedures of I-REACH 2 Inc. (IR2). The manual also details the internal controls and specific methods to safeguard IR2 assets, check the accuracy and reliability of recorded accounting data, and promote efficiency in the accounting operations.

B. Basic Principles

It is IR2 policy to maintain good accounting records based on generally accepted accounting principles for non-profit organizations. Within these principles, IR2 adheres to generally accepted accounting principles to ensure costs are reasonable, allowable, and allocable.

Accurate accounting and financial reporting within IR2 are integral to providing the necessary information for budgeting, planning, and management responsibilities. To achieve this, IR2 financial management and reporting systems are constructed so that:

- all payments are based on fully supporting documentation;
- all financial records are supported by source documentation;
- reports can compare actual expenditures with planned expenditures

Within IR2 financial management and reporting system, a number of checks and balances have been established. Given the small size of the IR2 staff, there are limitations in our ability to provide a complete separation of duties and responsibilities.

We believe, however, that through the combination of a sound accounting system, daily attention by the Executive Director, regular oversight by the Board of Directors, and independent activities, such as our annual financial audit and, as needed, accountant support, we can achieve sufficient separation of duties and responsibilities.

II. CHART OF ACCOUNTS

IR2 accounting system shall ensure that all expenditures are properly recorded and assigned appropriately. A detailed chart of accounts will be developed that provides adequate management information and demonstrates the true nature of transactions.

III. CASH MANAGEMENT

A. Cash

Only cash necessary to meet anticipated day-to-day expenditures plus a reasonable cushion for emergencies shall be kept available. Any excess cash shall be invested in an income producing instrument, approved by the Board of Directors.

IR2 will maintain a bank balance sufficient for its immediate operating needs.
All cash and checks received must be deposited promptly; preferably, within one or two working days.

Cash disbursement (check payments) must be released according to invoice terms and on a timely basis to ensure continued good relationships with vendors. IR2 maintains a $50 petty cash funds at the Curtis Street homes, and $50 at the main office.

B. Bank Accounts

A separate general ledger account is maintained for each bank account. A separate bank account may be opened to meet the specific requirements of a donor or as deemed necessary by IR2 The IR2 Board of Directors will review all existing bank accounts annually as part of the budget approval process.

C. Cash Receipts

The mail is to be opened by the Administrative Specialist, and all checks received must be recorded on the "incoming mail log." The log must include the date, name of sender, amount, and purpose of all checks received. The Administrative Specialist then forwards all checks to the Executive Director for coding purposes, following coding all fiscal items (A/P, A/R are forwarded to the Business Manager for entry in the accounting system. All cash and checks received must be deposited promptly; preferably, within one or two working days.

IV. CHECK PROCESSING

A. Authorized Check Signers

IR2 utilizes a single signer check signing system for any check under $3000.00. For checks over this threshold a second signature by a Board member is required. The Board of Directors in consultation with the Executive Director shall determine the appropriate personnel for checking signing. Checks are issued for the following purposes:

- payment of on-going or regularly recurring expenses of the organization, including, but not necessarily limited to, monthly rent, telephone charges, utility charges, and equipment rental fees;
- purchase of office supplies, postage, and other expendable items, as required;
- payment of salaries to any and all employees
- reimbursement of expenses incurred by IR2 employees in performance of duties directly related to the work of the IR2, provided that proper documentation is supplied. All reimbursements require Executive Director approval.
- purchase of equipment necessary for the operation of the IR2 offices, including, but not limited to, facsimile machine, computer systems, copy machines, and office furniture; and
- any other incidental purposes as may arise for the orderly operation of the IR2 organization

B. Payment Procedures

Each check to be signed must be accompanied by original supporting documentation. The Accounts Payable personnel and the Executive Director shall ensure that the original supporting documents, including invoices, are maintained in the vendor's file.

Checks presented for payment (i.e., to be signed), are to be signed as expeditiously as practicable. Invoices must be paid according to invoice terms and are processed on a timely basis to ensure continued good relationships with vendors. It is IR2 policy to mail checks as expeditiously as practicable after they are signed.

C. Supporting Documentation for Payments

All expenditures must be approved for payment by the Executive Director. Payment must be made only from original invoices. All invoices are required to have the Executive Directors signature along with an assigned budget code. No payment will be made based on photocopies of invoices or from vendor statements. A signed fax of an invoice is acceptable if approved by the person signing the check for payment.

V. BANK ACCOUNT MANAGEMENT

A. Bank Statement and Reconciliation

All bank statements are sent to IR2 and opened by the Board Treasurer. The bank statements shall be reviewed by the Executive Director and the bank reconciliation performed on a monthly basis. Bank reconciliations must be completed no later than 10 business days following receipt of the bank statement. Reconciliations must agree with the general ledger. The Business Manager will review all outstanding checks outstanding on a monthly basis. For those outstanding more than one month, the Business Manager shall call the payee to ascertain the status of the payment. The Business Manager will continue to call the payee until the check is deposited, and if a check is still outstanding after three months, Accounting Personnel will contact the bank and place a stop order on the check. All account reconciliations and outstanding check reports are reviewed an approved by the Executive Director on a monthly basis. In addition, the board treasurer receives unopened bank statements and reviews them against the approved reconciliations on an ongoing basis.

B. Check Control

The Check Register, which is internal to the QuickBooks accounting system, is maintained by the Accounting Personnel. The check register identifies the check number, date the check was issued, vendor, purpose and amount. Checks are kept under lock and key Physical access to unissued checks is restricted to the Accounting personnel and the Executive Director. At the end of each month, the bank returns copies of bank processed checks (cancelled). All bank processed checks will be maintained in numerical sequence. Accounting Personnel will update the check register to identify those checks that have cleared the bank.

C. Voided Checks

A check will be voided when it has been found that the check was issued in error (e.g., wrong amount or wrong vendor). Voided checks will be marked "VOID" in large letters. All voided checks will be stored in a voided check file in the business office and filed at the end of the year in the Fiscal files. . The check register in the QuickBooks accounting system will be updated to identify the check number of any cancelled checks. Once the bank has been notified to place a stop order on any check, that check number must be voided within the QuickBooks accounting system. If a new check is subsequently issued, then a cross-reference will be made to the cancelled check.

VI. CREDIT CARD USE

A. Credit Card Company

IR2 uses First Interstate Bank MasterCard as its credit card company at this time. All credit card receipts must be signed, budget coded and turned in timely and matched to the corresponding credit card statements.

B. Authorized Cardholders

The Executive Director is the only authorized cardholder at this time.

VII. CLOSE-OUT

A. Monthly

Prior to month end close-out, all accounting transactions, including journal vouchers, will be posted. The accounting personnel will close-out by the fifth working day of the month. IR2 accounting system (QuickBooks) has a close-out feature that automatically updates all the accounting files and reports. Once the close-out has occurred, the Accounting Personnel will perform the bank reconciliation. Accounting Personnel will run any required financial reports.

B. Quarterly

The same procedures as month-end will be followed. Accounting Personnel will advise the Executive Directors of amounts due for quarterly Workman's Compensation and Unemployment Insurance amounts that will be due for payment.

C. Year-End

The same procedures as quarter-end will be followed at year-end.

VIII. AUDIT

In compliance with CARF standards and generally accepted best practices, IR2 will hire a qualified accounting firm to conduct an annual financial audit. The audit will take place shortly after the end of the federal fiscal year. The Executive Director is responsible for sending copies of the audit report and related documentation to the appropriate authorities and reporting the Board of Directors the findings of the Management Letter.

IX. FIXED ASSETS

A. Definitions

I-REACH 2 Inc defines assets as: real property is land, including land improvements, structures, and appurtenances thereto, but excludes movable machinery and equipment; personal property is any kind of property that is not real property; and equipment is a fixed asset having a useful life of more than one year and an acquisition cost of more than $500.

B. Recording of Fixed Assets

Fixed assets, the cost and accumulated depreciation, shall be recorded. An off-line depreciation schedule shall be utilized and any additions, disposals, and period depreciation must be updated to the detailed ledger monthly. On a monthly basis, the detailed depreciation schedule must be reconciled with the general ledger for asset cost and accumulated depreciation.

Fixed assets are stated at cost plus shipping and training, if applicable. Donated property and equipment are stated at the fair market value at the date of donation. Depreciation is computed using a straight-line method over the estimated useful life of the assets, normally three to five years.

C. Recording of Fully Depreciated Assets

Fully depreciated assets must remain on the property records with the related accumulated depreciation as long as the property is still in use.

X. PAYROLL

A. General

The Executive Director shall maintain payroll records to determine: who will be paid, in what amounts, for what time periods, verify total hours and approval of all overtime.

B. Timekeeping

IR2 pays on a bi-weekly basis for hourly staff and bi-monthly for salaried staff. Employees are required to document their time on the IR2 timesheet. Any leave must be documented on a 'Leave Request form" and any overtime must be documented on the "Overtime Authorization form." All forms are forwarded to the Executive Director for processing. .

C. Payroll Processing

The Executive Director will work with Accounting Staff to process payroll as noted in the IR2 policy and procedures manual Human Resource Development section. The Executive Director is responsible for making any salary adjustments. Salary adjustments shall be documented on the IR2 Wage Adjustment Form.

D. Payment

Each hourly employee will be paid every other Friday by 8am, or by Direct Deposit. Salaried staff will be paid on the 1st/16th of each month.

XI. INTERNAL CONTROL

A. General

It is IR2 policy to have a system of checks and balances in all of its operations. Basic controls and check and balances are incorporated throughout each of IR2 policies and procedures manuals: "Workforce Development" and "Administrative Policies".

B. Non-Financial Internal Controls

To safeguard IR2 assets, check the accuracy and reliability of recorded accounting data, and promote efficiency in the accounting operations, the following non-financial internal controls have been instituted:

- All trip requests must be approved by the Executive Director prior to booking a trip.
- Paid overtime to a non-exempt employee must be approved in advance by the Executive Director.
- Inventories are taken once per year.
- The Board of Directors, or its representative, is frequently used as a check/balance in IR2 day-to-day operations
- An annual report, including financial data is issued to all program stakeholders.

C. Financial Internal Controls

To safeguard IR2 assets, check the accuracy and reliability of recorded accounting data, and promote efficiency in the accounting operations, the following financial internal controls have been instituted:

- The same person cannot receive and deposit cash payments.
- Control over use of credit cards. Purchases by an unauthorized credit cardholder are not allowed.
- An incoming mail log is used to record all checks received.
- Medicaid billing is completed by two separate personnel. Billing audits of individual program participants are completed annually.

- Individual participant funds stored in community living sites will be verified by all personnel at the beginning and end of each shift.
- Petty cash funds stored in community living sites will be verified by all personnel at the beginning and end of each shift.
- Grocery (Wal-Mart, SNAP)and/or prepaid Mastercards shall have the balance verified by all personnel at the beginning and end of each shift.
- Any shortages or receipts unaccounted for shall be the responsibility of IR2 assigned staff, including in the event of theft from any individual money bag.

XII. BUDGETS

A. Annual Budget

The Executive Director shall prepare each November/December an operating budget for the following fiscal year and present it to the Board of Directors for their review and approval. The budget will include a discussion and presentation of IR2 internal operations, as well as the programmatic budgets and plans for the coming year.

B. Project Budgets

The Executive Director shall prepare at the beginning of a new project (and for each subsequent year) a budget of annual, planned expenditures. On a quarterly basis during the project year, the Executive Director will track planned versus actual expenditures.

XIII. CASH

Only cash necessary to meet anticipated day-to-day expenditures plus a reasonable cushion for emergencies shall be kept available. Any excess cash shall be invested in an income producing instrument, approved by the Board of Directors.

IR2 will maintain a bank balance sufficient for its immediate operating needs.
All cash and checks received must be deposited promptly; preferably, within one or two working days.

Cash disbursement (check payments) must be released according to invoice terms and on a timely basis to ensure continued good relationships with vendors.

IR2 maintains a $50 petty cash fund at the main office and Curtis Street homes.

All cash that is presented for payment of services fees, room and board, etc. shall be routed to Administrative Specialist to be documented on the incoming mail log and then it shall be immediately routed to the Executive Director for processing. No cash shall be stored or received in any other area of the main IR2 facility other than the front desk and business manager's office. Cash presented at a residential facility shall be accounted for with a receipt provided. All cash shall be kept under lock and key at all times prior to deposit.

The assigned employee is responsible for completing accounting on each of the individual cash transaction sheets for which IR2 is responsible, when the employee arrives on shift. For further guidance on IR2 cash transaction sheets, please refer to item C above.

Any shortages or receipts unaccounted for shall be the responsibility of IR2 assigned staff, including in the event of theft from any individual money bag.

ELECTRONIC RECORDS/DOCUMENTATION POLICIES

Policy

IR2 shall use an electronic data management system for documentation and file management.

Purpose

To comply with CMS Electronic Signature Guidance, Health Insurance Portability & Accountability Act of 1996 (HIPAA), Uniform Electronic Transactions Act (UETA) and E-SIGN (The Electronic Signatures in Global and National Commerce Act), compliance guidelines and requirements for the use and storage of electronic data records for the agency. The agency's electronic data records will be made available via a special access account for review and will be retrievable for authorized state survey team members, auditors and investigative staff. All modules will be made available for review, including activity tracking, secure communications, archive data, management reports, GER (Incident Reports), behavior data, MAR, personal finance, IP and ISP Data and health tracking, billing information, staff training records, T-Log notes, periodic reports, etc.

Procedure

Agency staff will be trained in the following procedures:

- Protected Health Information (PHI) of individuals should always be communicated securely, for example using secure HTTPS, a cryptographically secured protocol and interfaces.
- Staff will be instructed in the authorized use of PHI for the individuals in their care and not to discuss confidential information outside of their place of employment.
- Users need to proceed with caution when they are saving electronic files containing PHI or files exported from Therap to Excel or PDF in a shared computer.
- Users should not share their personal login information with others.
- Users should not write down their login information on paper or save them in an electronic file that can be accessed by other users.
- Provider Administrators will establish a password policy for the agency.
- While accessing the system from a shared computer or a public place, users should not leave the computer screen unattended, and delete all information from those computers, including clearing caches, cookies and temporary files.
- All agency employees are advised to not store data on agency or personal computers, laptops or other storage devices; the files containing PHI should be deleted after the work has been completed.
- Management Reports, Behavior Information, Nursing, Summary Reports and other reports containing PHI may be printed or copied for use as required for agency business, as provided in state or federal regulation and agency policy.

Provider administrators will be trained by Therap Services staff in the use and management of electronic data within the secure database. These selected Provider Administrators are the persons responsible for proper assignment of access privileges to users, setting up password policies and activating/deactivating user accounts. They will be required to have a clear understanding and sound knowledge about the various application capabilities and the underlying HIPAA regulations and E-sign policy. These include:

- Access Control: Administrators are responsible for assigning proper roles and privileges to users to grant them access to the system while at the same time restricting that access only to the information they are authorized to see. Provider Administrators are also responsible for updating these access privileges assigned to users in accordance with their changing job responsibility and authority.
- Implement Password Policy: Provider Administrators are able to set up and implement a suitable password policy for the agency by specifying a number of properties including the minimum length, number of letters, digits, and special characters required and the policy regarding the expiration period of passwords. The Agency shall not record, inquire of any employee or assign passwords to employees. The agency may reset a temporary password at the request of employee who has been locked out of the system. The employee will be prompted and requested to reset their temporary password by the Therap System.
- Managing User Accounts: Provider Administrators are responsible for creating and activating Therap accounts for employees and providing them with the login information they need to access these accounts. Provider

Administrators need to instruct new account holders to choose a new password for themselves once they start using the system. If a user forgets his password, login name or provider code, they will have to go to their respective Provider Administrators to collect this information (Therap Customer Support will not alter or supply users' login information, except for agency Provider Administrators.) Providers' Administrators may also disable an employee's user account when they are leaving the organization, on extended leave, or administrative leave.

- **Assignment of Roles and Caseloads:** Therap implements a multi-level access mechanism based on roles and individuals. Providers can specify the level of access available to a particular user of the system and grant permission accordingly. This only allows users to have access to information they are authorized to work with. Provider Administrators shall assign each User a specific list of roles for access privileges as well as access to a specific caseload(s) of individuals based upon their need to know, access and level of responsibility for those individuals.
- **Access to Therap during Non-Work hours:** All Non-Exempt and Direct Care Employees shall be instructed not to access Therap during non-scheduled work hours. Employees are not required by the agency and are not authorized to access the Web-Based Electronic Data Management System during non-scheduled work hours.
- **Message Integrity:** All communications between end users browser and the Therap application is carried over HTTPS, a cryptographically secured protocol. No third party can modify the data transferred. No user can modify the data stored in Therap, without going through the application. The data is stored in multiple secured locations, guaranteeing its safety from natural and manmade disasters.
- **Secure Sockets Layer (SSL):** SSL is the international standard used to ensure protection of data during transmission over the Internet. SSL provides endpoint authentication and communications privacy over the Internet using cryptography. The protocols allow client/server applications to communicate in a way which is designed to prevent eavesdropping, tampering and message forgery. Called communications from the user to the Therap system use SSL, and thus are secure during transmission.
- **Non Repudiation**: As the data is stored securely no user can access the data without proper privilege and audit trail (activity tracking) and no user can deny the association of his/her identity with a document stored in Therap.
- **User Authentication:** All users, including Therap staff, must authenticate with a unique login name and a secret password to gain access to the system.
- **Session Expiration:** Therap has a session expiration mechanism such that a session expires when a user has not used the system (i.e., has not hit any key on the keyboard or clicked on a button on the form) for half an hour, before starting to enter information again. The system displays a countdown message for five (5) minutes before the session actually expires; if the user wants to resume work, they can cancel the expiration by simply clicking a button on the countdown message. This is a security feature which prevents unauthorized people from using your login in cases where users may have left the program without logging out.
- **Altering Over Non-Secure Media:** One challenge to security is the use of non-secure media, such as email, text messaging, and paging; the Therap system assures that no Protected Health Information is transmitted over these media, while still providing a flexible alerting mechanism. For example, users may configure their notification properties to receive email or text messages that would let them know about critical incident reports being filed without revealing any Protected Health Information. When secure media, such as SComm and FirstPage, are used for alerting, the system allows Protected Health Information, such as the individual's name, to be included.
- **Tracking User Activities:** Provider Administrators are able to track all users' activities by using the Therap Activity Tracking module. The module is equipped with the capability to record and report on activities of all user accounts within an agency. The Activity Tracker shall record all Users accessing the system, time, date, login name, User Name, IP address used to access the system, all activity, including viewing of information, creation or modification of any and all data or records. Provider Administrators with this role or option can detect any attempts to breech the system security (failed login attempts) and other misuse. The Therap system is monitored by security systems and staff for unusual activity within the accounts. Therap Services will provide training and support materials for Provider Administrators to learn about these and other HIPAA compliant Therap features, as needed.
- **Staff Training:** The agency will provide training of all new employees in the use of Therap, methods and requirements for documentation and the use of searches, summary data and reports for all modules. Online training, "walkabouts", automated training, webinars, a User Guide, online help, Feedback, FAQs, etc., are available for all users on: www.TherapServices.net

- **Clear to Zero:** All employees are required to clear the Dashboard of their Therap account each day at the beginning of their shift of all numbers, which are notifications of new information about the individuals in their care or important communications from the agency. The employee's Dashboard can be cleared by opening and reading all information contained in these links. The employee is responsible for all information contained in these communications and the Therap system does record that these items that have been viewed and acknowledged by the employee.
- **Printable Format or Record Access:** All information contained with The Electronic Data Management System (Therap) is printable and can be reproduced upon request for any Quality Monitor, Licensing Staff, Survey Team, Auditor or Guardian upon request.
- **Readily Accessible:** The Electronic Data Management System (Therap) shall be accessible to any authorized person including licensing staff, investigators, surveyors, auditors and monitors upon request, twenty-four hours per day. The Provider Administrator of the agency can provide immediate and complete access to the electronic records of all individuals to an authorized person, through online access and remote approval. The list of Provider Administrators for the agency is available to all employees under their "My Account" section located on their First Page or Dashboard.
- **Deletion of Information:** The Electronic Data Management System (Therap) shall maintain all data submitted by the Users, in the original form, and as approved, updated or modified, all versions of reports, data and information shall be archived and retrievable. Any sensitive or confidential documents (Abuse, Neglect, Unlawful Acts, etc.) shall be available upon request by authorized persons to review and may be accessed online with restricted access. Records and data shall not be deleted from the system.
- **Electronic Communications Systems:** Computer facilities owned, leased or otherwise maintained by the Company are intended for use by qualified and authorized personnel and only in the conduct of official business.

It is important that every employee understand that all electronic communication systems used while at work, including but not limited to the Internet, telephone systems and e-mail, as well as all information transmitted, received or stored in these systems are the property of the Company. Thus, the Company needs to be able to access and/or disclose any information in the electronic communication system, even those protected by your personal password, at any time, with or without notice to the employee. Employees have no expectation of privacy in connection with the use of these systems or the transmission, receipt or storage of information in such systems. Therefore, employees should not use these electronic communication systems to store or transmit any information that they do not want management and/or other employees to see, hear or read.

Employee's communication through these electronic communication systems must always be handled in a professional and ethical manner since it reflects on the Company, our customers, prospects, competitors, suppliers and other employers. Nothing should be communicated through the electronic communication system that would be inappropriate in any other medium or form of business communication. Specifically, the electronic communications systems are not to be used in a way that may be disruptive, illegal, offensive to others or harmful to morale. Each employee is responsible for abiding by copyright and trade secret laws in the use and transmission of information.

The use of derogatory, inappropriate, discriminatory and/or non-professional communication, including but not limited to slander, harassment of any type (sexual, racial, etc.) or obscenity
is prohibited. Similarly, there is to be no display or transmission of sexually explicit images, messages or cartoons.

All data contained in this system is Company property and should not be disclosed, accessed or manipulated for any purposes other than official business. No attempt should be made to override or deceive any security precautions assigned to the computer system. All of our electronic communication systems are password protected to limit access to certain information, to protect data from tampering and to identify the user. Employees are required to keep their passwords confidential, change them on a regular basis and to comply with all security procedures. The unauthorized use of a password, or the unauthorized access to or retrieval of information transmitted or stored in the electronic communication system is strictly prohibited.

It is illegal to bill for documentation that is false! Please remember it is your PERSONAL RESPONSIBILITY TO SEE THAT WE COMPLY WITH MEDICARE/MEDICAID WAIVER STANDARDS!

Because there are frequent changes with billing and documentation requirements, employees at IR2 INC. are encouraged to consult their supervisor or Community Employment/Community Living Coordinator about any individual program difficulties they encounter.

CULTURAL COMPETENCY PLAN

GLOSSARY OF TERMS

CULTURAL COMPETENCE is:

- A defined set of values and principles which are reflected within the behaviors, attitudes, policies and structures of I-REACH 2 Inc.'s organization, staff, and community stakeholders to result in appropriate and effective services for all;
- The capacity to (1) value diversity, (2) conduct self-assessment, (3) manage the dynamics of difference, (4) acquire and institutionalize cultural knowledge, and (5) adapt to diversity and the cultural contexts of the communities served;
- Integration of the above in all aspects of policy making, administration, practice, service delivery, and systematic involvement of consumers and families as appropriate, key stakeholders, and communities.

LINGUISTIC COMPETENCE is the capacity of IR2 and its personnel to communicate effectively, and convey information in a manner that is easily understood by diverse audiences. Linguistic competence involves the development of interagency and internal capacity to respond effectively to the mental health, literacy and communication needs of the populations served, and to possess the policy, structures, practices, procedures and dedicated resources to support this capacity.

CULTURAL refers to integrated patterns of human customs, beliefs, & values of racial, ethnic, religious, or social groups.

COMPETENCE implies having the capacity to function effectively as an individual and as an organization within the context of the cultural beliefs, behaviors, and needs presented by children, youth and families and their communities.

Goal#1: Continue to diversify staff composition in an effort to increase the match between participants and staff.

Objectives	Increase the racial/ethnic/gender match of staff by 10%
Action steps	Bi-Annually compare staff/client demographics to determine match.
	Develop list of stakeholders in the community to notify when openings become available.
	Market employment opportunities at IR2
Person(s) Responsible	Executive Director, Business Manager and Community Employment/Community Living Coordinator
Time Frame	Ongoing
Expected Outcome	Increase match between staff of IR2 and participants we serve.
	Increased diversification of IR2 staff.
Measures	Participant demographics vs. staff demographics
Status update(s)	Reported in annual report

Goal #2: Continue to develop ongoing relationships and partnerships with community resources and natural supports.

Objectives	Diversify the Bd. of Directors and all relevant committees to include membership from key community stakeholders & natural supports.
	Conduct focus groups, surveys, etc. of providers to gather information about community services and supports that have been useful for their participants as well as services and supports that are needed and not available.
Action steps	Identify key community members and natural supports to invite to become board members.

	Once identified, schedule face-to-face meetings with candidates for orientation and discuss possible service on the board.
	Meet with DVR agency reps, Natrona County School District reps., University of Wyoming (WIND) reps., persons served, etc. to determine which current community services are most helpful and what they feel is missing.
Person(s) Responsible	Executive Director
	Current Board members
	Community Employment/Community Living Coordinator
Time Frame	Ongoing
Expected Outcome	Diversity reflected in board profile.
	Increased participation by Community members & other stakeholders in committee activities.
	Identification of areas for more partnership as well as identification of needs to be addressed in future service development
Measures	Note addition of representatives of other groups on board of directors.
	Note increase of key stakeholders & committee members participating in committee activities & other activities of the organization.
	Identification in strategic plan of new alliances and service directions planned.
Status update(s)	Reported in annual report

Goal #3: Ensure all staff receive ongoing training

Objectives	Create plans for cultural competency training for all staff. (Note: Staff currently receive diversity training upon hire and annually)
Action steps	Identify areas of training needs and interests by polling staff about their interests.
	Identify available training resources that we can access.
	Identify potential trainers, their areas of expertise & costs.
Person(s) Responsible	Management team
Time Frame	Ongoing
Expected Outcome	At least one training conducted and documented annually in an area of identified need.
Measures	Training reports.
Status update(s)	Reported in annual report.

Goal #4: Foster an agency environment of open communication, dialogue and the respectful resolution of staff and/or participant conflicts and grievances.

Objectives	Develop a log of identified client complaints and grievances noting the demographics of the parties involved.
	Summarized annual analysis of the data in the log to determine patterns
Action Steps	Utilizing established grievance processes as well as client exit interviews; collect the needed data.
	Identify area of needed training to assist in resolution of noted problem areas.
Person(s) Responsible	Management team
Time Frame	Annually at year end
Expected Outcome	Identification of areas requiring additional training and materials.
	Staff and participants feel their concerns are valued and respected.
Measures	Identification of specific cultural factors that re effecting satisfaction or program understanding.
	Client endorsements of their concerns being formally addressed as measured by agency participant satisfaction surveys.

	Findings will be incorporated into planning for future training and/or individual staff member performance appraisals.
Status update(s)	Included in annual report.

Goal #5: Communicate and Network with identified cultural organizations in the community to improve service access & interpreting options.

Objectives	Identify organizations specifically servicing ethnic/cultural groups.
	Increase awareness of our services to that population.
	Identify potential interpreters for various language needs.
Action Steps	Get list of organized cultural groups in the area from the local chamber of commerce and internet.
	Contact group representative and arrange to speak to their group or provide a tour of our services.
	Establish list of individuals who are willing to serve as interpreters for various language needs.
Person(s) Responsible	Management team
Time Frame	By June 2019
Expected Outcome	Increased awareness of groups in the area by our staff.
	Increased awareness and access to our services by those of other cultures.
	Additional available resources for interpreting, if needed.
Measures	List of groups established
	At least 3 awareness meetings per year beginning July 2019
	List of available interpreters established and updated/reaffirmed annually.
Status update(s)	Reported in the annual report.

STAFFING POLICY

Policy:

In order to ensure the health and safety of our participants and address the support needs of each person:

- All staff shall be trained regarding the support needs, preferences, and staffing level of the participants in which s/he is assigned. To ensure each staff person is trained, the staff shall sign a "Participant Specific Training" form for each person with whom s/he may work, and the signed form(s) shall be kept in the Master Participant Training files, which are maintained by the administrative specialist.
- Staff assignments and schedules shall be developed every two weeks by the area manager and reviewed by the Community Employment/Community Living Coordinator for effectiveness and appropriateness based upon the participants in the service location and each participant's needs as stated in his/her plan of care.
- Staff shall document time in and out for each shift on the bi-weekly timesheet in the service location in which s/he works.
- Staff shall report to work at the service location at the time scheduled and complete service documentation for the participant(s) with which s/he works within the time of the shift worked.
- Calling in absent or late shall be kept to a minimum, and staff shall call in according to company on-call procedures.
- Staff shall utilize the on-call procedure anytime during the day, night or on weekends immediately upon notification of another staff's absence, to ensure a back-up staff works with the participant(s) as his/her support needs require.

Procedure:

Planning Appropriate Staffing

1. The area managers are responsible for reviewing the current employee roster and support needs for participants served by the organization. The following factors will be used to determine the appropriate staff needed for all participants in the same service environment:
   - The participant's approved funding tier
   - Varying support/supervision needs
   - Medical and Medication assistance
   - Medical Conditions and Medical Appointments
   - Activities of Daily Living (ADL)
   - Participant illness, need to stay home
   - Habilitation and Objective training
   - Social interaction
   - Community access and integration
   - Employee Background check or training status
   - Participant preference for a certain staff
   - Special events and holiday participation and coverage
   - Incidents involving participants
   - Division training requirements
   - Company employee training requirements

2. The area manager will develop staff assignments on the Master Schedule Template . These are then forwarded to the Administrative Coordinator for input into Therap.
3. Changes to the schedule shall be approved by the area manager and/or administrative on-call personnel.
4. The IR2 administrative specialist shall be responsible for making changes to the weekly schedule via Therap after the weekly on-call reports are provided.
5. Work Schedules shall be reviewed at least monthly by the Community Employment/Community Living Coordinator to ensure staff assignments are meeting the needs of the participants and staff assigned are trained, showing up on time, and assigned to participants with whom they have a good rapport.
6. The IR2 administrative specialist will also keep a monthly attendance form for each staff, which includes:
   a. The staff's typical schedule
   b. Dates the staff called off and the reason staff gave for not working
   c. Missed mandatory staff meetings, trainings, and No Call/No shows

Actual Shift Coverage Verification

1. Staff shall report to work at the service location at the time scheduled, document his/her time in and out for each shift on the bi-weekly timesheet located at the service location in which s/he works, and complete service documentation for the participant(s) in which s/he works within the time of the shift worked.
2. The area manager shall verify on a weekly basis that staff have documented his/her time in and out on the bi-weekly timesheet, documented services provided, and has completed the shift according to defined shift expectations. The administrative specialist also verifies on a weekly basis that services are documented as required through Therap.

Staff Calling in Sick/Changes to work schedule/Personal Leave Time

1. Unscheduled absences may gravely impact a participant, family and other employees. Unscheduled absences from work shall be kept to an absolute minimum. Staff shall give 24 hour notice to his/her Supervisor, if at all possible.
2. Staff is responsible for finding coverage for a shift if they are going to call in. The area supervisor will continue to arrange coverage for vacations and requests for leave that are turned in within the 10 day timeframe.
3. Once a sub has been arranged, staff is to report this to the administrator on-call.
4. In cases of a No Call/No Show, where participants require 24/7 staffing, the staff on duty will notify admin on-call who will contact a qualified back-up. Staff must remain with the participants until a replacement is able to get to

the location and continue providing services. At no time will staff leave a Participant without coverage if he/she requires 24/7 staffing or the participant's safety in the supported living environment will be in jeopardy without support onsite.

5. For participants in supported living, who have a staff call off but are safe for the time being, assistance with medical services, grocery shopping, household tasks, and scheduled activities will be arranged according to level of need and staff availability.

If staff does not show up to the service location as scheduled and does not contact the area manager to explain the situation, it is considered a "No Call, No Show" and the staff may be terminated.

LEADERSHIP DEVELOPMENT AND EMERGENCY SUCCESSION PLAN

1. ***Rationale:*** The key leadership positions in a nonprofit organization is a central element in the organization's success. Therefore, insuring that the functions of the executive director are well- understood and even shared among senior staff is important for safeguarding the organization against unplanned and unexpected change. In addition, understanding the functions of program coordinators increases the likelihood of uninterrupted service delivery in times of unplanned change. This kind of risk management is equally helpful in facilitating a smooth leadership transition when it is predictable and planned.
   This document outlines a leadership development and emergency succession plan for the I-REACH 2 Inc. This plan reflects IR2's commitment to sustaining a healthy functioning organization. The purpose of this plan is to ensure that the organization's leadership has adequate information and a strategy to effectively manage IR2in the event the executive director is unable to fulfill her/his duties and in the event of unanticipated changes in program level management.
2. ***Plan Implementation:*** The Board of Directors authorizes the Board Chair to implement the terms of this emergency succession plan in the event of a planned or unplanned temporary or short-term absence.
   - It is the responsibility of the Executive Director to inform the Board of Directors of a planned temporary or short-term absence, and to plan accordingly.
   - It is the responsibility of the Business Manager to immediately inform the Board Chair of an unplanned temporary or short-term absence.
   - As soon as feasible, following notification of an unplanned temporary or short-term absence, the Board President shall convene an Executive Committee meeting to affirm the procedures prescribed in this plan, or to modify them if needed.
3. ***Priority Functions of the Executive Director at IR2:*** The full Executive Director position description is attached to this plan.

Among the duties listed in the position description, the following are considered to be the key functions of the Executive Director and have a corresponding temporary staffing strategy (see Section #3 for further guidance about temporary staffing).

Key Executive Director Functions	Temporary Staffing Strategy
Leadership and Vision	Board Chair with Community Living/Employment Coord, Business Manager
Board Administration & Support	Community Living/Employment Coord, Administrative Coordinator
Financial Management	Treasurer with Business Manager
Human Resource	Community Living/Employment Coord with Business Manager
Community & Public Relations	Board Chair with Community Living/Employment Coord
Spokesperson	Board Chair with Community Living/Employment Coord
Key Program Coordinator Functions	Temporary Staffing Strategy
Leadership and Vision	Executive Director/Leadership team
Program Operations	Executive Director/program coordinator

Staff supervision	Business Manager
Key Business Manager Functions	**Temporary Staffing Strategy**
Leadership and Vision	Treasurer/Executive Director
Board Administration & Support	Treasurer/Executive Director
Financial Management	Treasurer, ED, and a temp agency
Human Resource	Administrative Specialist

The positions assigned in the Temporary Staffing Strategy are based on IR2's organization structure as of November 2018. In the event this plan is implemented and assigned positions are vacant or no longer available, the Board Chair shall select other senior staff to support each of the key executive director functions.

4. ***Succession plan in the event of a temporary, planned or unplanned absence*** - Short-Term
   a. Definitions:
      - A temporary absence is one in which it is expected that the Executive Director or key personnel will return once the events precipitating the absence are resolved.
      - An unplanned absence is one that arises unexpectedly, in contrast to a planned leave such as vacation or a sabbatical.
      - A temporary absence is 30 days or less.
      - A temporary short-term absence is between 30 and 90 days.

   b. Temporary Staffing Policy
      - For temporary planned or unplanned absences of 30 or fewer days, the Temporary Staffing Strategy described above may become effective.
      - In the event of a temporary short-term planned or unplanned absence, the Executive Committee shall determine if the Temporary Staffing Strategy is sufficient for this period of time.

   c. Appointing an Acting Executive Director
      - Based on the anticipated duration of the absence, the anticipated return date, and accessibility of the current executive director, the Executive Committee may appoint an Acting Executive Director, as well as continue to implement the Temporary Staffing Strategy.

   d. Standing Appointees to the Position of Acting Executive Director
      - The first position in line to be Acting Executive Director is the current Board Chair. If the current Board Chair accepts the position he/she will take a temporary leave from the Board of Directors.
      - The second position in line is a previous Board Chair or current Board Member.
      - The third position in line is Director-level staff.
      - In the event the available staff is new to the position or fairly inexperienced with IR2 the Executive Committee may consider another appointee or the option of splitting executive duties among designated appointees.

   e. Cross-Training Plan
      - Currently, cross training opportunities occur routinely due to the small size of the current leadership team. Most key personnel have been trained on the key functions noted above.

   f. Authority and Restrictions of the Acting Executive Director
      - The Acting Executive Director shall have full authority for day-to-day decision making and independent action as the regular Executive Director.
      - Decisions that shall be made in consultation with the Board Chair and/or Executive Committee include staff hiring and terminations, financial issues, taking on a new project, and taking public policy positions on behalf of the organization.
      - For additional communication guidelines refer to the IR2's administrative/operating policies.

   g. Compensation
      - Director-level staff appointed as Acting Executive Director may receive an end of year bonus or additional benefit. This shall be determined by the Executive Committee based on the duration of the assignment and available resources.
      - If staff serves as Acting Executive Director for 6 months or more, the Executive Committee may consider a salary adjustment.

h. Board Oversight and Support to the Acting Executive Director

- The Acting Executive Director reports to the Board Chair. In the event the Board Chair becomes the Acting Executive Director, the Vice President shall be appointed Board Chair.
- The Executive Committee shall be alert to the special support needs of the Acting Executive Director in this temporary role. The Executive Committee shall convene monthly when an Acting Executive Director is appointed.

i. Communications Plan

- Within 48 hours after an Acting Executive Director is appointed, the Board Chair and the Acting Executive Director shall meet to develop a communications plan including the kind of information that will be shared and with whom.
- The following chart identifies key supporters and a primary contact to facilitate communication.
- As soon as possible, the Board Chair and Acting Executive Director shall implement the communications plan to announce the organization's temporary leadership structure to staff, the Board of Directors, and key stakeholders.

Key Stakeholders	Communication Responsibility
Wyoming Department of Health CARF	Community Employment/Community Living Coordinator (Jaime Cureton)
Foundation Program Officers (Holding grants and contracts	Business Manager (Brynn Fry)
Major Donors	Designated Board Members responsible for phone call to top 10 followed by a letter to all donors
Guardians and Case Managers	Program Coordinators
Non-members	Designated Staff
Operating Support (based on need) auditors, insurance, legal counsel	Business Manager

5. *Succession plan in the event of a temporary, unplanned absence – Long-term*
   a. Definition
   - A long-term absence is 90 days or more

   b. Procedures
   - Procedures and conditions to be followed shall be the same as for a temporary short- term absence with the following addition:
     - The Executive Committee shall give immediate consideration, in consultation with the Acting Executive Director, to temporarily filling the management position left vacant by the Acting Executive Director, or reassigning priority responsibilities where help is needed to other staff. This is in recognition that, for a term of 90 days or more, it may not be reasonable to expect the Acting Director to carry the duties of both positions.
     - The Board Chair and Executive Committee are responsible for gathering input from staff and reviewing the performance of the Acting Executive Director according to the organization's Performance Review Policy. A review shall be completed between 30 and 45 days.

6. *Succession plan in the event of a PERMANENT unplanned absence.*
   a. Definition
   - A permanent absence is one in which it is firmly determined that the Executive Director will not be returning to the position.

   b. Procedures
   - Procedures and conditions to be followed shall be the same as for a temporary short- term absence with the following additions:
     - The Board of Directors shall consider the need to hire an Interim Executive Director from outside the organization instead of appointing an Acting Executive Director. This decision shall be guided, in part, by internal candidates for the Executive Director position, the expected time frame for hiring a permanent executive, and the management needs of the organization at the time of the transition.

- The Board of Directors shall appoint a Transition Committee to implement the organization's Executive Succession Plan to transition to a new permanent executive director.

c. Hiring an Interim Executive Director
- If an Interim Executive Director is hired, the Board Chair and Executive Committee shall negotiate an independent contractor agreement with a defined scope of work.
- The scope of the agreement with an Interim Executive Director shall be determined based on an assessment of the organization's needs at the time of the leadership transition.
- The rate of compensation shall be determined by the Executive Committee.

d. Responsibilities of the Interim Executive Director
- An Interim Executive Director shall have full authority for day-to-day decision making and independent action as the regular Executive Director.
- Decisions that shall be made in consultation with the Board Chair and/or Executive
- Committee include staff hiring and terminations, financial issues, taking on a new project, and taking policy positions on behalf of the organization.
- For additional communication guidelines, refer to the organization's operating policies on transitions.

e. Board Oversight and Support to the Interim Executive Director
- The Interim Executive Director reports to the Board Chair.
- The Executive Committee shall be alert to the special support needs of the Interim Executive Director in this temporary role. The Executive Committee shall convene monthly when an Interim Executive Director is hired.
- The Board Chair and Executive Committee are responsible for gathering input from staff and reviewing the performance of the Interim Executive Director according to the organization's Performance Review Policy. An initial review shall be completed between 30 and 45 days and 90 days thereafter.

7. Approvals and maintenance of record

a. Emergency Succession Plan Approval
- This emergency succession plan shall be approved initially by the Board of Directors.
- Thereafter, annually, the Executive Committee shall review the plan and recommend amendments to the full Board as needed.

b. Signatories
- The Board Chair, the Executive Director, and the appointees designated in the Emergency Succession Plan shall sign the plan.
- At all times least two representatives from the Board of Directors, in addition to the Executive Director, shall have signature authorization for checks and contracts for the organization.

c. Maintenance or record
- Copies of this plan shall be maintained by all members of the Board of Directors, Director-level staff and the organization's auditor in accordance with document retention requirements.

d. Financial Considerations
- It shall be the responsibility of the Executive Committee to review the organization's finances during an unplanned absence of the Executive Director.

Fundraising Procedures

Oversight:

All fundraising activities and responsibilities are delegated by the Board of Directors to the Executive Director. The fundraising committee is currently chaired by the Executive Director. All fundraising activities are monitored and approved in advance by the Board of Directors and the fundraising strategy for IR2 is outlined in the resource development matrix of the organizational strategic plan.

Donor Management:

It is the policy of IR2 that no person in service will ever be solicited for a charitable donation. Guardians and representatives of persons served may be solicited for a charitable contribution at the discretion of the Executive Director.

Donor engagement occurs on a year-around basis through newsletters, social media, the year-end plea letter and the annual campaign letter. During the annual campaign, which runs roughly March to August of each year, the fundraising committee will strategize and target which donor base each committee member will target.
Donors will be recognized through a variety of mechanisms listed in the above paragraph and if a donor requests to remain anonymous that request is documented in the donor's business office file. It is not the policy of IR to publish donors addresses or other private information and levels (amounts) of donations are generally not itemized or classified by the amounts of the donation.

Donations:

Donations are valued at retail value, appraised value, or a comparative analysis for hard to value items. When donations are received with specific donor intent, these requests are maintained in the donor file and are also tracked through our accounting software.

Recordkeeping:

It is the policy of IR2 to comply with all legal and regulatory requirements regarding document retention. The IR2 document retention policy is located in the Administrative section of the Policy and Procedures manual. Donor files are maintained for individuals who give cash donations in excess of $100.00. This file will contain copies of donors checks, donor directives and contact information. This file is only available to the business manager and executive director.

Volunteer Management:

Volunteers are utilized to help secure corporate sponsors, to assist in staffing the annual event, selling event tickets and other activities agreed upon with the Executive Director and fundraising committee. Volunteers will be provided with appropriate background information in order to provide potential supports with accurate information of how the organization utilizes fundraising dollars. All communications between volunteers and potential donors is delegated by the Executive Director or fundraising committee chair. Training on fundraising procedures is provided by the Executive Director on an ongoing basis.