

RESOLUTION OF THE
HEALTH, EDUCATION AND HUMAN SERVICES COMMITTEE
23rd NAVAJO NATION COUNCIL -- Fourth Year, 2018

AN ACTION

RELATING TO HEALTH, EDUCATION AND HUMAN SERVICES; CONCURRING
WITH THE REGULATIONS FOR NON-EMERGENCY TRANSPORT SERVICES WITHIN
THE NAVAJO NATION

BE IT ENACTED:

Section One. Authority

- A. The Health, Education and Human Services Committee ("HEHSC") is a standing committee of the Navajo Nation Council. It has oversight authority over the Navajo Nation Department of Health. 2 N.N.C. § 401(C).
- B. The Navajo Nation Department of Health is authorized "to develop and ensure implementation of comprehensive health codes, regulations, policies and standards" and "to regulate health, human, and non-emergency medical transportation service provider." 2 N.N.C. §1604 (E) and (I). See also CO-50-14 attached hereto as Exhibit C.

Section Two. Findings


- A. There are currently numerous companies operating within the boundaries of the Navajo Nation providing non-emergency medical transportation services.
- B. The purpose of regulations is to ensure the safe and efficient non-emergency medical transportation of individuals. See generally Exhibit A.
- C. The Navajo Department of Health has developed regulations governing non-emergency medical transportation services and is attached hereto as Exhibit A.
- D. An Executive Official Review of the proposed regulations has been completed with reviewers marking the regulations as legally sufficient. See Executive Official Review Document No. 010082 attached hereto as Exhibit B.

**Section Three. Concurring with the Non-Emergency Medical
Transportation Services Rules and Regulations**

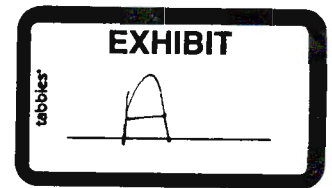
The Navajo Nation hereby concurs with the Non-Emergency Medical Transportation Regulations, attached hereto as Exhibit A.

CERTIFICATION

I, hereby, certify that the following resolution was duly considered by the Health, Education and Human Services Committee of the 23rd Navajo Nation Council at a duly called meeting at Window Rock, (Navajo Nation) Arizona, at which a quorum was present and that same was passed by a vote of 3 in favor, 0 opposed, 1 abstained this 25th day of June, 2013.


Norman M. Begay, Vice-Chairperson
Health, Education and Human Services Committee
23rd Navajo Nation Council

Motion: Honorable Nathaniel Brown
Second: Honorable Jonathan L. Hale



Non-Emergency Medical Transportation Regulations



Prepared by:
Dr. Glorinda Segay, Executive Director

TITLE 13 NAVAJO DEPARTMENT OF HEALTH REGULATIONS

13.1.100 NON-EMERGENCY MEDICAL TRANSPORTATION (NEMT) REGULATIONS

ARTICLE 1

13.1.101 Authority

The Department is authorized by Navajo Nation Council Resolution No. CO-50-14 to regulate NEMT providers.

13.1.102 Purpose

The purpose of these regulations is to ensure the safe and efficient transportation of individuals from their homes to their medical appointments and back home, by qualified NEMT companies.

13.1.103 Definitions.

- A. "AHCCCS" means Arizona Health Care Cost Containment System, who is the payor for NEMT services in Arizona.
- B. "Application" means the documents required to obtain a NEMT permit.
- C. "Business days" means the days during the work week, Monday to Friday, excluding Saturday, Sunday and holidays.
- D. "Business License" means a license issued by the Navajo Division of Economic Development authorizing a company to operate a business on the Navajo Nation.
- E. "Calendar days" means every day on the calendar, Monday to Sunday, including holidays.
- F. "Class C CDL" means a Class C Commercial Driver's License, which is required when transporting at least 16 passengers, including the driver.
- G. "Clients" means citizens of the Navajo Nation who are qualified for NEMT services.
- H. "Department" means the Navajo Nation Department of Health and its internal Regulatory Program that regulates Non-Emergency Medical Transportation companies.
- I. "Health Director" means the top-level administrator within the Department.
- J. "HIPAA" means Health Insurance Portability and Accountability Act, which is a United States law that provides privacy standards to protect patients' medical records and other health information provided to health care providers.
- K. "Meeting" is an administrative appeal before the Regulatory Program Manager in which an NEMT company may present evidence in an informal setting to remove a fine, obtain, or reinstate an NEMT permit.

- L. "Navajo Nation" means all lands contained within the exterior boundaries of the Navajo Nation, pursuant to Navajo Nation Code 7 § 254. Territorial jurisdiction.
- M. "NEMT" means Non-Emergency Medical Transportation companies.
- N. "NEMT Permit" means authorization by the Navajo Department of Health for a NEMT to provide services on the Navajo Nation.
- O. "New Mexico Medicaid" means the payor for NEMT services in New Mexico
- P. "Regulatory Program" means the program established within the Navajo Department of Health to regulate Non-Emergency Medical Transportation companies.
- Q. "Regulatory Program Manager" means the employee who serves as a supervisor or director or manager of the Regulatory Program.
- R. "Utah Medicaid" means the payor for NEMT services in Utah.

13.1.104 Powers and authorities of the Department

- A. To grant, suspend or revoke NEMT permits.
- B. To enforce fines on NEMTs.
- C. To request and access NEMT business documentation for the purposes of investigation to ensure the safe and efficient transportation of clients.
- D. To monitor and evaluate business activities of NEMTs, ensuring complete and accurate records of operational and administrative costs and records that validate company billing and patient utilization of services.
- E. To monitor and evaluate the maintenance of NEMT vehicle license plate, driver's license, business license, all state and/or local required insurance coverage for protection of its vehicles, clients, and personnel.
- F. To examine and/or audit transportation documentation for client, insurance, licensure, and certification records.
- G. To investigate any fraudulent activities.
- H. To randomly inspect NEMT vehicles and driver credentials.
- I. To enforce reporting of any changes to Federal Employment Identification Number, Social Security Numbers, any changes of application information or invoice documentation.
- J. To ensure NEMT vehicles are annually inspected by a state-qualified inspector.
- K. To collaborate with the Navajo Nation Business Regulatory Department and state Medicaid agencies to enforce NEMT regulations.
- L. To establish a Funds Management Plan Policy to oversee the funds accumulated by the NEMT regulations.
- M. To request the suspension of an NEMT Navajo Nation Business License and report the suspension to the appropriate state Medicaid agency if an NEMT is operating on the

Navajo Nation without an NEMT permit or has not applied for an NEMT permit within thirty (30) of the effective date herein to Article 7, 13.7.706 Effective Date.

- N. To request the suspension of an NEMT Navajo Nation Business License and report the suspension to the appropriate state Medicaid agency if an NEMT is found to be fraudulently claiming Indian-Preference.

ARTICLE 2 NEMT PERMIT APPLICATIONS

13.2.200 NEMT Permits Required

- A. All NEMTs providing services to clients residing on the Navajo Nation must apply for a permit from the Department and the Department shall be the only Navajo Nation office to issue such permits.
- B. TERM. Permits shall be active from the date of issuance and valid for one (1) year, unless otherwise revoked pursuant to Article 7, herein.
- C. NONTRANSFERABLE. Permits may not be transferred or sold to any other NEMT.
- D. RENEWAL. Permits must be renewed thirty (30) calendar days in advance of expiration.

NONRENEWAL. The Department, in its discretion, may refuse to renew an NEMT permit. Appeals may be filed pursuant to Article 7 Section 13.7.703.

13.2.201 Application Fee

- A. All completed applications for a permit shall be submitted with the application fee of \$2,000.00. For Non-Indian Preference NEMTs, the fee is set at \$6,000.00. **NON-REFUNDABLE.**
- B. The annual renewal license fee is \$1,000.00. For Non-Indian Preference NEMTs, the fee is \$3,000.00. **NON-REFUNDABLE.**
- C. Money orders or Cashier Checks can be made to the Navajo Nation Department of Health P.O. Box 1390 Window Rock, Arizona 86515. No cash, credit cards, debit card, or personal checks will be accepted.

13.2.202 Application

NEMTs shall complete and submit a permit application to the Department. Applications shall be signed before a notary attesting that all of the information is true and accurate.

13.2.203 Supporting Documents for Application

The following current and up-to-date documents shall be submitted with the application:

- A. Navajo Nation Business License
- B. Certificate of Incorporation or proof of status of legal formation of the NEMT

- C. Current Liability Insurance
- D. Copy of state vehicle registration for all NEMT vehicles
- E. Copy of state Medicaid certification including the provider ID number
- F. Copies of Driver's Licenses for all NEMT drivers, including class C CDL.
- G. Copies of driving records for each NEMT driver from each state department of Motor Vehicles in which the NEMT provides services
- H. Copies of criminal background checks for all NEMT drivers
- I. Copies of drug tests for all NEMT drivers
- J. Copies of state, Federal and Navajo criminal background checks for all NEMT drivers
- K. Copies of Defensive Driving Course record for all NEMT drivers
- L. Fingerprint clearance card for all NEMT drivers from states in which the NEMT provides services
- M. State Department of Transportation physical exam report for all NEMT drivers
- N. Current vehicle inspections for all NEMT vehicles from state-qualified inspector dated within three (3) months of application submittal
- O. Copy of NEMT's vehicle maintenance program
- P. Photographs of all of NEMT vehicles
- Q. Copy of NEMT's drug, alcohol and sexual harassment policy
- R. Name and Telephone Number of Contact Person to receive complaints
- S. First Aid and CPR cards for each NEMT driver
- T. Copy of NEMT's HIPAA policy ensuring client confidentiality
- U. Notarized release allowing the Department to verify insurance status and to inform NEMT clients of insurance company and contacts

13.2.204 Submittal of Complete Applications

Applications must be submitted to the Executive office, in the Navajo Department of Health, Administration 2 Building No. 2296 Window Rock Boulevard, located at Window Rock, AZ 86515.

13.2.205 Incomplete Applications Not Accepted

Applications which are not complete, do not have all supporting documents, or without payment of the application fee will not be accepted.

13.2.206 Permits Issued

Upon approval of an application, the Department shall issue to the NEMT one permit decal per NEMT vehicle, which shall be displayed on the upper right hand corner of the window shield of each vehicle.

13.2.207 Denial of Application

Upon denial of an application, the NEMT will receive a formal notification letter of reason for denial. The applicant shall have fourteen (14) days from receipt of the notice to submit a written request for a Meeting with the Regulatory Program Manager to appeal the decision. If request for Meeting is not received by the Department within fourteen (14) days, the disapproval decision shall be final. Meetings may be requested pursuant to Article 7, 13.7.702.

Article 3 NEMT REQUIREMENTS

13.3.300 Insurance

A. All NEMTs are required to carry the following minimum insurance:

1. SIX (6) PERSONS OR FEWER: NEMTs who are motor carriers providing service in vehicles with a seating capacity of six (6) persons or fewer, excluding driver, must maintain a combined single-limit public liability insurance policy of at least one million dollars (\$1,000,000.00) per occurrence for bodily injury to or death of all persons injured or killed, and property damage.
2. SEVEN (7) TO FIFTEEN (15) PERSONS: NEMTs who are motor carriers of person providing service in vehicles with a seating capacity of seven (7) to fifteen (15) persons, excluding the driver, must maintain a combined single-limit public liability insurance policy of at least one million five hundred thousand dollars (\$1,500,000.00) per occurrence for bodily injury to or death of all persons injured or killed, and property damage.
3. SIXTEEN (16) PERSONS OR MORE: NEMTs who are motor carriers of persons providing service in vehicles with a seating capacity of sixteen (16) persons or more, including driver, must maintain a combined single-limit public liability insurance policy of at least five million dollars (\$5,000,000.00). Drivers operating this type of NEMT must hold a Class C CDL from all states in which the NEMT operates.

B. Maximum Deductible

No NEMT motor carrier insurance policy shall have a deductible in excess of two thousand dollars (\$2,000.00), except that the Navajo Nation may approve a higher deductible for a motor carrier that files a surety bond with the Navajo Nation in an

amount equal to the difference between five thousand dollars (\$5,000.00), and the amount of the higher deductible.

C. Insurance Fraud

If it is discovered that an NEMT is operating under the use of fake or fraudulent insurances, then the Department shall have authority to immediately revoke an NEMT permit.

13.3.301 Driver Requirements

Documentation of these requirements must be submitted to the Department annually:

- A. Proof of completion of a Defensive Driving Course for each NEMT driver
- B. Emergency Procedures, First Aid (CPR) Course
- C. Vehicle orientation, pre-transportation inspection training
- D. Passenger Confidentiality-HIPAA training
- E. State fingerprint-based criminal background check
- F. Proof of valid insurance

13.3.302 Vehicle Usage Requirements

NEMTs are required to follow the following guidelines regarding NEMT vehicles:

- A. Vehicles seven (7) years or older or with an odometer reading higher than 300,000 miles, may not be used as a NEMT vehicle.
- B. Personal-use of vehicles shall not be permitted to prevent instances that may cause violations to client safety

13.3.303 Accident Requirements

NEMTs are required to immediately notify the Department, within seven (7) calendar days, of any accident or incident that occurs while transporting a client(s), whether or not it results in injury or fatality. Not reporting an accident or incident to the department shall result in a fine, herein to Article 6, 13.6.600.

13.3.304 Requirement to keep documentation up to date

NEMTs are required to keep all necessary documentation, pursuant to Article 2 Section 13.2.203 and Article 3 Section 13.3.301, up to date.

13.3.305 Falsification of Indian Preference

Any NEMT who violates their Indian Preference standing or is caught falsifying or manipulating contracts to obtain Indian Preference may have their NEMT permit revoked by the Department.

Article 4 VIOLATIONS TO CLIENT SAFETY

13.4.400 Actions

NEMTs are required to provide safe and efficient services. Actions that are considered violations to client safety include:

- A. Failure to resolve a client complaint
- B. Failure to cooperate with the Department during an investigation of the NEMT
- C. Failure to maintain necessary business documentation such as vehicle license plate, business license, all state and/or local required insurance coverage for protection of its vehicles, clients, and personnel
- D. Cases involving sexual harassment, behavioral misconduct or anything determined to pose a danger to the client(s)
- E. Use of illegal substances by any NEMT employee
- F. Driving records revealing criminal activity
- G. Use of vehicles that did not pass inspection, do not display a permit, are over seven (7) years old or have an odometer over 300,000 miles.
- H. Fraudulent activities, examples include:
 - 1. Non-delivery of services: Fraud occurring when a payment is received but the services requested are never received by the client(s).
 - 2. Submitting fraudulent client(s) care reports which claim services were rendered when they were not.

ARTICLE 5 COMPLAINTS

13.5.500 Complaints

Complaints from the public about NEMTs will be taken in writing at the following email, mailing or physical address. If unable to submit in writing, complaints may be filed with the Executive Office Specialist over the telephone:

- A. Email: nemt.registration@nndoh.org
- B. Mailing Address: P.O. Box 1390 Window Rock, AZ 86515
- C. Physical Address: Administrative Bldg. #2 (Building No. 2296) Window Rock Boulevard
- D. Telephone: (928) 871-6350

13.5.501 Notice

- A. The Department shall notify the NEMT of a complaint within fourteen (14) calendar days of receiving it.
- B. The NEMTs shall have fourteen (14) calendar days in which to resolve the complaint and provide notice to the Department of such resolution.

13.5.502 Determination

The Department shall document the complaint, and the response of the NEMT. If the Department receives similar complaints about the same NEMT, the Department may in its discretion:

- A. Revoke the NEMT permit; and/or
- B. Report the complaints to the Navajo Nation Business Regulatory Department and appropriate state agencies.

ARTICLE 6 FINES

13.6.600 Fines for violations

The Department may impose fines on an NEMT when violating any NEMT requirements or in any instance where their services or employees violates client safety. The fine schedule is set as follows:

- A. 1st Violation-at least \$500.00; Non-Indian Preference NEMT at least \$1,000.00.
- B. 2nd Violation-at least \$750.00; Non-Indian Preference NEMT at least \$1,500.00.
- C. 3rd Violation-at least \$1,000.00; Non-Indian Preference NEMT at least \$2,000.00.
- D. Further Violations- at least \$1,250.00; Non-Indian Preference NEMT at least \$2,500.00.
- E. If any NEMT vehicle is discovered providing services without a permit, the NEMT will be fined \$500.00 a day until a permit is displayed. Non-Indian Preference will be fined \$1000.00 a day.

13.6.601 Fine Notice

- A. The Department shall provide a written notification to the NEMT stating the violation and fine amount.
- B. The NEMT shall pay a fine within thirty (30) days, of receipt of the notice, unless a request for a Meeting has been submitted.

- C. Money orders or Cashier Checks can be made to the Navajo Nation Department of Health P.O. Box 1390 Window Rock, Arizona 86515. No cash, credit cards, debit cards, or personal checks will be accepted.

ARTICLE 7 PERMIT REVOCATION AND BUSINESS LICENSE REVOCATION

13.7.700 Noncompliance

The Department may suspend or revoke a NEMT permit at any time for the following reasons:

- A. Failure to pay necessary fees
- B. Failure to pay fines
- C. Violations to NEMT Requirements
- D. Violations to client(s) safety

13.7.701 Notice

- A. The Department shall issue written notice to the NEMT that its permit may be suspended or revoked.
- B. The NEMT shall have thirty (30) calendar days from the date of mailing of the written notice to either:
 - 1. cure the deficiency; or
 - 2. request a Meeting

13.7.702 Meeting

The Meeting is an informal process to discuss concerns.

- A. The Regulatory Program Manager shall schedule a Meeting within ten (10) business days.
- B. The NEMT may bring documentary evidence, witnesses and attorneys to the Meeting to support its position.
- C. The Department may bring documentary evidence, witnesses and Navajo Nation Department of Justice attorneys to the Meeting to support its position.
- D. The Regulatory Program Manager shall issue a written decision within ten (10) business days of the Meeting.
- E. Failure to proceed through this appeal process shall constitute a waiver of any further appeals.

F. The NEMT must comply with the Regulatory Program Manager's decision or the NEMT permit will be revoked, unless an appeal pursuant to Section 13.7.703, herein, is submitted.

13.7.703 Appeal to Office of Hearings and Appeals

- A. A NEMT may appeal an adverse decision by the Regulatory Program Manager, after a Meeting has been conducted, to the Navajo Nation Office of Hearings and Appeals within fourteen calendar (14) days of the Regulatory Program Manager's decision.
- B. The appeal request shall be in writing and a copy shall be submitted to the Department simultaneously. The NEMT principle owner, or its legal counsel, must sign the request for hearing.
- C. If a written appeal request is not received by the Navajo Nation Office of Hearings and Appeals within the fourteen calendar (14) days, the Regulatory Program Manager's decision shall be final.
- D. The Office of Hearings and Appeals shall have jurisdiction to preside over an appeal for:
 - 1. Denial of a NEMT permit application or renewal of an application;
 - 2. Revocation of a NEMT permit by the Department;
 - 3. Any fine assessed for violation of the NEMT Regulations;
 - 4. Any challenges to the validity of the NEMT Regulations or the authority of the Department to regulation NEMT activities.
- E. If properly appealed, any fines assessed by the Department shall remain until a final decision is issued by the Office of Hearings and Appeals.
- F. The NEMT may bring documentary evidence, witnesses and have an attorney represent them, at their own expense.
- G. The Department may bring documentary evidence, witnesses and have the Navajo Nation Department of Justice represent them.
- H. Appeals pursuant to this subsection shall not be de novo and shall be limited to the determination of whether the Department's decision was not supported by the evidence, or was arbitrary, capricious, an abuse of discretion, beyond its authority, or otherwise contrary to applicable law.
- I. The Hearing Officer shall issue a final order, which shall be available for public inspection.
- J. The decision of the Office of Hearings and Appeals shall be final.

13.7.704 Permit Revocation

- A. Failure to comply with the Regulatory Program Manager's decision, or if appealed, the Navajo Nation Office of Hearing and Appeals order, will result in a permit revocation, which will be reported to the Navajo Nation Business Regulatory Department with a request to suspend the Navajo Nation Business License and suspension shall be reported to the appropriate state Medicaid agency.
- B. The NEMT will receive written notice of the permit revocation within fourteen calendar (14) days.

13.7.706 Effective Date

These regulations shall be effective thirty (30) calendar days after approved from the Health, Education and Human Services Committee of the Navajo Nation Council.

13.7.705 Severability

The provisions of these regulations are severable and if any provision of these regulations or its application to any person or circumstance is held invalid by final judgement of a court of competent jurisdiction, such decision shall not affect the validity of the remaining regulations.

13.7.706 Amendments

These regulations may be amended recommended by the Department to the Health, Education and Human Services Committee of the Navajo Nation Council, as necessary.

**APPLICATION INSTRUCTIONS FOR NAVAJO NATION DEPARTMENT OF HEALTH
NON-EMERGENCY MEDICAL TRANSPORT**

1. Read entire application before you begin to answer the questions to acknowledge you understand what is being requested.
 2. All questions must be answered.
 3. Type or print your responses in **BLUE INK.**
 4. Fees shall be paid by money order or cashier's check and made payable to the "Navajo Nation Department of Health P.O. Box 1390 Window Rock, Arizona 86515."
 5. Your application must be accompanied by all required attachments listed below.
-

To assist you in completing your application, please use the check list below.

- _____ 1. Complete the Application;
- _____ 2. Application fee of \$3,000.00 (Indian Preference NEMT) or \$6,000.00 (Non-Indian Preference NEMT). **NON-REFUNDABLE;**
- _____ 3. Annual renewal license fee of \$1,500.00 (Indian Preference NEMT) or \$3,000 (Non-Indian Preference NEMT). **NON-REFUNDABLE;**
- _____ 4. Application must be signed, dated, and notarized;
- _____ 5. Navajo Nation Business License;
- _____ 6. Certificate of Incorporation or proof of status of legal formation of NEMT Company;
- _____ 7. Current Liability Insurance;
- _____ 8. Copy of State Vehicle Registration for all NEMT vehicles;
- _____ 9. Copy of State Medicaid certification including the provider ID number;
- _____ 10. Copies of Driver's Licenses for all NEMT drivers, including class C CDL;
- _____ 11. Copies of Driver's records for each NEMT driver from each state Department of Motor Vehicles in which the NEMT provides services;
- _____ 12. Copies of criminal background checks for all NEMT drivers
- _____ 13. Copies of drug tests for all NEMT drivers;

- _____ 16. Fingerprint clearance card for all NEMT drivers from states in which the NEMT provides services;
- _____ 17. State Department of Transportation physical exam report for NEMT drivers
- _____ 18. Current vehicle inspections for all vehicles from all state-qualified inspector dated within three (3) months of application submittal;
- _____ 19. Copy of NEMT's vehicle maintenance program;
- _____ 20. Photographs of all NEMT vehicles;
- _____ 21. Copy of NEMT's drug, alcohol, and sexual harassment policy;
- _____ 22. Name and Telephone Number of Contact Person to receive complaints;
- _____ 23. First Aid and CPR cards for each NEMT driver;
- _____ 24. Copy of NEMT's HIPAA policy ensuring client confidentiality;
- _____ 25. Notarized release allowing the Department to verify insurance status and to inform NEMT clients of insurance company and contacts

Navajo Nation Department of Health
Non-Emergency Medical Transport Permit Application

Name of Applicant's NEMT Company: _____

Name of Applicant's company's Principal Owner: _____

Address of Applicant's Principal Owner's place of business:

Name and Street Address of Principal Owner:

Applicant's business telephone number: _____

Business Fax Number, if available: _____

Applicant's Email Address, if available: _____

Applicant's Federal Tax ID Number: _____

Business Principal Owner's social security number or business tax ID number:

Description of Form of Ownership, Names and Addresses of all Principal Owners/Directors:

1. _____
2. _____
3. _____
4. _____
5. _____

Description of primary service area: _____

Funding Source: _____

Business License Number: _____

Indian Preference Verification Number: _____

Provider ID Number from AHCCCS, New Mexico Medicaid, or Utah Medicaid: _____

Federal Employment Identification Number (EIN): _____

NOTICE

Payment must be made in one of the following methods: Money Order and Cashier's Check.

When you provide a check, you authorize Navajo Nation Department of Health to use the information from your check to process the payment as a check transaction.

Official Use Only

Application Fee Payment Method (please mark): money order ____ cashier's check ____

Receipt #: _____ Deposit Date: _____

Fee Amount: _____ MO/CK#: _____

AFFADAVIT AND NOTARIZATION

The undersigned, being duly sworn, upon his/her oath deposes and says that he/she is the person making the foregoing statements and that they are made in good faith and are true in every respect. By executing this application, the undersigned also acknowledges that he/she has read this application, if issued a permit, agrees to conform with and support the Department's requirements. **I certify that all of the statements made in this application are true, complete, and correct to the best of my knowledge and belief and are made in good faith.**

Signature of Applicant

Date

State of Arizona

County of _____

On _____, personally appeared the above named applicant who, being by me duly sworn upon oath, states that all statements and answers contained in this application are true and correct.

Notary Public

My Commission Expires:

Certificate of Inspection

Please Check One:

1. New Vehicle Inspection _____
2. Replacement Vehicle Inspection _____
3. Already Permitted Vehicle Inspection _____

Name of Applicant's NEMT Company: _____

Name of Applicant's Principal Owner: _____

Name and Street Address of Principal Owner: _____

Original Vehicle: _____ VIN/Serial #: _____ Year: _____

Model: _____ Vehicle Type: _____ License Plate #: _____

Replacement Vehicle: _____ VIN/Serial #: _____ Year: _____

Model: _____ Vehicle Type: _____ License Plate #: _____

In addition to this form, the following items must be submitted before an inspection will be made.

1. State Vehicle Registration
2. Certificate of Insurance for listed vehicle
3. NEMT Company's Standard Vehicle Inspection List

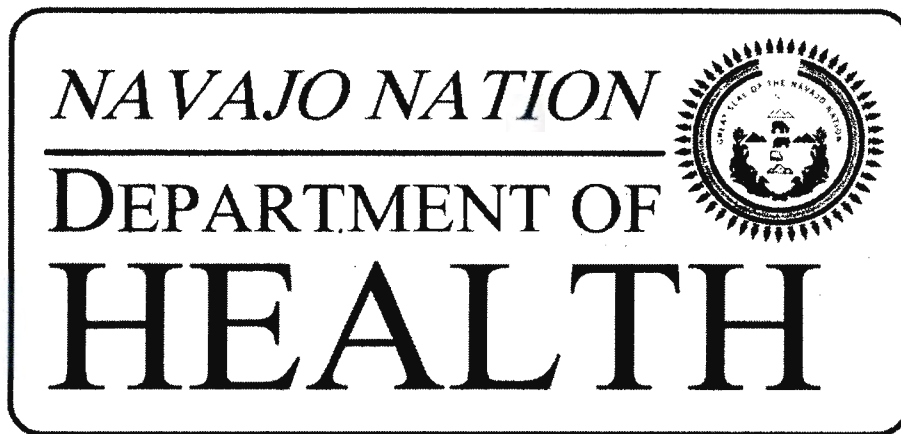
_____ The listed vehicle has passed inspection and this certificate of inspection authenticates passed inspection. This vehicle may be used to conduct NEMT client services for transportation only.

_____ The listed vehicle did not pass inspection. This vehicle is determined grounded until corrective action has been completed and when it passes re-inspection.

_____ The listed vehicle failed to pass re-inspection. This vehicle is deemed terminated for vehicle's lifetime to use for NEMT client services.

Health Director's Signature

Date of Inspection



PO BOX
1390
Window Rock,
Arizona 86511

No. _____

Issue Date: _____

Expiration Date: _____

NDOH NEMT PERMIT STICKER



THE NAVAJO NATION

RUSSELL BEGAYE PRESIDENT
JONATHAN NEZ VICE PRESIDENT

REQUIREMENTS FOR CERTIFICATION

_____ 1. A. Application: ☐ Construction Contracting

☐ General Contractor - Lic. # _____ Class. _____

☐ Special Trades - Lic. # _____

☐ Subcontractor

_____ 1. B. Application: ☐ Professional Services

☐ Supplier

☐ Professional Services

Required documents based on business structure (i.e., Partnership, Corporation, Joint Venture, LLC) - Refer to applicable section in Certification Application

_____ 2. Copy of IRS Identification No. _____

_____ 3. Resume' of Owner(s)

Include Business Experience, Personal Information, Education, Military Service (If Applicable) & References (Professional and Personal)

_____ 4. List of Past Projects

(Include Owner, Completion Date & Amount of Project)

_____ 5. Financial Statement in Company's Name (Must be **Notarized**)

_____ 6. Organizational Chart

_____ 7. Duties & Responsibilities of Owner(s) or Top Echelon

_____ 8. Certificate of Indian Blood

_____ 9. Business Plan



THE NAVAJO NATION

RUSSELL BEGAYE PRESIDENT
JONATHAN NEZ VICE PRESIDENT

NAVAJO BUSINESS OPPORTUNITY ACT PRIORITY CERTIFICATION

PROFESSIONAL SERVICES

BUSINESS REGULATORY DEPARTMENT DISCLAIMER

The purpose of the Navajo Business Opportunity Act priority certification is to determine if an entity is eligible for priority preference and to allow those certified entities priority preference when submitting bids and/or proposals in the procurement of services and/or goods. Priority certification does not guarantee that the certified entities are deemed responsive and/or responsible to provide the particular services and/or goods required of/by the contract letting entity. Priority certification of an entity is limited to the activities listed as goods and/or services in section G.9.

The Business Regulatory Department, Navajo Nation does not warrant or assume any legal liability or responsibility for the accuracy, completeness, or usefulness of any information disclosed in this application.

By initialing in the space provided, I understand and accept the Business Regulatory Department's Disclaimer Statement. _____



THE NAVAJO NATION

RUSSELL BEGAYE PRESIDENT
JONATHAN NEZ VICE PRESIDENT

NAVAJO BUSINESS OPPORTUNITY ACT PRIORITY CERTIFICATION
for
PROFESSIONAL SERVICES

- NOTE: 1. Application must be typewritten or printed legibly.
2. Application and all Attachments must be Originals.
3. Any Incomplete Application will be returned.

Date: _____

PART A. GENERAL INFORMATION

LEGAL BUSINESS NAME: _____
(Legal Name under which the Contracting Business is to be conducted)

MAILING ADDRESS: _____
(Street or P.O. Box) (City) (State) (Zip)

PRINCIPAL PLACE OF BUSINESS: _____
(Physical Location)

CONTACT PERSON: _____
(Owner(s) or 51% Principals)

E-MAIL ADDRESS: _____

TELEPHONE NUMBER: (____) _____

CELLULAR TELEPHONE NUMBER: (____) _____

FAX NUMBER: (____) _____

Applicant Intends to do Business As: _____ Sole Owner; Complete Part B
_____ Partnership (Limited or Uniform); Complete Part C
_____ Corporation; Complete Part D
_____ Limited Liability Company; Complete Part E
_____ Joint Venture; Complete Part F

NAVAJO BUSINESS OPPORTUNITY ACT PRIORITY CERTIFICATION
Professional Services
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PART B. SOLE OWNERSHIP

B.1. Give the name and address of the SOLE OWNER of the FIRM and indicate whether he/she is Navajo Indian (N), or Other Indian (OI). If Other Indian, list name of Tribe.

<u>Name and Address</u>	<u>Social Security # and/or EIN #</u>	<u>Enrollment Census No.</u>	<u>Status (N, OI)</u>
_____	_____	_____	_____

(Attach copy of Certificate of Indian Blood)

If additional space is required, please attach all information on a separate sheet and entitle it "Part B.1. Continuation".

B.2. Attach any documents you may have that establish the ownership of your firm.
(i.e., state license, city license, 8a certification)

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PART C. PARTNERSHIP

(Limited Partnership 5 N.N.C. § 4100; Uniform Partnership 5 N.N.C. § 3800)

- C.1. In which State is your firm registered? _____
Date Registered: _____
Please attach the Partnership Agreement (Limited) **OR** Partnership Statement (Uniform) and any amendments thereof, the Certificate of Limited Partnership (Limited) **OR** Statement of Partnership Authority (Uniform), By-Laws (**optional**) and Certificate of Good Standing.
- C.2. Is the Partnership (Limited or Uniform) registered with the Navajo Nation? _____.
If YES, please attach the Partnership Agreement (Limited) **OR** Partnership Statement (Uniform) and any amendments thereof, the Certificate of Limited Partnership (Limited) **OR** Statement of Partnership Authority (Uniform), By-Laws (**optional**) and Certificate of Good Standing. **If NO, please note that it is a requirement that a partnership must be registered with the Navajo Nation, 5 N.N.C. § 4100 (Limited) or 5 N.N.C. § 3800 (Uniform).**
- C.3. Provide the names and addresses of the PARTNERS of this FIRM and indicate whether they are Navajo Indian (N), Other Indian (OI), or Non-Indian (NI) in the spaces below. If Other Indian, list name of Tribe. **Attach a copy of Certificate of Indian Blood for all Navajo/Other Indian Partners.** To qualify for Priority Certification, firms applying as PARTNERSHIP status must be at least 51% Navajo or Other Indian owned and controlled.

Name and Address	Social Security #	Title	Enrollment Census No	Status (N,OI,NI)	% Ownership Control
1) _____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ (Tribe)	_____ _____ _____
2) _____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ (Tribe)	_____ _____ _____

If additional space is required, please attach all information on a separate sheet and entitle it "Part C.3. Continuation".

C.4. Required documents include Partnership Agreement.

REVISED OCTOBER 2011

DIVISION OF ECONOMIC DEVELOPMENT * BUSINESS REGULATORY DEPARTMENT
PO Box 663 * WINDOW ROCK, NAVAJO NATION (ARIZONA) 86515 * PHONE: (928) 871-6714 * FAX: (928) 871-7381 * www.navajobusiness.com

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PART D. CORPORATION (5 N.N.C. § 3100)

- D.1. In which State is your firm incorporated? _____
Date Incorporated: _____
Please attach the Articles of Incorporation and any amendments thereof, the Certificate of Incorporation, By-Laws (**optional**) and Certificate of Good Standing.
- D.2. Is the Corporation registered with the Navajo Nation? _____.
If YES, please attach the Articles of Incorporation and any amendments thereof, the Certificate of Incorporation, By-Laws (**optional**) and Certificate of Good Standing. **NO, please note that it is a requirement that a corporation must be registered with the Navajo Nation, 5 N.N.C. § 3100.**
- D.3. List the names and address of all DIRECTORS and OFFICERS of the CORPORATION. Indicate if they are Navajo or Other Indian. **Attach a copy of Certificate of Indian Blood for all Navajo/Other Indian Directors and Officers.** To qualify for Priority Certification, 51% or more stocks/shares must be held by Navajos and/or Other Indians.

<u>Office</u>	<u>Name/Addresses</u>	<u>Tribal Affiliation</u>	<u>Percentage (%) of Stock/Share Owned</u>
President	_____		
Vice-President	_____		
Secretary	_____		
Treasurer	_____		
Director	_____		
Director	_____		
Director	_____		

- D.4. The number of Shares/Stocks Authorized
- | | |
|------------------------------|-------|
| Common Stock/Share issued | _____ |
| Preferred Stock/Share issued | _____ |
| Unissued Stock/Share | _____ |
| TOTAL STOCK/SHARE AUTHORIZED | _____ |

PART E. LIMITED LIABILITY COMPANY (LLC) (5 N.N.C. § 3600)

- E.1. In which State is your firm registered? _____
Date Registered: _____
Please attach the Articles of Organization and any amendments thereof, the Operating Agreement, Certificate of Good Standing and/or By-Laws (**optional**).
- E.2. Is the LLC registered with the Navajo Nation? _____
If YES, please attach the Articles of Organization and any amendments thereof, the Operating Agreement, Certificate of Good Standing, and/or By-Laws (**optional**). If NO, please note that it is a requirement that a LLC must be registered with the Navajo Nation, 5 N.N.C. § 3600.
- E.3. List the names and address of all MANAGERS and MEMBERS of the LIMITED LIABILITY COMPANY (LLC). Indicate if they are Navajo or Other Indian. **Attach a copy of Certificate of Indian Blood for all Navajo/Other Indian Managers and Members.** To qualify for Priority Certification, 51% or more interests must be held by Navajos and/or Other Indians.

<u>Office</u>	<u>Name/Addresses</u>	<u>Tribal Affiliation</u>	<u>Percentage (%) of Interest</u>
Manager's	_____		
Manager's	_____		
Manager's	_____		
Manager's	_____		
Member's	_____		
Member's	_____		
Member's	_____		
Member's	_____		

- E.4. Is the LLC manager managed OR member managed OR manager-member managed?

PART F. JOINT VENTURES

To qualify for Priority Certification, firms applying as JOINT VENTURE status must be at least 51% Navajo or Other Indian owned and controlled. **Attach a copy of Certificate of Indian Blood for all Navajo/Other Indian party.**

F.1. Full disclosure is required of all Joint Ventures. Attach a certified copy of the complete Joint Venture Agreement, including any amendments thereof.

F.2. Is the Navajo or Other Indian Party in the Joint Venture currently certified with the Business Regulatory Department? _____ Yes _____ No
If YES, provide the name of the Business and Certification Number:

F.3. Is the Non-Indian Party Registered as a Corporation, Limited Liability Company, Limited Partnership OR Uniform Partnership? _____ Yes _____ No
If YES, complete Part C, D OR E of the Application.
Name of Non-Indian Company _____
Principal Officer _____ Telephone _____
Mailing Address _____

F.4. Joint Venture Bonding Capability? _____ Yes _____ No

F.5. Attach notarized Financial Statements for all parties of the Joint Venture which must have been prepared three months prior to application date. This must be similar to the form attached to this application (Exhibit A).

F.6. Monetary allowance for Administration (recording, support staff, office facilities and equipment, etc.) Management:
Managing Party _____ Monetary Allowance (Percentage) _____

F.7. Monetary allowance for Construction Management:
Managing Party _____ Monetary Allowance (Percentage) _____

F.8. Attach a list of equipment to be furnished by each Joint Venture party and specify the allowance of the use of the equipment. Specify if the equipment is owned or leased.

PART G. TO BE COMPLETED BY ALL APPLICANTS

G.1. Attach an Organizational Chart and indicate all upper level management positions with names, titles, and indicate if Navajo/Other Indian or Non-Indian and describe the functions of the branches of the organization. Provide resumes of upper level management positions.

G.2. List all Licensed Professional Staff within your organization and indicate if Navajo/Other Indian or Non-Indian.

<u>Name</u>	<u>Title</u>	<u>Tribal Affiliation</u>
-------------	--------------	---------------------------

_____	_____	_____
_____	_____	_____

G.3. Does your Firm have Bonding Capability? _____ Yes _____ No If YES,
(i) Provide the Name and Address of your Bonding Company or other Completion
Surety Agency: _____

(ii) Type of Bonding and Level of Bonding Capabilities: _____

G.4. Attach a Current Financial Statement, which must not be older than three (3) months. (If Joint Venture, provide current Financial Statements for all Parties). The Financial Statement must be similar to the attached form (Exhibit A).

G.5. Employment Breakdown of the Firm:

Number of Navajo Workers _____

Number of Other Indian Workers _____

Number of Non-Indian Workers _____

TOTAL WORKFORCE _____

Describe your method of Recruiting Human Resources _____

G.6. Describe the physical location of your business establishment(s). (Main Office, warehouse, and inventory available at the site).

G.7. Attach a list of all projects for the last two (2) years and dollar amounts for each. Use the attached form or similar form (Exhibit B).

NAVAJO BUSINESS OPPORTUNITY ACT PRIORITY CERTIFICATION
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G.8. Has your company ever filed for Bankruptcy before? _____ Yes _____ No
If yes, please explain _____

G.9. Concisely (60 words or less) describe the type of goods and/or services your firm can provide to projects throughout the Navajo Nation with your own employees and equipment, **rather than by subcontract**. NOTE: Priority Certification and Certificate Issuance will be limited to these activities listed as goods and/or services.

PART H. CERTIFICATION

By signing below, I certify and attest that all information contained herein is complete, true and correct. I further understand that the Business Regulatory Department, Division of Economic Development must give its approval before this Navajo or Other Indian owned and controlled firm can be considered or accepted as a Certified Priority firm for project(s) within the exterior boundaries of the Navajo Nation. **I further understand that the certification is only valid for one (1) year.**

**SIGNATURES OF
OWNERS, PARTNERS, OFFICERS, MEMBERS, MANAGERS OF THE BUSINESS**

Date: _____	_____	Title _____
Date: _____	_____	Title _____
Date: _____	_____	Title _____
Date: _____	_____	Title _____

NAVAJO DEPARTMENT OF HEALTH



CONTACT INFORMATION

Navajo Department of Health, Navajo Nation

Window Rock Boulevard, Administration Building #2, Window Rock, AZ 86515

Telephone: (928) 871-6350

Website: <http://www.nndoh.org/>

ACKNOWLEDGEMENTS

These regulations were prepared by the Navajo Department of Health (NDOH) to support the efforts of the Navajo Nation to protect patient safety by regulating Non-Emergency Medical Transportation companies. NDOH would like to offer appreciation to the following groups who aided in the drafting of these regulations:

1. Non-Emergency Medical Transportation Workgroup
2. White Mountain Apache Tribe, Division of Health- Jessica Rudolfo, Executive Director

TITLE 13 NAVAJO DEPARTMENT OF HEALTH REGULATIONS

13.1.100 ~~NEMT~~ NON-EMERGENCY MEDICAL TRANSPORTATION (NEMT) REGULATIONS

ARTICLE 1

13.1.101 Authority

The Department is authorized by Navajo Nation Council Resolution No. CO-50-14 to regulate ~~non-emergency medical transportation (NEMT)~~ providers.

13.1.102 Purpose

The purpose of these regulations is to ensure the safe and efficient transportation of individuals from their homes to their medical appointments and back home, by qualified NEMT companies.

13.1.103 Definitions.

- A. "AHCCCS" means Arizona Health Care Cost Containment System, who is the payor for NEMT services in Arizona.
- B. "Application" means the documents required to obtain a NEMT permit.
- C. "Business days" means the days during the work week, Monday to Friday, excluding Saturday, Sunday and holidays.
- D. "Business License" means a license issued by the Navajo Division of Economic Development authorizing a company to operate a business on the Navajo Nation.
- E. "Calendar days" means every day on the calendar, Monday to Sunday, including holidays.
- ~~E-F.~~ "Class C CDL" means a Class C Commercial Driver's License, which is required when transporting at least 16 passengers, including the driver.
- ~~F-G.~~ "Clients" means citizens of the Navajo Nation who are qualified for NEMT services.
- ~~G-H.~~ "Department" means the Navajo Nation Department of Health and its internal Regulatory Program that regulates Non-Emergency Medical Transportation companies.
- ~~H-I.~~ "Health Director" means the top-level administrator within the Department.
- ~~I-J.~~ "HIPAA" means Health Insurance Portability and Accountability Act, which is a United States law that provides privacy standards to protect patients' medical records and other health information provided to health care providers.
- ~~J-K.~~ "Meeting" is an administrative appeal before the Regulatory Program Manager Health Director in which an NEMT company may present evidence in an informal setting to remove a fine, obtain, or reinstate an NEMT permit.

K.L. "Navajo Nation" means all lands contained within the exterior boundaries of the Navajo Nation, pursuant to Navajo Nation Code 7 § 254. Territorial jurisdiction.

L.M. "NEMT" means Non-Emergency Medical Transportation companies.

M.N. "NEMT Permit" means authorization by the Navajo Department of Health for a NEMT to provide services on the Navajo Nation.

O. "New Mexico Medicaid" means the payor for NEMT services in New Mexico

P. "Regulatory Program" means the program established within the Navajo Department of Health to regulate Non-Emergency Medical Transportation companies.

N.Q. "Regulatory Program Manager" means the employee who serves as a supervisor or director or manager of the Regulatory Program.

O.R. Utah Medicaid" means the payor for NEMT services in Utah.

13.1.104 Powers and Authorities of the Department

- A. To grant, suspend or revoke NEMT permits.
- B. To enforce fines ,at the Department's discretion, on NEMTs.
- C. To request and access NEMT business documentation for the purposes of investigation to ensure the safe and efficient transportation of clients.
- D. To monitor and evaluate business activities of NEMTs, ensuring complete and accurate records of operational and administrative costs and records that validate company billing and patient utilization of services.
- E. To monitor and evaluate the maintenance of NEMT vehicle license plate, driver's license, business license, all state and/or local required insurance coverage for protection of its vehicles, clients, and personnel.
- F. To examine and/or audit transportation documentation for client, insurance, licensure, and certification records.
- G. To investigate any fraudulent activities.
- H. To randomly inspect NEMT vehicles and driver credentials.
- I. To enforce reporting of any changes to Federal Employment Identification Number, Social Security Numbers, any changes of application information or invoice documentation.
- J. To ensure NEMT vehicles are annually inspected by a state-qualified inspector.
- K. To collaborate with the Navajo Nation Business Regulatory Department and state Medicaid agencies to enforce NEMT regulations.
- L. To establish a Funds Management Plan Policy to oversee the funds accumulated by the NEMT regulations.
- M. To request the suspension of an NEMT Navajo Nation Business License and report the suspension to the appropriate state Medicaid agency if an NEMT is operating on the

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Navajo Nation without an NEMT permit or has not applied for an NEMT permit within thirty (30) of the effective date herein to Article 7, 13.7.706 Effective Date.

K.N. To request the suspension of an NEMT Navajo Nation Business License and report the suspension to the appropriate state Medicaid agency if an NEMT is found to be fraudulently claiming Indian-Preference.

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ARTICLE 2 NEMT PERMIT APPLICATIONS

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13.2.200 NEMT Permits Required

- A. All NEMTs providing services to clients residing on the Navajo Nation must apply for a permit from the Department and the Department shall be the only Navajo Nation office to issue such permits.
- B. TERM. Permits shall be active from the date of issuance and valid for one (1) year, unless otherwise revoked pursuant to Article 7, herein.
- C. NONTRANSFERABLE. Permits may not be transferred or sold to any other NEMT.
- D. RENEWAL. Permits must be renewed thirty (30) calendar days in advance of expiration.

NONRENEWAL. The Department, in its discretion, may refuse to renew an NEMT permit. Appeals may be filed pursuant to Article 7 Section 13.7.703.

13.2.201 Application Fee

- A. All completed applications for a permit shall be submitted with the application fee of ~~\$23,000.00~~ \$6,000.00. For Non-Indian Preference NEMTs, the fee is set at \$6,000.00. **NON-REFUNDABLE.**
- B. The annual renewal license fee is ~~\$1,0500.00~~ \$3,000.00. For Non-Indian Preference NEMTs, the fee is \$3,000.00. **NON-REFUNDABLE.**
- C. Money orders or Cashier Checks can be made to the Navajo Nation Department of Health P.O. Box 1390 Window Rock, Arizona 86515. No cash, credit cards, debit card, or personal checks will be accepted.

13.2.202 Application

NEMTs shall complete and submit a permit application to the Department. Applications shall be signed before a notary attesting that all of the information is true and accurate.

13.2.203 Supporting Documents for Application

The following current and up-to-date documents shall be submitted with the application:

- A. Navajo Nation Business License

- B. Certificate of Incorporation or proof of status of legal formation of the NEMT
- C. Current Liability Insurance
- D. Copy of state vehicle registration for all NEMT vehicles
- E. Copy of state Medicaid certification including the provider ID number
- F. Copies of Driver's Licenses for all NEMT drivers, including class C CDL
- G. Copies of driving records for each NEMT driver from each state department of Motor Vehicles in which the NEMT provides services
- H. Copies of criminal background checks for all NEMT drivers
- I. Copies of drug tests for all NEMT drivers
- J. Copies of state, Federal and Navajo criminal background checks for all NEMT drivers
- K. Copies of Defensive Driving Course record for all NEMT drivers
- L. Fingerprint clearance card for all NEMT drivers from states in which the NEMT provides services
- M. State Department of Transportation physical exam report for all NEMT drivers
- N. Current vehicle inspections for all NEMT vehicles from state-qualified inspector dated within three (3) months of application submittal
- O. Copy of NEMT's vehicle maintenance program
- P. Photographs of all of NEMT vehicles
- Q. Copy of NEMT's drug, alcohol and sexual harassment policy
- R. Name and Telephone Number of Contact Person to receive complaints
- S. First Aid and CPR cards for each NEMT driver
- T. Copy of NEMT's HIPAA policy ensuring client confidentiality
- U. Notarized release allowing the Department to verify insurance status and to inform NEMT clients of insurance company and contacts

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13.2.204 Submittal of Complete Applications

Applications must be submitted to the Executive office, in the Navajo Department of Health, Administration 2 Building No. 2296 Window Rock Boulevard, located at Window Rock, AZ 86515.

13.2.205 Incomplete Applications Not Accepted

Applications which are not complete, do not have all supporting documents, or without payment of the application fee will not be accepted.

13.2.206 Permits Issued

Upon approval of an application, the Department shall issue to the NEMT one permit decal per NEMT vehicle, which shall be displayed on the upper right hand corner of the window shield of each vehicle.

13.2.207 Denial of Application

Upon denial of an application, the NEMT will receive a formal notification letter of reason for denial. The applicant shall have fourteen (14) days from receipt of the notice to submit a written request for a Meeting with the ~~Regulatory Program Manager~~ ~~Health Director~~ to appeal the decision. If request for Meeting is not received by the Department within fourteen (14) days, the disapproval decision shall be final. Meetings may be requested pursuant to Article 7, 13.7.702.

Article 3 NEMT REQUIREMENTS

13.3.300 Insurance

A. All NEMTs are required to carry the following minimum insurance:

1. SIX (6) PERSONS OR FEWER: NEMTs who are motor carriers providing service in vehicles with a seating capacity of six (6) persons or fewer, excluding driver, must maintain a combined single-limit public liability insurance policy of at least one million dollars (\$1,000,000.00) per occurrence for bodily injury to or death of all persons injured or killed, and property damage.
2. SEVEN (7) TO FIFTEEN (15) PERSONS: NEMTs who are motor carriers of person providing service in vehicles with a seating capacity of seven (7) to fifteen (15) persons, excluding the driver, must maintain a combined single-limit public liability insurance policy of at least one million five hundred thousand dollars (\$1,500,000.00) per occurrence for bodily injury to or death of all persons injured or killed, and property damage.
3. SIXTEEN (16) PERSONS OR MORE: NEMTs who are motor carriers of persons providing service in vehicles with a seating capacity of sixteen (16) persons or more, ~~excluding~~ ~~including~~ driver, must maintain a combined single-limit public liability insurance policy of at least five million dollars (\$5,000,000.00). ~~-Drivers operating this type of NEMT must hold a Class C CDL from all states in which the NEMT operates.~~

B. Maximum Deductible

No NEMT motor carrier insurance policy shall have a deductible in excess of two thousand dollars (\$2,000.00), except that the Navajo Nation may approve a higher

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deductible for a motor carrier that files a surety bond with the Navajo Nation in an amount equal to the difference between five thousand dollars (\$5,000.00), and the amount of the higher deductible.

C. Insurance Fraud

If it is discovered that an NEMT is operating under the use of fake or fraudulent insurances, then the Department shall have authority to immediately revoke an NEMT permit.

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13.3.301 Driver Requirements

Documentation of these requirements must be submitted to the Department annually:

- A. Proof of completion of a Defensive Driving Course for each NEMT driver
- B. Emergency Procedures, First Aid (CPR) Course
- C. Vehicle orientation, pre-transportation inspection training
- D. Passenger Confidentiality-HIPAA training
- E. State fingerprint-based criminal background check
- E-F. Proof of valid insurance

13.3.302 Vehicle Usage Requirements

NEMTs are required to follow the following guidelines regarding NEMT vehicles:

- A. Vehicles seven (7) years or older or with an odometer reading higher than 3200,000 miles, may not be used as a NEMT vehicle.
- B. Personal-use of vehicles shall not be permitted to prevent instances that may cause violations to client safety

13.3.303 Accident Requirements

NEMTs are required to immediately notify the Department, within seven (7) calendar days, of any accident or incident that occurs while transporting a client(s), whether or not it results in injury or fatality. Not reporting an accident or incident to the department shall result in a fine, herein to Article 6, 13.6.600.

13.3.304 Requirement to keep documentation up to date

NEMTs are required to keep all necessary documentation, pursuant to Article 2 Section

13.2.203 and Article 3 Section 13.3.301, up to date.

13.3.305 Falsification of Indian Preference

Any NEMT who violates their Indian Preference standing or is caught falsifying or manipulating contracts to obtain Indian Preference may have their NEMT permit revoked by the Department.

Article 4 VIOLATIONS TO CLIENT SAFETY

13.4.400 Actions

NEMTs are required to provide safe and efficient services. Actions that are considered violations to client safety include:

- A. Failure to resolve a client complaint
- B. Failure to cooperate with the Department during an investigation of the NEMT
- C. Failure to maintain necessary business documentation such as vehicle license plate, business license, all state and/or local required insurance coverage for protection of its vehicles, clients, and personnel
- D. Cases involving sexual harassment, behavioral misconduct or anything determined to pose a danger to the client(s)
- E. Use of illegal substances by any NEMT employee
- F. Driving records revealing criminal activity
- G. Use of vehicles that did not pass inspection, do not display a permit, are over seven (7) years old or have an odometer over 3200,000 miles.
- H. Fraudulent activities, examples include:
 - 1. Non-delivery of services: Fraud occurring when a payment is received but the services requested are never received by the client(s).
 - 2. Submitting fraudulent client(s) care reports which claim services were rendered when they were not.

ARTICLE 5 COMPLAINTS

13.5.500 Complaints

Complaints from the public about NEMTs will be taken in writing at the following email, mailing or physical address. If unable to submit in writing, complaints may be filed with the Executive Office Specialist over the telephone:

- A. Email: nemt.registration@nndoh.org
- B. Mailing Address: P.O. Box 1390 Window Rock, AZ 86515
- C. Physical Address: Administrative Bldg. #2 (Building No. 2296) Window Rock Boulevard
- D. Telephone: (928) 871-6350

13.5.501 Notice

- A. The Department shall notify the NEMT of a complaint within fourteen (14) calendar days of receiving it.
- B. The NEMTs shall have fourteen (14) calendar days in which to resolve the complaint and provide notice to the Department of such resolution.

13.5.502 Determination

The Department shall document the complaint, and the response of the NEMT. If the Department receives similar complaints about the same NEMT, the Department may in its discretion:

- A. Revoke the NEMT permit; and/or
- B. Report the complaints to the Navajo Nation Business Regulatory Department and appropriate state agencies.

ARTICLE 6 FINES

13.6.600 Fines for violations

The Department ~~, in its discretion,~~ may impose fines on an NEMT when violating any NEMT requirements or in any instance where their services or employees violates client safety. The fine schedule is set as follows:

- A. 1st Violation-at least \$500.00; Non-Indian Preference NEMT at least \$1,000.00.
- B. 2nd Violation-at least \$750.00; Non-Indian Preference NEMT at least \$1,500.00.
- C. 3rd Violation-at least \$1,000.00; Non-Indian Preference NEMT at least \$2,000.00.
- D. Further Violations- at least \$1,250.00; Non-Indian Preference NEMT at least \$2,500.00.
- E. If any NEMT vehicle is discovered providing services without a permit, the NEMT will be fined \$500.00 a day until a permit is displayed. Non-Indian Preference will be fined \$1000.00 a day.

13.6.601 Fine Notice

- A. The Department shall provide a written notification to the NEMT stating the violation and fine amount.
- B. The NEMT shall pay a fine within thirty (30) days, of receipt of the notice, unless a request for a Meeting has been submitted.

- C. Money orders or Cashier Checks can be made to the Navajo Nation Department of Health P.O. Box 1390 Window Rock, Arizona 86515. No cash, credit cards, debit cards, or personal checks will be accepted.

ARTICLE 7 PERMIT REVOCATION AND BUSINESS LICENSE REVOCATION

13.7.700 Noncompliance

The Department, ~~in its discretion,~~ may suspend or revoke a NEMT permit at any time for the following reasons:

- A. Failure to pay necessary fees
- B. Failure to pay fines
- C. Violations to NEMT Requirements
- D. Violations to client(s) safety

13.7.701 Notice

- A. The Department shall issue written notice to the NEMT that its permit may be suspended or revoked.
- B. The NEMT shall have thirty (30) calendar days from the date of mailing of the written notice to either:
 - 1. cure the deficiency; or
 - 2. request a Meeting

13.7.702 Meeting

The Meeting is an informal process to discuss concerns.

- A. The ~~Health Director~~Regulatory Program Manager shall schedule a Meeting within ten (10) business days.
- B. The NEMT may bring documentary evidence, witnesses and attorneys to the Meeting to support its position.
- C. The Department may bring documentary evidence, witnesses and Navajo Nation Department of Justice attorneys to the Meeting to support its position.
- D. The ~~Regulatory Program Manager~~ Health Director shall issue a written decision within ten (10) business days of the Meeting.
- E. Failure to proceed through this appeal process shall constitute a waiver of any further appeals.

- F. The NEMT must comply with the ~~Regulatory Program Manager's Health Director's~~ decision or the NEMT permit will be revoked, unless an appeal pursuant to Section 13.7.703, herein, is submitted.

13.7.703 ~~13.7.703~~ Appeal to Office of Hearings and Appeals

- ~~A. A NEMT may appeal an adverse decision by the Regulatory Program Manager, after a Meeting has been conducted, to the Navajo Nation Office of Hearings and Appeals within fourteen calendar (14) days of the Regulatory Program Manager's decision. A NEMT may appeal an adverse decision by the Health Director, after a Meeting has been conducted, to the Navajo Nation Office of Hearings and Appeals within fourteen calendar (14) days of the Health Director's decision.~~

A.

- B. The appeal request shall be in writing and a copy shall be submitted to the Department simultaneously. The NEMT principle owner, or its legal counsel, must sign the request for hearing.
- C. If a written appeal request is not received by the Navajo Nation Office of Hearings and Appeals within the fourteen calendar (14) days, the ~~Regulatory Program Manager's Health Director's~~ decision shall be final.
- D. The Office of Hearings and Appeals shall have jurisdiction to preside over an appeal for:
1. Denial of a NEMT permit application or renewal of an application;
 2. Revocation of a NEMT permit by the Department;
 3. Any fine assessed for violation of the NEMT Regulations;
 4. Any challenges to the validity of the NEMT Regulations or the authority of the Department to regulation NEMT activities.
- E. If properly appealed, any fines assessed by the Department shall remain until a final decision is issued by the Office of Hearings and Appeals.
- F. The NEMT may bring documentary evidence, witnesses and have an attorney represent them, at their own expense.
- G. The Department may bring documentary evidence, witnesses and have the Navajo Nation Department of Justice represent them.
- H. Appeals pursuant to this subsection shall not be de novo and shall be limited to the determination of whether the Department's decision was not supported by the evidence, or was arbitrary, capricious, an abuse of discretion, beyond its authority, or otherwise contrary to applicable law.
- I. The Hearing Officer shall issue a final order, which shall be available for public inspection.
- J. The decision of the Office of Hearings and Appeals shall be final.

13.7.704 Permit Revocation

- A. Failure to comply with the ~~Regulatory Program Manager's Health Director's~~ decision, or if appealed, the Navajo Nation Office of Hearing and Appeals order, will result in a permit revocation, which will be reported to the Navajo Nation Business Regulatory

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Department with a request to suspend the Navajo Nation Business License and suspension shall be reported to the appropriate state Medicaid agency.

- B. The NEMT will receive written notice of the permit revocation within fourteen calendar (14) days.

13.7.706 Effective Date

These regulations shall be effective thirty (30) calendar days after approved from the Health, Education and Human Services Committee of the Navajo Nation Council.

13.7.705 Severability

The provisions of these regulations are severable and if any provision of these regulations or its application to any person or circumstance is held invalid by final judgement of a court of competent jurisdiction, such decision shall not affect the validity of the remaining regulations.

13.7.706 Amendments

These regulations may be amended recommended by the Department to the Health, Education and Human Services Committee of the Navajo Nation Council, as necessary.

**APPLICATION INSTRUCTIONS FOR NAVAJO NATION DEPARTMENT OF HEALTH
NON-EMERGENCY MEDICAL TRANSPORT**

1. Read entire application before you begin to answer the questions to acknowledge you understand what is being requested.
 2. All questions must be answered.
 3. Type or print your responses in **BLUE INK.**
 4. Fees shall be paid by money order or cashier's check and made payable to the "Navajo Nation Department of Health P.O. Box 1390 Window Rock, Arizona 86515."
 5. Your application must be accompanied by all required attachments listed below.
-

To assist you in completing your application, please use the check list below.

- _____ 1. Complete the Application;
- _____ 2. Application fee of \$3,000.00 (Indian Preference NEMT) or \$6,000.00 (Non-Indian Preference NEMT). **NON-REFUNDABLE;**
- _____ 3. Annual renewal license fee of \$1,500.00 (Indian Preference NEMT) or \$3,000 (Non-Indian Preference NEMT). **NON-REFUNDABLE;**
- _____ 4. Application must be signed, dated, and notarized;
- _____ 5. Navajo Nation Business License;
- _____ 6. Certificate of Incorporation or proof of status of legal formation of NEMT Company;
- _____ 7. Current Liability Insurance;
- _____ 8. Copy of State Vehicle Registration for all NEMT vehicles;
- _____ 9. Copy of State Medicaid certification including the provider ID number;
- _____ 10. Copies of Driver's Licenses for all NEMT drivers, including Class C CDL;
- _____ 11. Copies of Driver's records for each NEMT driver from each state Department of Motor Vehicles in which the NEMT provides services;
- _____ 12. Copies of criminal background checks for all NEMT drivers
- _____ 13. Copies of drug tests for all NEMT drivers;

- _____ 14. Copies of State, Federal, and Navajo criminal background checks for all NEMT drivers;
- _____ 15. Copies of Defensive Driving Course record for all NEMT drivers;
- _____ 16. Fingerprint clearance card for all NEMT drivers from states in which the NEMT provides services;
- _____ 17. State Department of Transportation physical exam report for NEMT drivers
- _____ 18. Current vehicle inspections for all vehicles from all state-qualified inspector dated within three (3) months of application submittal;
- _____ 19. Copy of NEMT's vehicle maintenance program;
- _____ 20. Photographs of all NEMT vehicles;
- _____ 21. Copy of NEMT's drug, alcohol, and sexual harassment policy;
- _____ 22. Name and Telephone Number of Contact Person to receive complaints;
- _____ 23. First Aid and CPR cards for each NEMT driver;
- _____ 24. Copy of NEMT's HIPAA policy ensuring client confidentiality;
- _____ 25. Notarized release allowing the Department to verify insurance status and to inform NEMT clients of insurance company and contacts

Navajo Nation
Non-Emergency Medical Transportation Regulations
Funds Management Plan Policy

NAVAJO
DEPARTMENT OF
HEALTH



Navajo Nation
Non-Emergency Medical Transportation Regulations
Funds Management Plan Policy

I. Purpose

The following policy is for the Non-Emergency Medical Transportation Regulations Funds Management Plan and establishment of a Regulatory Program within the Department.

II. Definitions

- A. "Health Director" means the Navajo Department of Health Executive Director.
- B. "HEHSC" means the Health, Education & Human Services Committee of the Navajo Nation Council.
- C. "Indian Preference" means companies who have an Indian Preference when hiring employees.
- D. "NDOH" means Navajo Department of Health.
- E. "NEMT(s)" means Non-Emergency Medical Transportation Providers or Companies.
- F. "NEMT Regulations Fund" means the account created by the Navajo Department of Health for the money generated by the Non-Emergency Medical Transportation Regulation.
- G. "Non-Indian Preference" means companies who do not have an Indian Preference when hiring employees.
- H. "Regulations" means the Non-Emergency Medical Transportation Regulations approved by the Health, Education & Human Services Committee of the Navajo Nation Council.
- I. "Regulatory program" means the program established by the Navajo Department of Health to enforce the Non-Emergency Medical Transportation Regulations.
- J. "Regulatory Program Manager" means the employee who serves as a manager or supervisor or director of the Regulatory Program.

III. Projected Revenue from Regulations

A. NEMTs Operating on the Navajo Nation

Below are the projected amounts of NEMT companies operating on the Navajo Nation in their respective states:

i. New Mexico

There are an estimated 16-20 NEMTs operating within New Mexico on the Navajo Nation¹.

¹State of New Mexico Public Regulation Commission

ii. Arizona

There are an estimated 86 NEMTs operating within Arizona on the Navajo Nation².

iii. Utah

Only one officially known, the Utah Navajo Health Systems. Estimated 3 additional companies.

B. Knowing that there will be around 106-110 Navajo NEMT providers, an estimated $\frac{3}{4}$ of NEMTs may be Indian Preference, totaling 81. An estimated $\frac{1}{4}$ of NEMTs may be Non-Indian Preference, totaling 27.

C. Projected Start-up funds:

\$2,000 application (Indian Preference) * 81= \$162,000

\$6,000 application fee (Non-Indian Preference) * 27= \$162,000

Total = **\$324,000**

D. Projected Annual funds:

\$1,000 annual renewal fee (Indian Preference) * 81= \$81,000

\$3,000 annual renewal fee (Non-Indian Preference) * 27= \$81,000

Total= **\$162,000**

E. Statement of estimation

The above calculations are estimates and will change depending on the number of registered NEMTs and whether or not they decide to claim Indian-Preference.

IV. Establishment of NEMT Regulations Fund

This account shall be hereby created by NDOH for the money collected from the Regulations and shall only be utilized by the Health Director to pay the annual salaries of the Regulatory Program employees. Any additional use of the NEMT Regulations Fund shall first be approved and authorized by HEHSC.

V. Temporary Allocation of Responsibilities

The NDOH Executive Director shall appoint two (2) or three (3) NDOH employees, who will inherit the responsibilities herein to section VIII, until enough funds are accumulated from the Regulations for the hiring of permanent employees, herein to section VII, who will operate the Regulatory Program.

VI. Establishment of Regulatory Program

² Tribal Business Licenses By Issuing Tribe- Retrieved from <https://www.azahcccs.gov/PlansProviders/Downloads/NEMTList.pdf>

The funds accumulated from the Regulations shall hereby be used for the provision of a Regulatory Program within NDOH. Two permanent employees shall be hired to operate the Regulatory Program.

VII. Regulatory Program Positions & Salary

The following salaries and positions are provided by the Navajo Nation Department of Personnel Management:

- A. Program Manager I (Class Code- 1235)
 - i. Starting at \$25.41/ HR, \$52,852.80 annually
- B. Programs and Projects Specialist (Class Code- 1252)
 - i. Starting at \$18.09/ HR, \$37,627.20 annually
- C. Office Specialist (Class Code- 1366)
 - i. Starting at \$11.89/HR, 24,731.20 annually
- D. Projected annual cost for human resources of the Regulatory Program-
\$115,211.20

VIII. Responsibilities of Regulatory Program

- A. Oversee and ensure the complete and accurate filing of NEMT application.
- B. Grant NEMT permits.
- C. Revoke NEMT permits.
- D. Provide written notices to NEMTs.
- E. Document any complaints about NEMTs.
- F. Enforce regulations by assessing violation fines and/or coordinating with appropriate State Medicaid Agencies and the Navajo Business Regulator.
- G. Collect fees and fines for deposit into NEMT Regulations Fund.
- H. Keep accurate files.
- I. Occasionally visit NEMTs to ensure the use of permits for all NEMT vehicles.
- J. Ensure NEMTs meet all the Regulation requirements.
- K. Coordinate with the Navajo Nation Office of Hearing and Appeals in the case of an appeal.

IX. Use of Extra Funds

Additional funds from NEMT Regulations Fund that are not being used to pay annual salaries of Regulatory Program employees may be allocated by NDOH, after receiving approval and authorization from HEHSC, for the use of:

- A. Employee training.
- B. Programs & Projects under NDOH.

X. Annual auditing of NEMT Regulations Fund

Annual auditing shall occur annually at the end of the Navajo Nation Fiscal Year by the Navajo Nation Office of the Auditor General.

XI. Misappropriated or Misused funds

If it is determined that the money in the NEMT Regulations Fund has been misappropriated or misused, the matter shall be referred to the Navajo Nation Office of Ethics and Rules. The Navajo Nation shall also stop the misuse or misappropriation and retrieve any money or value in accordance with applicable Navajo Nation laws and policies.

XII. Severability

The provisions of this policy are severable and if any provision of this policy or its application to any person or circumstance is held invalid by final judgement of the Navajo Nation Court, such decision shall not affect the validity of the remaining portions of the policy.

XIII. Amendments

This guideline may be amended upon recommendation by NDOH and concurred by HEHSC.



Document No. 010082

Date Issued: _____

SECTION 164 REVIEW FORM

Title of Document: NEMT Regulations Contact Name: DEPARTMENT OF HEALTH-ADMIN

Program/Division: DEPARTMENT OF HEALTH

Email: Glorinda.Segay@nndoh.org Phone Number: 928.871.6350

Division Director Approval for 164A: Linda Busin 4/12/18

Check document category: only submit to category reviewers. Each reviewer has a maximum 7 working days, except Business Regulatory Department which has 2 days, to review and determine whether the document(s) are sufficient or insufficient. If deemed insufficient, a memorandum explaining the insufficiency of the document(s) is required.

Section 164(A) Final approval rests with Legislative Standing Committee(s) or Council

<input checked="" type="checkbox"/>	Statement of Policy or Positive Law:			Sufficient	Insufficient
	1. OAG:	<u>[Signature]</u>	Date: <u>4/16/18</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	IGA, Budget Resolutions, Budget Reallocations or amendments: (OMB and Controller sign ONLY if document expends or receives funds)				
	1. OMB:	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
	2. OOC:	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
	3. OAG:	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>

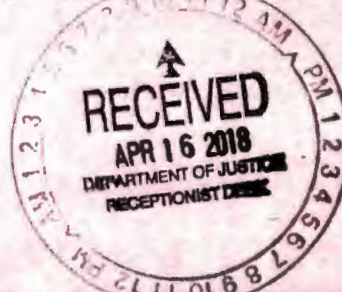
Section 164(B) Final approval rests with the President of the Navajo Nation

<input type="checkbox"/>	Grant/Funding Agreement or amendment:				
	1. Division:	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
	2. OMB:	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
	3. OOC:	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
	4. OAG:	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Subcontract/Contract expending or receiving funds or amendment:				
	1. Division:	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
	2. BRD:	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
	3. OMB:	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
	4. OOC:	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
	5. OAG:	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Letter of Assurance/M.O.A./M.O.U./Other agreement not expending funds or amendment:				
	1. Division:	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
	2. OAG:	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	M.O.A. or Letter of Assurance expending or receiving funds or amendment:				
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	2. OMB:	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
	3. OOC:	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
	4. OAG:	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>



NAVAJO NATION DEPARTMENT OF JUSTICE

DOCUMENT REVIEW REQUEST FORM



DOJ
4/16/18 10:00am
DATE / TIME
<input type="checkbox"/> 7 Day Deadline
DOC #: 010082
SAS #:
UNIT: HSGU

☒ RESUBMITTAL

*** FOR NNDJ USE ONLY - DO NOT CHANGE OR REVISE FORM. VARIATIONS OF THIS FORM WILL NOT BE ACCEPTED. ***

CLIENT TO COMPLETE

DATE OF REQUEST: 4/16/18	ENTITY/DIVISION: Department of Health
CONTACT NAME: Glorinda Segay	DEPARTMENT: Health
PHONE NUMBER: (928) 871-6350	E-MAIL: glorinda.segay@nndoh.org
TITLE OF DOCUMENT: Non-Emergency Medical Transportation Regulations	

DOJ SECRETARY TO COMPLETE

DATE/TIME IN UNIT: 4/16 @ 11:18	REVIEWING ATTORNEY/ADVOCATE: KM
DATE/TIME OUT OF UNIT: 4/17/18 @ 820	

DOJ ATTORNEY / ADVOCATE COMMENTS

legally sufficient.

REVIEWED BY: (PRINT)	DATE / TIME	SURNAMED BY: (PRINT)	DATE / TIME
M Begay for K Martino	4/16/18 2:46 pm	M Black	4/16/18 4:47 pm
DOJ Secretary Called: Harlan	for Document Pick Up on 4/17/18 at 820		By: gm
PICKED UP BY: (PRINT)	DATE / TIME:		

Document No. 010082Date Issued: 04/12/2018**SECTION 164 REVIEW FORM**Title of Document: NEMT Regulations Contact Name: DEPARTMENT OF HEALTH-
ADMINProgram/Division: DEPARTMENT OF HEALTHEmail: Glorinda.Segay@nndoh.org Phone Number: 928.871.6350Division Director Approval for 164A: *Linda Busin* 4/12/18

Check document category: only submit to category reviewers. Each reviewer has a maximum 7 working days, except Business Regulatory Department which has 2 days, to review and determine whether the document(s) are sufficient or insufficient. If deemed insufficient, a memorandum explaining the insufficiency of the document(s) is required.

Section 164(A) Final approval rests with Legislative Standing Committee(s) or Council

<input checked="" type="checkbox"/>	Statement of Policy or Positive Law:				
	1. OAG:	<u><i>[Signature]</i></u>	Date: <u>4/16/18</u>	Sufficient <input checked="" type="checkbox"/>	Insufficient <input type="checkbox"/>
<input type="checkbox"/>	IGA, Budget Resolutions, Budget Reallocations or amendments: (OMB and Controller sign ONLY if document expends or receives funds)				
	1. OMB:	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
	2. OOC:	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
	3. OAG:	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>

Section 164(B) Final approval rests with the President of the Navajo Nation

<input type="checkbox"/>	Grant/Funding Agreement or amendment:				
	1. Division:	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
	2. OMB:	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
	3. OOC:	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
	4. OAG:	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Subcontract/Contract expending or receiving funds or amendment:				
	1. Division:	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
	2. BRD:	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
	3. OMB:	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
	4. OOC:	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
	5. OAG:	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Letter of Assurance/M.O.A./M.O.U./Other agreement not expending funds or amendment:				
	1. Division:	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
	2. OAG:	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	M.O.A. or Letter of Assurance expending or receiving funds or amendment:				
	1. Division:	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
	2. OMB:	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
	3. OOC:	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
	4. OAG:	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>




NAVAJO NATION DEPARTMENT OF JUSTICE
OFFICE OF THE ATTORNEY GENERAL

ETHEL B. BRANCH
ATTORNEY GENERAL

CHERIE ESPINOSA
ACTING DEPUTY ATTORNEY GENERAL

MEMORANDUM

TO: **ALL CONCERNED**

FROM: 
Kandis Martine, Assistant Attorney General
Human Services & Government Unit
Office of the Attorney General/ NNDOJ

DATE: January 17, 2018

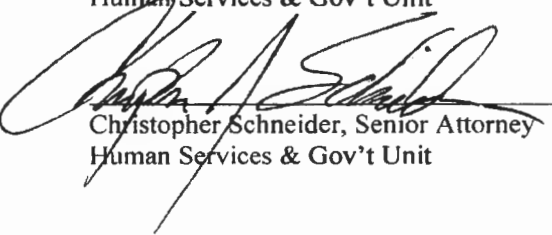
SUBJECT: **Standing Delegation of Authority**

Please be advised that the personnel listed below, in order of succession, are delegated authority to act in the capacity of the Assistant Attorney General, Human Services and Government Unit, during my absence from time to time because of travel or leave, from the office. Also, the personnel listed below, in order of succession, will have surname authority for Unit matters during my absence.

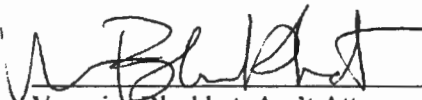
This authorized delegation will include all routine duties of the Assistant Attorney General, Human Services & Government Unit. Any matters regarding personnel issues will be held for my review/decision upon my return to the office. This Standing Delegation of Authority supersedes all previous Unit delegations. Thank you for your cooperation.


ADMINISTRATIVE REVIEW:

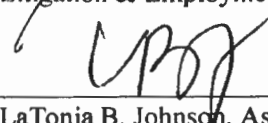

Michelle Begay, Senior Attorney
Human Services & Gov't Unit


Christopher Schneider, Senior Attorney
Human Services & Gov't Unit

SURNAME AUTHORITY:


Veronica Blackhat, Ass't Attorney General
Natural Resources Unit


Paul Spruhan, Ass't Attorney General
Litigation & Employment Unit


LaTonia B. Johnson, Ass't Attorney General
Economic & Community Development Unit

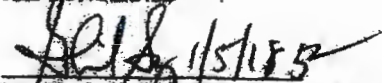


THE NAVAJO NATION

RUSSELL BÉGAYE PRESIDENT
JONATHAN NEZ VICE PRESIDENT

MEMORANDUM

TO : ALL CONCERNED

FROM :  1/5/18
Dr. Gloria Sedy, Executive Director
Navajo Department of Health

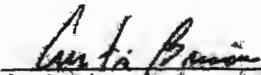
DATE : January 5, 2018


SUBJECT: STANDING DELEGATION OF AUTHORITY

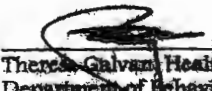
Please be advised that effective this date, the Navajo Department of Health Standing Delegation is hereby revised. Appropriate personnel listed below, in order of succession, will be delegated the authority to perform the duties and responsibilities of the Executive Director during my absence from the Office. This delegation shall supersede all prior delegations.

The authorized delegation will include all routine duties of the Executive Director, with the exception of certain documents the designee recommends for my review, decision and signature. Thank you for your cooperation.

ACKNOWLEDGEMENT:


Curtis Briscoe, Delegated Program Supervisor I
Breast and Cervical Cancer Program


Henry Haskie, Program Manager II
Women, Infant and Children


Theresa Galvan, Health Services Administrator (BH)
Department of Behavioral Health Services

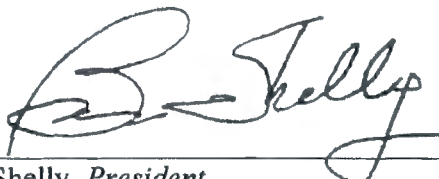
xc: DISTRIBUTION



MEMORANDUM

TO: Honorable LoRenzo Bates, Speaker Pro Tem
The 22nd Navajo Nation Council

FROM:


Ben Shelly, *President*
THE NAVAJO NATION

DATE: November 6, 2014

SUBJECT: Legislation CO-50-14; An Action Relating to Law and Order;
Health, Education and Human Services; Naabik'iyati'; Enacting
the 2014 Amendments of Title 2 of the Navajo Department of
Health Act by Amending 2 N.N.C. §§ 1601 et seq.

Pursuant to 2 N.N.C. §1005(C)(10), the above-entitled Legislation CO-50-14 is being submitted to the Navajo Nation Council, through the Office of the Speaker, within the ten (10) days requirement. I have signed the legislation into law.

The legislation is an unprecedented exercise of tribal sovereignty. It establishes the Navajo Department of Health, the first tribally operated, state-like health department.

This legislation affirms the Nation's sovereignty by recognizing the Nation's authority to determine what is in the best interest of our people's health care in the future. By enacting this legislation into law, it demonstrates a commitment to the Navajo People that we will work to ensure that they receive quality, comprehensive, and culturally relevant health care and public health services, no matter where they live within the Navajo Nation.

This legislation amends the 20-year-old enabling legislation for the Navajo Division of Health. Since the creation of the Navajo Division of Health, the Nation has seen substantial growth and changes. However, our health laws have remained stagnant or have seen piecemeal changes. In the past 20 years, the Nation decided to exercise its right to self-determine by compacting and contracting specific health programs, services, functions and activities. The Nation established its own Epidemiology Center and the Public Health Emergency Preparedness Program. This legislation accounts for these developments and brings the Navajo Health System not only up-to-date, but also mindful of our grandchildren's children.

The department will ensure the public health service needs are met within the Navajo Nation through assessment, policy development, and assurance. It will investigate health problems and health hazards in our communities. It will inform, educate, and empower the People about health issues. The department will enforce laws and regulations passed to protect health and ensure safety. It will assure competent public and personal health care workforce and evaluate the effectiveness, accessibility, and quality of personal and population based health services. The department will work with health care providers throughout the Nation and federal, state and local governments.

This legislation also provides authority for the department to use due diligence towards another historic step, the possible creation of the first tribally administered Medicaid agency. Recently, a congressionally mandated study, conducted by the Department of Health and Human Services, found that it is feasible for the Navajo Nation to run its own Medicaid agency. If established, a Navajo Medicaid Agency, would ensure that the Navajo People residing within the Nation receive uniform Medicaid eligibility criteria and coverage, regardless of the state they live in.

This legislation does not authorize the department to intercept or impede existing self-determination funding for our contracted and compacted facilities. There is a misconception that the department will apprehend the existing Title I contracts or Title V compacts the monies from the tribal organizations.

Additional concerns or misconceptions encompass the regulation of traditional practitioners and the use of traditional medicine. Access to and the use of such healing is fundamental to the health choice of many of our Navajo People. The department will assist in establishing a structure and system for the practice and retention of traditional medicine. This will be accomplished through consultation with relevant organizations such as the Navajo Medicine Men's Association and other Hataalii organizations, and to establish a registry of practitioners through said organizations.

The legislation is the beginning of a new era in our health system within the Navajo Nation. It is not perfect, but necessary. We look forward to working with our partners at the local, state, and federal levels, to develop the Department of Health. For the reasons stated above, I sign this legislation.

RESOLUTION OF THE
NAVAJO NATION COUNCIL

22nd NAVAJO NATION COUNCIL - Fourth Year, 2014

AN ACT

RELATING TO LAW AND ORDER; HEALTH, EDUCATION AND HUMAN SERVICES;
NAABIK'ÍYÁTI'; ENACTING THE 2014 AMENDMENTS OF TITLE 2 OF THE
NAVAJO DEPARTMENT OF HEALTH ACT BY AMENDING 2 N.N.C. §§1601 *ET*
SEQ.

BE IT ENACTED:

Section 1. Findings

A. The Navajo Nation Council hereby finds that while limited functions related to the health care and public health needs of the Navajo Nation have been delegated by the Navajo Nation Council to various agencies of the Navajo Nation, there is no division, department, office or program that has been delegated or authorized as the primary agent to monitor, evaluate, regulate, enforce, and coordinate health care and public health programs, functions, services and activities of the Navajo Nation.

B. The Navajo Nation Council further finds that health care and public health programs and activities of the Navajo Nation including monitoring, evaluation, regulatory, enforcement, and coordinating functions should be placed within the Navajo Department of Health to appropriately meet the public health needs of the Navajo Nation and the Navajo people.

C. The Navajo Nation Council further finds that fragmentation of health care systems on the Navajo Nation adversely impacts Navajo people and the Navajo Nation as a whole.

D. The Navajo Nation Council further finds that the lack of a Navajo Nation Medicaid Agency results in Medicaid eligible individuals, health care facilities, and providers operating on the Navajo Nation complying with three separate State Medicaid Agencies in Arizona, New Mexico and Utah. Each State has varying requirements, benefits, services, standards and rates of payment

for services. This fragmentation adversely impacts access to health care and causes Medicaid eligible individuals to lose eligibility, resulting in the loss of coverage and reimbursement to providers. Additionally, health care facilities and providers must comply with varying requirements, standards and rates of payment for services especially if they serve Medicaid eligible individuals from more than one State.

E. The Navajo Nation Council further finds that public health actions are generally undertaken and are directed at the population. The Navajo Nation is responsible to develop and ensure the implementation of health codes, regulations, policies, and standards that reinforce and reaffirm Navajo culture and values.

F. The Navajo Nation Council further finds a need for a Navajo Department of Health that is authorized and established to meet the comprehensive health care and public health needs of the Navajo Nation and its population.

G. The Navajo Nation Council further finds States are encroaching on the Navajo Nation's inherent sovereignty to regulate health care.

H. The Navajo Nation Council further finds a need to establish and operate a system for licensure and certification to ensure quality and culturally relevant health care services.

I. The Navajo Nation Council further finds a need for a health data management system to store information of ongoing collection, integration, analysis, interpretation and dissemination of data on health care, behavioral risk factors surveillance system, morbidity and mortality indicators, and health and human research.

J. The Navajo Nation Council finds that the following amendments to Title Two of the Navajo Nation Code will address these findings and are the most appropriate means for addressing the health care and public health needs of the Navajo people.

Section 2. Purpose of the Navajo Department of Health Act of 2014

This Act will establish the Navajo Department of Health as the lead agency delegated to ensure that quality, comprehensive and culturally relevant health care and public health services are provided on the Navajo Nation.

Section 3. Enactment of the Navajo Department of Health Act of 2014

The Navajo Nation Council hereby enacts the Navajo Department of Health Act of 2014. This Act amends Resolution CJY-70-95, amends sections of Title Two codified at 2 N.N.C. §§ 1601 et seq. as follows:

NAVAJO NATION CODE ANNOTATED
TITLE 2 NAVAJO NATION GOVERNMENT
CHAPTER 5. EXECUTIVE BRANCH
SUBCHAPTER 23. NAVAJO DEPARTMENT OF HEALTH

§ 1601. Establishment

The Navajo Division Department of Health is hereby established as a Division Department within the Executive Branch of the Navajo Nation Government.

§ 1602. Purposes

~~The purpose of the Navajo Division of Health shall be:~~

~~A. to provide to the Navajo people such direct health care services as are approved and authorized by the Navajo Nation Council; and~~

~~B. To ensure the highest quality of overall health care for the Navajo people by coordinating with the Indian Health Service and other federal, state and private entities and the appropriate public health and quality assurance regulatory authority~~

The purpose of Navajo Department of Health is to ensure that quality comprehensive and culturally relevant health care and public health services are provided on the Navajo Nation.

~~§ 1603. Personnel~~

~~The Navajo Nation shall be administered by an Executive Director and deputy Director. The Executive Director shall be appointed by the President of the Navajo Nation, with the approval and recommendation of the Health and Social Services Committee and the consent of the Navajo Nation Council and shall serve at the pleasure of the President of the Navajo Nation. The Executive Director shall cause to be hired a Deputy Director and such other personnel as may be deemed necessary to carry out the purposes of the Division. All personnel other than the Executive Director, shall be subject to the Personnel Policies and Procedures of the Executive Branch of the Navajo Nation.~~

§ 1603. Definitions

A. "Agreement" shall mean grants, contracts, compacts, Intergovernmental Agreements and other agreements.

B. "Data" shall mean written and/or recorded information such as documents, forms, facts, figures, records, statistics, surveys and/or interviews.

C. "Environmental health" shall mean how environmental factors affect human health and disease and also the theory and practice of assessing and controlling environmental factors that potentially affect health.

D. "Epidemiological Surveillance" shall mean the continuous collection and analysis of health data that has a significant impact on public health.

E. "Health care" shall mean the diagnosis, treatment, and prevention of disease, illness, injury, and other physical and mental impairments in humans delivered by practitioners in medicine, chiropractic, dentistry, nursing, pharmacy, allied health, and other care providers including traditional healers.

F. "Public health" shall mean the science of protecting and improving the health of entire populations through education, promotion of healthy lifestyles, and research for disease and injury prevention.

G. "Traditional Medicine" shall mean the holistic ceremonial healing process that is a reliable and valid treatment system based on indigenous knowledge from diagnosis to referral, application and treatment to recovery of the mind, spirit soul and body, and enhancing wellness and good health.

§ 1604. Powers and authority of the Navajo Department of Health

The powers and authority as delegated by the Navajo Nation Council of the Navajo Department of Health shall be:

A. To monitor, evaluate, regulate, enforce, and coordinate health codes, regulations, policies, and standards and provide public health services in order to protect the health and safety of the Navajo people and communities.

B. To provide direct health care services as approved and authorized by the Navajo Nation Council, and to provide that all contract funds that are awarded shall not be required to pass through the Department of Health.

C. To establish and operate an information system center to collect, manage, control and protect data related to health care, public health, epidemiological surveillance, research and disease investigations.

D. To protect the best interest of the Navajo Nation, review and comment on health care provided and federal and state non-procurement Agreements within 5 business days of receipt by the Navajo Department of Health for the purposes of: 1) ensuring access to quality health care; 2) maintaining compliance with established rules and regulations; and 3) ensuring comprehensive health care services throughout the Navajo Nation.

E. To develop and ensure the implementation of comprehensive health codes, regulations, policies, and standards.

F. To represent the Navajo Nation in lobbying, advocacy, testifying and maintaining government-to-government relationships with the federal, state, and local governments.

G. To conduct due diligence toward the potential establishment of a Navajo Nation Medicaid Agency.

H. To establish a structure and system, in the form of assistance, for the practice and retention of traditional medicine that provides holistic health care through consultation with relevant organizations, including the certifying and registering of practitioners by a traditional medicine practitioner organization.

I. To regulate health, human, and emergency and non-emergency medical transportation service provider.

~~§1604. Organization~~

~~The Navajo Division of Health shall be comprised of such departments, programs, offices and administrative components as may be deemed necessary by the Executive Branch to fulfill its purposes, subject to legislative review and approval of the Division's Plan of Operation.~~

§ 1605. Personnel

The Health Director of the Navajo Department of health shall be appointed by the President of the Navajo Nation with the approval and recommendation of the Health, Education and Human Services Committee and the consent of the Navajo Nation Council and shall serve at the pleasure of the President of the Navajo Nation. The Health Director shall cause to be hired other personnel as may deemed necessary to carry out the purpose of the Department. All personnel, other than the Health Director, shall be subject to the Personnel Policies and Procedures of the Navajo Nation.

~~§1605. Legislative Oversight~~

~~The Navajo Division of Health shall operate under the legislative oversight of the Health and Social Services Committee of the Navajo Nation Council. Pursuant to the powers granted the Committee in 2 N.N.C. §§191 and 451 et seq. The Division shall operate pursuant to a Plan of Operation approved by the Health and Social Services Committee and the Government Services Committee of the Navajo Nation Council.~~

§ 1606. Organization

The Navajo Department of Health shall be comprised of such programs, offices, and administrative components as may be deemed necessary by the Health Director to fulfill its purposes subject to legislative review and approval of the Department's Plan of Operation.

~~§1606. Amendments~~

~~The enabling legislation for the Navajo division of Health is subject to amendments, revision and other necessary notification by the Navajo Nation Council with review, input and recommendation by the Health and Social Services Committee of the Navajo Nation Council and the Navajo Division of Health.~~

§ 1607. Legislative Oversight

The Navajo Department of Health shall operate under the oversight of the Health, Education and Human Services Committee of the Navajo Nation Council, pursuant to the powers granted the Committee in 2 N.N.C. §§ 192 and 400 et seq.

~~§1608. Amendments~~

The enabling legislation for the Navajo Department of Health is subject to amendment, revision and other necessary modification by the Navajo Nation Council with review, input and recommendation for approval by the Health, Education and Human Services Committee of the Navajo Nation Council and the Navajo Department of Health.

Section 4. Effective Date

The amendments enacted herein shall be effective pursuant to 2 N.N.C. §221(B).

Section 5. Codification

The provisions of the Act which amend or adopt new sections of the Navajo Nation Code shall be codified by the Office of Legislative Counsel. The Office of Legislative Counsel shall incorporate such amended provisions in the next codification of the Navajo Nation Code.

Section 6. Saving Clause

Should any provision of this Act be determined invalid by the Navajo Nation Supreme Court, or the District Courts of the Navajo Nation without appeal to the Navajo Nation Supreme Court, those provisions of the Act which are not determined invalid shall remain the law of the Navajo Nation.

CERTIFICATION

I hereby certify that the foregoing resolution was duly considered by the Navajo Nation Council at a duly called meeting in Window Rock, Navajo Nation (Arizona) at which a quorum was present and that the same was passed by a vote of 13 in favor and 2 opposed, this 23rd day of October 2014.



LoRenzo Bates, Pro Tem Speaker
Navajo Nation Council

Oct. 31, 2014
Date

Motion: Honorable Jonathan hale
Second: Honorable Leonard Tsosie

ACTION BY THE NAVAJO NATION PRESIDENT:

1. I hereby sign into law the foregoing legislation, pursuant to 2 N.N.C. § 1005 (C)(10), on this _____ day of NOV 06 2014 2014.



Ben Shelly, President
Navajo Nation

2. I hereby veto the foregoing legislation, pursuant to 2 N.N.C. §1005 (C)(11), this _____ day of _____ 2014, for the reason(s) expressed in the attached letter to the Speaker.

Ben Shelly, President
Navajo Nation